Penny Lane Museum

ARPA Nonprofit Capital Project Fund - Small Purchases

The Penny Lane Beatles Museum

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

Mrs Amy Ruth Maguire

730 Broadway 2nd Floor Dunedin, FL 34698 amyrmaguire@icloud.com 0: 727-656-8413 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 three-network 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? 36000

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)

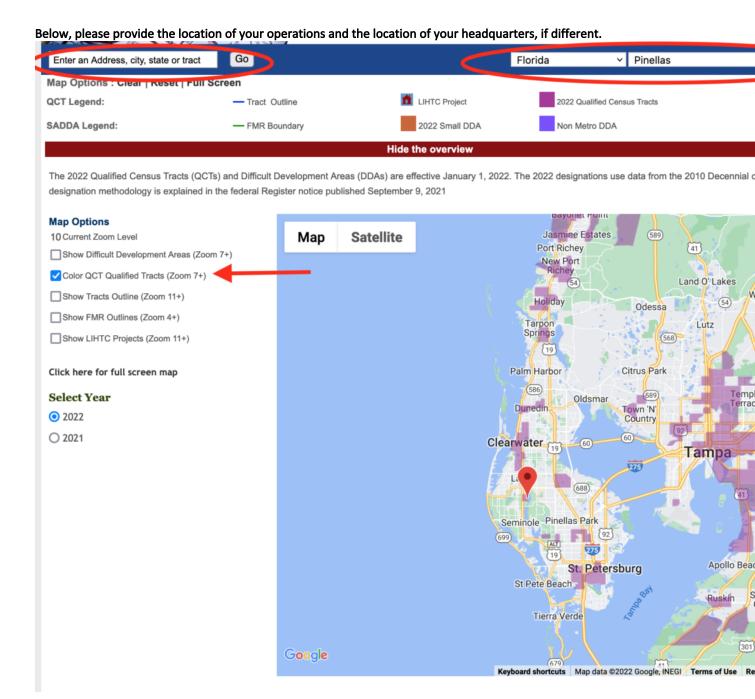
If you selected "Other" in the previous question, please explain how your organization determined the number of clients that will benefit from the proposed capital purchase.

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.



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?

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.

<u>Please be sure these other funding sources are represented in the "Applicant Match" column in the budget</u> 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. Insurance PLBM.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 Bid #1 from Creative Arts Inc.

From: summerb@creativeartsinc.com

Sent: Tuesday, April 19, 2022 12:16 PM **To:** 'Roberta Klar' < roberta@klarklar.com >

Cc: 'rbarganier@creativeartsinc.com' <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 25th 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 Sent: Saturday, September 17, 2022 5:09 PM
To: James Murray 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 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=DwlFaQ&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A CdpgnVfiiMM&r=CGaesOm8ejCyQp5fl2Kcx9eH50jgQS0b0nlCLSquHvE&m=j1N6qfBkZvQEerzNTkqRe9lDnQRp5acmoZHlALPozKw&s=5SWHAV8rRWTHL-0cEjuVXiPNNSLWnwojjJQ4ODtm1DU&e=>

https://urldefense.proofpoint.com/v2/url?u=http-3A image.jpg&d=DwlFaQ&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A CdpgnVfiiMM&r=CGaesOm8ejCyQp5fl2Kcx9eH50jgQS0b0nlCLSquHvE&m=j1N6qfBkZvQEerzNTkqRe9lDnQRp5acmoZHlALPozKw&s=5SWHAV8rRWTHL-0cEjuVXiPNNSLWnwojjJQ4ODtm1DU&e=>

https://urldefense.proofpoint.com/v2/url?u=http-3A image.jpg&d=DwlFaQ&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A CdpgnVfiiMM&r=CGaesOm8ejCyQp5fl2Kcx9eH50jgQS0b0nlCLSquHvE&m=j1N6qfBkZvQEerzNTkqRe9lDnQRp5acmoZHlALPozKw&s=5SWHAV8rRWTHL-0cEjuVXiPNNSLWnwojjJQ4ODtm1DU&e=>

https://urldefense.proofpoint.com/v2/url?u=http-3A image.jpg&d=DwlFaQ&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A CdpgnVfiiMM&r=CGaesOm8ejCyQp5fl2Kcx9eH50jgQS0b0nlCLSquHvE&m=j1N6qfBkZvQEerzNTkqRe9lDnQRp5acmoZHIALPozKw&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 \$10,000 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:

Α	В	С	D	Ε	F	G	Н
Line		Price Per	Quantity of	Purchase	ARPA Grant Funds	Applicant	
Item	Item (Description)	Item	ltem	Total	Requested	Match	Funding 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	tal 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 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: Total OTPS Expense			Low Model	High Model	V	ariance
	Total Admissi	ons	\$142,500	\$237,500		\$95,000
	Store Sales (no	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	e				-
		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 Ex	xpense Conting	gency	8,663	10,069		1,406
Grand Tota	al		\$ 420,521	\$ 507,743	\$	87,222
Net Surplu	s/(Deficit)		\$ 9,480	\$ 7,258	\$	(2,222)
*other tha	n personal serv	/ices				

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 pm	4 hours	16 hours
PROPOSED LOW:	Thursday-Monday	10:00-5:00 pm	7 hours	35 hours
PROPOSED HIGH:	Wednesday-Monday	10:00-5:00 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 OFF- SEASON 5/1- 11/24	DALI MUSEUM IN-SEASON 11/25- 4/30	ST PETE HISTORY	ST PETE FINE ARTS	SS AMERICA N VICTORY MARINER 'S MUSEU M	HENRY B. PLANT MUSEUM	FLORIDA AIR MUSEUM	TAMPA BAY HISTORY CENTER	PROJECTED PENNY LANE
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:

