

# Application Form

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## *Organization Information*

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An informational webinar about this application is available to watch.

The rubric that will be used to score this proposal can be downloaded [here](#).

If you would like to complete this application first in Microsoft Word, you may download a Word version [here](#). Please pay attention to character limits.

### **Brief Project Descriptor**

Please briefly describe this organization's request.

### **Organization Name\***

The Florida Holocaust Museum

### **Project Name\***

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

Dimensions In Testimony (DiT): Saving Voices, Archiving History, & Impacting the Future

### **EIN\***

59-2981494

### **Incorporation Year\***

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

1991

### **Mission Statement\***

What is your organization's mission statement?

The Florida Holocaust Museum (The FHM) honors the memory of millions of innocent men, women and children who suffered or died in the Holocaust. The Museum is dedicated to teaching the members of all races and cultures the inherent worth and dignity of human life in order to prevent future genocides.

### 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

### Annual Operating Budget\*

Please provide the amount of your annual operating budget (expenditures only) for your entire organization.

\$3,711,696.00

### Amount Requested\*

The maximum grant amount is \$500,000.

\$500,000.00

### Does the total project cost exceed the amount your organization is requesting?\*

Please note: Answering "Yes" will cause additional questions to load later in this application.

#### Examples

ABC Childcare is seeking funding for a new playground. ABC Childcare is asking PCF to fund \$150,000 for certain equipment, and will seek other funding and donations for the remaining \$20,000 of the playground. ABC Childcare would select "Yes" for this question.

Better Tomorrow, a mental health provider, is looking to expand their counseling center by two rooms to meet increased service demand arising from the pandemic. Better Tomorrow has secured \$25,000 in private contributions, and wants to request the remaining \$125,000 in this grant. Better Tomorrow would select "Yes" for this question.

DBE Food Pantry is seeking funding a new HVAC unit for their pantry, and is requesting \$40,000 from PCF to cover the entire cost. DBE Food Pantry would select "No" for this question.

Yes

### Rent vs. Own\*

Does your organization rent or own the property for which you are proposing modifications?

Own

### 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*

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### Pinellas County Priority Areas\*

For Round 2 of this funding process, the ARPA Nonprofit Capital Project Fund is prioritizing organizations that offer programming, and whose capital purchase is related to, the following areas:

- Individuals with Disabilities
- Food Security
- Specialized Healthcare
  - Mental Health
  - Dental Care
  - Substance Use Disorders
- Housing

Not offering programming in these areas does not disqualify you from applying. However, this prioritization will result in 10 bonus points being awarded to eligible requests when scored.

Does your organization and its proposed capital purchase fit into one of these areas?

No

### Programming 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?

**If you have indicated above that your programming and proposed purchase fit into the priority areas for this funding round, please be sure to describe the relevant programming.**

The FHM was founded in 1992 as the result of St. Petersburg businessman/philanthropist Walter P. Loebenberg's (1924-2019) remarkable journey and vision. Together with community leaders, Mr. Loebenberg conceived the idea of creating a living memorial to those who suffered and perished at the hands

of the Nazis. Among the participating individuals were Holocaust survivors, individuals who lost relatives, and those who wanted to ensure that such atrocities would never again happen.

With a move in 1998 to its current, permanent 27,000 sq. ft. location at 55 5th Avenue S. in downtown St. Petersburg, The FHM was transformed. Elie Wiesel, Romanian-born American Writer, Professor, Political Activist, Nobel Laureate and Holocaust survivor, attended the 1998 opening ceremony and served as Honorary Chairman.

Today, The FHM is recognized as one of the largest and most comprehensive Holocaust museums in the United States. Each year over 150,000 local, regional, national and international visitors pass through our doors. We are a significant resource for Holocaust study and genocide history and one of only three Holocaust museums in the country to be accredited by the American Alliance of Museums.

As a result of the pandemic shelter-in-place guidelines, The FHM closed to the public in March 2020 and remained closed thru December 2020. The Museum did so with the understanding that our most mission-critical stakeholders; students and teachers, needed our focus and support as they suddenly found themselves in a virtual learning environment. We moved all operations to a digital platform so we could continue to provide free educational resources and virtual outreach initiatives to them as seamlessly as possible. We invested heavily in technology, and developed new ways to reach new audiences. In light of increased hate crimes and antisemitism occurring in Florida, it is critical that The FHM bolster our exhibits and programming in order to reach new audiences and new generations.

## 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.

The FHM provides factual, primary-sourced resources & educational tools, curriculum and outreach programming free of charge to teachers and schools as part of the state mandate to include lessons of the Holocaust in educational offerings. The FHM's Education & Outreach Program is a cornerstone touching the lives of students & educators throughout FL & beyond.

As a community beacon shining the light on issues of injustice, civics & the importance of democracy, The FHM is a significant resource for Holocaust study & genocide history. The FHM is one of only 3 Holocaust museums in the nation to be accredited by the American Alliance of Museums and provides quality human rights education to adults & students. We use the 20,000 objects in our permanent collection to give voice to the individual stories of those who suffered and died during the Holocaust. One of our most impactful items on display is Boxcar #113 069-5, placed on a piece of track from the site of the former Treblinka Killing Center.

The majority of museum visitors experience an emotional goosebump moment when they comprehend and realize the brevity and brutal significance upon viewing Boxcar #113 069-5 up close. This feeling of concision often leads to hope, and is the thread connecting all of our outreach programming.

The FHM is the central service provider contracted by the FL Dept. of Education to help educators apply the Florida Holocaust Education Mandate by offering resources & curriculums. FHM's recent award-winning exhibit, "Beaches, Benches, & Boycotts" showcased how Tampa Bay remained racially segregated at the dawn of the Civil Rights era & many local institutions & establishments held out on integration for several years after Brown vs. the Board of Education & the Civil Rights Act of 1964.

It is a fact that there has been a significant increase in extremist-related incidents both nationwide & throughout FL in the past two years. Please see the Anti-Defamation League materials attached.



## Negative Economic Impact\*

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.

The more quantifiable your negative economic impact is, whether it be fiscal losses/pressures or increased service demand, the stronger your answer will be. Use numbers whenever possible. The more specific your evidence, the better.

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

During the pandemic, The Florida Holocaust Museum (The FHM) pivoted all operations to digital platforms continuing to provide mission-centric educational resources & virtual outreach initiatives to teachers, students and families throughout the state of Florida, and beyond. The FHM experienced a significant reduction in onsite visitation from March 2020 to present and is only now beginning to see visitation numbers closer to pre-pandemic times.

Understanding that our most mission-critical stakeholders are the students and teachers in Tampa Bay and across the state, The FHM continues to provide support as our intended audience struggles out of the pandemic, still in need of virtual learning opportunities, in-person instruction, and sometimes, a combination of both. The FHM remains ardent in our commitment to meet educators and students where they are, and to provide the most dynamic and memorable learning experiences possible for every grade level, and for every type of learner.

However, this commitment to excellence was also very expensive, and when The FHM experienced an ongoing 3-year decrease in admission ticket revenue, and an additional decrease in fundraising income, we made the survival-based, yet excruciating decision to access our safety net funds & pivot to a redesign of our online programming. Additionally, we needed to lay off nonessential staff members who were employed to handle in-person visitor experiences such as security guard personnel and those involved with tours. In the end, the wider community of students and educators benefited from these decisions, but The FHM is still recovering, and in order to secure future sustainability, this "Dimensions In Testimony (DiT): Saving Voices, Archiving History, & Impacting the Future" exhibition and theater expansion must take place.

As one strategy to secure an increase in audience and to boost visitation to the museum, The FHM proposes to fully maximize our opportunity to create an updated, technology-advanced theater experience in conjunction

with the Dimensions In Testimony (DiT) exhibition and experience located on the 2nd floor of the museum. Funding for this expansion will accomplish the following:

- Develop a design for theater seating to accommodate at least 30 people at a time,
- Provide an enclosed space that supports a focused experience,
- Ensure greater visibility from all seats, especially for captions,
- Improve acoustics to reduce sound bleed from adjacent restrooms, HVAC systems, and the third floor,
- Distinguish The FHM with one of the most authentic and interactive Holocaust survivor exhibits available in the United States and abroad,
- Provide The FHM with the opportunity to attract an increase of 20% more visitors.

## Negative Economic Impact - Uploads

You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages. Word, Excel, JPG and PDF files are accepted.

## Pandemic Relief Funding\*

Please describe all government pandemic relief funding your organization has received since the onset of the pandemic (March 2020). This includes but is not limited to the Pinellas CARES Nonprofit Partnership Fund, other ARPA funding, PPP (Paycheck Protection Program), and Community Block Development Grants specifically targeting COVID-19 relief.

**Explain why or how this pandemic-relief funding has not alleviated the negative economic impact you have described above.** Potential reasons include expiration dates on certain funding, inflationary pressures, restrictions prohibiting capital expenditures, or the funding simply not being enough to remedy the harm you've indicated above. **The more concrete your numbers, the better.**

**If you have not received government relief funding for your organization since the onset of the pandemic, write "No pandemic relief funding received" below.**

City of St. Pete Cultural Arts Grant = \$100,000

Paycheck Protection Program #1 = \$258,160

Paycheck Protection Program #2 = \$257,767

Employee Retention Funds have been requested and are still in process.

## Proposal Description\*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of negative 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 project proposal and address the following:

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

Almost 80 years have passed since the end of World War II and Holocaust survivors are dying, and with them, the invaluable memories and first hand accounts of what they experienced during the unprecedented genocide of more than 6,000,000 people. At the same time, the frequency of antisemitic events is at an all time high in the State of Florida and rising throughout our country and the world. The stories Holocaust survivors

share are more important than ever and impart lessons of belonging, diversity, resilience and the dangers of unchecked hatred. In response, The FHM has recorded interviews with four local survivors to be included in Dimensions in Testimony (DiT). Originally created by the USC Shoah Foundation, DiT enables people to ask questions that prompt real-time responses from pre-recorded video interviews with Holocaust survivors & other witnesses to genocide. This pioneering project integrates advanced filming techniques, specialized display technologies & next generation natural language processing to create an interactive biography. Now & far into the future, museum-goers, students & others can have conversational interactions with these eyewitnesses to history to learn from those who were there.

The FHM will create a state-of-the-art theater to house its DiT exhibition and interactive experience. The theater will include layered screens to create a dynamic, 3-dimensional projection of each survivor, similar to an interactive hologram. When not in use for DiT, LED screens can present any type of media. This technological advancement is needed in order to showcase the videotaped survivors who are portrayed as "lifelike" as possible, further enhancing the exhibition experience for all who visit.

The proposed DiT theater experience provides a powerful opportunity for us to integrate innovative technology to facilitate a moving interaction between visitors and survivors. The theater is designed to be immersive, unique, engaging, & leave a lasting impact on visitors. The proposed audio visual technology approach provides flexible functionality, allowing the Museum to utilize the space for a variety of events and purposes. With a capacity to seat 36 visitors, the tiered theater platform offers comfortable viewership from each seat.

The proposed project is projected to cost \$2,537,900. This grant is \$500,000 of that cost.

(Please review the Level 2 section of the attached Master Plan which explains the intricacies of this project in more detail.)

## Number Served\*

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

150000

## 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**.

Unduplicated

## 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 project.

N/A

## Organizational Sustainability\*

How does this project contribute to the long-term sustainability of your organization and the work it does? That is, what impact will this project have on your organization and/or its clients over the long-term?

Examples include increased service capacity, reduced cost of delivering services over time, higher-quality or more equitable service delivery, and increased lifespan/quality of property.

Quantifiable numbers will strengthen your answer.

At The FHM, we believe that in order to secure a substantial, independent future, we must continue to identify resources to support our programs and exhibitions. To sustain this project beyond this initial grant, it is not enough that the project attains its objectives, we feel we must document program successes and disseminate the evidence to all of our stakeholders, donors, partners and to the media. We are dedicated to designing and implementing a comprehensive evaluation plan to assess the impact of our implemented strategies.

A number of studies show that the ability of a project to adapt in accordance with changing circumstances can significantly affect its chances of survival. We know that the projects that undergo changes and modifications in the course of their implementation have the best chance of being sustained.

As a conservative estimate, The FHM projects we will double the annual number of museum visitors due to this DiT exhibition expansion when the project is completed and additional school tours can be added to the museum tour schedule.

## Project Specifics

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### Permits\*

Please describe any permits necessary for the successful completion of this proposed project. Be sure to include any permits already obtained or in progress, and/or what the timeline is to acquire permits.

Yes, The FHM leadership team anticipates needing electrical permits for this theater expansion and will work with the chosen project contractor to make sure all city permits are filed correctly.

### Plan Set\*

Do you have a plan set for this project?

A plan set refers to the "batch" of plans, drawings, prints, files, etc., that you receive from an architect that explains what needs to be built, how, and where. **Not all qualifying projects in this process require a plan set.**

**If you answer Yes, you should upload the Plan Set in the question below.**

Yes

## Plan Set Upload

If you answered "Yes" above, please upload the Plan Set here. If you have trouble with file size limitations, please reach out to Rose Cervantes at rcervantes@pinellascf.org. If you have any narrative to accompany the plan set, you may write it below.

### PDF files are permitted.

FHM Master Plan\_May 2023.pdf

The attached Master Plan was created in May 2023 by LUCI Creative, a full-service design studio empowering organizations to realize their goals through dynamic experiences and exhibits. This grant application requesting capital funds to offset the material costs of the Dimensions In Testimony Theater is a portion of the entire master plan for exhibition and facility improvements essential for the accessibility and security of museum visitors, staff members, and volunteers. The FHM will undergo significant changes with the addition of a new security entrance, construction of the Dimensions in Testimony theater and the acquisition of a Danish Rescue boat. As a result, the building's overall space usage has been evaluated to identify opportunities for enhancement and a refined visitor experience. In the attached document the panelists will find a comprehensive set of recommendations for the museum's redesign including a new visitor flow, modifications to content organization to support new exhibit objectives, and options space utilization for each floor of the museum all in alignment with the organization's strategic vision.

(Pages specific to the DiT® Theater and Exhibit are in the Level 2 section of the Master Plan on pages #16 thru 25.)

## Construction Schedule/Timeline\*

Given a spending deadline of December 31, 2026, give a detailed and **realistic construction schedule**/timeline as to how this large capital project will be executed and completed. If there are phases to this project, indicate so in the narrative below. If you specified that permits were needed for this project above, ensure you include the acquisition time in the schedule.

Please include the following:

1. **How the timeline/schedule was developed, and by whom.**
2. **Timeline of planning and execution. Please include start and end dates by month and year. For example, April 2023 - June 2023.**

Example:

Better Tomorrow is proposing the expansion of their counseling center. This requires a 2-month planning phase, one month to obtain all necessary permits, and four months to build. Better Tomorrow would list each phase, a brief description of what takes place in each phase, and an estimated start and completion date for each phase, and an explanation of how the schedule was developed.

Project Timeline:

Month One: Design time chosen, contract signed and construction of theater walls begin

Month Two: Exhibit design components are mapped out, permits for electrical updates are secured

Month Three: Installation of technology and equipment infrastructure

Month Four: Testing

Month Five: Exhibition and Theater opens to the public.

Completion date of these phases is estimated to be on or about June 30, 2024.

## Team Leadership\*

Please describe the following:

1. The team and leaders that will be overseeing this proposed project.
2. Their relationship to your organization
3. Their role in this project
4. Whether or not they have overseen similar projects

About The FHM's Team Leaders:

1.) Carl Goodman, CEO of The FHM is a pioneering digital media strategist, dealmaker, and expert in film, television and media-based entertainment & the arts working at the nexus of business, culture, and creative expression. He was the former CEO of The Museum of Moving Images, located in NYC, and is described by the media as an influential change agent with the ability to generate both financial and social returns on investment by creating and executing innovative entertaining, educational, and socially relevant consumer experiences that utilize digital and internet technologies. Carl is a respected catalyst for ground-breaking, multidisciplinary partnerships with a diverse network of premier leaders in a wide array of arenas. Carl also has significant experience building, and collaborating with design professionals to create the best user friendly exhibitions and experiences for museum audiences. Carl will oversee the entire project.

2.) Erin Blankenship is the Deputy Director of The FHM. She has been with the Museum for more than two decades, and is now responsible for overseeing the Museum's permanent exhibitions, public and educational programming, and collection of original artifacts, artworks, documents, and photographs. Additionally, she has curated dozens of original exhibitions. She holds a B.A. degree in Art History from the USF, a Master's degree in Museum Studies from the University of Leicester and a graduate certificate of Nonprofit Management from the UT. Erin will be the liaison to the project contractors.

3.) Ron Borsellino is The FHM's Director of Operations. He is responsible for the maintenance and refurbishment of the Museum and its Collections, Preservation, & Research Center in Largo, Florida. In addition, he is responsible for the Museum's Human Resources, Finance coordination, Security, Information Technology, Admissions, Volunteers, & the Museum Shop. Ron retired from the US Environmental Protection Agency after 36 years of service. As a member of the Agency's Senior Executive Service, Ron was the Director of the Hazardous Site Cleanup Division and the Assistant Regional Administrator for Policy and Management of a EPA region. Ron has a Master's in Business Administration and a Master's in Environmental Engineering. Ron will assist in the integration of the exhibit equipment with the electrical and technological infrastructure at The FHM. Ron will implement the timeline & design plan.

## Cost Difference

### Estimated Total Project Cost\*

Please specify the total cost of this capital project/purchase.

Example: ABC Childcare is seeking funding for a new playground. ABC Childcare is asking PCF to fund \$20,000 for certain equipment and will seek other funding and donations for the remaining \$150,000 of the playground, for a total project cost of \$170,000. ABC Childcare would put \$170,000 below.

\$2,537,900.00

## Cost Difference\*

How does your organization plan to cover the cost of this project beyond the amount requested? Please also specify if your organization can carry out the potential ARPA-funded portion of this project without other funding being secured.

Yes, The FHM has the capacity to carry out the potential ARPA-funded portion of this project without other funding being secured and is able to operate within a reimbursement grant process.

The FHM is engaged in meeting with donors who may be able to provide financial support with this project. The FHM is also submitting another state appropriation request to the Florida Legislature during the next legislative session in fall 2023 for \$1,250,000. The FHM is also pursuing capital grants from family foundations in FY 2023-2024.

## *Geographic Impact and Priority Populations*

The ARPA Nonprofit Capital Project Fund seeks to offset the negative economic impact Pinellas nonprofits faced due to the COVID-19 pandemic. Organizations who serve disproportionately impacted communities will be considered as serving a priority population. There are several ways to determine if your clients were disproportionately impacted.

Examples of disproportionately impacted communities include those who meet at least one of the following descriptions:

- Low- and moderate-income household and communities
- Households that qualify for federal assistance programs, such as SNAP and TANF
- Historically marginalized communities (BIPOC communities, persons with disabilities, LGTBQ+, religious minorities, and other communities that fit in the Equity definition provided on the ARPA website and application)
- Organization located or serve households within a Qualified Census Tract (QCTs)
  - Defined by U.S. Department of Housing and Urban Development (HUD)
  - To assess if your organization serves or is headquartered in a QCT, use this link. 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.

## Benefits and Geography of Project\*

Please describe how the communities/clients that will benefit from this capital purchase, and how they were disproportionately impacted by the pandemic according to the examples above.

The FHM has made it a priority to serve students attending Title 1 schools. We offer free tours to teachers seeking The FHM as a field trip destination. In total, since 2018, The FHM has served 128 Title 1 schools, of which, 109 were from the Tampa Bay region. The tour data from Title 1 schools is as follows:  
2018/19 44



2019/20: 27

2020/21: No in-person tours due to the pandemic

2021/22: 18

2022/23: 39

And from 2021 to current, The FHM has toured 2,129 students from Title 1 schools.

According to "Education Week," Ensuring educational equity will require an even bigger investment because we must address long-standing differences in access to health care, jobs, food, housing, academic resources, cultural experiences and digital tools. Those are the differences that will leave low-income communities and communities of color the most impacted by COVID-19 and its economic and educational consequences. These schools and their students will continue to benefit significantly from FHM proposed updated theater exhibition.

In addition to a commitment to partner with schools who serve families who are economically challenged, The FHM's historical references, exhibitions, and stories disclose the atrocities that were made to persons who were Jewish, creating a scenario where a large percentage our audience (past present and likely in the future) are visitors who represent a religious minority. According to the Anti-Defamation League (ADL), in 2022 there was 3,697 antisemitic incidents throughout the country. This is a 36% increase from 2021 and the highest number on record since they began tracking in 1979.

Additionally, in the ADL's 2023 report "Antisemitic Attitudes in America," 20% of Americans believe 6 or more antisemitic tropes, which is significantly more than the 11% that ADL found in 2019. Also, Florida is ranked in the top 5 for the most antisemitic incidents in the country! (Source: <https://www.adl.org/resources/report/audit-antisemitic-incidents-2022>)

Antisemitism is number 1 in religious-based hate crime incidents.

Anti-Jewish attacks were the most common form of anti-religious group hate crimes in 2021:

(Source: <https://www.statista.com/statistics/737660/number-of-religious-hate-crimes-in-the-us-by-religion/>)

The FHM is committed to serving these above mentioned challenged populations and to making sure that all audiences have the opportunity to benefit from The Museum's resources & our efforts to create a more accepting & peaceful world.

## Headquarters Location\*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your registration with Sunbiz, you may search their database.

Florida Holocaust Museum, 55 Fifth Street South, St. Petersburg, FL, 33701

## Project Location\*

Please provide the address or intersection where the property being modified is.

Florida Holocaust Museum, 55 Fifth Street South, St. Petersburg, FL, 33701



## *Community Connection*

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PCF understands the value of authentic and diverse representation in philanthropy and in Pinellas County. To this end, we ask demographic and representation questions to gauge the human impact your organization has on the communities 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.

If your staff, board, executive leadership, or long-term volunteers have personal identities or experiences that allow for a meaningful connection with your clients, please feel free to describe this connection below. When possible, please use internal data or specific details to describe how your organization is representative and connected to the communities you serve.

At The FHM, staff, board, executive leadership, and long-term volunteers all have personal identities or experiences that allow for a meaningful connection with visitors. The FHM has several board and staff members and volunteers who have family members who were Holocaust Survivors and experienced first-hand the atrocities of the Holocaust. Several DiT Holocaust Survivors who were video-taped for the interactive exhibition are survivors who have volunteered and have a long history of supporting The FHM.

The FHM is also engaging community members such as teachers, principals, and students in the process of choosing the design and implementation team who will gain the contract to conduct this expansion work.