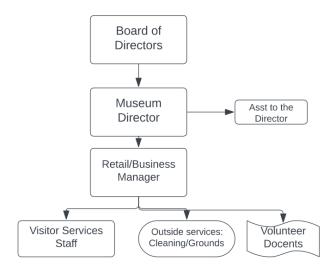
			LOW Attendar	nce Model	HIGH Attenda	ance Model
Museum ho	ours 10:00 - 5:00.		Thurs-Mon	5 days	Wed-Mon	6 days
Projected A	attendance		15,000		25,000	
INCOME:						
T	% of	Delas	A.L	Barrana	Attack 1	Davis
Туре	Attendance	Price	Attendance	Revenue	Attendance	Revenue
Full Price	50%	\$12.00	7,500	\$90,000	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
	Members - Family	\$100.00	150	\$15,000	250	\$25,000
			300	\$22,500	500	\$37,500
Contributed Income	2			\$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 Executive Assistant	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 & Fri	nge		238,608	296,304	57,696	
OTPS Expense by D	epartment					
	Exhibits & Pro	grams	\$16,000	\$16,000	-	
	Development		0	0	-	
	Marketing & Public Relations		11,300	11,300	-	
	Admin, Finan	ce & HR	66,850	66,850	-	
	MIS & Tech		18,100	18,100	-	
	Facilities		61,000	64,120	3,120	Open more days
	Offsite Storage	е	0	25,000	25,000	Add offsite Storage
TOTAL SUPPORTIN	G EXPENSE		173,250	201,370	28,120	
5% OTPs Expense O	Contingency		8,663	10,069	1,406	
TOTAL EXPENSE			\$420,521	\$507,743	87,222	
Net Surplus/(Defic	it)		\$10,280	\$8,058	(2,222)	

The following table breaks down the above expenses by function:

Expense	by Function:	Low Model	High Model	Variance	Notes
	Salaries & Benefits	\$238,608	\$296,304	\$ 57,696	Add Assistant
	Contract Labor	23,400	26,520	3,120	Custodial & Grounds
	Computer Expense	19,200	19,200	- 5,120	
	Delivery/Freight	600	600	-	
	Equipment Purchase	1,000	1,000	-	
	Events	-	-	-	
	Exhibit Expense	15,000	15,000	-	
	Bank Fees	1,000	1,000	-	
	HR Expense	1,000	1,000	-	
	Insurance	42,750	42,750	-	Property, Liability, D&O, Collections
	Marketing Materials	11,200	11,200	-	
	Offsite Storage	-	25,000	25,000	No Offsite Storage in Low Model
	Outside Service	4,200	4,200	-	Pest Control, Trash, Security System
	Printing & Postage	1,900	1,900	-	
	Professional Fees	12,000	12,000	-	Accounting & Legal
	Public Relations Expense	3,000	3,000	-	
	Repairs & Maint	8,500	8,500	-	
	Supplies	6,500	6,500	-	Paper products, Cleaning, Office
	Travel & Meetings	2,000	2,000	-	
	Utilities	20,000	20,000	-	\$4.00 per sq foot
	OTPS Total	173,250	201,370	28,120	
	5% OTPs Expense Contingency	8,663	10,069	1,406	
	Grand Total	\$420,521	\$507,743	\$ 87,222	
	Net Surplus/(Deficit)	\$10,280	\$8,058		

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.

	NING BUDGET	-			1
Salaries	& Wages		2022	2023	Notes
	Museum Director	\$	25,200	\$ 100,800	10/1/22 start date
	Director's Executive Assistant		-	11,025	10/1/23 start date
	Retail/Business Manager		-	17,325	10/1/23 start date
	Visitor Services - Greeters			6,842	12/1/23 start date
			25,200	135,992	
OTPS & 0	Contract Labor				
	Exhibits & Programs		-	-	
	Marketing & Public Relations		-	11,300	100% of full year
	Admin, Finance & HR		-	33,425	50% of full year
	MIS & Tech		-	9,050	50% of full year
	Facilities		-	9,601	25% of full year
	Off-Site Space		12,500	25,000	full year
	Totals		12,500	88,376	
	Total Operating Expense		37,700	224,368	
	Amplify Partners - Project Mgt				
	and Campaign Counsel		66,000	132,000	\$11K per month
	Marketing & PR Expense			60,000	To promote opening
	Lobbying Expense		30,000	60,000	\$5K per month
	Total with Campaign & Lobbying	\$	133,700	\$ 476,368	

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 I	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 Cas	h Flow		2022	2022	2023	2023	2023	2023
		Phase 1 & 2	3rd 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

Page 10 of 10 Financial Plan DRAFT July 12, 2022

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

Pre	рa	rec	d F	or:
-----	----	-----	-----	-----

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

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

calendar year 2021, or fiscal year beginning	, 2021, and ending	, 20

-*6322

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

For

Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN

PENNY LANE BEATLES MUSEUM, INC. ROBERT ENTEL Name and title of officer or person subject to tax

CHAIR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here > X	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12))	1ь 1,888,604.
2a	2a Form 990-EZ check here ►		Total revenue, if any (Form 990-EZ, line 9)		2b
За	3a Form 1120-POL check here ▶		Total tax (Form 1120-POL, line 22)		3b
4a	Form 990-PF check here >	b	Tax based on investment income (Form 990-PF, Part V, line	5)	4b
5a	Form 8868 check here >	b	Balance due (Form 8868, line 3c)		5b
6a	Form 990-T check here		Total tax (Form 990-T, Part III, line 4)		6b
7a	Form 4720 check here		Total tax (Form 4720, Part III, line 1)		7b
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)		8b
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)		9b
10a	Form 8038-CP check here		Amount of credit payment requested (Form 8038-CP, Part		10b
Part	II Declaration and Signati	ure	Authorization of Officer or Person Subject to T	ax	
Jnder	penalties of perjury, I declare that X	l aı	m an officer of the above entity or 🔲 I am a person subject t	to tax with resp	ect to (name
of entit	y)		, (EIN) a	and that I have	examined a copy of the

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2021 electronic return and accompanying schedules and statements, and, to the best of rhy knowledge and belief, they are the correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PΙ	N:	check	one	box	only

X I authorize	CARR,	RIGGS	&	INGRAM,	LLC	

to enter my PIN

74850 Enter five numbers, but do not enter all zeros

ERO firm name

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.