### **Board Membership\***

Do your board members consider themselves a member of one or more of the following populations?

- 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

BIPOC

LGBTQ+

Neurodiverse/physically disabled

### **Executive Level Leadership Team\***

Does your executive leadership team consider themselves a member of one or more of the following populations?

- 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

Neurodiverse/physically disabled

### CEO/Executive Director\*

Does your CEO/Executive Director consider themselves a member of one or more of the following populations?

- 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

Neurodiverse/physically disabled

## Financial Overview

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### BIDS MUST BE DATED JULY 5, 2023 OR LATER.

- The file attached below should contain current, verifiable bids, estimates, or price lists [from your potential vendor(s)]. *Please ensure there is a date noted on the bid or some annotation as to when when you obtained these estimates/bids.*
- If your project costs LESS than \$75,000, you must upload TWO verifiable bids or estimates for the proposed project.
- If your project is EQUAL TO or MORE THAN \$75,000, you must upload THREE verifiable bids or estimates for your proposed project.
- If you have already selected a contractor for this process and do not have multiple bids to upload, please ensure you answer the narrative questions below thoroughly.

### Bid/Estimate #1\*

PDF files are accepted.

FHM Winikur DiT AV Bid.pdf

### Bid/Estimate #2

PDF files are accepted.

FHM Phase Shift DiT AV Bid.pdf

### Bid/Estimate #3

PDF files are accepted.

FHM Four Wall Quote.pdf

## Selected Contractor\*

**If you have not yet selected a contractor and have uploaded multiple bids above, please write N/A below or you will not be able to submit your application.**

If your organization has already selected a contractor for this proposed capital project, please describe the process through which this contractor was chosen, and be sure to answer:

1. Was there a competitive bid process? That is, were multiple bids collected in order to evaluate multiple contractors? Describe this process (names of contractors, number of bids collected, prices, and why the contractor was chosen).
2. What personnel members at your organization selected the contractor?
3. Has a contract been executed with this contractor? **If yes, upload the contract here. If no, please describe the status of contract.**

***If a contractor has already been selected AND a competitive bidding process was not used, the project will lose points.***

The FHM will select a design and installation contractor once we get notification or project funding. A committee made up of personnel members at The FHM, board members, and community members to include teachers, school administrators, and local students will be formed to create a focus group and assist with choosing a contractor from the project bid pool.

## Minority/Woman-Owned Business

Is your selected contractor, or the bid you are going to choose if funded, one of the following:

- Small-business enterprise (SBE)
- Disadvantaged business enterprise (DBE)
- Minority and/or woman-owned business (MWBE)

No

## 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."

No related parties.

## Budget Detail\*

Please upload a clear, easily readable budget that breaks out costs for this proposed project. Ensure that it is clear what portion would be paid for through this grant funding and what would be paid for from other sources. **Be sure that the budget includes 10-20% for contingencies and any costs related to performance and payment bonds for construction projects.**

If you are going to request the permitted indirect cost of up to 5%, please be sure this is represented in your budget.

An example budget is available here.

If you have additional notes to add to your budget summary, you may do so in the text box below.

### PDF and Excel files are allowed.

THE FHM Capital Based Budget for PCF ARPA Grant.pdf  
Please see budget attached.

## Other Funding Sources\*

Please describe any other funding that your organization has applied for or obtained for this project. This includes but is not limited to Community Development Block Grants (CDBG), local government grants (including Tourist Development Council funding), foundation grants, and donors (you do not need to disclose donor identities, simply amount raised that is allocated to this project). This includes any matching grants or in-kind contributions you may have obtained.

**If none, please explain why no additional funding sources have been pursued.**

**Please be sure all funding sources below are represented in the "Applicant Match" column in the Budget Summary you have uploaded above.**

The FHM is submitting another appropriation request to the state during the legislative session in fall 2023 for \$1,250,000.

The FHM is also pursuing capital grants from family foundations and donations from individual donors in FY 2023-2024. This announcement of this grant award will go a long way in securing funds from other donors around the state and the country.

## 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 project **decreases** ongoing operating costs, how will it do so?
- If this project **does not affect** operating costs, please note so below.

The FHM does not anticipate any significant changes in operating costs because this project will occur on the 2nd floor and will not disturb any of the core exhibit space or scheduled tours. We will however, be able to tour significantly more visitors once the expansion is completed.

## Fund Management Capacity\*

Please describe your organization's capacity to manage these potential ARPA funds in terms of fiscal management and financial infrastructure.

**This includes, but is not limited to, the use of accounting software that can track a general ledger and multiple accounts and the ability to work on a reimbursement-basis.**

The inability to handle a reimbursement-based grant does not disqualify your organization from applying.

The FHM has the ability and capacity to manage a reimbursement grant from ARPA funds and utilizes an independent CPA and accounting firm to handle the receipts, invoices, and all other financial tasks of the organization. The FHM is also audited every year by an additional independent CPA and accounting firm to make sure that the organization is utilizing best practices with all of its bookkeeping and accounting processes.

## Corrective and Investigative Action/Grant Recall\*

In the past three (3) years, has your organization had any of the following occur:

1. Been under legal investigation by a local, state, or federal institution?
2. Been placed on a corrective action plan by a funder?
3. Had grant funding recalled by a funder?

If yes, please describe the investigation, corrective action plan and/or grant recall, and the current status of such incidents. If no, write "N/A"

The FHM does not have any corrective and investigative action/grant recall in its history.

## Organization Documentation

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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.

FHM FYE 2023 Board Approved Budget .pdf

## Board of Directors List\*

Please upload a current list of members of your organization's Board of Directors. Excel, Word, and PDF formats are acceptable.

FHM Board Directory FY23.pdf

## 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.

FHM FY 2022 Form 990.PDF

Attached.

## 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.

The FHM Combined 2022 Financials .pdf

Attached.

## Insurance

---

### 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 project. 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.**

FHM ACORD Insurance.pdf

Attached.

### 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*

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### **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 monthly expenditure reports until their project is completed and their contract is closed out.

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](mailto:rcervantes@pinellascf.org).

Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

## *Additional Information*

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### **Additional Upload**

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

ADL Article for FHM 2023.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?

We have attached the Anti-Defamation League article for reference.

It may also be helpful for grant panelists to view this impactful video on the Dimensions In Testimony project so they can see how the recorded survivor interacts with the audience and their questions.

<https://www.youtube.com/watch?v=gBdw2WRQ08M>





## File Attachment Summary

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### *Applicant File Uploads*

- FHM Master Plan\_May 2023.pdf
- FHM Winikur DiT AV Bid.pdf
- FHM Phase Shift DiT AV Bid.pdf
- FHM Four Wall Quote.pdf
- THE FHM Capital Based Budget for PCF ARPA Grant.pdf
- FHM FYE 2023 Board Approved Budget .pdf
- FHM Board Directory FY23.pdf
- FHM FY 2022 Form 990.PDF
- The FHM Combined 2022 Financials .pdf
- FHM ACORD Insurance.pdf
- ADL Article for FHM 2023.pdf

# THE FLORIDA HOLOCAUST MUSEUM 100% MASTER PLAN

THE  
FLORIDA  
HOLOCAUST  
MUSEUM

luci  
CREATIVE

May 2023



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# EXECUTIVE SUMMARY

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# PROJECT OVERVIEW

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The Florida Holocaust Museum will undergo significant changes with the addition of a new security entrance, development of the Dimensions in Testimony theater and the acquisition of a Danish Rescue boat. As a result, the building's overall space usage has been evaluated to identify opportunities for enhancement and a refined visitor experience. In this document you will find a comprehensive set of recommendations for the museum's redesign including a new visitor flow, modifications to content organization to support new exhibit objectives, and options space utilization for each floor of the museum.



# PROJECT PURPOSE

- Holistically evaluate building space usage to identify opportunities for improvement, in light of the addition of the new security entrance and off-site collections space.
- Develop a plan for adjusting the permanent exhibit to accommodate the new security entrance and the addition of the Danish Rescue Boat.
- Evaluate visitor flow through the permanent exhibit relative to the new security entrance.
- Identify location and technology update for Dimensions in Testimony theater.

# LEVEL 1

## CORE GALLERY MASTER PLAN RECOMMENDATIONS

---



## LEVEL 1

# CORE GALLERY UPDATE RECOMMENDATIONS

Based on our assessment of the museum, planned facility updates, and stakeholder vision, our recommended master plan for the core gallery includes the following:

### EXHIBIT REDESIGN

- **Re-organize** story arrangement and visitor flow through the expanded core gallery footprint
- New exhibit **graphic style**
- **More artifact cases** throughout that can accommodate a wider variety of artifacts
- Layer both **analog and digital interactivity** to provide different ways to engage with key story moments
- Use **media** to create experiences that feel **personal** and **immersive**
- Integrate the **Danish Rescue Boat** and related interpretation

### EXHIBIT INTERPRETATION

- Enhance *Life before WWII* section to provide more **opportunities for visitors to connect with people's stories**
- Expand the *Persecution of Non-Jews* section and include **more personal stories**
- Add content about **Hitler Youth** in *Nazis in Power*
- Enhance the *U.S. Response* section
- Add a section about the **Holocaust by Bullets**
- **Relocate stories of individual rescuers** (*Portraits of Courage*) to be adjacent to the *Taking a Stand* section
- Update the *Conclusion* to **encourage visitors to take action and make a difference**

### ADDITIONAL FACILITY UPDATES

- Remove bank vault, trunk storage, and education office walls to open additional space for core gallery on the first floor
- Demo current staircase to floor 2 to accommodate display of Rescue Boat



## FLOOR 1

# CONTENT FLOOR PLAN

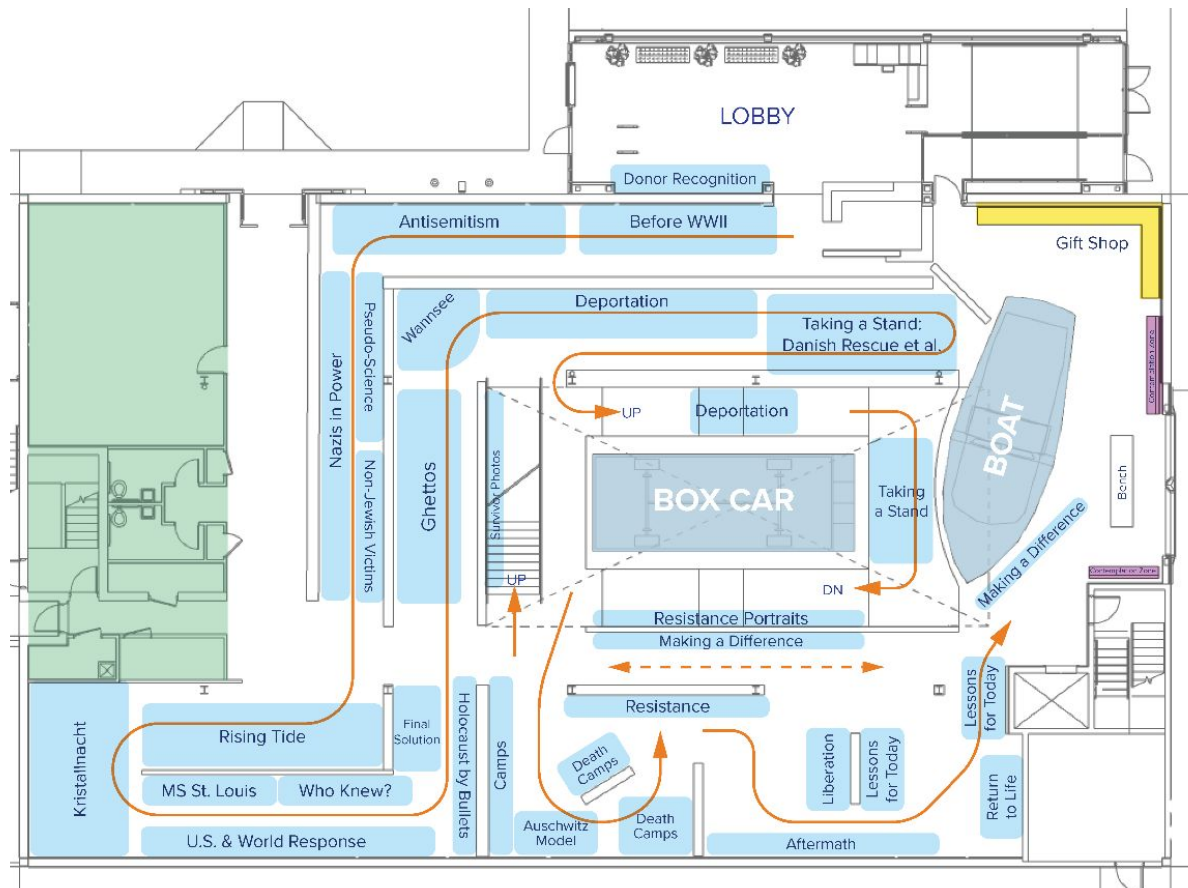
The core exhibition has been re-organized to account for the **new entry**, integrate **new artifacts** (including the Rescue Boat), and extend storytelling into the **expanded exhibit footprint**.

The experience begins with an **introductory space**, **transitioning visitors out of the Lobby**. The exhibit is organized linearly as an intersectional timeline that starts with life before WWII and the rise of Nazis to power, culminating in stories about rescue and acts of resistance, and concluding with the ongoing relevance of this history and how each visitor can make a difference in the world.

The **first part of the exhibit** establishes the necessary context about the rise of Nazism and deportation methods before **introducing visitors to the powerful macro artifacts**; the Boxcar and Danish Rescue Boat are viewed from a **raised ramp** which anchors the visitor's experience.

Following the ramp experience, **graphic content** regarding death camps is presented as an **opt-in** area, accommodating sensitivities of different audiences. After learning about Liberation, Aftermath and Lessons for Today, **visitors may decide to exit the museum, or continue up to the second floor**. Near the exit, benches and a **contemplation zone** are situated for visitors to reflect on their experience and have a safe, quiet space if needed. A **gift shop** with supplementary educational materials is located past the contemplation zone.

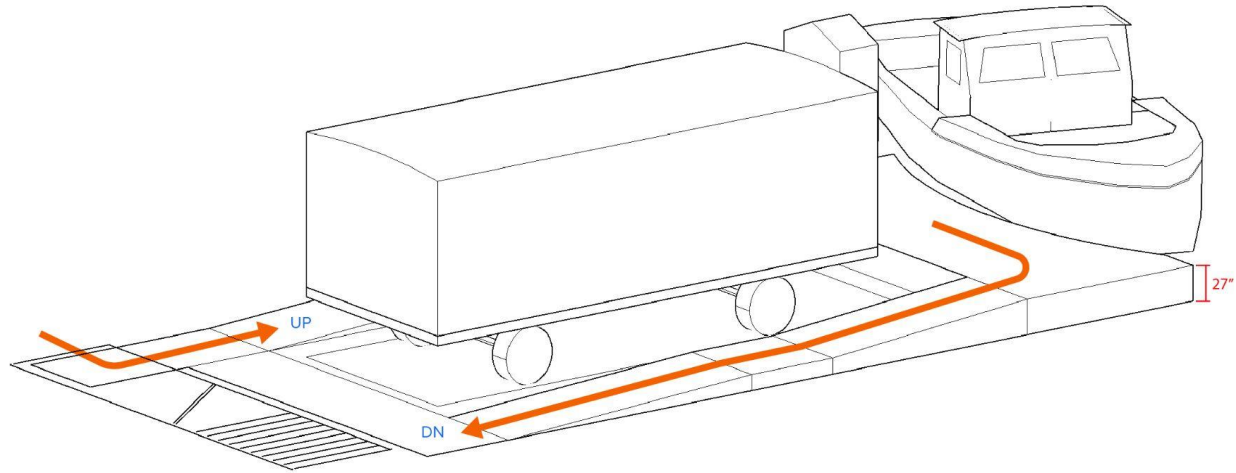
Throughout, the **layout accounts for docent-led tours and school groups** in the space.



## LEVEL 1

# RAMP CIRCULATION

The proposed solution for the integration of the Danish Rescue boat meets the goals and needs of the museum by enhancing the accessibility and immersion of visitors to these macro artifacts. The ramp provides ADA compliant circulation around the boxcar and boat. Landings are integrated near the boxcar doors to allow visitors to view the interior. The boat itself is sunk into the floor to the “waterline” level, offering better views from the elevated ramp platform. A 1’ gap between the boat and landing provides a view of the hull. The proposed solution also takes into account the height of the cabin and boat to the underside of the walkway on level two.

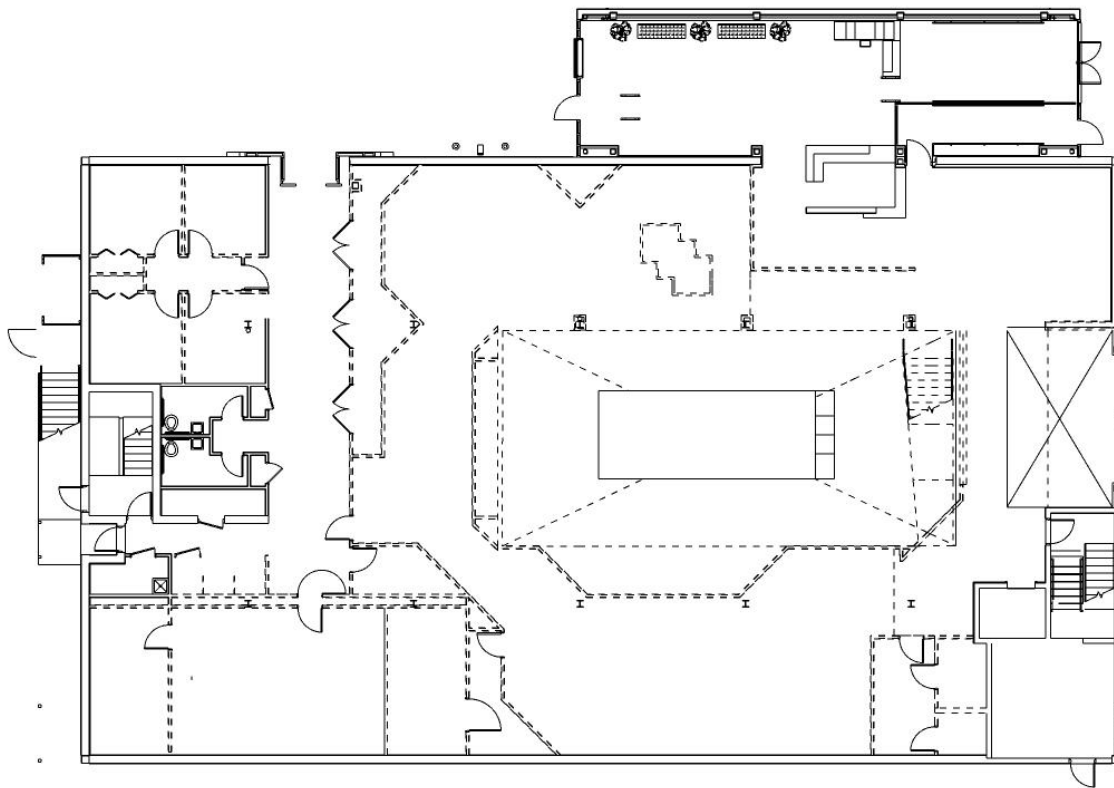


## LEVEL 1

# DEMOLITION PLAN

To support the recommended core exhibition updates, the following elements will be removed:

- Internal exhibition walls
- Current office walls
- Vault
- Current Staircase to Level 2



*Indicates walls to be demolished* .....

# LEVEL 1

## CORE GALLERY INTERIM PLAN

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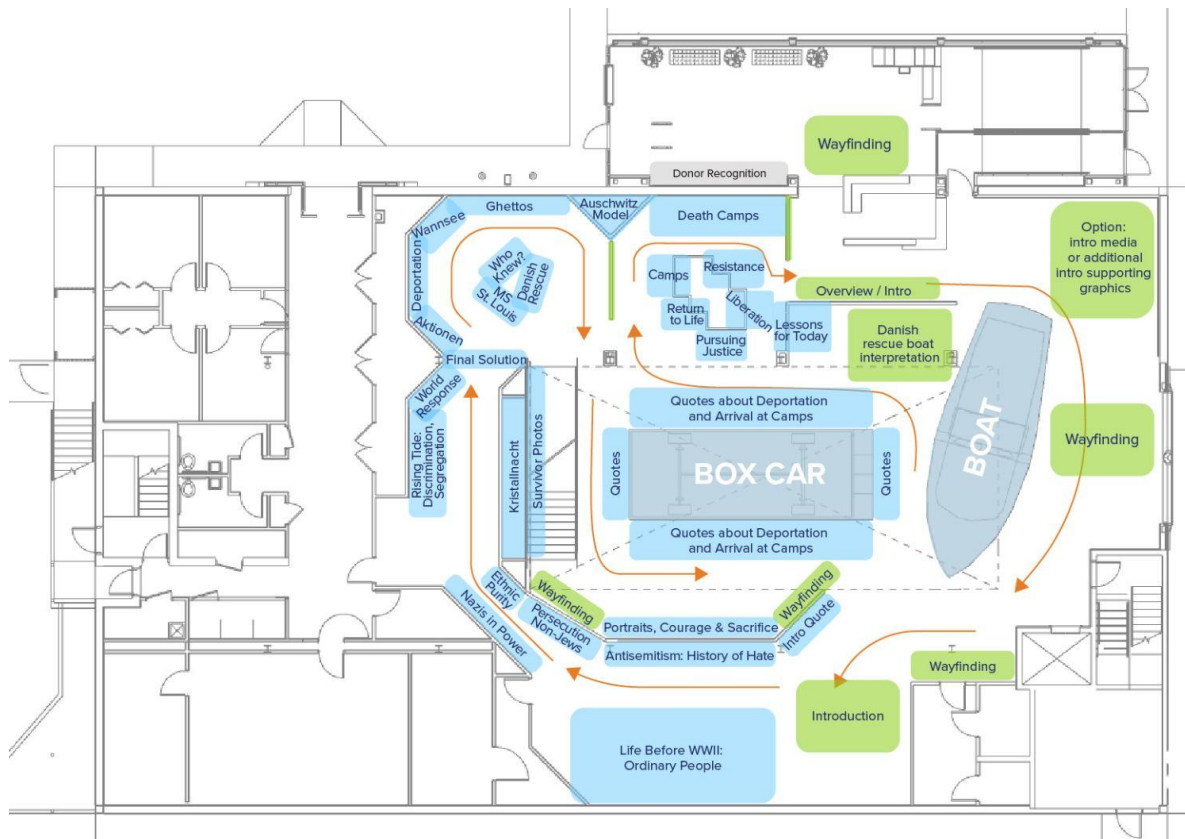
# LEVEL 1 INTERIM PLAN

## OVERVIEW

An intermediate step in the master plan for the core exhibition is shown here. **The objective of this step is to install the Danish rescue boat and relocate stairs to support the updated visitor flow to the second level.**

In this plan, the **core gallery remains largely intact**, with a few interventions to support the visitor flow during the lifetime of this interim stage. These temporary interventions are indicated in green on the floor plan at the right.