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.

gnature of officer or person subject to tax

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

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 $\triangleright 05/23/22$

ERO Must Retain This Form - See Instructions 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)

EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending							
B c	Check if applicable: C Name of organization			D Employer identified	cation number		
	Addres	PENNY LANE BEATLES MUSEUM, INC.					
	Name change		**-***6322				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number	•			
Final return/		730 BROADWAY, 2ND FLOOR	727-281-8	8130			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,730,920.			
	Ameno return	DUNEDIN, FL 34009		H(a) Is this a group re	eturn		
	Application	F Name and address of principal officer: ROBERT ENTEL		for subordinates	? Yes X No		
	pendin	SAME AS C ABOVE	H(b) Are all subordinates in	cluded? Yes No			
<u> 1 T</u>	ax-exe	mpt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) 0	If "No," attach a	list. See instructions			
		e:▶N/A		H(c) Group exemption			
		organization: X Corporation Trust Association Other	L Year	of formation: 2018 N	1 State of legal domicile: ${f FL}$		
Pa	ırt I	Summary					
Φ		Briefly describe the organization's mission or most significant activities: ${ t TO \ \ OR}$					
Governance		CONSERVE, LEND AND DISPLAY BEATLES MEMORAI	BILIA	AND OTHER R	ELATED		
ž	2	Check this box 🕨 🔛 if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.		
ŏ	ı			3	<u>7</u>		
<u>ھ</u>		Number of independent voting members of the governing body (Part VI, line 1b)			7		
es		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0		
Activities		Total number of volunteers (estimate if necessary)			6		
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Prior Year 31,498.	Current Year 1,871,446.		
ne	l	Contributions and grants (Part VIII, line 1h)		0.	0.		
/en	l	Program service revenue (Part VIII, line 2g)		0.	12,017.		
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,480.	5,141.		
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		32,978.	1,888,604.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	l			0.	0.		
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,010.	4,210.		
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Sen	h	Fotal fundraising expenses (Part IX, column (D), line 25)	0.	<u> </u>	•		
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		20,250.	32,467.		
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		25,260.	36,677.		
		Revenue less expenses. Subtract line 18 from line 12		7,718.	1,851,927.		
or Ses			Ве	eginning of Current Year	End of Year		
ets	20	Total assets (Part X, line 16)		322,840.	2,174,859.		
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		81.	173.		
E-Ret	22	Net assets or fund balances. Subtract line 21 from line 20		322,759.	2,174,686.		
	ırt II	Signature Block					
		ties of perjury, I declare that I have examined this return, including accompanying schedules		•	knowledge and belief, it is		
true,	correc	, and complete. Declaration of preparer (other than officer) is based on all information of whi	ch preparer	has any knowledge.			
		Signature of officer		Doto			
Sig	า	,		Date			
Her	е	ROBERT ENTEL, CHAIR Type or print name and title					
		7 21 1	Г	Date Check	PTIN		
De! ·		Print/Type preparer's name Preparer's signature		if L			
Paid		CATHERINE HAUG		self-employe	P01395474 **-***6621		
	arer Only	Firm's name CARR, RIGGS & INGRAM, LLC Firm's address 600 CLEVELAND STREET, SUITE 1000		Firm's EIN ▶	·· · · · · · · · · · · · · · · · · ·		
บงช	Ulliy	CLEARWATER, FL 33755		Dhone no 72	7.446.0504		
May	the IF	S discuss this return with the preparer shown above? See instructions		FIIUIIE IIU. 7 Z	X Yes No		
iviay	LI IC IL	o alboado alio retarri with the proparer bilowii above: Occ ilibitationib					

Pai	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	TO ORGANIZE, BUY, SELL, COLLECT, CONSERVE, LEND AND DISPLAY BEA	
	MEMORABILIA AND OTHER RELATED MATERIALS, INCLUDING BUT NOT LIMI	TED TO
	THE OWNERSHIP AND OPERATION OF A MUSEUM OR OTHER EXHIBITS,	
	ORGANIZATION OF TRAVELING EXHIBITS AND OTHER PROMOTIONAL ACTIVI	TY.
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	penses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	5,141.)
	TO ORGANIZE, BUY, SELL, COLLECT, CONSERVE, LEND AND DISPLAY BEA	
	MEMORABILIA AND OTHER RELATED MATERIALS, INCLUDING BUT NOT LIMI	
	THE OWNERSHIP AND OPERATION OF A MUSEUM OR OTHER EXHIBITS, ORGA	NIZATION
	OF TRAVELING EXHIBITS AND OTHER PROMOTIONAL ACTIVITY.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ▶ 20,144.	
		Form 990 (2021)

Form 990 (2021) PENNY LANE BEATLES MUSEUM, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			\ .
	If "Yes," complete Schedule D, Part IV	9		X
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	10		<u> X</u>
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_ X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 -		
124	Schedule D, Parts XI and XII	12a		x
h	, , , , , , , , , , , , , , , , , , ,	IZa		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	106		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		-
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			.
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			.,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21		x

132003 12-09-21

Form 990 (2021) PENNY LANE BEATLES MUSEUM, INC.

Part IV | Checklist of Required Schedules (continued)

	Continued)		V	Na
00	Did the averagination was at asset to as \$\Phi \cdot 000 of average as at least one of a second constant in the individuals as		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			х
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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			x
04 -	Schedule J	23		
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			v
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
ام	any tax-exempt bonds?	24c 24d		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		_
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
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	27		x
20	, , ,			
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? f	28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
C		28c		x
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
29	•	29	21	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization required, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part 1	31		
32	October 1 to M. Douttle	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u>32</u>		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	55		_
	Part V. line 1	34		x
35.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	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			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	(gambling) winnings to prize winners?	1c	Х	
132004	‡ 12-09-21	Form	990	(2021)

Form 990 (2021) PENNY LANE BEATLES MUSEUM, INC.