Note that this is plan poses challenges: several stories need to be relocated and possible temporary walls installed to support the refined flow. The duration of the temporary plan and investment in temporary solutions should be weighed against the overall project budget and timeline. See following page for specific notes.



# LEVEL 1 INTERIM PLAN

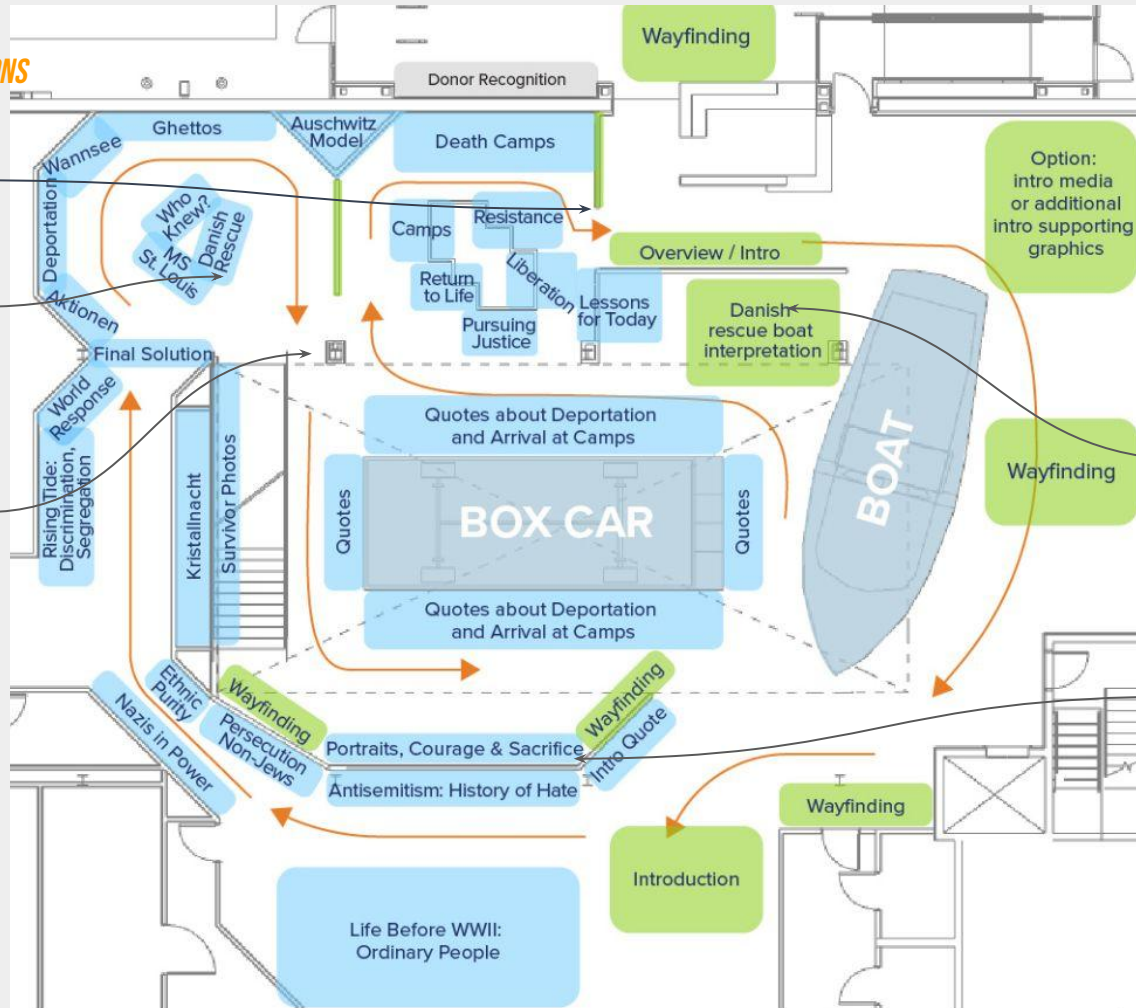
## HIGHLIGHTS & CONSIDERATIONS

Temporary opening for exit

Consider: value versus benefit of removing or relocating *Taking a Stand: Danish Rescue* from current location to align with boat.

Visitor flow between Ghettos story, boxcar and boat, and death camps requires refinement, pending duration and investment

- Temporary interventions to support visitor flow during interim plan
- Current exhibit, remains as-is for intermediate step



Option for intro media depending on duration of plan and desired investment

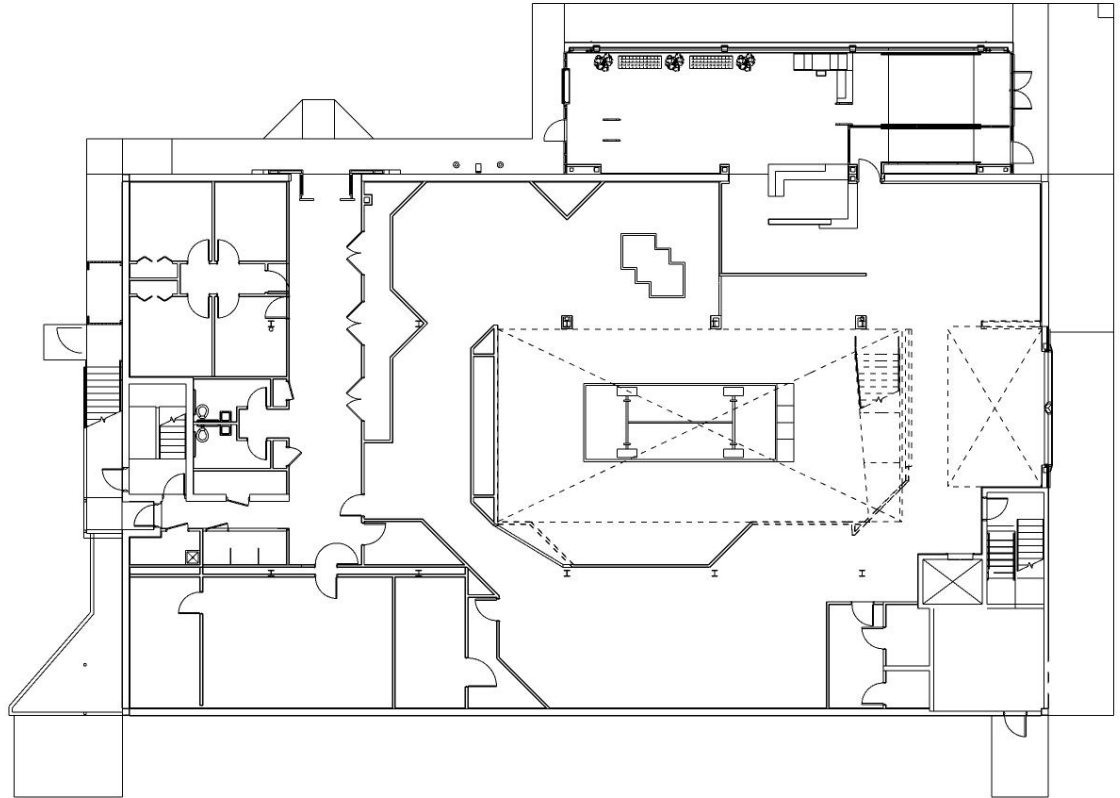
*Survivor Video Theater* are absent from this plan, and *Lessons for Today: Hatred & Genocide* relocated. Space allocated for boat interpretation

*Portraits: Courage & Sacrifice* and *Donor Recognition* relocated to create space for boat. Consider value vs benefit of re-installing for interim plan

# LEVEL 1 INTERIM PLAN

## DEMOLITION PLAN

Demolition plan for interim step in master plan.



*Indicates walls to be demolished* .....

# LEVEL 2

## MASTER PLAN RECOMMENDATIONS

---



## LEVEL 2

# UPDATE RECOMMENDATIONS

*Based on our assessment of the museum, planned facility updates, and stakeholder vision, our recommended master plan for the core gallery includes the following:*

### FACILITY REDESIGN

- Dimensions in Testimony **theater relocated** with an **expanded footprint**
- Design a **contemplation space**
- Staircase from first floor relocated to **centralize circulation** and create a more impactful arrival moment to the second floor
- Demo and redesign walls for **temporary gallery** space to support more **flexible use**
- Implement more **straightforward wayfinding**, and **clearer path of visitor flow**

### DIMENSIONS IN TESTIMONY MEDIA

- Produce and integrate **introductory videos** for featured survivors
- **Redesign media presentation** method to provide a “wow” moment for visitors
- Upgrade **show control** so docents can select which survivors to feature

### DIMENSIONS IN TESTIMONY THEATER DESIGN

- Design theater seating to **accommodate at least 30 people**
- Provide an **enclosed space** that supports a focused experience
- Ensure **greater visibility from all seats**, especially for captions
- **Improve acoustics** to reduce sound bleed from adjacent restrooms, HVAC systems, and the third floor

## LEVEL 2

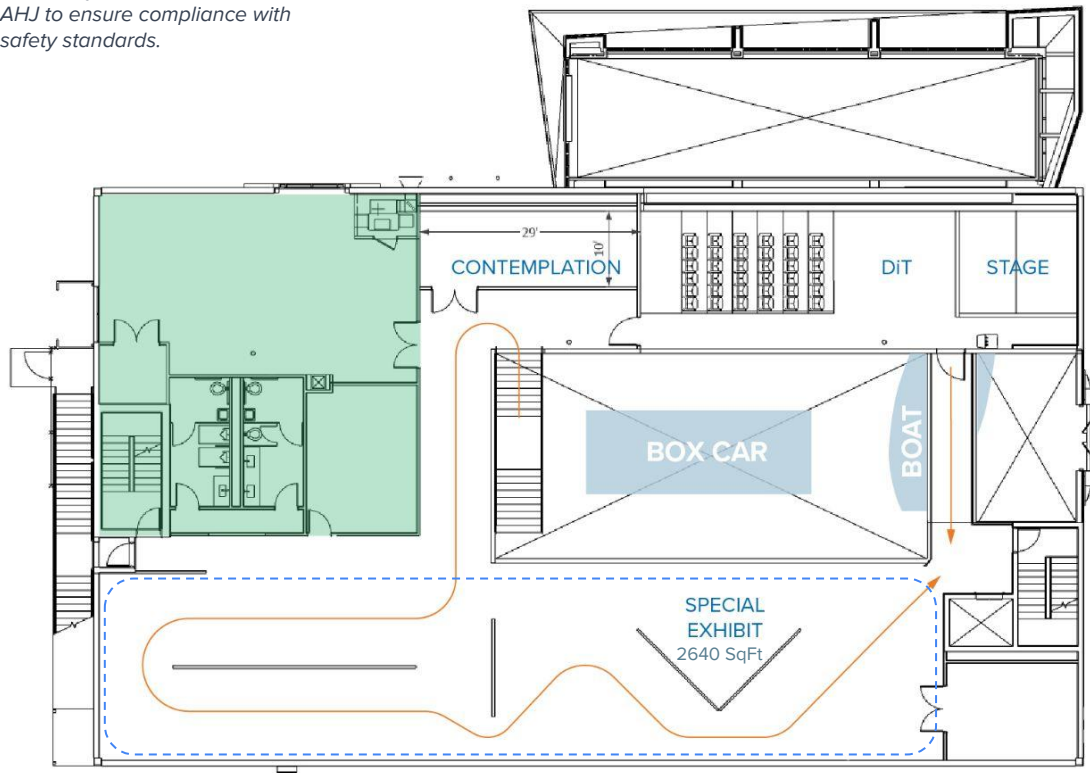
# CIRCULATION PLAN

The recommended new circulation for Level 2 of the Museum includes **reintroduction of the walkway to provide an egress path from DiT and expanded space for the temporary gallery.**

The walkway will serve as both an emergency exit and a legitimate exit, allowing visitors to bypass the special exhibit if desired. In addition, the plan includes fully or partially enclosing the opening of the atrium around DiT to ensure compliance with safety regulations and to provide a theatrical setting.

Another key feature of the plan is the **proposed contemplation space** adjacent to the DiT theater. This space will provide both a landing and an orientation space to direct visitors as they ascend the stairs from the core exhibition.

*This plan should be reviewed and verified by the fire marshal and AHJ to ensure compliance with safety standards.*



## LEVEL 2

# DIMENSIONS IN TESTIMONY OVERVIEW

---

The proposed Dimensions in Testimony theater provides a powerful opportunity for FHM to integrate innovative technology to facilitate a moving interaction between visitors and survivors.

The theater is designed to be immersive, unique, engaging, and leave a lasting impact on visitors.

The proposed audio visual technology approach provides flexible functionality, allowing the Museum to utilize the space for a variety of events and purposes.

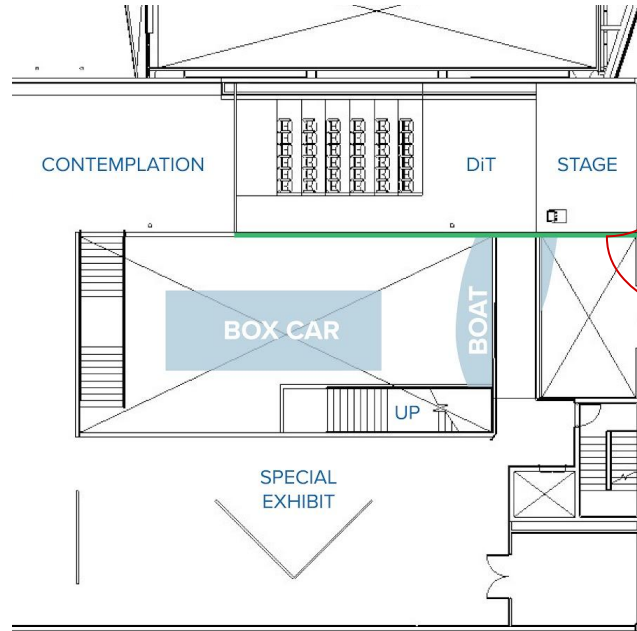
# LEVEL 2

## DIMENSIONS IN TESTIMONY

### THEATER DESIGN

Highlighted in green in the floor plan at right is a wall of **smart glass** that separates the theater from the atrium.

When the glass is in **“privacy mode”** the wall **becomes opaque**, helping to focus the audience on the media presentation. When in **“transparent mode”** this wall **provides a clear view** through the atrium to the rail car and boat below offers a moment for visitors to **draw connections** following theater experience.



Glass when obscured for privacy



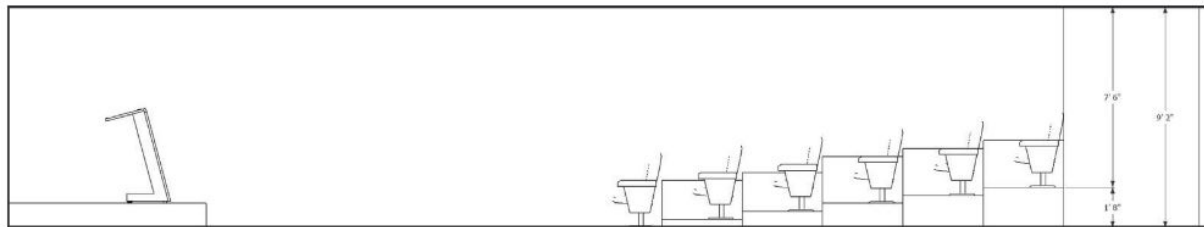
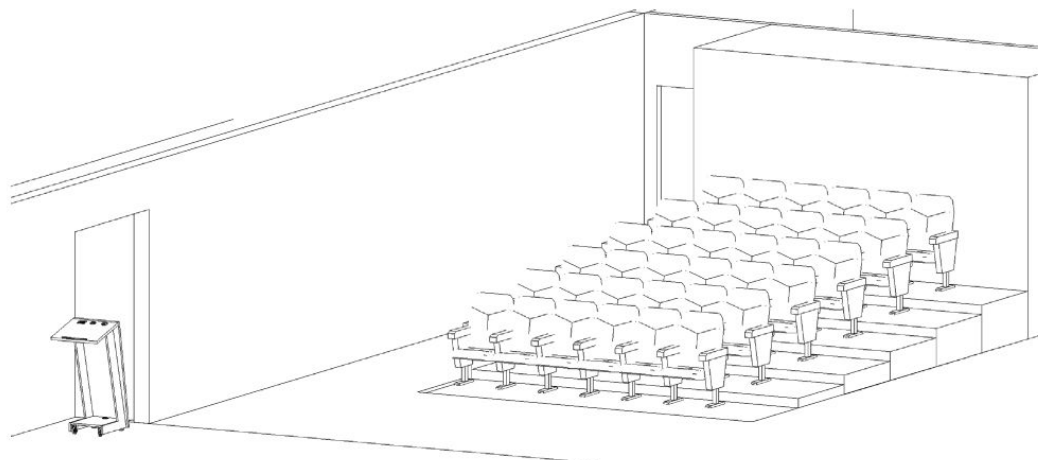
Glass when transparent

## LEVEL 2

# DIMENSIONS IN TESTIMONY: THEATER DESIGN

With a **capacity to seat 36 visitors**, the tiered theater platform offers comfortable viewership from each seat.

Further studies may determine additional seat capacity, pending final selection of audio visual technology.



Theater Dimensions: 55' x 18'  
Stage Dimensions: 13' x 14'  
36 seat capacity

## LEVEL 2

# DIMENSIONS IN TESTIMONY: TECHNOLOGY OPTIONS

The **preferred audio visual solution** to deliver the Dimensions in Testimony experience is the **moveable LED system with hologram**. LED screens provide a vibrant surface to play a variety of media, including the **orientation film** for each survivor. Following the film, these screens **retract to reveal the hologram** on a transparent screen behind where the featured survivor appears. The hologram can be presented on a media surface behind the LED screens.

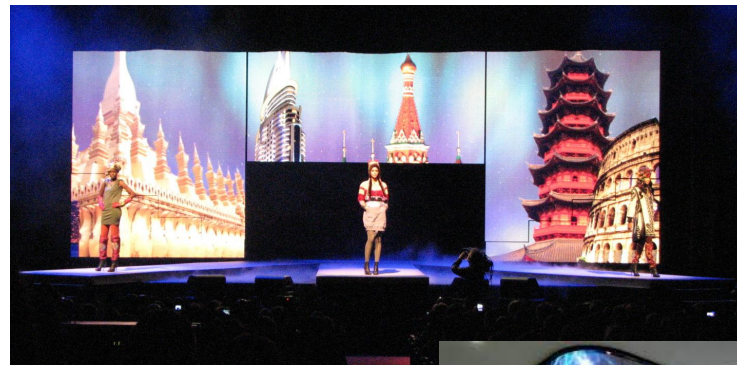
When not in use for DiT, these **LED screens can present any type of media**.

#### Options:

- Movable front LED Panels
- Lidar audio capabilities
- Various show control capabilities

#### Rough Order of Magnitude Cost Est:

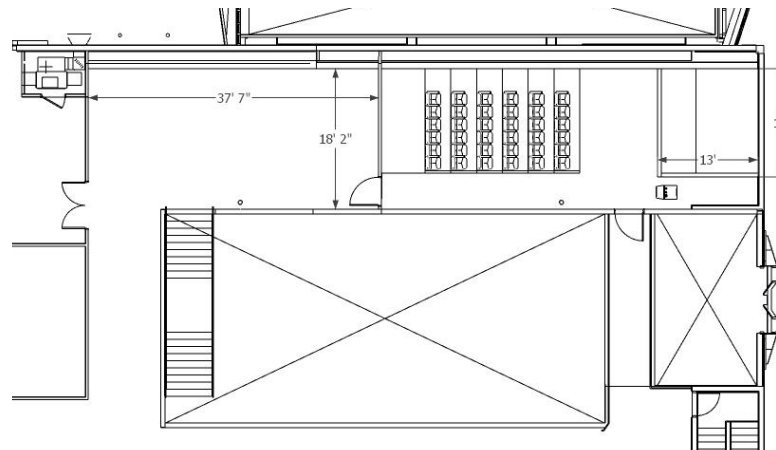
- \$750K - \$850K for hardware, software, lighting



Moveable LED



Muxwave Hologram  
(transparent screen)



## LEVEL 2

### DIMENSIONS IN TESTIMONY:

# TECHNOLOGY OPTIONS

The alternate audio visual solution is the **Pepper's Ghost technique** that uses a reflective transparent surface (special angled mirror and lighting) to create the **illusion of a transparent or semi-transparent image**. By using Pepper's Ghost technology, the holographic projections appear as if they are in the same room as the visitors.

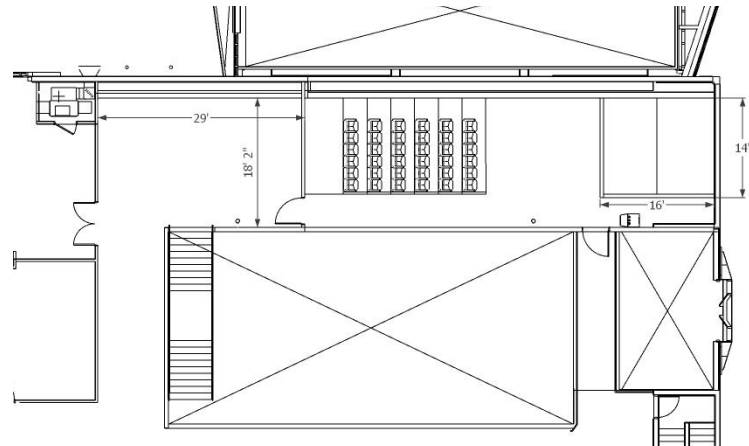
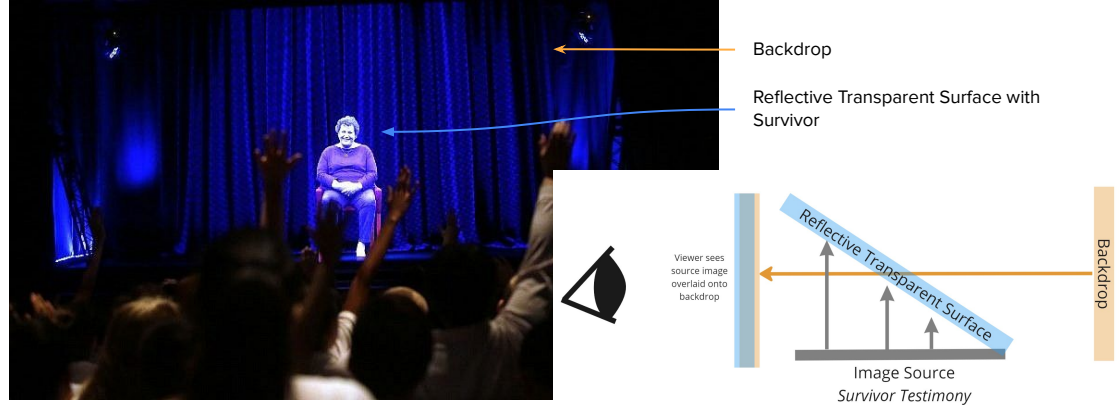
Note that this is an alternate solution given its lack of flexibility: this technology setup cannot support other forms of media beyond DiT.