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

			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
	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)?	4a		Х		
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?	5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с				
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?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	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?	7a		X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
_	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.	0-				
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b				
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	อม				
а	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 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders 11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	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					
	Enter the amount of reserves on hand			77		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_V		
	excess parachute payment(s) during the year?	15		X		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	46		Х		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		$\stackrel{\wedge}{\vdash}$		
17	If "Yes," complete Form 4720, Schedule O. 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?	17				
	If "Yes," complete Form 6069.					

PENNY LANE BEATLES MUSEUM, INC. Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **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 O. 7 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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.) Yes Nο 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 X Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶FL 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 X Upon request Another's website Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

Form **990** (2021)

State the name, address, and telephone number of the person who possesses the organization's books and records

statements available to the public during the tax year.

2717 SEVILLE BLVD, APT 24202, CLEARWATER,

DAVE BARTON - 618-604-4271

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 reportable 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.

Check this box if neither the organization (A)	(B)							(D)	(E)	(F)	
Name and title	Average	l , .		Pos	itior			Reportable	Reportable	Estimated	
	hours per	box	, unle	ss per	son i	than o	an an	compensation	compensation	amount of	
	week	offi	cer an	d a d	irecto	r/trus	tee)	from	from related	other	
	(list any	ctor						the	organizations	compensation	
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the	
	related	stee c	ruste			ensa		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	altru	onal t		loye	com g		1099-NEC)		and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) ROBERT J. ENTEL	1.00	드	드	9	3	토늄	5				
CHAIR	1.00	х		х				0.	0.	0.	
(2) IRWIN L. ENTEL	1.00										
TREASURER		Х		х				0.	0.	0.	
(3) COLIN J. BISSETT	1.00										
SECRETARY		Х		Х				4,210.	0.	0.	
(4) NANCY RIDENOUR	1.00								_	_	
DIRECTOR		Х						0.	0.	0.	
(5) ANNE Q BARR	1.00	ļ								•	
DIRECTOR	1 00	Х						0.	0.	0.	
(6) JOHN FREEBORN	1.00	·							_	0	
DIRECTOR (7) SUSAN BENJAMIN	1.00	Х						0.	0.	0.	
DIRECTOR	1.00	Х						0.	0.	0.	
DIRECTOR								0.	0.	0 •	
		1									
		1									
		1									
		1									
		1									
		-				-					

Form 990 (2021)

-*6322

Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C	ompensated Employee	s (continued)	-			
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		າ than ເ	one	Reportable	Reportable	•	Es	timate	d
		hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation		am	ount o	of
		week		Cer an	iu a d	recto	or/trus	iee)	from	from related			other	
		(list any hours for	Individual trustee or director						the	organization			pensat	
		related	or di	ee ee			ated		organization	(W-2/1099-MI			om the	
		organizations	ustee	trust		90	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC))		anizati d relate	
		below	dual tr	tional	١.	yoldı	st con		1				nizatio	
		line)	ndivic	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				0.90	. neacic	3110
			_	_		×	1							
			-											
							\vdash							
							\vdash							
							\vdash							
							\vdash							
							<u> </u>							
							<u> </u>							
									1 212		_			
1b	Subtotal								4,210.		0.			0.
С	Total from continuation sheets to Part VI	I, Section A						ightharpoons	0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	4,210.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	е			
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su	ım of reportabl	e cc	mpe	ensa	tion	and	oth	ner compensation from t	ne organization				
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4		Х
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch ı	oers	on .					5		Х
Sec	tion B. Independent Contractors	•												
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of com	pensa	tion fro	m	
	the organization. Report compensation for	the calendar ye	ear e	<u>en</u> dir	ng w	<u>ith</u> c	<u>or wi</u>	<u>thi</u> n	the organization's tax y	ear				
	(A)	_							(B)			(C	;)	
	Name and business	address	N	INC	3				Description of s	ervices	С	omper		n
								\neg						
2	Total number of independent contractors (ii	ncluding but n	at lin	niter	d to	thos	se lie	ted	above) who received mo	ore than				
_	\$100,000 of compensation from the organizations	•	J. 111))	,.cu	above, who received inc	o triair				
	w 100,000 or compensation from the organi	Lation -											200 (-	

Form **990** (2021)

Form 990 (2021) PENNY L
Part VIII Statement of Revenue

			Check if Schedule O contains a respons	e or note to any lir	ae in this Dart VIII			
			Check if Schedule O contains a respons	e or note to any iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
					Total Tovolide	function revenue	business revenue	from tax under
								sections 512 - 514
S S	1 a	а	Federated campaigns 1a					
an			Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c					
					-			
			Related organizations 1d		-			
in,			Government grants (contributions) 1e		-			
i i	1	f	All other contributions, gifts, grants, and					
ᅙ			similar amounts not included above 1f	1,871,446.				
들었	9	g	Noncash contributions included in lines 1a-1f 1g \$	1,831,672.				
a S	ı	h	Total. Add lines 1a-1f		1,871,446.			
				Business Code				
•	2 8	_						
<u>ič</u>				-				
e e		b		-				
am Ser	(С		_				
e a	(d		_				
Program Service Revenue	•	е		_				
<u> </u>	1	f	All other program service revenue					
	(g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte					
	_		other similar amounts)		3,164.			3,164.
	4		Income from investment of tax-exempt bond		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-,
	4		•	· ·				
	5		Royalties					
			(i) Real	(ii) Personal	-			
	6 a	а	Gross rents 6a					
	ŀ	b	Less: rental expenses 6b					
	(С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
			Gross amount from sales of (i) Securities					
		_	assets other than inventory 7a 1,848,950	0.	-			
		L	Less: cost or other basis	•	-			
•		D		7				
Revenue			and sales expenses 7b 1,840,09		-			
ē			Gain or (loss) 7c 8,85	_				
æ	(d	Net gain or (loss)	.	8,853.			8,853.
her	8 8	а	Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			· · · · · · · · · · · · · · · · · · ·	Ва				
		h		Bb	-			
			Net income or (loss) from fundraising events					
	9 8	а	Gross income from gaming activities. See					
				Эа	-			
	ŀ	b	Less: direct expenses	9b				
	(С	Net income or (loss) from gaming activities_	<u></u>				
	10 a	а	Gross sales of inventory, less returns					
			and allowances1	0a 7,360.				
		h		0b 2,219.				
			Net income or (loss) from sales of inventory	<u>, </u>	5,141.	5,141.		
		_	THE THEOTHE OF (1033) FIGHT Sales OF HIVEHEOLY	Business Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , = = = .		
2				Dusiliess Code				
e eo	11 a	а		-				
an EDT	ŀ	b		_	-			_
Miscellaneous Revenue	(С		_				
Ais	(d	All other revenue					
_			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		1,888,604.	5,141.	0.	12,017.