#### Options:

- Sufficient room to do 2 layered LED Walls (Illinois Holocaust Museum) – currently 29' available
- 6' from 1st seat to Pony Wall
- 22' from Pony Wall to back wall w/ 8' from down-screen foil to back screen

#### Rough Order of Magnitude Cost Est:

- \$500K - \$700K for hardware, software, lighting



## LEVEL 2

## DIMENSIONS IN TESTIMONY:

# THEATER CAPACITY

Depending on desired **contemplation footprint** and the **technical design** of the Dimensions in Testimony media and hardware, the overall **theater footprint**, size of the “stage”, and **seating capacity** are all **variables to consider**.

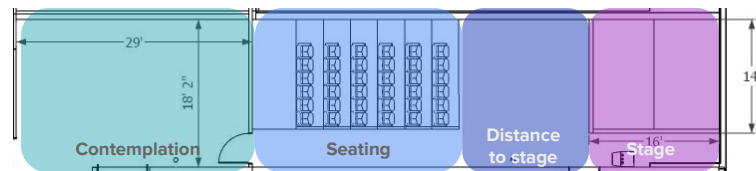
Seat type, such as benches instead of traditional theater chairs are another variable to consider to further increase capacity.

*Extending depth of theater requires assessment and testing to ensure equitable viewing*

### OPTION 1

*Balance ample contemplation space with larger stage footprint and distance to first row for Pepper's Ghost*

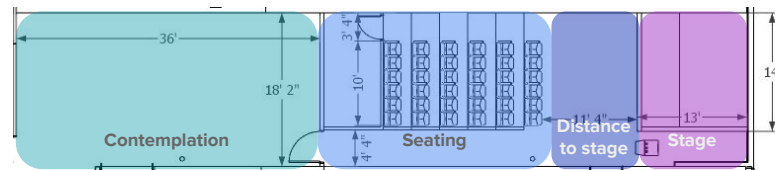
- 29' x 10' contemplation space
- 6 rows of seating, 36 person capacity
- 16' distance from stage to first row
- 16' x 14' Stage footprint



### OPTION 2

*Gain additional contemplation space by a reduced stage and distance to first row*

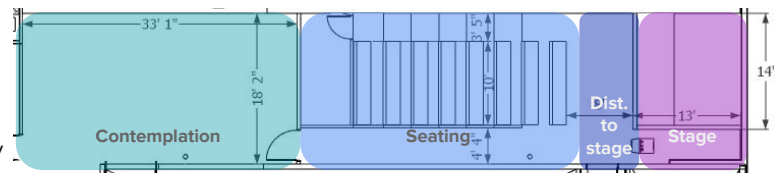
- 36' x 10' contemplation space
- 6 rows of seating, 36 person capacity
- 11' distance from stage to first row
- 13' x 14' Stage footprint



### OPTION 3

*Additional seat capacity by adding 2 rows of benches. Pepper's Ghost not possible in this scenario*

- 33' x 10' contemplation space
- 8 rows of benches, 48 person capacity
- 8' distance from stage to first row
- 13' x 14' Stage footprint



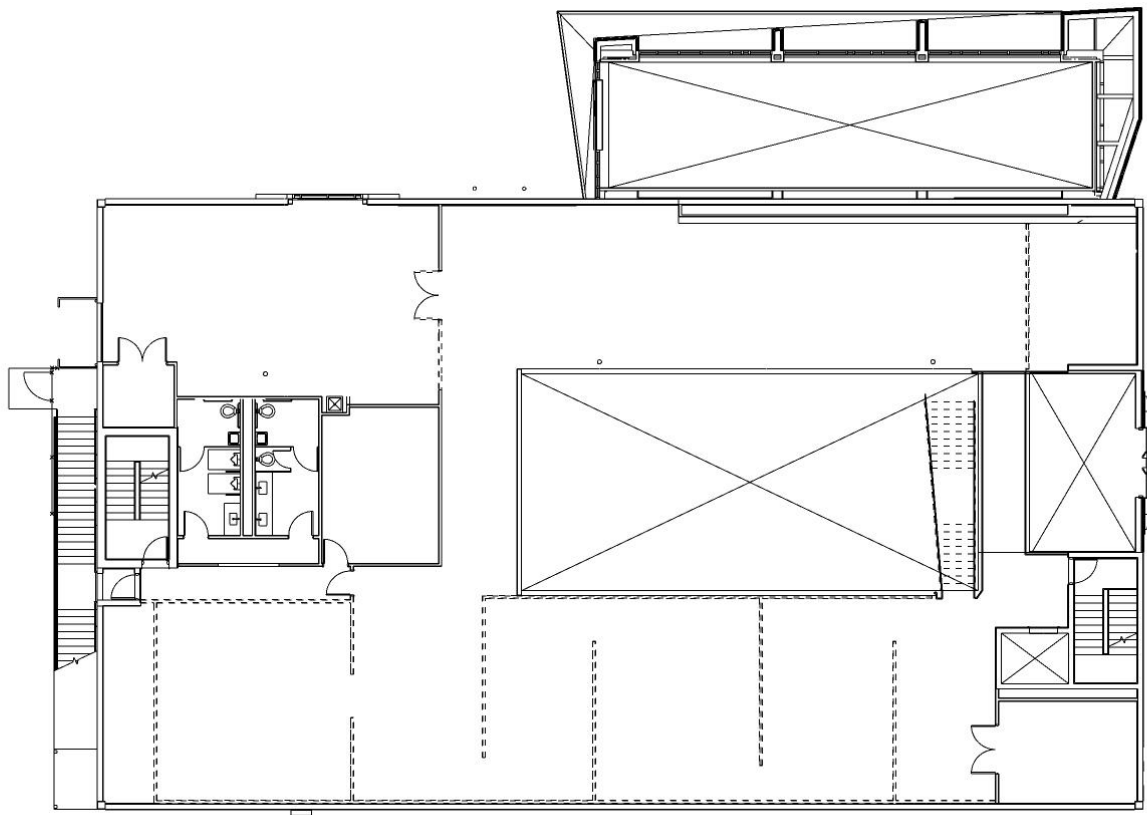


## LEVEL 2

# DEMOLITION PLAN

To accommodate the proposed plan for level two, the following demolition is required:

- Internal exhibition walls
- Dimensions in Testimony
- Current staircase to L2
- Shifting the workshop doors



*Indicates walls to be demolished* - - - - -

# LEVEL 3

## MASTER PLAN RECOMMENDATIONS

---

## LEVEL 3

# FLEXIBLE USE SYSTEM

This space is a unique opportunity to serve **multiple purposes** for the museum including hosting **events** and educational **programs**, **temporary exhibit** space.

To support this use of the space, we have proposed a system of mobile furniture:

1. Gallery Walls
2. Tiered bench seating
3. Presentation monitor

Through the use of custom, portable and flexible furniture and media pieces, there is capacity for multiple “zones” of use. The next 3 slides will demonstrate these different use cases and potential layouts.

*Images at right are for reference only. Actual design to be developed in subsequent phase of work.*



Mobile Gallery Walls



Tiered Bench Seating system



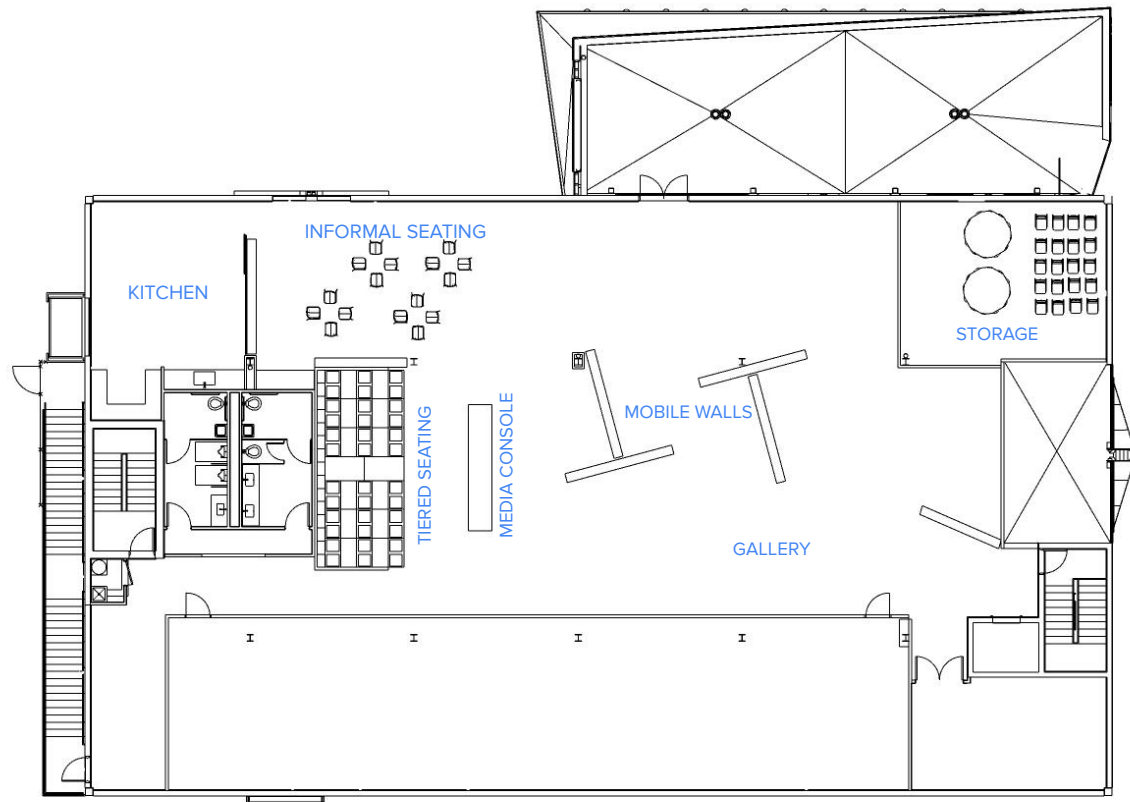
Mobile Presentation Monitor

## LEVEL 3

# PRESENTATION + GALLERY LAYOUT

### Layout Notes

- Open stepped seating for gatherings and educational programs
- Moveable media console located based on need
- Mobile gallery walls arranged to fill space

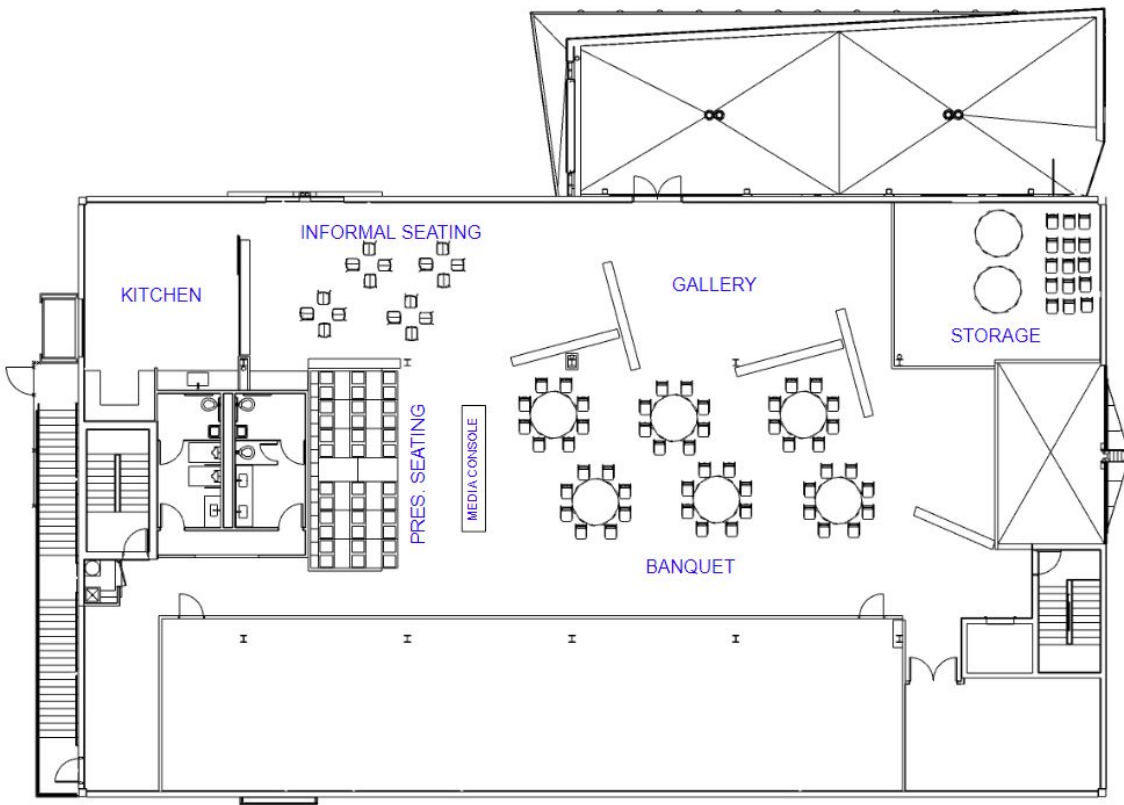


## LEVEL 3

# PRESENTATION + BANQUET LAYOUT

### Layout Notes

- Gallery walls moved to create space for banquet seating
- Ample space for stepped presentation seating and media console

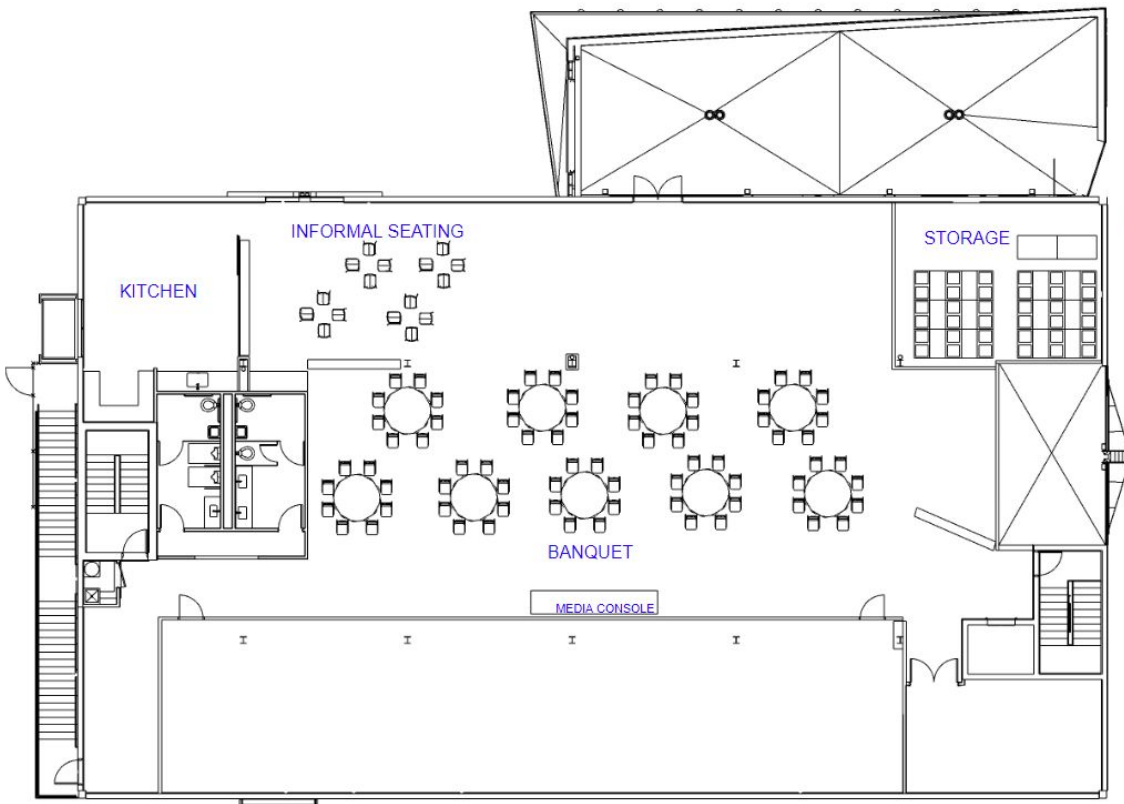


## LEVEL 3

# BANQUET LAYOUT

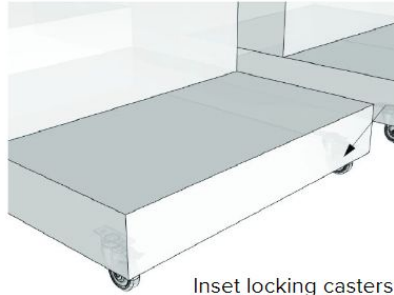
### Layout Notes

- Gallery walls and stepped presentation seating stored
- Banquet seating fills space
- Media console located based on need

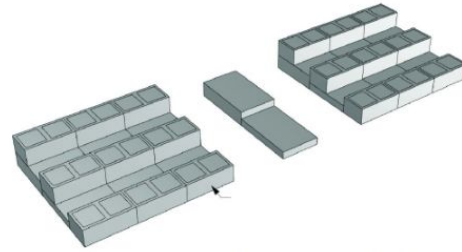


# LEVEL 3 STEPPED PRESENTATION SEATING

- Seated capacity: 36
- Custom modular seating system
- Dynamic for multi-functional use
- Secured with hardware into one larger seating structure

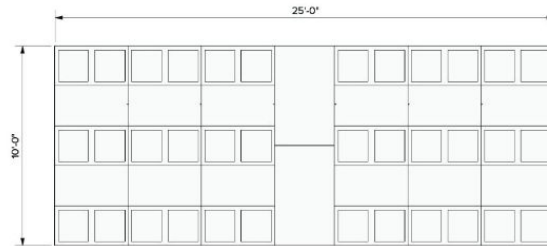
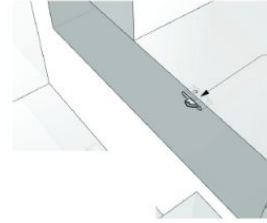


Inset locking casters for ease of movement

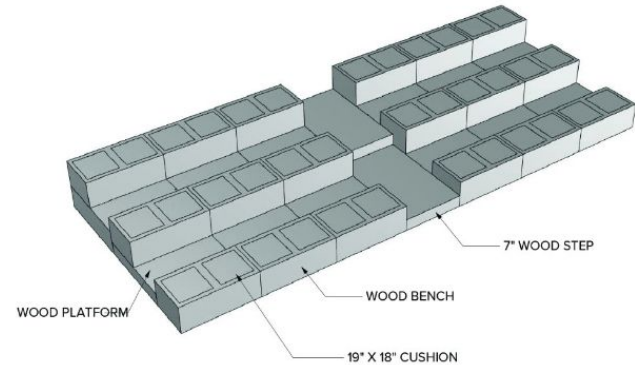


Unit separates into 3 parts for storage

Benches connect with hardware



TOP VIEW  
SCALE: 1/4" = 1'-0"



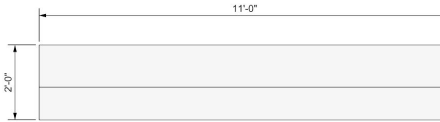
## LEVEL 3

# MOBILE MEDIA CONSOLE

- Custom media console
- Hardware integrated into mobile surround which could be used for graphics
- Mounted on casters for mobility

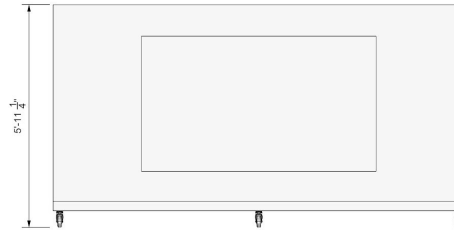


## ROLLING MONITOR CASE



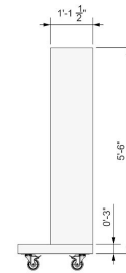
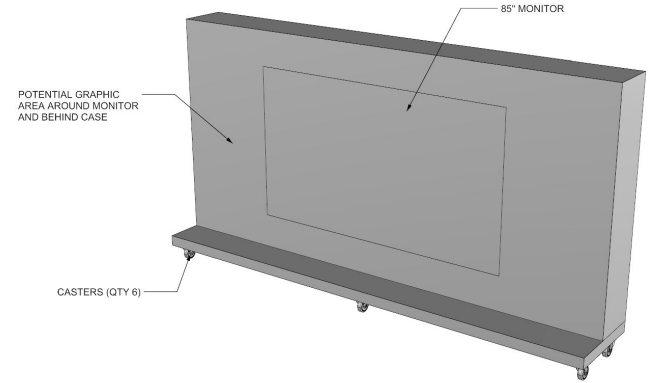
### TOP VIEW

SCALE: 1/2" = 1'-0"



### FRONT VIEW

SCALE: 1/2" = 1'-0"



### RIGHT VIEW

SCALE: 1/2" = 1'-0"



# ELIE WIESEL COLLECTION

## LOCATION OPPORTUNITIES

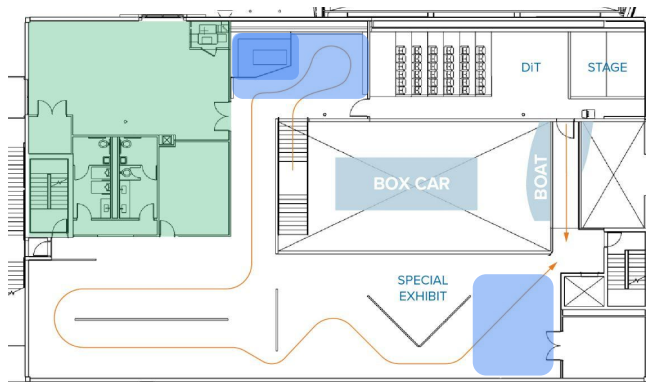
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## LEVEL 2

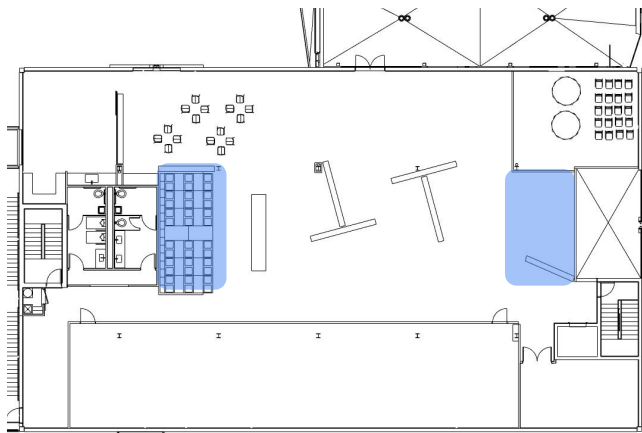
# A HOME FOR THE ELIE WIESEL LIBRARY AND REPOSITORY

Depending on desired visitor experience, overall footprint, and proximity to other exhibits and experiences within the Museum, the Wiesel collection can be displayed in a variety of formats. The two plans at right indicate possible locations for a small- to medium-sized installations focused on the collection and Wiesel's powerful story.