Sect	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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,				
Ŭ	trustees, and key employees	4,210.	2,105.	2,105.	
6	Compensation not included above to disqualified				
Ŭ	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				
3	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
ıı a	Management				
b	Legal				
c	Accounting	2,701.		2,701.	
d	Lobbying	2,,020		277020	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	2,468.		2,468.	
g g	Other. (If line 11g amount exceeds 10% of line 25,	2,1001		2,1000	
9	column (A), amount, list line 11g expenses on Sch 0.)	11,118.	5,559.	5,559.	
12	Advertising and promotion	1,166.	7,000	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 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	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 if following SOP 98-2 (ASC 958-720)				
					Earm 990 (202

Pai	τX	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	65,804.
	2	Savings and temporary cash investments		2	1,655,697
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 359	6		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	1,651.	8	2,933.
Ä	9	Prepaid expenses and deferred charges	0 0 0 1	9	825
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	320,364.	15	449,600
	16	Total assets. Add lines 1 through 15 (must equal line 33)	322,840.	16	2,174,859
	17	Accounts payable and accrued expenses	63.	17	173.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 359	6		
abi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	0.
	26	Total liabilities. Add lines 17 through 25	81.	26	173.
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions		27	
Ва	28	Net assets with donor restrictions		28	
pur		Organizations that do not follow FASB ASC 958, check here			
rΕ		and complete lines 29 through 33.			
s o	29	Capital stock or trust principal, or current funds		29	0.
set	30	Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	2,174,686.
Ne.	32	Total net assets or fund balances	322,759.	32	2,174,686.
	33	Total liabilities and net assets/fund balances		33	2,174,859

Pai	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	2	1,88 3 1,85	6,6	77.			
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32	2,7	<u>59.</u>			
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	2,17	4,6	86.			
Pai	t 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: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.		Yes	No			
2a			2a		х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	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 Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	•						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche							
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000				
			Form	990	(2021)			

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization **-***6322 PENNY LANE BEATLES MUSEUM, Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	tion A. Public Support	71	· .	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and			• •			
	membership fees received. (Do not						
	include any "unusual grants.")		35,832.	317,425.	31,498.	1871446.	2256201.
2	Tax revenues levied for the organ-						
	ization'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		25 222	245 425	21 122	1071116	205624
	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.
	Public support. Subtract line 5 from line 4.						102,766.
	ction B. Total Support	ı	Ι			<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4		35,832.	317,425.	31,498.	1871446.	2256201.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,					2 164	2 164
	and income from similar sources					3,164.	3,164.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						2259365.
	Total support. Add lines 7 through 10	-1- / !				40	13,722.
12	Gross receipts from related activities,	•	,	COL.		12	13,122.
13	First 5 years. If the Form 990 is for the	_					▶ X
Sec	organization, check this box and stop ction C. Computation of Publi		centage	•••••			
	Public support percentage for 2021 (I			olumn (f))		14	%
15						15	
	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the d						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-			▶ □
b	10% -facts-and-circumstances test	-	· · ·	*	-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circle				-		>
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	

Schedule A (Form 990) 2021

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, 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 3b and 3c 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.)

	Yes	No
1		
2		
3a		
3b		
0.0		
Зс		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
01-		
9b		
9c		
10a		
10b		
נטטו		

	dule A (Form 990) 2021 PENNY LANE BEATLES MUSEUM, INC.	*632	2 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	112		
•	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	110		
			Yes	No
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		Tes	No
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
_	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,	_		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		<u> </u>
	tion of Type in Supporting Organizations		¥	
_	Management of the control of the desired and the state of		Yes	No
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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
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?	1		
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).	2		
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			
		3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		l
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	struction		·
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. Schedule A (Form 990) 2021

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

Part V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations mu		•	
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)
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	1a		
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
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 Check here if the current year is the organization's first as a non-function	nally integrated	Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021

line 7:

and 4c.

8 Breakdown of line 7:

a Excess from 2017

b Excess from 2018

c Excess from 2019

d Excess from 2020

e Excess from 2021

a Applied to underdistributions of prior yearsb Applied to 2021 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions.
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

Part VI. See instructions.

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** 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.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

PENNY LANE BEATLES MUSEUM, INC.

-6322

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 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-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), 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-EZ 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-EZ 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 ______ > \$ 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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Name of organization Employer identification number

PENNY	LANE	BEATLES	MUSEUM,	INC.
-------	------	---------	---------	------

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DR. ROBERT ENTEL 521 MANDALAY AVENUE #902 CLEARWATER, FL 33767	\$ 34,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ENTEL FAMILY LLLP 521 MANDALAY AVENUE #902 CLEARWATER, FL 33767	\$1,831,824.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Page 3

PENNY LANE BEATLES MUSEUM, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	57 SHARES ABBOT LABS		
2			
		\$\$.	09/09/21
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I	35 SHARES AIR PRODUCTS & CHEM		
2	55 SHAKES AIK IKODOCIS & CHEM		
		\$9,349.	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	50 SHARES PROLOGIS INC		
2			
		\$6,736.	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
arti	23 SHARES AMERICAN TOWER REIT INC		
2	23 SHARES AMERICAN TOWER REIT INC	_	
		\$6,827.	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	73 SHARES ABBVIE		
2			
		\$ 7,831 .	09/09/21
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
aiti	14 SHARES AMGEN INC		
_		—	
∠			
			09/09/21