*Note: This aspect of the project, including impact on Meditation room, requires further discussion, assessment, and design.*



LEVEL 2



LEVEL 3

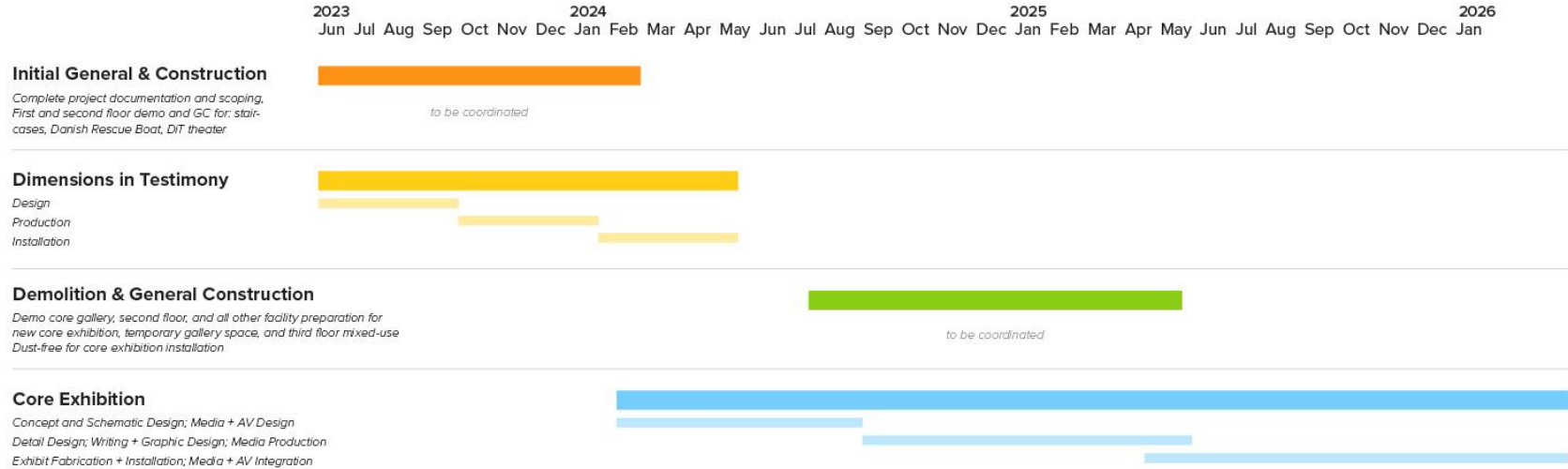


Indicates potential location for Wiesel collections display or small exhibit

# IMPLEMENTATION APPROACH

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# POTENTIAL PHASING



This approach to phasing is intended to allow the museum to implement Dimensions in Testimony and the Core Exhibition on separate timelines based on capacity, funding, and other considerations.

In this plan, there are two periods of demolition and general construction (\*note the timing is notional and requires coordination with the architectural team, consideration of permitting, etc.).

This outline for potential phasing is a starting point for discussion.

# NEXT STEPS

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## DIMENSIONS IN TESTIMONY

- Confirm budget and desired AV solution
- Complete design of theater and media:
  - Media design scope (Winikur)
  - AV design scope (TBD)
  - Environmental design scope (Luci Creative)

## ELIE WIESEL COLLECTION

- Review and discuss options for placement, including desired scale and which space(s) can be cut or reduced to accommodate
- Luci Creative proposal to create a rendering to support FHM conversations with Wiesel Foundation

## CORE GALLERY

- Determine desired timeline
- Luci Creative and Winikur Productions can provide a proposal for concept design

## AV HARDWARE AND INTEGRATION BID

This bid is for the procurement, systems design, and installation/integration for the new Dimensions in Testimony Theater at the Florida Holocaust Museum.

AVC ROM				
Florida Holocaust Museum				
Level 2: DIT Theatre				
QTY	Materials	Description	Sub-Total	Total (USD)
1	Technology Design Consulting	SD, DD phases of design to detail mounting, rigging, connection points, facility impact, ETC	\$158,725.00	\$158,725.00
3	LED displays with Processors and Mounts	1.56mm LED videowalls, 4'W x 12'H each	\$121,469.00	\$364,407.00
3	Rigging & Automation Mechanics	Custom rigging and automation for precise movement of LED screens	\$117,459.00	\$352,377.00
1	LCD glass	Transparent 86" LCD glass	\$24,312.00	\$24,312.00
1	Backlight monitor	86" monitor for backlight and content augmentation	\$8,240.00	\$8,240.00
1	LED projector	Floor projector for forced perspective	\$9,430.00	\$9,430.00
1	Media server	8 output media servers for video content playback	\$38,102.00	\$38,102.00
6	HDMI video extender sets	HDMI video transmitters and receiver sets for transport of signal from rack to exhibit	\$750.00	\$4,500.00
1	Audio Processor	Audio DSP and system control interface including scripting engine, network switch, Dante card and license	\$14,988.00	\$14,988.00
1	Microphone system	Ceiling array microphone, handheld wireless mic, desktop base gooseneck transmitter, audio network interface, access point receiver and networked charging station	\$21,640.00	\$21,640.00
6	Speaker	Two way surface mount speaker	\$397.00	\$2,382.00
2	Subwoofer	Ceiling mount subwoofer	\$470.00	\$940.00
1	Amplifier	8 channel audio amplifier	\$8,905.00	\$8,905.00
1	All in one PC	Control station for DIT media	\$2,398.00	\$2,398.00
1	Equipment rack	44RU equipment rack kit	\$3,180.00	\$3,180.00
1	Miscellaneous	Interconnect cables, connectors, installation supplies, bulk cable	\$12,460.00	\$12,460.00
				\$1,026,986.00
1	AV Integration Labor	Labor, Integration, Contingency		\$462,143.70
		<b>Grand Total (USD)</b>		<b>\$1,489,129.70</b>

Phase Shift Consulting LLC  
6700 Alexander Bell Drive, Suite 200  
Columbia, MD 21046  
443-791-7920



September 27, 2023

Mr. Carl Goodman  
President and CEO  
The Florida Holocaust Museum

RE: Dimensions in Testimony Theater

Dear Carl:

I am pleased to present this proposal to you for the Dimensions in Testimony Theater at The Florida Holocaust Center

**PROJECT UNDERSTANDING**

We understand that the Florida Holocaust Center desire to upgrade its facilities to include a new immersive theater with multipurpose capabilities.

This project is broken out into four key areas:

1. **Introduction** a 98" UHD display will provide introductory messaging and background information.
2. **Holographic Displays** (3) 65" Holographic displays engage with visitors.
3. **Immersive Theater Large** format projection wraps around the room and engages the guests. Sound is immersive and engaging.
4. **Back of House** Various AV support services including AV control and equipment racks

Equipment	\$627,000
Installation	\$323,000
Design	\$125,000
Total	1,062,000

**EXCLUSIONS**

1. Base building construction
2. Media production

**AGREEMENT**

By signing below, Florida Holocaust Museum agrees to the provisions of this proposal and agrees to pay Phase Shift Consulting LLC in accordance with those terms stated. Please return one fully executed copy of the proposal to Phase Shift Consulting LLC for our files. Once we have received the executed original, we will commence with the outlined scope of work.

We look forward to a successful project.

Sincerely,  
Phase Shift Consulting LLC

Agreed to and accepted by:  
Florida Holocaust Museum



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Bryan Abelowitz, CTS-D  
Principal

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Signature

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Printed Name and Title

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Date





FHM Interactive Theater

Qty	Description	Manufacturer	Model #	Unit Cost	Total	Area Total
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**Engineering** \$83,407.49

1	NETGEAR M4250-26G4XF-PoE+	Netgear	GSM4230P-100NAS			
3	BMD HYPERDECK STUDIO 4K PRO	Blackmagic	BMD-HYPERD/ST/DG4P			
1	MX2 HDMI 16x16 Router	Lightware	MX2-16x16-HDMI20-R			
1	AJA Analog DA	AJA	C10DA-R0			
1	ANALOG-WAY ZENITH 200	Analog Way	ZENITH 200			
1	2 Year Warranty	Analog Way	500183			
1	Commissioning	Analog Way	PROD-COMM-1D			
1	Tech	Analog Way	TEX			

**LED Main Wall 12x7** \$235,642.57

2	Brompton Processor	Brompton	SX40			
2	Brompton Data Distribution	Brompton	XD			
84	AX1.5 Pro (610mmx343mm)	Absen	A0912-4-00			
11	AX1.5 Module	Absen	A0912-4-01			
3	AX1.5 Pro Control Box	Absen	A0912-4-02			
12	AX Main Data Cable	Absen	A0900-1-05			
12	AX Main Power Cable	Absen	A0900-1-08			
1	Free Spare Parts	Absen	D8600-0-00			

**3D Projection Effect** \$206,880.00

1	Video Projector, lens & Mount					
1	3D Screen	Hologauze				
1	Media Server Playback System					
1	Media Control System - Interactive					

**Audio & Lighting** \$174,000.00

1	Multi-channel Audio System					
1	Theatrical Lighting					
1						
1						

**Custom LED Frames** \$18,868.00

1	12x7 Custom Frame					
1	Frame Design & Engineering					

**Rack + Rack Accessories** \$24,887.38

1	45 RU Rack	Middle Atlantic	BGR-- 4532			
2	UPS	APC	APC SRT3000RMXLA-NC			
1	Rack Accessories	Middle Atlantic	Various			
1	Rack Cabling	Various	Various			
2	Battery Pack	APC	SRT96RMBP			
2	Rack PDU	APC	SRT012			
1	Cable Allocation					

**Hardware Subtotal** \$743,685.44

**Services**

100	CAD drawings			\$95.00	\$9,500.00	
1	Design, Engineering and mock ups			\$12,000.00	\$12,000.00	
5	Training			\$1,200.00	\$6,000.00	
1	As Built Documentation			\$6,000.00	\$6,000.00	
1	Control Programming			\$60,000.00	\$60,000.00	
5	Rack build -Off site 8 hr day			\$600.00	\$3,000.00	
1	Media Programming			\$75,000.00	\$75,000.00	
15	Project Manager			\$1,480.00	\$22,200.00	
15	System Engineer			\$1,200.00	\$18,000.00	
40	Head LED Installer -On site			\$1,040.00	\$41,600.00	
80	local utility - union -On site			\$1,100.00	\$88,000.00	

**Services Sub-total:** \$341,300.00



FHM Interactive Theater

Qty	Description	Manufacturer	Model #	Unit Cost	Total	Area Total
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Expenses

1	Shipping by Sea			\$12,700.00	\$12,700.00	
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Expensive Sub-total: \$12,700.00

<b>Budget Total:</b>		<b>Budget Total:</b>	<b>\$1,097,685.44</b>
Sales Tax:	0.000%	Sales Tax :	\$0.00
<b>Grand Total:</b>		<b>Grand Total:</b>	<b>\$1,097,685.44</b>



### Capital Based Budget

Dimensions In Testimony (DiT): Saving Voices, Archiving History, & Impacting the Future

Contractor Payee Name: TBD

Category of Expenses	ARPA Grant Funds Requested	Match Funds Source: General Operating & In-Kind from Contractor	Match %	Other Funds Source: A.) State of Florida Line-Item Allocation 2022-24 B.) The FHM To Life Fundraiser C.) Capital funds raised from 2020-2023.	Total
1. Scoping and Pre-Development					
2. Design	\$125,000	\$8,000	6	\$0	\$133,000
3. Acquisition					
4. Construction	\$318,640	\$318,640	100	\$692,900	\$1,330,180
5. Administration	\$56,360	\$56,360	100	\$455,000	\$567,720
6. Working Capital/Reserves					
7. Other					
TOTAL	\$500,000	\$383,000		\$1,147,900	\$2,030,900

### Capital Based Budget-Narrative Details for Funds Requested and Match Sources

Category of Expenses	ARPA Grant Funds Requested	Detail of Each Expense
1. Scoping and Pre-Development		
2. Design	\$125,000	Design fee for the creation of the entire DiT exhibition and theater to include CAD drawings, exhibit and theater design, engineering and project mock-ups. Fee of \$125,000 estimated in the Phase Shift Consulting Estimate provided. The \$8,000 match from The FHM will go toward training or additional media production and is derived from general operating.
3. Acquisition		
4. Construction	\$318,640	This represents a portion of the labor and equipment costs for the project to include: 1. Purchase and installation of 98" UHD display will provide introductory messaging and background information. 2. Purchase and installation Holographic Displays (3) 65" Holographic displays engage with visitors.

		<p>3. Purchase and installation of Immersive Theater Large format projection wraps around the room and engages the guests. Sound is immersive and engaging.</p> <p>4. Purchase and installation of Back of House Various AV support services including AV control and equipment racks  Estimation of total construction costs = \$1,330,180.  (Bid estimates derived and averaged from all three bids.)</p> <p>This expense will be matched with an in-kind donation from the contractor equaling \$125,000. The rest of the match is from The FHM's general operating funds and fundraisers.</p>
5. Administration	\$56,360	<p>This total represents approximately 15% of the combined administration fee of museum staff's salaries to guide, and manage this project. Total amount of this line item = \$567,720. Staff positions include the following:</p> <ul style="list-style-type: none"> <li>A.) CEO</li> <li>B.) Deputy Director</li> <li>C.) Director of Operations</li> <li>D.) Desktop Support Technician and Graphic Designer</li> </ul> <p>Matched with general operating funds and future grant funds.</p>
6. Working Capital/Reserves		
7. Other		
TOTAL	\$500,000	

**The Florida Holocaust Museum  
FYE 2023 Budget**

**Income**

**Annual Enrichment**

End of Year Appeal/Kristallnacht	4205	44,000									44,000	50,000	27,319	16,681	
Fiscal Year End Campaign/Yom HaShoah	4200	19,500									19,500	10,000	10,216	9,284	
Online Campaigns	4230	30,000									30,000	-	59,920	(29,920)	
Teaching Trunks	4210	-									-	-	-	-	
Trunks Of Hope	4215	45,000									45,000	35,000	45,000	45,000	
Giving Tuesday	4220	5,000									5,000	5,000	5,000	5,000	
Giving Challenge	4225	-									-	20,000	-	-	
Board/LC Parties	4235	10,000									10,000	7,500	7,500	2,500	
Monthly Donor Campaign	4240	19,200									19,200	19,690	18	19,182	

**Total Annual Enrichment Income**

	-	172,700	-	-	-	-	-	-	-	-	172,700	147,190	104,973	67,727	65%
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**Contributions**

**Grants- Corporate/Foundation**

Grants - City of St. Petersburg	4125	18,500									18,500	18,000	18,500	18,500	
Grants - Pinellas County	4130	-									-	-	-	-	
Grants - Corporate/Foundation(Other)	4150	235,000									235,000	177,500	307,561	(72,561)	

**Total Grants- Corporate/Foundation**

	-	253,500	-	-	-	-	-	-	-	-	253,500	195,500	307,561	(54,061)	-18%
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**General Contributions**

General Contributions	4000	229,950									229,950	150,000	219,377	10,573	
Bequests	4050	-									-	-	-	-	
Major Donors	4005	279,892									279,892	150,000	180,310	99,582	
Other Contributions	4040	20,000									20,000	-	20,000	20,000	

**Total Contributions Income**

	-	529,842	-	-	-	-	-	-	-	-	529,842	300,000	399,687	130,155	33%
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**Special Events**

To Life Event	4250	700,000									700,000	600,000	725,392	(25,392)	
Special Event II	4420	45,000									45,000	45,000	45,000	45,000	
Lawyers Of Conscience	4008	10,000									10,000	10,000	10,000	-	
Women Of Conscience	4007	-									-	-	-	-	

**Total Special Events Income**

	-	755,000	-	-	-	-	-	-	-	-	755,000	655,000	735,392	19,608	3%
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**Grants Awarded - State**

Department of Education (DOE)	4115					600,000					600,000	600,000	600,000	-	
Legislative Line Item (DOS)	4105					750,000					750,000	750,000	749,998	2	

**Total Grants Awarded- State**

	-	-	-	-	-	1,350,000	-	-	-	-	1,350,000	1,350,000	1,349,998	2	0%
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**Other Income**

Program Service Fees/Exhibit Fees	4320					8,000					8,000	-	-	8,000	
Museum Admissions	4400				265,000						265,000	214,295	233,196	31,804	
Museum Admissions Group Tours	4405				15,943						15,943	10,705	-	15,943	
Museum Store	4600				75,170						75,170	-	5,590	69,580	
Rental Income	4850	64,000									64,000	60,000	61,982	2,018	
In-Kind Income											-	-	27,800	(27,800)	
Other Income											-	-	-	-	

**Total Other Income**

	64,000	-	-	-	-	356,113	8,000	-	-	-	428,113	285,000	328,568	99,545	30%
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**Total Income**

	64,000	1,711,042	-	-	-	356,113	1,358,000	-	-	-	3,489,155	2,932,690	3,226,179	262,976	8%
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**Expense**

**Salaries & Payroll Related Expenses**

Salaries	5000	234,157	206,572	370,310	254,422	154,293	81,237	8,525	149,566	62,250	1,521,322	1,243,607	1,175,977	345,346	
Payroll Taxes	5010	40,413	60,396	105,745	60,440	40,355	13,675	2,348	43,296	17,452	384,120	263,470	312,601	71,518	

**Total Salaries & Payroll Related Expenses**

	274,569	266,968	476,055	314,862	194,648	94,912	10,873	192,853	-	79,702	1,905,442	1,507,077	1,488,578	416,864	28%
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**Cost of Goods Sold**

Museum Store Purchases							34,829				34,829			34,829	#DIV/0!
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**Professional Fees**

Legal Services	5105										-	-	6,610	(6,610)	
Contracted Services	5115	24,800	2,500	230,112	119,500			102,000	99,000	3,000	580,912	338,386	617,817	(36,905)	
Casual Labor/Temporary Help	5120			10,000							10,000	13,500	7,381	2,619	



**The Florida Holocaust Museum  
FYE 2023 Budget**

Telephone 5570  
 Cellular Phone 5575  
 Total Telephone  
 Occupancy Costs  
 Other Utilities (Shredding/Recycling) 5600  
 Electric 5660  
 Water & Sewer 5670  
 Natural Gas 5680  
 Security 5620  
 Building Repairs & Maintenance 5630  
 Grounds Maintenance 5640  
 Janitorial Supplies & Services 5650  
 Rent 5605  
 Storage Facility Rental 5610  
 Total Occupancy Costs  
 Property & Equipment  
 Equipment Repairs & Maintenance 5700  
 Equipment Rental 5710  
 Total Property & Equipment  
 Miscellaneous & Other Expenses  
 Bank Charges 5800  
 Credit Card Fees & Finance Charges 5810  
 Interest Expense 5820  
 Exhibit Rental 5865  
 Exhibit Freight 5875  
 Exhibit Materials 5880  
 Total Miscellaneous & Other Expenses  
 Total Expense  
 Change in Net Assets  
 Other Extraordinary Income (COVID)  
 Change in Net Assets with Extraordinary Items

Facilities Dept	Development Dept	Education Dept	Exhibits Dept	Admin Dept	Admissions Dept	Grants Dept	PR Dept	Volunteer Dept	IT Dept	Proposed Budget FYE 2023	Approved Budget FYE 2022	Projected Actuals FYE 2022	Variance FYE '23 vs. FYE '22 Actual	VAR %
10	15	20	25	30	35	40	45	55	60					
720										720	2,000	2,093	(1,373)	
										-	-	-		
<b>720</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>720</b>	<b>2,000</b>	<b>2,093</b>	<b>(1,373)</b>	<b>-66%</b>
1,550										1,550	1,830	1,550		
31,600										31,600	51,000	43,054	(11,454)	
8,580										8,580	9,015	9,015	(435)	
										-	-	-		
58,600										58,600	48,800	43,054	15,546	
4,930										4,930	8,840	8,207	(3,277)	
1,500										1,500	1,500	1,615	(115)	
32,200										32,200	52,600	29,600	2,600	
										-	-	-		
										-	-	-		
<b>138,960</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>138,960</b>	<b>173,620</b>	<b>134,545</b>	<b>4,415</b>	<b>3%</b>
18,245										18,245	25,000	23,756	(5,511)	
				2,000					13,200	15,200	17,840	15,837	(637)	
<b>18,245</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>13,200</b>	<b>33,445</b>	<b>42,840</b>	<b>39,593</b>	<b>(6,148)</b>	<b>-16%</b>
										500	2,000	152	348	
				20,000						20,000	12,500	24,866	(4,866)	
35,000				7,800						42,800	48,000	44,151	(1,351)	
										-	30,000	61,691	(61,691)	
			13,000							13,000	24,000	20,564	(7,564)	
		4,000	15,000							19,000	18,500	25,975	(6,975)	
<b>35,000</b>	<b>-</b>	<b>4,000</b>	<b>28,000</b>	<b>28,300</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>95,300</b>	<b>135,000</b>	<b>177,398</b>	<b>(82,098)</b>	<b>-46%</b>
<b>482,094</b>	<b>478,113</b>	<b>545,960</b>	<b>626,594</b>	<b>452,848</b>	<b>132,621</b>	<b>112,873</b>	<b>354,343</b>	<b>8,720</b>	<b>293,462</b>	<b>3,487,628</b>	<b>2,920,746</b>	<b>3,021,231</b>	<b>466,397</b>	<b>15%</b>
<b>(418,094)</b>	<b>1,232,929</b>	<b>(545,960)</b>	<b>(626,594)</b>	<b>(452,848)</b>	<b>223,492</b>	<b>1,245,127</b>	<b>(354,343)</b>	<b>(8,720)</b>	<b>(293,462)</b>	<b>1,527</b>	<b>11,944</b>	<b>204,948</b>	<b>(203,420)</b>	
												616,740	(616,740)	-100%
<b>(418,094)</b>	<b>1,232,929</b>	<b>(545,960)</b>	<b>(626,594)</b>	<b>(452,848)</b>	<b>223,492</b>	<b>1,245,127</b>	<b>(354,343)</b>	<b>(8,720)</b>	<b>(293,462)</b>	<b>1,527</b>	<b>11,944</b>	<b>821,688</b>	<b>(820,160)</b>	<b>-100%</b>