Name of organization

Employer identification number

Page 3

PENNY LANE BEATLES MUSEUM, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	40 SHARES AUTOMATIC DATA PROC		
2			
		\$8,126.	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	22 SHARES BORADCOM INC		
2			
		\$10,857.	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	11 SHARES BLACKROCK INC		
2			
		\$10,144.	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	47 SHARES BEST BUY CO INC		
2			
		\$5,282.	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	87 SHARES COMCAST CORP NEW CL A		
2			
		\$5,182.	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	59 SHARES CHEVRON CORP		
2			
		\$5,664.	09/09/21
123453 11-11	.91	\$5,664.	Schedule B (Form 990) (2021)

Name of organization

Employer identification number

Page 3

PENNY LANE BEATLES MUSEUM, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	47 SHARES CROWN CASTLE REIT INC	_	
2		_	
		9,046.	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	169 SHARES CISCO SYSTEMS INC	_	
2		_	
		9,903.	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	69 SHARES CORNING INC	_	
2		_	
		\$\$	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	35 SHARES EATON CORP PLC		
2		_	
		\$\$,654.	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	31 SHARES EVERSOURCE ENERGY COM		
2		_	
		\$\$	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	17 SHARES HONEYWELL INTL INC		
2		_	
123453 11-11			09/09/21

Name of organization

Employer identification number

Page 3

PENNY LANE BEATLES MUSEUM, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	31 SHARES HOME DEPOT INC		
2			
		\$10,285.	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	23 SHARES ILLINOIS TOOL WORKS INC		
2			
		\$5,060.	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	90 SHARES JP MORGAN CHASE & CO		
2			
		\$14,327.	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	19 SHARES LOCKHEED MARTIN CORP		
2			
		\$6,630.	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	32 SHARES ELI LILLY & CO		
2			
		\$7,680.	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	134 SHARES MERCK AND CO INC		
		\$9,892.	09/09/21
123453 11-11	I-21		Schedule B (Form 990) (2021)

Name of organization

Employer identification number

PENNY LANE BEATLES MUSEUM, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	154 SHARES MONDELEZ INTERNATIONAL	_	
2		_	
		\$\$ <u>9,334.</u>	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	65 SHARES MEDTRONIC PLC	_	
2		 \$8,673.	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	52 MARSH & MCLENNAN COS INC	_	
2		_	
			09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	31 SHARES MCDONALDS CORP	_	
2		_	
			09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	47 SHARES MICROSOFT CORP	_	
2		_	
		\$13,971.	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_	145 SHARES NEXTERA ENERGY INC	_	
2		_	
123453 11-11		12,447.	09/09/21 Schedule B (Form 990) (2021)

Name of organization

Employer identification number

PENNY LANE BEATLES MUSEUM, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	65 SHARES PAYCHEX INC		
2	-		
		\$7,236.	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
raiti	38 SHARES PNC FINCL SERVICES GROUP		
2			
		\$	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	30 SHARES PHILLIPS 66		
2			
		\$	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	67 SHARES PEPSICO INC		
2			
		\$\$	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	59 SHARES PROCTER & GAMBLE CO		
2			
		\$ 8,495.	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	55 SHARES QUALCOMM INC		
2			
		7 707	09/09/21
123453 11-11	01	\$	

Name of organization

Employer identification number

Page 3

PENNY LANE BEATLES MUSEUM, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	74 SHARES REALTY INCM CRP MD		
		\$5,156.	_09/09/21_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	50 SHARES SEMPRA		
		\$6,691.	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	48 SHARES WEC ENERGY GROUP INC		
		\$\$	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	74 SHARES STARBUCKS CORP		
		\$8,790.	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	172 SHARES TRUIST FINL		
		\$9,586.	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	74 SHARES TEXAS INSTRUMENTS		
123453 11-11		\$13,947.	09/09/21 Schedule B (Form 990) (2021)

Name of organization Employer identification number

PENNY LANE BEATLES MUSEUM, INC.

-*6322

Page 3

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	26 SHARES UNITED PARCEL SVC CL B	_	
2		_	
		\$\$	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	88 SHARES US BANCORP	_	
2		_	
		\$\$	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	60 SHARES VERIZON COMMUNICATIONS COM	_	
2		_	
		\$\$	09/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	38 SHS ABBOT LABS	_	
2		_	
		\$\$,106.	12/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_	24 SHARES AIR PRODUCTS & CHEM	_	
2		_	
		\$	12/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	32 SHARES PROLOGIS INC	_	
2		_	
		5,091.	12/10/21 Schedule B (Form 990) (2021)

Name of organization Employer identification number

PENNY LANE BEATLES MUSEUM, INC.

-*6322

Page 3

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	15 SHARES AMERICAN TOWER REIT INC		
2			
		\$\$	12/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	49 SHARES ABBVIE INC SHARES		
2			
		\$6,148.	12/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	26 SHARES AUTOMATIC DATA PROC		
2			
		\$6,154.	12/10/21
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions.)	Date received
	15 SHARES BROADCOM INC		
2			
		_{\$} 9,475.	12/10/21
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
	7 SHARES BLACKROCK INC		
2			
		\$ 6,476 .	12/10/21
	-	\$ 6,476.	12/10/21
(a)		(5)	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
arti	32 SHARES BEST BUY CO INC		
2			
		\$ 3,322.	12/10/21

Name of organization

Employer identification number

Page 3

PENNY LANE BEATLES MUSEUM, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	58 SHARES COMCAST CORP NEW CL A	_	
2		-	
		\$\$	12/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	40 SHARES CHEVRON CORP	_	
2		_	
		\$\$	12/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	32 SHARES CROWN CASTLE REIT INC	_	
2		_	
		\$6,183.	12/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	107 SHARES CISCO SYSTEMS INC	_	
2		_	
		\$6,340.	12/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_	57 SHARES CORNING INC	_	
2		_	
		\$\$	12/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	22 SHARES EATON CORP PLC	_	
2		-	
		_ \	12/10/21
123/153 11_11	101		Schedule B (Form 990) (2021)

Name of organization Employer identification number

PENNY LANE BEATLES MUSEUM, INC.