The Florida Holocaust Museum  
Board of Directors List-2023-2024

Name / Title	Business Affiliation	Email	Phone Number	Alternate Email	Assistant / Email	Address	Alternate Address	Spouse/Family
Ashton Adler	Allan Adler Consulting, LLC	Ashton.c.adler@gmail.com	813.205.5473			2541 Noble Court Tallahassee, FL 32308		Marc Adler
David Alvarez CPA, CVA, CGMA <i>Treasurer</i>	Carr, Riggs, & Ingram, LLC	dalvarez@cricpa.com	813.846.3949			3120 W. Wallcraft Ave. Tampa, FL 33611		Nikki Alvarez
Alexandra Band <i>Secretary to the Board</i>	AllState	Alexandra.band@allstate.com	941.266.9862 (C)	bandalexandra@gmail.com	Barb Hoerter barb.hoerter@allstate.com	897 Freeling Drive Sarasota, FL 34242		Greg Band
Ira Birns	World Fuel Services Corporation	ibirns@wfsCorp.com	305.323.4395		Ronda Gail rgail@wfsCorp.com 786-503-4772	13201 Old Sheridan St Southwest Ranches, FL 33330	World Fuel Services Corporation 9800 NW 41st St. STE 400 Miami, FL 33718	Arlenis Birns
Joshua Bomstein <i>Vice Chair of Operations</i>	Creative Contractors Inc.	jbomstein@creativecontractors.com	727.461.5522(O) 727.418.5900(C)			3201 W Bay Villa Ave Tampa, FL 33611		Lindsay Bomstein
Stacy Conroy	Unaffiliated	stacyes@gmail.com	813.944.7951			158 Ramon Way NE St. Petersburg, FL 33704		Will Conroy
Jennifer Garbowicz	Bank of America	Jennifer.garbowicz@bofa.com	727.902.1118(O) 727.422.2952(C)			4906 Sunrise Drive S. St. Petersburg, FL 33705		RJ Garbowicz
Donna Huneycutt	WWC Global	Donna.huneycutt@wwcglobal.com	813.482.3143		Michelle Raber Michelle.raber@wwcglobal.com	5304 Clouds Peak Dr Lutz, FL 33558		Neal Huneycutt
Michael Igel, Esq. <i>Board Chair</i>	JP Firm	migel@jpfirm.com	727.483.5691(O) 727.642.6488(C)		Lori Ammons LAmmons@jpfirm.com 727-483-5685	333 3rd Ave N, Suite 200 St. Petersburg, FL 33701		Melanie Igel
Joni James	BayCare Health Systems	Joni.james@baycare.com	727.519.1257(O) 727.410.3892(C) 727.519.1257(O)		Kristen Antonelli Kristen.antonelli2@baycare.org 727-519-1821	145 18th Ave NE St. Petersburg, FL 3370	BayCare Health Systems 2985 Drew St Clearwater, FL 33759	Mark Howerton
Dana Justus	Sterne, Kessler, Goldstein, & Fox PLLC	dnjustus@gmail.com	202.772.8691(O) 202.302.7789(C)			3405 West Harborview Way Tampa, FL 33611		Mike Justus
Julie Klavans	Unaffiliated	jklavans@gmail.com	727.415.4066			8871 Silverthorn Rd Largo, FL 33777-3155		M. Scott Klavans
Traci Klein	Unaffiliated	traci_daniel@me.com	813.841.8253(C) 727.581.0862(H)			5705 Camila Song Lane Tampa, FL 33625		Daniel Klein
Paul Martin, Jr.	CR4U	pmartin@cr4u.com	727-460-0001			P.O. Box 31963 Knoxville, TN 37930		Ying Goa
Toni Rinde	Unaffiliated	tonirinde@gmail.com	727.581.0862(H) 727.422.6190(C)	toni@rinde.org		3207 Hilltop Lane Largo, FL 33770		John Rinde
Dawn Siler-Nixon	Ford Harrison LLP	dsiler-nixon@fordharrison.com	813.261.7834(O) 813.362.3465(C)			18133 Patterson Rd Odessa, FL 33556	Ford Harrison LLP 101 E Kennedy Blvd, STE. 900 Tampa, FL 33602	Claude Nixon
Ezra Singer	Verizon Communications	ezrasinger@gmail.com	614.286.4196			555 5th Ave #724 St. Petersburg, FL 33701		Golfo Alexopoulos
Thomas Smith, Ph.D.	USF	twsmith2@mail.usf.edu	727.873.4583(O) 727.637.2124(C)			880 Carillon Parkway St. Petersburg, FL 33716		Martha Stein
Jonathan Stein <i>Vice Chair of Governance</i>	Raymond James	jonathan.stein@raymondjames.com	727.567.5181(O) 813.833.6395(C)	jhs454@verizon.net		11810 Marblehead Dr Tampa, FL 33626		Derrick Williams
Rachael Worthington, Esq. <i>Vice Chair of Development</i>	Unaffiliated	rachaelworthington@icloud.com	727.599.4764 (C) 941.953.2452(H)			35 Watergate Dr # 1804 Sarasota, FL 34236		Don Worthington



# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2022

<b>Prepared for</b>	Florida Holocaust Museum, Inc. 55 Fifth Street South St. Petersburg, FL 33701
<b>Prepared by</b>	RIVERO, GORDIMER & COMPANY, P.A. P. O. BOX 172359 TAMPA, FL 33672
<b>Amount due or refund</b>	Not applicable
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us as soon as possible.

Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

**FLORIDA HOLOCAUST MUSEUM, INC.**

EIN or SSN

**59-2981494**

Name and title of officer or person subject to tax

**CARL GOODMAN  
PRESIDENT AND CEO**

## 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.

<b>1a</b> Form 990 check here .....	<input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>3,711,696.</u>
<b>2a</b> Form 990-EZ check here ...	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ...	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here .....	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here .....	<input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here .....	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____
<b>8a</b> Form 5227 check here .....	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) .....	<b>8b</b> _____
<b>9a</b> Form 5330 check here .....	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) .....	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here ▶	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) .....	<b>10b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ 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 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.

**PIN: check one box only**

I authorize \_\_\_\_\_ to enter my PIN  **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.

Signature of officer or person subject to tax ▶

Date ▶

## Part III Certification and Authentication

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

**50005333602**

**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 ▶

Date ▶

**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)

Form **990**

**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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FLORIDA HOLOCAUST MUSEUM, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>55 FIFTH STREET SOUTH</b> City or town, state or province, country, and ZIP or foreign postal code <b>ST. PETERSBURG, FL 33701</b> <b>F</b> Name and address of principal officer: <b>CARL GOODMAN</b> <b>55 5TH ST SOUTH, ST. PETERSBURG, , FL 33701-</b>	<b>D</b> Employer identification number <b>59-2981494</b> <b>E</b> Telephone number <b>727-820-0100</b> <b>G</b> Gross receipts \$ <b>3,817,047.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.THEFHM.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1989</b>		<b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>																									
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <span style="float:right">25</span> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <span style="float:right">25</span> <b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) ..... <b>5</b> <span style="float:right">40</span> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <span style="float:right">128</span> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <span style="float:right">-8,805.</span> <b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <span style="float:right">0.</span>																									
Revenue	<table style="width:100%;"> <thead> <tr> <th></th> <th style="text-align: right;">Prior Year</th> <th style="text-align: right;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">2,754,866.</td> <td style="text-align: right;">3,458,883.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">115,779.</td> <td style="text-align: right;">277,998.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">-13,172.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">-28,898.</td> <td style="text-align: right;">-12,013.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">2,841,747.</td> <td style="text-align: right;">3,711,696.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	2,754,866.	3,458,883.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	115,779.	277,998.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	0.	-13,172.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	-28,898.	-12,013.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	2,841,747.	3,711,696.							
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**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>CARL GOODMAN, PRESIDENT AND CEO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>SAM A. LAZZARA</b>	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <b>P01342929</b>
	Firm's name ▶ <b>RIVERO, GORDIMER &amp; COMPANY, P.A.</b> Firm's address ▶ <b>P. O. BOX 172359 TAMPA, FL 33672</b>	Firm's EIN ▶ <b>59-3040705</b> Phone no. (813) <b>875-7774</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 2,195,763. including grants of \$ ) (Revenue \$ 277,998.) AN AVERAGE OF 275,000 PEOPLE ARE REACHED ANNUALLY INSIDE THE MUSEUM AND VISITORS SIX DAYS A WEEK IN THE SPRING OF 2021, WE REACHED MORE IN PERSON VISITORS IN ADDITION TO ONLINE USERS.

THROUGH ITS WORLD-CLASS EXHIBITIONS AND PROGRAMS, THE FLORIDA HOLOCAUST MUSEUM (THE FHM) SPREADS AWARENESS ABOUT THE HOLOCAUST, GENOCIDE AND HUMAN RIGHTS IN BOTH HISTORIC AND CROSS-CULTURAL CONTEXTS. USING PERSONAL STORIES, ACADEMIC LECTURES, HISTORY, ART AND PHOTO EXHIBITIONS AS WELL AS EXPLORATIONS OF CURRENT EVENTS, THE MUSEUM'S PRISMATIC APPROACH AIMS TO CREATE A BETTER FUTURE FOR ALL. (CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,195,763.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<input checked="" type="checkbox"/>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<input checked="" type="checkbox"/>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<input checked="" type="checkbox"/>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<input checked="" type="checkbox"/>	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....		<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<input checked="" type="checkbox"/>	
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<input checked="" type="checkbox"/>	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<input checked="" type="checkbox"/>	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....		<input checked="" type="checkbox"/>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<input checked="" type="checkbox"/>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<input checked="" type="checkbox"/>	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<input checked="" type="checkbox"/>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<input checked="" type="checkbox"/>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<input checked="" type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<input checked="" type="checkbox"/>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<input checked="" type="checkbox"/>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<input checked="" type="checkbox"/>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....		<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<input checked="" type="checkbox"/>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 25		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 25		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **THE ORGANIZATION - 727-820-0100**  
**55 5TH ST SOUTH, ST PETERSBURG, FL 33701-4146**



**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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH GELMAN SIVAK EXECUTIVE DIRECTOR (TO 7/2021)	40.00 2.00			X				126,371.	0.	23,147.
(2) MONIQUE SAUNDERS DIRECTOR OF FINANCE (TO 9/2022)	39.00 1.00			X				84,104.	0.	14,095.
(3) MICHAEL A. IGEL BOARD CHAIR	4.00	X		X				0.	0.	0.
(4) RACHEL S WORTHINGTON VICE CHAIR DEVELOPMENT	4.00	X		X				0.	0.	0.
(5) ALEXANDRA BAND SECRETARY	4.00	X		X				0.	0.	0.
(6) JOHNATHAN STEIN VICE CHAIR GOVERNANCE	4.00	X		X				0.	0.	0.
(7) DAVID ALVAREZ TREASURER	4.00	X		X				0.	0.	0.
(8) JOSHUA BOMSTEIN VICE CHAIR OPERATIONS	4.00	X						0.	0.	0.
(9) ASHTON ADLER DIRECTOR	4.00	X						0.	0.	0.
(10) DANA JUSTUS DIRECTOR	4.00	X						0.	0.	0.
(11) DAWN SILER-NIXON DIRECTOR	4.00	X						0.	0.	0.
(12) DONNA HUNEYCUTT DIRECTOR	4.00	X						0.	0.	0.
(13) ELLIOTT WISER DIRECTOR	4.00	X						0.	0.	0.
(14) EZRA SINGER DIRECTOR	4.00	X						0.	0.	0.
(15) IRA BIRNS DIRECTOR	4.00	X						0.	0.	0.
(16) IRV COHEN DIRECTOR	4.00	X						0.	0.	0.
(17) JENNIFER GARBOWICZ DIRECTOR	4.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JONI JAMES DIRECTOR	4.00	X						0.	0.	0.
(19) JULIE KLAVANS DIRECTOR	4.00	X						0.	0.	0.
(20) MICHELLE ROOK DIRECTOR	4.00	X						0.	0.	0.
(21) PAUL W. MARTIN JR. DIRECTOR	4.00	X						0.	0.	0.
(22) RENEE DABBS DIRECTOR	4.00	X						0.	0.	0.
(23) STACY SHER CONROY DIRECTOR	4.00	X						0.	0.	0.
(24) THOMAS W. SMITH DIRECTOR	4.00	X						0.	0.	0.
(25) TONI RINDE DIRECTOR	4.00	X						0.	0.	0.
(26) TONJUA WILLIAMS DIRECTOR	4.00	X						0.	0.	0.
<b>1b Subtotal</b>								210,475.	0.	37,242.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								210,475.	0.	37,242.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

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

**Section B. Independent Contractors**

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

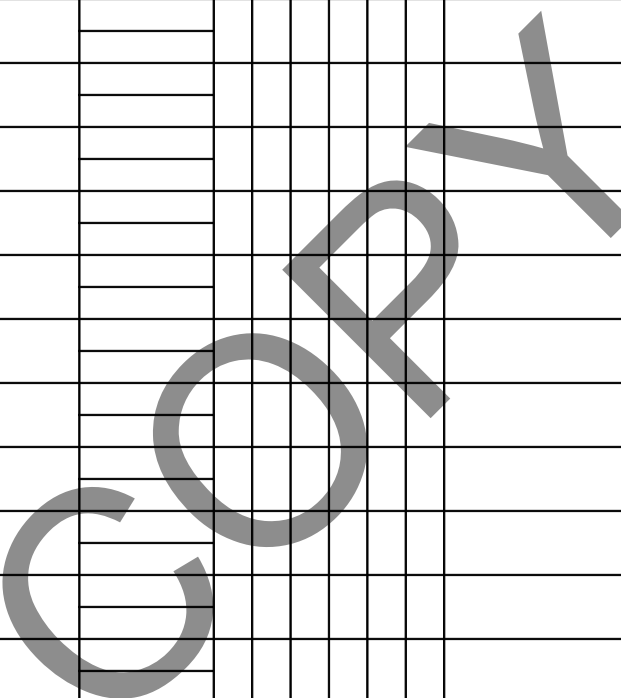
(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) TRACI KLEIN DIRECTOR	4.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	660,128.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,295,728.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	503,027.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			3,458,883.			
<b>Program Service Revenue</b>	<b>2 a</b> <b>ADMISSIONS</b>	<b>Business Code</b>	713990	239,887.	239,887.		
	<b>b</b> <b>MEMBERSHIP DUES</b>		713990	37,111.	37,111.		
	<b>c</b> <b>EXHIBIT RENTAL</b>		713990	1,000.	1,000.		
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			277,998.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)						
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	62,686.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>		74,623.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		-11,937.			
	<b>d</b> Net rental income or (loss)				-11,937.	-8,805.	-3,132.
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		13,172.			
<b>c</b> Gain or (loss)	<b>7c</b>		-13,172.				
<b>d</b> Net gain or (loss)				-13,172.	-13,172.		
<b>8 a</b> Gross income from fundraising events (not including \$ 660,128. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
			0.				
<b>b</b> Less: direct expenses	<b>8b</b>		9,991.				
<b>c</b> Net income or (loss) from fundraising events				-9,991.		-9,991.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		16,238.				
<b>b</b> Less: cost of goods sold	<b>10b</b>		7,565.				
<b>c</b> Net income or (loss) from sales of inventory				8,673.	8,673.		
<b>Miscellaneous Revenue</b>	<b>11 a</b> <b>MISCELLANEOUS INCOME</b>	<b>Business Code</b>	900099	1,242.	1,242.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d				1,242.		
<b>12 Total revenue.</b> See instructions				3,711,696.	274,741.	-8,805.	-13,123.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	191,738.	148,535.	20,417.	22,786.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	889,759.	689,276.	94,746.	105,737.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,085.	18,658.	2,565.	2,862.
9 Other employee benefits	98,008.	75,925.	10,436.	11,647.
10 Payroll taxes	283,881.	219,916.	30,229.	33,736.
11 Fees for services (nonemployees):				
a Management				
b Legal	6,610.		6,610.	
c Accounting	46,802.		46,802.	
d Lobbying	75,180.		75,180.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	710,316.	333,912.	179,248.	197,156.
12 Advertising and promotion	33,553.	25,149.	1,817.	6,587.
13 Office expenses	118,215.	112,536.	3,549.	2,130.
14 Information technology				
15 Royalties				
16 Occupancy	56,675.	50,060.	5,974.	641.
17 Travel	16,801.	5,326.	3,784.	7,691.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	43,331.	13,735.	9,760.	19,836.
20 Interest	43,222.	33,472.	9,750.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	118,092.	107,060.	9,456.	1,576.
23 Insurance	64,350.	62,337.	1,993.	20.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>EXHIBIT EXPENSES</b>	116,050.	116,050.		
b <b>MISCELLANEOUS</b>	91,536.	69,497.	21,369.	670.
c <b>REPAIR AND MAINTENANCE</b>	64,573.	64,573.		
d <b>SECURITY SERVICE</b>	49,746.	49,746.		
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	3,142,523.	2,195,763.	533,685.	413,075.
26 <b>Joint costs.</b> 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)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,625,422.	<b>1</b>	1,397,040.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	354,893.	<b>3</b>	421,104.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	17,289.	<b>8</b>	17,264.
	<b>9</b> Prepaid expenses and deferred charges .....	58,681.	<b>9</b>	42,163.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 6,258,202.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,255,394.	2,949,197.	<b>10c</b> 3,002,808.
	<b>11</b> Investments - publicly traded securities .....	2,861,739.	<b>11</b>	2,802,964.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	40,015.	<b>15</b>	28,500.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	7,907,236.	<b>16</b>	7,711,843.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	122,897.	<b>17</b>	146,647.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	316,806.	<b>19</b>	261,934.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	807,949.	<b>23</b>	679,528.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	515,928.	<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	149,900.	<b>25</b>	149,900.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,913,480.	<b>26</b>	1,238,009.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	4,375,903.	<b>27</b>	5,023,870.
	<b>28</b> Net assets with donor restrictions .....	1,617,853.	<b>28</b>	1,449,964.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	5,993,756.	<b>32</b>	6,473,834.
<b>33</b> Total liabilities and net assets/fund balances .....	7,907,236.	<b>33</b>	7,711,843.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,711,696.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,142,523.
3	Revenue less expenses. Subtract line 2 from line 1	3	569,173.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,993,756.
5	Net unrealized gains (losses) on investments	5	-58,775.
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	-30,320.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,473,834.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2021)

SCHEDULE A (Form 990)

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

Name of the organization: FLORIDA HOLOCAUST MUSEUM, INC. Employer identification number: 59-2981494

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

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

- 1 [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 [ ] A school described in section 170(b)(1)(A)(ii).
3 [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 [ ] A community trust described in section 170(b)(1)(A)(vi).
9 [ ] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university.
10 [X] 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.
11 [ ] An organization organized and operated exclusively to test for public safety.
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).
a [ ] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
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).
c [ ] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d [ ] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.



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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 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); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 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.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2106984.	2318869.	2786988.	2754866.	3458883.	13426590.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	1603541.	475,932.	303,527.	115,992.	277,998.	2776990.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	3710525.	2794801.	3090515.	2870858.	3736881.	16203580.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	19,750.	35,000.	122,653.			177,403.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....	19,750.	35,000.	122,653.			177,403.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						16026177.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....	3710525.	2794801.	3090515.	2870858.	3736881.	16203580.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....				15,847.		15,847.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....				15,847.		15,847.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....				370.		370.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	3710525.	2794801.	3090515.	2887075.	3736881.	16219797.

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	98.81 %
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	98.65 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	.10 %
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	.11 %

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	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 Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j 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		

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

COPY

**Schedule A**

**Payments from Disqualified Persons  
Included on Part III, Line 7a**

**2021**

**\*\* Do Not File \*\***

**\*\*\* Not Open to Public Inspection \*\*\***

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
WALTER P LOEBENBERG (FOUNDER)	12,500.	0.	0.	0.	0.
LOEBENBERG FAMILY FOUNDATION (FOUNDER)	0.	25,000.	10,000.	0.	0.
MARTIN H. BORELL	7,250.	10,000.	10,330.	0.	0.
ESTATE OF WALTER P LOEBENBERG	0.	0.	102,323.	0.	0.
Total to Schedule A, Part III, Line 7a .....	19,750.	35,000.	122,653.		



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

OMB No. 1545-0047

**2021**

Name of the organization

FLORIDA HOLOCAUST MUSEUM, INC.

Employer identification number

59-2981494

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

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**

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

Name of organization <b>FLORIDA HOLOCAUST MUSEUM, INC.</b>	Employer identification number <b>59-2981494</b>
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**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	FLORIDA DIVISION OF CULTURAL AFFAIRS 500 S BRONOUGH STREET R A TALLAHASSEE, FL 32399	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FLORIDA DEPARTMENT OF EDUCATION 325 WEST GAINES STREET TALLAHASSEE, FL 32399	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CITY OF ST. PETERSBURG PO BOX 2842 ST. PETERSBURG, FL 33731-2842	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	LIGHTNING COMMUNITY HERO 401 E. JACKSON STREET STE 2525 TAMPA, FL 33602	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE SLOMO AND CINDY SILVIAN FOUNDATION 150 BROADHOLLOW ROAD, SUITE 304 MELVILLE, FL 11747	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	STEVEN WEISS 3591 LANDMARK TRAIL PALM HARBOR, FL 34684-5017	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
FLORIDA HOLOCAUST MUSEUM, INC.	59-2981494

**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
7	THE RAYMUND FOUNDATION INC. 150 2ND AVE N # 1210 ST PETERSBURG, FL 33701	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ROBIN WARREN 350 2ND STREET, N., APT. 25 ST. PETERSBURG, FL 33701	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	CROFTON CARES, INC. 5885 LANDERBROOK DR. STE. 300 CLEVELAND, OH 44124-4031	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	CHARLES & MARGERY BARANCIK FOUNDATION 1515 RINGLING BOULEVARD SUITE 500 SARASOTA, FL 34236	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	OCHSTEIN FAMILY FOUNDATION 214 BLANCA AVE TAMPA, FL 33606	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	THE WALLACE FAMILY TRUST C/O U.S. CHARITABLE GIFT TRUST 8910 PURDUE RD STE 500 INDIANAPOLIS, IN 46268	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

FLORIDA HOLOCAUST MUSEUM, INC.