-*6322

Page 3

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	21 SHARES EVERSOURCE ENERGY	_	
2		_	
			12/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	8 SHARES HONEYWELL INTL INC	_	
2			12/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	20 SHARES HOME DEPOT INC	_	
2		_	
			12/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	16 SHARES ILLINOIS TOOL WORKS INC	_	
2		_	
		3,884.	12/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	57 SHARES JP MORGAN CHASE & CO	_	
2		_	
		9,110.	12/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	10 SHARES LOCKHEED MARTIN CORP	_	
2		_	
123453 11-11			12/10/21

Name of organization

Employer identification number

Page 3

PENNY LANE BEATLES MUSEUM, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	21 SHARES ELI LILLY & CO		
2			
		\$5,127.	12/10/21
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I	00 GUARRIG MERGY C GO	(======================================	
2	89 SHARES MERCK & CO		
		\$6,463.	12/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	113 SHARES MONDELEZ INTERNATIONAL		
2			
		\$	12/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	52 SHARES MEDTRONIC PLC		
2			
		\$5,846.	12/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	33 SHARES MARSH & MCLENNAN COS INC		
2			
		\$5,669.	12/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	19 SHARES MCDONALDS CORP		
2			
		\$5,034.	12/10/21
123453 11-11	1-21		Schedule B (Form 990) (2021)

Name of organization

Employer identification number

Page 3

PENNY LANE BEATLES MUSEUM, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	31 SHARES MICROSOFT CORP		
2			
		\$10,619 .	12/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	97 SHARES NEXTERA ENERGY INC		
2			
		\$\$	12/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	40 SHARES PAYCHEX INC		
2			
		\$\$	12/10/21
(a)		(6)	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	24 SHARES PNC FINCL SERVICES GROUP		
2			
			10/10/01
		\$ 4,837.	12/10/21
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
Parti	20 SHARES PHILLIPS 66		
2			
		\$1,450.	12/10/21
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I	44 SHARES PEPSICO INC		
	44 DHWIND LELDICO INC	 [
2			
_2			

Name of organization

Employer identification number

Page 3

PENNY LANE BEATLES MUSEUM, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	47 SHARES PROCTER & GAMBLE CO		
2			
		\$	12/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	36 SHARES QUALCOMM INC		
2			
		\$6,620.	12/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	55 SHARES REALTY INCM		
2			
		\$3,682.	12/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	34 SHARES SEMPRA		
2			
		\$4,311.	12/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	483 SHARES SPDR GOLD TRUST		
2			
		\$ 80,458.	12/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	32 SHARES WEC ENERGY GROUP INC SHS		
		\$2,991.	_12/10/21_
123453 11-11			Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

PENNY LANE BEATLES MUSEUM, INC.

-*6322

Page 3

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	47 SHARES STARBUCKS CORP		
2			
		\$5,486 .	12/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	114 SHARES TRUIST FINL CORP		
2			
		\$6,770 .	12/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	49 SHARES TEXAS INSTURMENTS		
2			
		\$9,604 .	12/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
raiti	22 SHARES UNITED PARCEL SVC CL B		
2			
		\$\$.	12/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Parti	58 SHARES US BANCORP		
2			
		\ \ \ \ 3,351.	12/10/21
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I	40 SHARES VERIZON COMMUNICATNS	· · ·	
2	TO DIMEND VERTION COMMONICATING		
		\$\$	12/10/21

Schedule B (Form 990) (2021) Page **3**

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) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	2055.323 SHARES MFS INTL INTRINSIC	_			
2		_			
		\$\$	12/10/21		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	12,737.227 SHARES AB MUNICIPAL INCOME	_			
2		_			
		\$\$	12/10/21		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	500 SHARES BERKSHIRE HATHAWAY INC	_			
2		_			
		\$\$\$	08/26/21		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	10,000 SHARES DJIA LIRN ISSUER BOFA				
2					
		\$\$ <u>138,800.</u>	12/14/21		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	6,000 SHARES SP500 STEPUP ISSUER CS	_			
2		_			
		\$\$	12/14/21		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
2	4,314.357 SHARES JP MORGAN GLOBAL	_			
		 _ \$ 101,776.	08/26/21		
123453 11-11	1-21	_ *	Schedule B (Form 990) (2021)		

Schedule B (Form 990) (2021) Page **3**

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) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	1,931 SHARES ISHARES GOLD TR SHS	_			
		_			
		\$66,001.	09/09/21		
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
Part I	364 SPDR GOLD TRUST	(See Instructions.)			
2	204 SEDV GOTD IVOSI				
			09/09/21		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	8,866.059 SHARES INVESCO ROCHESTER	_			
2		_			
		\$	09/09/21		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	9,717.987 BLACKROCK GLOBAL	_			
2		_			
		\$\$	09/09/21		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	8.99 SHARES INVESCO ROCHESTER	_			
2		_			
		\$	10/06/21		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		_			
		_			
123453 11-11	-	\$	Schedule B (Form 990) (2021)		

Schedule B (Form 990) (2021) Page **4**

Name of or	rganization		Employer identification number		
PENNY	LANE BEATLES MUSEUM, I	NC.	**-***6322		
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	tions to organizations described in s i) through (e) and the following line er charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year htry. For organizations r less for the year. (Enter this info. once.) \$		
	Use duplicate copies of Part III if additional	space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfer of git	ft Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		ft			
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of git	ft		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

INC.