59-2981494

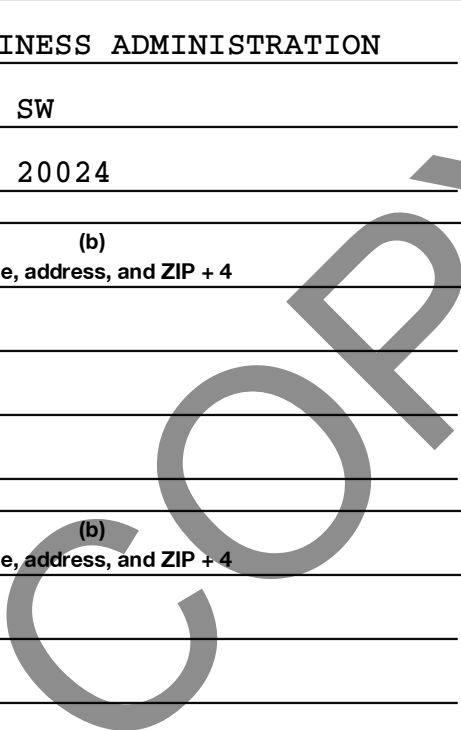
**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	GREENBERG FAMILY GIVING FUND 1714 CEDAR ST SANTA MONICA, CA 90405	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	PHYLLIS TAUBER 2320 PELHAM RD N ST. PETERSBURG, FL 33710	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	THE VALIANT FOUNDATION 2355 DULLES CORNER BLVD STE 200 HERNDON, VA 20171	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	ROBERT COHEN 201 N FRANKLIN STREET SUITE 1910 TAMPA, FL 33602	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	STEVEN GREENBAUM 15603 CHESWICK CT TAMPA, FL 33647	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	JOHN PICCIANO 2808 BUTLER BAY DR N WINDEMERE, FL 34786	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>FLORIDA HOLOCAUST MUSEUM, INC.</b>	Employer identification number  <b>59-2981494</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

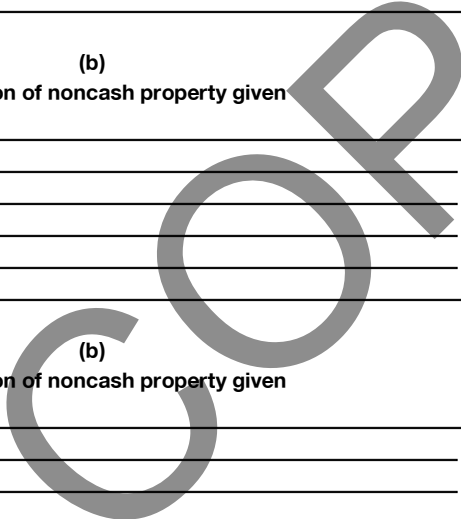
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	THE NEWMAN FOUNDATION, INC.  628 N. BROADWAY STE. 303  LEXINGTON, KY 40508	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	U.S. SMALL BUSINESS ADMINISTRATION  409 3RD STREET SW  WASHINGTON, DC 20024	\$ 515,927.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>FLORIDA HOLOCAUST MUSEUM, INC.</b>	Employer identification number  <b>59-2981494</b>
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**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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	



Name of organization <b>FLORIDA HOLOCAUST MUSEUM, INC.</b>	Employer identification number <b>59-2981494</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or 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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

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

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

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

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

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

Name of organization <b>FLORIDA HOLOCAUST MUSEUM, INC.</b>	Employer identification number <b>59-2981494</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021



**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b>	Lobbying nontaxable amount				
<b>b</b>	Lobbying ceiling amount (150% of line 2a, column(e))				
<b>c</b>	Total lobbying expenditures				
<b>d</b>	Grassroots nontaxable amount				
<b>e</b>	Grassroots ceiling amount (150% of line 2d, column (e))				
<b>f</b>	Grassroots lobbying expenditures				

Schedule C (Form 990) 2021

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

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		75,180.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			75,180.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

AN INDEPENDENT CONTRACTOR MEETS WITH LEGISLATORS TO PROMOTE FLORIDA HOLOCAUST MUSEUM AND ITS CAUSES FOR CONTINUED FUNDING. DURING THE FISCAL YEAR ENDING 06/30/2022 THE ORGANIZATION CHANGED PROVIDERS. THE PROVIDER'S PORTION OF LOBBYING ACTIVITY IS REPORTED ON LINE PART II-B, LINE 1.G.

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: FLORIDA HOLOCAUST MUSEUM, INC. Employer identification number: 59-2981494

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about property control and private benefit.

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

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring requirements.

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

Table with 3 columns: Question number, Description, and Amount. Rows include questions about reporting art and historical treasures held for public service and those held for financial gain.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,067,874.	835,433.	841,862.	949,214.	941,092.
b Contributions		10,000.		30,000.	
c Net investment earnings, gains, and losses	-143,936.	236,549.	-6,429.	20,617.	49,545.
d Grants or scholarships					
e Other expenditures for facilities and programs	75,005.	14,108.		157,969.	41,423.
f Administrative expenses					
g End of year balance	848,933.	1,067,874.	835,433.	841,862.	949,214.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment  94.9100 %
  - c Term endowment  5.0900 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes                                 | No                                  |
|-----------------------------|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (ii) Related organizations  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		874,884.		874,884.
b Buildings		1,399,837.	555,178.	844,659.
c Leasehold improvements		2,393,067.	1,385,629.	1,007,438.
d Equipment		1,274,772.	1,168,524.	106,248.
e Other		315,642.	146,063.	169,579.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>3,002,808.</b>

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SBA EIDL LOAN	149,900.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	149,900.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE MUSEUM IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND FROM STATE INCOME TAXES UNDER SIMILAR PROVISIONS OF THE FLORIDA STATUTES AND IS CLASSIFIED AS AN EDUCATIONAL INSTITUTION UNDER SECTION 509(A)(1). INCOME EARNED IN FURTHERANCE OF THE MUSEUMS TAX-EXEMPT PURPOSE IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES. THE MUSEUM IS NOT A PRIVATE FOUNDATION.

MANAGEMENT EVALUATED THE ORGANIZATIONS TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD NO MATERIAL UNCERTAINTIES IN INCOME TAXES AS OF JUNE 30, 2022. THE ORGANIZATION WILL ACCOUNT FOR INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, AS PART OF TAX EXPENSE.

**Part XIII** Supplemental Information (continued)

THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL AUTHORITIES FOR FISCAL YEARS BEFORE 2019.

PART III, LINE 1A:

COLLECTION ITEMS, WHICH HAVE BEEN ACQUIRED THROUGH EITHER PURCHASE OR CONTRIBUTION SINCE THE ORGANIZATION'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE COMBINED STATEMENTS OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR THE ITEMS ARE ACQUIRED OR AS A DECREASE IN TEMPORARILY OR PERMANENTLY RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS.

PART III, LINE 4:

CENTRAL TO THE MISSION OF THE MUSEUM IS THE PROGRAM TO COLLECT, PRESERVE AND MAKE AVAILABLE TO THE PUBLIC THE HISTORICAL RECORD AND ARTISTIC AND LITERARY INTERPRETATION OF THE HOLOCAUST AND OTHER GENOCIDES. TYPES OF MEDIA COLLECTED INCLUDE: ARTWORK CREATED DURING THE HOLOCAUST AND AFTER AS A REACTION, HISTORICAL DOCUMENTS, PHOTOGRAPHS, AUDIO AND VIDEO TESTIMONY INTERVIEWS, OBJECTS FROM VICTIMS, NAZI AND LIBERATOR MILITARIA, TEXTILES, JUDAICA, DIARIES, MANUSCRIPTS AND OTHER HISTORICAL RECORDS OF THE HOLOCAUST AND ITS ERA. THE MUSEUM COLLECTS AND MAINTAINS THE MATERIAL THAT SUPPORTS ITS WIDE-RANGING EFFORTS IN THE AREAS OF RESEARCH, EXHIBITION, PUBLICATION, EDUCATION AND COMMEMORATION.

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT FUNDS (ENDOWMENTS) ARE FUNDS RESTRICTED OR DESIGNATED FOR OPERATING COSTS INCURRED WHILE ENGAGED IN PROGRAMS DIRECTLY

**Part XIII** Supplemental Information (continued)

RELATED TO CULTURAL AND PRESENTATION MATERIALS HONORING THE MEMORY OF THOSE WHO SUFFERED OR DIED IN THE HOLOCAUST AND TO FUND SCHOLARSHIPS FOR STUDENTS. THE ENDOWMENTS CONSIST OF MONEY MARKET FUNDS, CORPORATE BONDS, AND ASSET BACKED SECURITIES. INCOME EARNED FROM THE ENDOWMENTS IS AVAILABLE FOR GENERAL OR SPECIFIC PURPOSES. AS REQUIRED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

PART X, LINE 2:

THE MUSEUM IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND FROM STATE INCOME TAXES UNDER SIMILAR PROVISIONS OF THE FLORIDA STATUTES AND IS CLASSIFIED AS AN EDUCATIONAL INSTITUTION UNDER SECTION 509(A)(1). INCOME EARNED IN FURTHERANCE OF THE MUSEUM'S TAX-EXEMPT PURPOSE IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES. THE MUSEUM IS NOT A PRIVATE FOUNDATION.

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD NO MATERIAL UNCERTAINTIES IN INCOME TAXES AS OF JUNE 30, 2022 AND 2021. THE ORGANIZATION WILL ACCOUNT FOR INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, AS PART OF TAX EXPENSE.

THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE, OR LOCAL AUTHORITIES FOR FISCAL YEARS BEFORE 2019.



SCHEDULE G  
(Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2021

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization: FLORIDA HOLOCAUST MUSEUM, INC. Employer identification number: 59-2981494

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events
2 a Did the organization have a written or oral agreement with any individual...
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a 'Total' row.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		VIRTUAL FUNDRAISER (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	660,128.		660,128.
	2	Less: Contributions	660,128.		660,128.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	9,991.		9,991.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			9,991.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-9,991.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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

COPY

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

FLORIDA HOLOCAUST MUSEUM, INC.

Employer identification number

59-2981494

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HONORING THE MEMORY OF MILLIONS OF INNOCENT PEOPLE WHO SUFFERED OR DIED  
IN THE HOLOCAUST AND IS DEDICATED TO TEACHING ALL RACES AND CULTURES TO  
RECOGNIZE THE INHERENT WORTH AND DIGNITY OF HUMAN LIFE TO PREVENT  
FUTURE GENOCIDES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE FLORIDA HOLOCAUST MUSEUM HONORS THE MEMORY OF MILLIONS OF INNOCENT  
MEN, WOMEN, AND CHILDREN WHO SUFFERED OR DIED IN THE HOLOCAUST. THE  
MUSEUM IS DEDICATED TO TEACHING MEMBERS OF ALL RACES AND CULTURES TO  
RECOGNIZE THE INHERENT WORTH AND DIGNITY OF HUMAN LIFE IN ORDER TO  
PREVENT FUTURE GENOCIDES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS REVIEWED WITH FINANCE, EXECUTIVE AND BOARD MEMBERS PRIOR  
TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

POLICIES ARE REVIEWED MONTHLY DURING FINANCE AND EXECUTIVE MEETINGS

FORM 990, PART VI, SECTION B, LINE 15:

VARIOUS SERVICES ARE USED TO DETERMINE WAGE AND COMPENSATION FOR ALL  
EMPLOYEES

Name of the organization FLORIDA HOLOCAUST MUSEUM, INC.	Employer identification number 59-2981494
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FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY AND THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 6104(D).

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

CONTRACTED SERVICES AND OTHER:

PROGRAM SERVICE EXPENSES	333,912.
MANAGEMENT AND GENERAL EXPENSES	179,248.
FUNDRAISING EXPENSES	197,156.
TOTAL EXPENSES	710,316.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	710,316.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PROVISION FOR UNCOLLECTIBLE PROMISES TO GIVE	-30,320.
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FORM 990, PART XII, LINE 2C:

FLORIDA HOLOCAUST MUSEUM DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**  
**Open to Public Inspection**

Name of the organization **FLORIDA HOLOCAUST MUSEUM, INC.** Employer identification number **59-2981494**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HISTORY HERITAGE AND HOPE FOUNDATION INC - 59-3643874, 55 5TH STREET SOUTH, ST. PERERSBURG, FL 33701	SUPPORT	FLORIDA	501(C)(3)	LINE 12B, II	FLORIDA HOLOCAUST MUSEUM	X	

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

Schedule R (Form 990) 2021

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

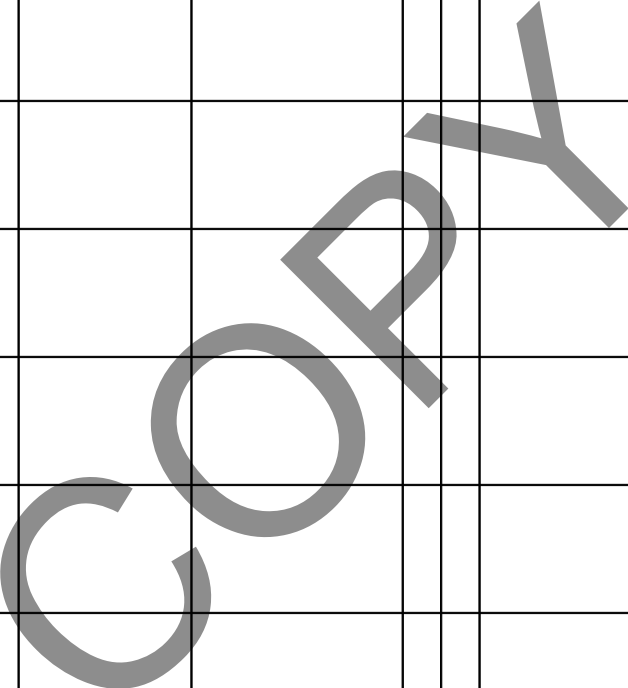
**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART V, ITEMS N AND O

FLORIDA HOLOCAUST MUSEUM (FHM) PROVIDES FACILITIES AND EMPLOYEES TO THE HISTORY HERITAGE AND HOPE FOUNDATION. FHM DOES NOT RECEIVE PAYMENT FOR THE SHARING OF THE FACILITIES AND EMPLOYEES. HOWEVER, THE IN-KIND DONATION OF EMPLOYEE TIME FROM THE MUSEUM TO THE FOUNDATION WAS QUANTIFIED THIS YEAR.

COPY

UNRELATED BUSINESS INCOME

**CARRYOVER DATA TO 2022**

Name <b>FLORIDA HOLOCAUST MUSEUM, INC.</b>	Employer Identification Number <b>59-2981494</b>
---	---

Based on the information provided with this return, the following are possible carryover amounts to next year.

**FEDERAL POST-2017 NET OPERATING LOSS - RENTAL ACTIVITY - STO** 2,557.

COPY

Type and Entity: RENTAL ACTIVITY - STOR POST-2017 NO  
 Section 382 Annual Limitation      Section 382 Carryover

**DETAIL CARRYOVER SCHEDULE**

Year Originated		Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2021	2,557.										
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

COPY

Form **8868**  
(Rev. January 2022)

**Application for Automatic Extension of Time To File an Exempt Organization Return**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>FLORIDA HOLOCAUST MUSEUM, INC.</b>	Taxpayer identification number (TIN) <b>59-2981494</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>55 FIFTH STREET SOUTH</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ST. PETERSBURG, FL 33701</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**THE ORGANIZATION**

- The books are in the care of ► **55 5TH ST SOUTH - ST PETERSBURG, FL 33701-4146**
- Telephone No. ► **727-820-0100** Fax No. ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ►  calendar year \_\_\_\_\_ or  
 ►  tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2022

<b>Prepared for</b>	Florida Holocaust Museum, Inc. 55 Fifth Street South St. Petersburg, FL 33701
<b>Prepared by</b>	RIVERO, GORDIMER & COMPANY, P.A. P. O. BOX 172359 TAMPA, FL 33672
<b>Amount due or refund</b>	No amount is due.
<b>Make check payable to</b>	No amount is due.
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

Department of the Treasury Internal Revenue Service

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

Name of filer

FLORIDA HOLOCAUST MUSEUM, INC.

EIN or SSN

59-2981494

Name and title of officer or person subject to tax

CARL GOODMAN PRESIDENT AND CEO

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.

Table with 2 columns: Form type (1a-10a) and Total revenue/tax/amount. Includes checkboxes for each form type and corresponding numerical fields.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) ... 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 complete.

PIN: check one box only

I authorize ERO firm name to enter my PIN. Enter five numbers, but do not enter all zeros.

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

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

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

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

50005333602

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

Date

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)



# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

## 2021

For calendar year 2021 or other tax year beginning JUL 1, 2021, and ending JUN 30, 2022.

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**  
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed.		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>FLORIDA HOLOCAUST MUSEUM, INC.</b>	<b>D</b> Employer identification number  <b>59-2981494</b>
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type Number, street, and room or suite no. If a P.O. box, see instructions. <b>55 FIFTH STREET SOUTH</b> City or town, state or province, country, and ZIP or foreign postal code <b>ST. PETERSBURG, FL 33701</b>	<b>E</b> Group exemption number (see instructions)  <b>F</b> <input type="checkbox"/> Check box if an amended return.	
		<b>C</b> Book value of all assets at end of year ..... ▶ <b>7,711,843.</b>	

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **1**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**L** The books are in care of ▶ **THE ORGANIZATION** Telephone number ▶ **727-820-0100**

### Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	0.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	
4 Charitable contributions (see instructions for limitation rules) .....	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	
6 Deduction for net operating loss. See instructions .....	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0.

### Part II Tax Computation

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	0.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

<b>Part III Tax and Payments</b>	
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	1a
b Other credits (see instructions) .....	1b
c General business credit. Attach Form 3800 (see instructions) .....	1c
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....	1d
e <b>Total credits.</b> Add lines 1a through 1d .....	1e
2 Subtract line 1e from Part II, line 7 .....	2
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....	3
4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	4
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....	5
6a Payments: A 2020 overpayment credited to 2021 .....	6a
b 2021 estimated tax payments. Check if section 643(g) election applies .....	6b
c Tax deposited with Form 8868 .....	6c
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	6d
e Backup withholding (see instructions) .....	6e
f Credit for small employer health insurance premiums (attach Form 8941) .....	6f
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 .....	6g
<input type="checkbox"/> Form 4136 .....	
7 <b>Total payments.</b> Add lines 6a through 6g .....	7
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached .....	8
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	9
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	10
11 Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> .....	11

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....			X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year .....			
4 Enter available pre-2018 NOL carryovers here .....			
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code		Available post-2017 NOL carryover	
		\$	
		\$	
6a Did the organization change its method of accounting? (see instructions) .....			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....			

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	PRESIDENT AND CEO	Title
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Check <input type="checkbox"/> if self-employed	PTIN
	SAM A. LAZZARA			P01342929
	Firm's name	RIVERO, GORDIMER & COMPANY, P.A.		Firm's EIN
	Firm's address	P. O. BOX 172359 TAMPA, FL 33672		59-3040705
			Phone no.	(813) 875-7774

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	-----------------------------

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization: FLORIDA HOLOCAUST MUSEUM, INC. B Employer identification number: 59-2981494 C Unrelated business activity code: 531120 D Sequence: 1 of 1

E Describe the unrelated trade or business: RENTAL ACTIVITY - STORAGE FACILITY

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Capital gain net income, etc.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

Table with 3 columns: Line number, Description, Amount. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**Part III Cost of Goods Sold** Enter method of inventory valuation ▶

1	Inventory at beginning of year .....	1	
2	Purchases .....	2	
3	Cost of labor .....	3	
4	Additional section 263A costs (attach statement) .....	4	
5	Other costs (attach statement) .....	5	
6	<b>Total.</b> Add lines 1 through 5 .....	6	
7	Inventory at end of year .....	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_ 2280 34TH WAY, LARGO, FL 33771

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....	62,686.			
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) <b>STMT 3</b>	39,502.			
b Other deductions (attach statement) <b>STMT 4</b>	26,650.			
c Total deductions (add lines 3a and 3b, columns A through D) .....	66,152.			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) <b>STMT 1</b>	695,024.			
5 Average adjusted basis of or allocable to debt-financed property (attach statement) <b>STMT 2</b>	942,312.			
6 Divide line 4 by line 5 .....	73.76%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 ..	46,237.			
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶				46,237.
9 Allocable deductions. Multiply line 3c by line 6	48,794.			
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶				48,794.
11 <b>Total dividends-received deductions</b> included in line 10 .....				0.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
<b>Totals</b>				0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity:	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A   
B   
C   
D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income .....				
Add columns A through D. Enter here and on Part I, line 11, column (A) .....				0.

a				
3 Direct advertising costs by periodical .....				
a Add columns A through D. Enter here and on Part I, line 11, column (B) .....				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 .....

5 Readership costs .....

6 Circulation income .....

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero .....

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....


a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 .....