OMB No. 1545-0047

Inspection

Name of the organization PENNY LANE BEATLES MUSEUM, **Employer identification number** **-***6322

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		unds or Ad	counts. Complete if the
	Organization driented (150 or) or other observations	(a) Donor advised funds		(b) Funds and other accounts
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			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in dono	or advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pu	ırpose conferr	ing
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Forn	n 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education) Preserva	ation of a histo	orically important land area
	Protection of natural habitat	Preserva	ation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	e form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
				2b
	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at	•		
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated	by the organi	zation during the tax
_	year >			
4	Number of states where property subject to conservation ease	· · · · · · · · · · · · · · · · · · ·		
5	Does the organization have a written policy regarding the period		· ·	Yes No
6	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and emorcin	ig conservatio	in easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing co	neonyation oa	coments during the year
′	\$\\$\$ \$\$ \$\$	ing of violations, and emorcing co	i isei valioi i ea	sements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	on 170(h)(4)(R)	(i)
Ü	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservatio			
•	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.	oto to the organization o imanolar t		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures,	or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue state	ment and bala	ance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or researc	ch in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes the	se items.	·
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statemer	nt and balance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
				L 4
2	If the organization received or held works of art, historical trea	sures, or other similar assets for fi	inancial gain, _l	
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			> \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021

132051 10-28-21

Schedule D (Form 990) 2021

e Other

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

Schedule D (Form 990) 2021 PENNY LANE I Part VIII Investments - Other Securities.	BEATLES MUSEU	om, inc.	-***6322 Page 3
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 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	l-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.)			
Part VIII Investments - Program Related.	F 000 D-+ N/ E	11 - O - Farm 000 Bart V line 10	
Complete if the organization answered "Yes" (l - f
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	i-or-year market value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) I	Description		(b) Book value
(1) BEATLES MEMORABILIA			373,500.
(2) BUILDING IN PROGRESS			76,100.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			449,600.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)	·····	449,000.
Complete if the organization answered "Yes" of	on Form 990 Part IV line	2 11e or 11f See Form 990 Part X line 25	
1. (a) Description of liability	5111 51111 555, 1 411 14, 11116	2 110 01 111. 000 1 01111 000, 1 art X, iii10 20.	(b) Book value
(1) Federal income taxes			(b) Dook raids
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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

Schedule D (Form 990) 2021

(9)

Schedule D (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization PENNY LANE BEATLES MUSEUM, INC. Employer identification number **-***6322

Par	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut	•	:s
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	101	1,831,672.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other						
26	Other • ()						
27	Other • ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz	=	•				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29			T
						Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date						177
	exempt purposes for the entire holding period?					30a	X
	If "Yes," describe the arrangement in Part II.	- Para Marakana		of any management and the d	:0		v
31	Does the organization have a gift acceptance p				lons?	31	X
32a	Does the organization hire or use third parties of contributions?		•	•		32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	cked.		
	describe in Part II.	(0) 101	, po oi proport)				
	GOOGLES IIII GIT II.						

For Paperwork Reduction Act Notice, see the Instructions for Form 990. LHA

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

> PENNY LANE BEATLES MUSEUM, INC.

Employer identification number **-***6322

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
MATERIALS, INCLUDING BUT NOT LIMITED TO THE OWNERSHIP AND OPERATION OF	
A MUSEUM OR OTHER EXHIBITS, ORGANIZATION OF TRAVELING EXHIBITS AND	
OTHER PROMOTIONAL ACTIVITY.	
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 T	HE
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 5,55	9.
MANAGEMENT AND GENERAL EXPENSES 5,55	9.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES 11,11	8.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 11,11	8.

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

Schedule O (Form 990) 2021

Penny Lane Beatles Museum			
,			
Financial Report as 6/1/22 on 6/15	/22		
Summary of Income & Expenses			
INCOME	 		
	Sub Category	Actual	Monthly estimate
Category Cash on Hand	Sub Calegory	\$19,814.00	Worthing estimate
Casii dii i land	Box donations	ψ19,014.00	680
	Merchandise sales		1100
	Investment Acct (ML)	\$804,000.00	1100
	THE COLUMN TO TH	ψοστ,σοσ.σο	
Bayshore Museum	 	1633300*	
		11100	1780
Memorabilia value in current 500 sf			
Museum space			\$376,124.00
* purchase of new museum building			
location			
EVDENOSO			M 411 C 4 1
EXPENSES			Monthly estimated
Museum maintenance			\$700 \$200
Utilities Contract Labor			\$300 1500
			\$300
Computer/Internet Skinner Building Rental			\$2,500
Skillilei Bullullig Relital			\$≥,500 \$5,300
**expenses based on non COVID	 		ΨΟ,ΟΟΟ
closure			

Notes			
110100			
actual cost			
2018 appraisal which does not include			
20 to appraisal which does not include			
approx 80% of collection			
new building			
new building			
current museum			
current museum			
leased space (+ electric)			

-				
_				
				l
——				
<u> </u>				

-				
_				
				l
——				
<u> </u>				

-				
_				
				l
——				
<u> </u>				

-				
_				
				l
——				
<u> </u>				

-				
_				
				l
——				

-				
_				
				l
——				

-				
_				
				l
——				

-				
_				
				l
——				

-				
_				
				l
——				

-				
_				
				l
——				

-				
_				
				l
——				
<u> </u>				

-				
_				
				l
——				
<u> </u>				

-				
_				
				l
——				

-				
_				
				l
——				

-				
_				
				l
——				
<u> </u>				

-				
_				
				l
——				
<u> </u>				

-				
_				
				l
——				
<u> </u>				

-				
_				
				l
——				
<u> </u>				

-				
_				
				l
——				
<u> </u>				

-				
_				
				l
——				

-				
_				
				l
——				
<u> </u>				

——			
 			
			

——			
 			
			

——			
 			
			

——			
 			
			

——			
 			
			

——			
 			
			

7273044594

Sep. 06.2022 03:29 PM Dr. Robert Entel

Tapco

Payment Information

PAY ON-LINE WITH VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS OR BY ACH AT:

Insured Name: Penny Lane Beatles Museum, Inc

Renewal Of: NN1397474

Libon loain, you will be absent be following agricult to parc

Account Number: TEXIH

Enter the account number and PIN listed below to begin the process.

hatro-tinemye-livening open continuous de la livening de la liveni

Thank you for your business! 2.60% 166 OR CHAIR WARRINGS

T /T &

To: Amy Maguire amyrmaguire@icloud.com Date: September 6, 2022 at 4:35 PM Subject: Insurance Penny Lane Beatles Museum From: Robert J Entel entelmd@icloud.com &

tioni Michicoco 1168

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 \$100 of economic activity created by museums, an additional \$220 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 \$50 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 \$12 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 \$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.

West Intel,

Robert Entel, MD