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

**Total.** Enter here and on Part II, line 1 .....

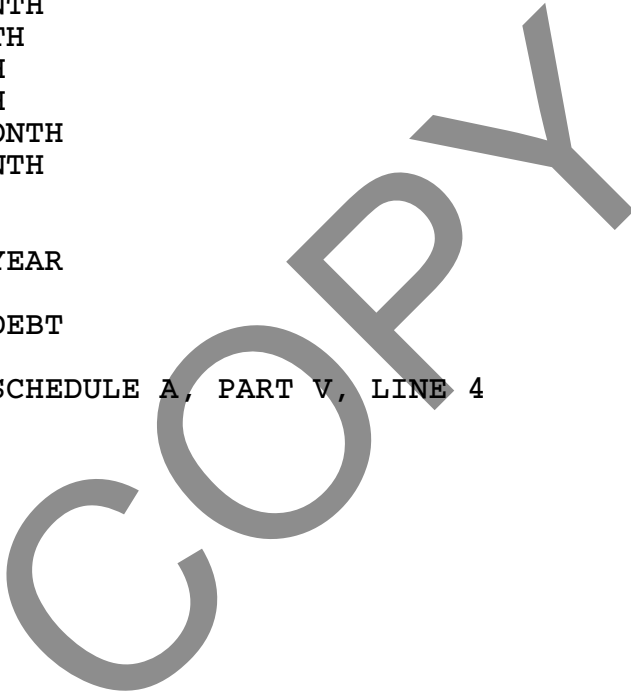
**Part XI Supplemental Information** (see instructions)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 1  
 AVERAGE ACQUISITION DEBT

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
	1	
BEGINNING FIRST MONTH		707,949.
BEGINNING SECOND MONTH		705,585.
BEGINNING THIRD MONTH		703,220.
BEGINNING FOURTH MONTH		701,031.
BEGINNING FIFTH MONTH		698,648.
BEGINNING SIXTH MONTH		696,164.
BEGINNING SEVENTH MONTH		693,946.
BEGINNING EIGHTH MONTH		691,626.
BEGINNING NINTH MONTH		689,297.
BEGINNING TENTH MONTH		686,686.
BEGINNING ELEVENTH MONTH		684,337.
BEGINNING TWELFTH MONTH		681,798.
TOTAL OF ALL MONTHS		8,340,287.
NUMBER OF MONTHS IN YEAR		12
AVERAGE ACQUISITION DEBT		695,024.

TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4



FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 2  
 AVERAGE ADJUSTED BASIS

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT
	1	
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON FIRST DAY OF YEAR		962,063.
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON LAST DAY OF YEAR		922,561.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		942,312.
TOTAL TO FORM 990-T, SCHEDULE A, PART V, LINE 5		

FORM 990-T (A) PART V - DEPRECIATION DEDUCTION STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		39,502.	
- SUBTOTAL -	1		39,502.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(A)			39,502.

FORM 990-T (A) PART V - OTHER DEDUCTIONS STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
UTILITIES		11,879.		
FEEES AND TAXES		8,214.		
BLDG & EQUIP REPAIRS		2,105.		
SALES TAX		4,452.		
- SUBTOTAL -	1	26,650.	1.00	26,650.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)				26,650.



# 2021 TAX RETURN FILING INSTRUCTIONS

FLORIDA FORM F-1120

FOR THE YEAR ENDING

June 30, 2022

<b>Prepared for</b>	Florida Holocaust Museum, Inc. 55 Fifth Street South St. Petersburg, FL 33701
<b>Prepared by</b>	RIVERO, GORDIMER & COMPANY, P.A. P. O. BOX 172359 TAMPA, FL 33672
<b>To be signed and dated by</b>	Not Applicable
<b>Amount of tax</b>	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 No pmt required \$
<b>Overpayment</b>	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
<b>Make check payable to</b>	Not Applicable
<b>Mail tax return and check (if applicable) to</b>	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the Florida DOR, please contact our office and we will then submit the electronic return to the Florida DOR. Do not mail the paper copy of the return to the Florida DOR.
<b>Return must be mailed on or before</b>	Not Applicable
<b>Special Instructions</b>	



Florida Corporate Income/Franchise Tax Return

F-1120, R. 01/22 1019

FEIN 59-2981494

For calendar year 2021 or tax year beginning JUL 1, 2021 ending JUN 30, 2022

Rule 12C-1.051 Florida Administrative Code Effective 01/22 Page 1 of 6

813302022063000020050379359298149400004

Name FLORIDA HOLOCAUST MUSEUM, INC.
Address 55 FIFTH STREET SOUTH
City/State/ZIP ST. PETERSBURG, FL 33701

Check here if any changes have been made to name or address

Computation of Florida Net Income Tax

- 1. Federal taxable income (see instructions) - Attach pages 1-5 of federal return
2. State income taxes deducted in computing federal taxable income
3. Additions to federal taxable income (from Schedule I)
4. Total of Lines 1, 2 and 3
5. Subtractions from federal taxable income (from Schedule II)
6. Adjusted federal income (Line 4 minus Line 5)
7. Florida portion of adjusted federal income (see instructions)
8. Nonbusiness income allocated to Florida (from Schedule R)
9. Florida exemption
10. Florida net income (Line 7 plus Line 8 minus Line 9)
11. Tax due: 3.535% of Line 10
12. Credits against the tax (from Schedule V)
13. Total corporate income/franchise tax due (Line 11 minus Line 12)
14. a) Penalty: F-2220 b) Other
15. Total of Lines 13 and 14
16. Payment credits: Estimated tax payments 16a \$ Tentative tax payment 16b \$
17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon.
18. Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon
19. Refund: Enter amount of overpayment to be refunded here and on payment coupon

144081 10-21-21

Payment Coupon for Florida Corporate Income Tax Return

1019 F-1120 R. 01/22

Do Not Detach

YEAR ENDING 06/30/22

To ensure proper credit to your account, enclose your check with tax return when mailing.

Name FLORIDA HOLOCAUST MUSEUM, INC
Address 55 FIFTH STREET SOUTH
City/State/ZIP ST. PETERSBURG, FL 33701

If 6/30 year end, return is due 1st day of the 4th month after the close of the taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year.

Table with 4 columns: Identification numbers (592981494, 20210701, 20220630, 00000000, 012, 202, 0, 0) and zeros.

0

8133 0 20220630 0002005037 9 3592981494 0000 4



FLORIDA HOLOCAUST MUSEUM, INC.

FEIN 59-2981494

1019 F-1120 R. 01/22 Page 2 of 6 06/30/22

This return is considered incomplete unless a copy of the federal return is attached. If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign here: Signature of officer (must be an original signature) Date Title PRESIDENT AND CEO Preparer's signature Date Preparer check if self-employed Preparer's PTIN P01342929 Firm's name (or yours if self-employed) and address RIVERO, GORDIMER & COMPANY, P.A. P. O. BOX 172359 TAMPA, FL FEIN 59-3040705 ZIP 33672

All Taxpayers Must Answer Questions A through M Below - See Instructions

A. State of incorporation: B. Florida Secretary of State document number: C. Florida consolidated return? YES NO X D. Initial return Final return (final federal return filed) E. Principal Business Activity Code (as pertains to Florida) 531120 G-1. Corporation is a member of a controlled group? YES NO X G-2. Part of a federal consolidated return? YES NO X If yes, provide: FEIN from federal consolidated return: Name of corporation: G-3. The federal common parent has sales, property, or payroll in Florida? YES NO X H. Location of corporate books: 55 5TH ST SOUTH ST PETERSBURG, FL 33701-414 I. Taxpayer is a member of a Florida partnership or joint venture? YES NO X J. Enter date of latest IRS audit: a) List years examined: K. Contact person concerning this return: CARL GOODMAN a) Contact person telephone number: 727-820-0100 b) Contact person e-mail address: CGOODMAN@THEFHM.ORG L. Type of federal return filed 1120 1120S or 990-T

L

Where to Send Payments and Returns

Make check payable to and mail with return to: Florida Department of Revenue 5050 W Tennessee Street Tallahassee FL 32399-0135

If you are requesting a refund (Line 19), send your return to: Florida Department of Revenue PO Box 6440 Tallahassee FL 32314-6440

Remember:

- Make your check payable to the Florida Department of Revenue. Write your FEIN on your check. Sign your check and return. Attach a copy of your federal return. Attach a copy of your Florida Form F-7004 (extension of time) if applicable.



NAME FLORIDA HOLOCAUST MUSEUM, INC.

FEIN 59-2981494

TAXABLE YEAR ENDING 06/30/22

<b>Schedule I - Additions and/or Adjustments to Federal Taxable Income</b>	
1. Interest excluded from federal taxable income (see instructions)	1.
2. Undistributed net long-term capital gains (see instructions)	2.
3. Net operating loss deduction (attach schedule)	3.
4. Net capital loss carryover (attach schedule)	4.
5. Excess charitable contribution carryover (attach schedule)	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.
9. Guaranty association assessment(s) credit	9.
10. Rural and/or urban high crime area job tax credits	10.
11. State housing tax credit	11.
12. Florida Tax Credit Scholarship Program Credits (AKA credit for contributions for nonprofit scholarship-funding organizations)	12.
13. Florida Renewable energy production tax credit	13.
14. New markets tax credit	14.
15. Entertainment industry tax credit	15.
16. Research and Development tax credit	16.
17. Energy Economic Zone tax credit	17.
18. s. 168(k) IRC special bonus depreciation	18.
19. Qualified Improvement Property Decoupling.	19.
20. Business Meal Expenses at a Restaurant.	20.
21. Film, Television, and Live theatrical production expenses.	21.
22. Other additions (attach schedule)	22.
23. Total Lines 1 through 22. Enter total on Line 23 and on Page 1, Line 3.	23.

<b>Schedule II - Subtractions from Federal Taxable Income</b>	
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ _____ (b) plus s. 862, IRC dividends \$ _____ (c) plus s. 951A, IRC, income \$ _____ (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC \$ _____	Total ►
1.	
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____	Total ►
2.	
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.	
3. Florida net operating loss carryover deduction (see instructions)	3.
4. Florida net capital loss carryover deduction (see instructions)	4.
5. Florida excess charitable contribution carryover (see instructions)	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.
8. Eligible net income of an international banking facility (see instructions)	8.
9. s. 179, IRC expense (see instructions)	9.
10. s. 168(k), IRC special bonus depreciation (see instructions)	10.
11. Depreciation of qualified improvement property	11.
12. Film, Television, and Live Theatrical Expenses.	12.
13. Other subtractions (attach statement)	13.
14. Total Lines 1 through 13. Enter total on Line 14 and on Page 1, Line 5.	14.



NAME FLORIDA HOLOCAUST MUSEUM, INC. FEIN 59-2981494 TAXABLE YEAR ENDING 06/30/22

<b>Schedule III - Apportionment of Adjusted Federal Income</b>						
<b>III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.</b>						
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places		(d) Weight <small>If any factor in Column (b) is zero, see note on Pg 9 of the instructions.</small>	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)					X 25% or	
2. Payroll					X 25% or	
3. Sales (Schedule III-C below)					X 50% or	
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column (e)). Enter here and on Schedule IV, Line 2.						<b>1.000000</b>
<b>III-B For use in computing average value of property (use original cost).</b>	WITHIN FLORIDA		TOTAL EVERYWHERE			
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year		
1. Inventories of raw material, work in process, finished goods						
2. Buildings and other depreciable assets						
3. Land owned						
4. Other tangible and intangible (financial org. only) assets (attach schedule)						
5. Total (Lines 1 through 4)						
6. Average value of property						
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) ..... 6a.	_____					
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere) .....	6b. _____					
7. Rented property (8 times net annual rent)						
a. Rented property in Florida .....	7a. _____					
b. Rented property Everywhere .....	7b. _____					
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).						
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida .....	8a. _____					
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere .....	8b. _____					
<b>III-C Sales Factor</b>	(a) TOTAL WITHIN FLORIDA (Numerator)		(b) TOTAL EVERYWHERE (Denominator)			
1. Sales (gross receipts)	<b>N/A</b>		<b>N/A</b>			
2. Sales delivered or shipped to Florida purchasers			<b>N/A</b>			
3. Other gross receipts (rents, royalties, interest, etc. when applicable)						
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns (a) and (b))						
<b>III-D Special Apportionment Fractions (see instructions)</b>	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ((a) ÷ (b)) Rounded to Six Decimal Places			
1. Insurance companies (attach copy of Schedule T - Annual Report)						
2. Transportation services						

<b>Schedule IV - Computation of Florida Portion of Adjusted Federal Income</b>	
1. Apportionable adjusted federal income from Page 1, Line 6	1.
2. Florida apportionment fraction (Schedule III-A, Line 4)	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.



NAME FLORIDA HOLOCAUST MUSEUM, INC. FEIN 59-2981494 TAXABLE YEAR ENDING 06/30/22

<b>Schedule V - Credits Against the Corporate Income/Franchise Tax</b>	
1. Florida health maintenance organization credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high crime area job tax credit (attach certification letter)	7.
8. Hazardous waste facility tax credit	8.
9. Florida alternative minimum tax (AMT) credit	9.
10. Contaminated site rehabilitation tax credit (AKA voluntary cleanup tax credit) (attach tax credit certificate)	10.
11. State housing tax credit (attach certification letter)	11.
12. Florida Tax Credit: Scholarship Program Credits. (AKA credit for contributions to nonprofit scholarship-funding organizations) (attach certificate)	12.
13. Florida renewable energy production tax credit	13.
14. New markets tax credit	14.
15. Entertainment industry tax credit	15.
16. Research and Development tax credit	16.
17. Energy Economic Zone tax credit	17.
18. Other credits (attach schedule)	18.
19. Total credits against the tax (sum of Lines 1 through 18 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	19.

**Schedule R - Nonbusiness Income**

**Line 1. Nonbusiness income (loss) allocated to Florida**

<u>Type</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
Total allocated to Florida ..... 1.	_____
(Enter here and on Page 1, Line 8)	

**Line 2. Nonbusiness income (loss) allocated elsewhere**

<u>Type</u>	<u>State/country allocated to</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total allocated elsewhere ..... 2.		_____

**Line 3. Total nonbusiness income**

Grand total. Total of Lines 1 and 2 ..... 3. \_\_\_\_\_  
(Enter here and on Schedule II, Line 7)



NAME FLORIDA HOLOCAUST MUSEUM, INC. FEIN 59-2981494 TAXABLE YEAR ENDING 06/30/22

**Estimated Tax Worksheet  
For Taxable Years Beginning On or After January 1,**

1. Florida income expected in taxable year .....	1.	\$	_____
2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N) .....	2.	\$	_____
3. Estimated Florida net income (Line 1 less Line 2) .....	3.	\$	_____
4. Total Estimated Florida tax (5.5% of Line 3) .....		\$	_____
Less: Credits against the tax .....	4.	\$	_____
5. Computation of installments:			
Payment due dates and			
payment amounts:			
If 6/30 year end, last day of 4th month,			
otherwise last day of 5th month - Enter 0.25 of Line 4 .....	5a.		_____
Last day of 6th month - Enter 0.25 of Line 4 .....	5b.		_____
Last day of 9th month - Enter 0.25 of Line 4 .....	5c.		_____
Last day of fiscal year - Enter 0.25 of Line 4 .....	5d.		_____

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

1. Amended estimated tax .....	1.	\$	_____
2. Less:			
(a) Amount of overpayment from last year elected for credit to estimated tax and applied to date .....	2a.	\$	_____
(b) Payments made on estimated tax declaration (Florida Form F-1120ES) .....	2b.	\$	_____
(c) Total of Lines 2(a) and 2(b) .....	2c.	\$	_____
3. Unpaid balance (Line 1 less Line 2(c)) .....	3.	\$	_____
4. Amount to be paid (Line 3 divided by number of remaining installments) .....	4.	\$	_____

**References**

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below. The forms are available online at [floridarevenue.com/forms](http://floridarevenue.com/forms).

Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated Income/Franchise Tax	Rule 12C-1.051, F.A.C.



FLORIDA HOLOCAUST MUSEUM, INC.

1019  
F-1120  
R. 01/22

FEIN 59-2981494  
DATA Page 1 of 2

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FEIN 59-2981494

DATA Page 2 of 2

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COPY

COMBINED FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT

FLORIDA HOLOCAUST MUSEUM, INC. AND  
HISTORY, HERITAGE AND HOPE FOUNDATION, INC.

June 30, 2022

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## INDEPENDENT AUDITORS' REPORT

Board of Directors  
Florida Holocaust Museum, Inc.  
History, Heritage and Hope Foundation, Inc.

### **Report on Audit of Combined Financial Statements**

#### **Opinion**

We have audited the accompanying combined financial statements of Florida Holocaust Museum, Inc. and History, Heritage and Hope Foundation, Inc. (together, the "Organization"), which comprise the combined statement of financial position as of June 30, 2022, and the related combined statements of activities and changes in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the combined financial statements (collectively, the financial statements).

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of June 30, 2022, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

#### **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### **Responsibilities of Management for the Combined Financial Statements**

Management is responsible for the preparation and fair presentation of the combined financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. In preparing the combined financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern within one year after the date that the combined financial statements are available to be issued.



## **Auditors' Responsibilities for the Audit of the Combined Financial Statements**

Our objectives are to obtain reasonable assurance about whether the combined financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an Auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the combined financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the combined financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the combined financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

## **Prior Period Combined Financial Statements**

The combined financial statements of Florida Holocaust Museum, Inc. and History, Heritage and Hope Foundation, Inc. as of June 30, 2021, were audited by other auditors whose report dated March 24, 2022 expressed an unmodified opinion on those statements. The comparative information presented herein as of and for the year ended June 30, 2021 is consistent, in all material respects, with the audited combined financial statement from which it has been derived.

## Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the combined financial statements as a whole. The accompanying schedule of expenditures of state financial assistance, as required by Chapter 10.650, *Rules of the Auditor General*, is presented for purposes of additional analysis and is not a required part of the combined financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements. The information has been subjected to the auditing procedures applied in the audit of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of state financial assistance is fairly stated, in all material respects, in relation to the combined financial statements as a whole.

## Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated January 25, 2023, on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

Tampa, Florida  
January 25, 2023

A handwritten signature in black ink that reads "Bruce, Gardner & Company, P.A." The signature is written in a cursive, flowing style.

Florida Holocaust Museum, Inc. and History, Heritage and Hope Foundation, Inc.

COMBINED STATEMENTS OF FINANCIAL POSITION

June 30,

	<u>2022</u>	<u>2021</u>
ASSETS		
Cash and cash equivalents	\$ 1,405,393	\$ 1,632,718
Unconditional promises to give, net	261,817	220,258
Estate receivable	159,287	125,000
Grant receivable	-	9,635
Educational materials for resale	17,264	17,289
Prepaid expenses	42,163	58,681
Other assets	28,500	40,015
Investments, at fair value	3,250,947	3,699,531
Other investment	-	58,013
Property and equipment, net	<u>3,002,808</u>	<u>2,949,197</u>
<b>TOTAL ASSETS</b>	<b><u>\$ 8,168,179</u></b>	<b><u>\$ 8,810,337</u></b>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accrued expenses	\$ 146,647	\$ 122,898
Annuity obligations payable	1,213	1,213
Deferred revenue - membership dues	19,208	14,461
Refundable advances	242,726	302,345
Line of credit	-	100,000
Long-term debt	<u>829,428</u>	<u>1,373,776</u>
Total liabilities	<u>1,239,222</u>	<u>1,914,693</u>
NET ASSETS		
Without donor restrictions	5,272,436	5,016,673
With donor restrictions	<u>1,656,521</u>	<u>1,878,971</u>
Total net assets	<u>6,928,957</u>	<u>6,895,644</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b><u>\$ 8,168,179</u></b>	<b><u>\$ 8,810,337</u></b>

The accompanying notes are an integral part of these statements.

Florida Holocaust Museum, Inc. and History, Heritage and Hope Foundation, Inc.

COMBINED STATEMENT OF ACTIVITIES

For the year ended June 30, 2022  
(With summarized comparative totals for June 30, 2021)

	Year Ended June 30, 2022			June 30, 2021
	Without Donor Restrictions	With Donor Restrictions	Total	
Public support and revenues				
Admissions	\$ 239,887	\$ -	\$ 239,887	\$ 84,179
Contributions	291,282	211,745	503,027	519,762
Contributions-in-kind	56,550	-	56,550	64,600
Special event revenue				
less direct benefits to donors of \$9,991	650,137	-	650,137	530,749
Grants	1,779,801	-	1,779,801	1,706,320
Investment return, net	(305,919)	(198,320)	(504,239)	772,144
PPP loan forgiveness	515,927	-	515,927	-
Other income	64,928	-	64,928	61,397
Loss on disposal assets	(13,172)	-	(13,172)	-
Membership dues	37,111	-	37,111	30,350
Museum store sales, net of cost of sales of \$7,565	8,673	-	8,673	213
Net assets released from restrictions	235,875	(235,875)	-	-
Total public support and revenue	<u>3,561,080</u>	<u>(222,450)</u>	<u>3,338,630</u>	<u>3,769,714</u>
Expenses				
Program services				
Museum operations	2,301,686	-	2,301,686	1,649,194
Supporting services				
Management and general	578,237	-	578,237	336,807
Fundraising	425,394	-	425,394	297,673
Total expenses	<u>3,305,317</u>	<u>-</u>	<u>3,305,317</u>	<u>2,283,674</u>
Change in net assets	255,763	(222,450)	33,313	1,486,040
Net assets at beginning of year	<u>5,016,673</u>	<u>1,878,971</u>	<u>6,895,644</u>	<u>5,409,604</u>
Net assets at end of year	<u>\$ 5,272,436</u>	<u>\$ 1,656,521</u>	<u>\$ 6,928,957</u>	<u>\$ 6,895,644</u>

The accompanying notes are an integral part of this statement.



Florida Holocaust Museum, Inc. and History, Heritage and Hope Foundation, Inc.

COMBINED STATEMENT OF ACTIVITIES

For the year ended June 30, 2021

	Year Ended June 30, 2021		
	Without Donor Restrictions	With Donor Restrictions	Total
Public support and revenues			
Admissions	\$ 84,179	\$ -	\$ 84,179
Contributions	292,322	227,440	519,762
Contributions-in-kind	64,600	-	64,600
Special event revenue			
less direct benefits to donors of \$14,635	530,749	-	530,749
Grants	1,706,320	-	1,706,320
Investment return, net	445,046	327,098	772,144
Other income	61,397	-	61,397
Membership dues	30,350	-	30,350
Museum store sales, net of cost of sales of \$0	213	-	213
Net assets released from restrictions	72,106	(72,106)	-
Total public support and revenue	<u>3,287,282</u>	<u>482,432</u>	<u>3,769,714</u>
Expenses			
Program services			
Museum operations	1,649,194	-	1,649,194
Supporting services			
Management and general	336,807	-	336,807
Fundraising	297,673	-	297,673
Total expenses	<u>2,283,674</u>	<u>-</u>	<u>2,283,674</u>
Change in net assets	1,003,608	482,432	1,486,040
Net assets at beginning of year	<u>4,013,065</u>	<u>1,396,539</u>	<u>5,409,604</u>
Net assets at end of year	<u>\$ 5,016,673</u>	<u>\$ 1,878,971</u>	<u>\$ 6,895,644</u>

The accompanying notes are an integral part of this statement.

Florida Holocaust Museum, Inc. and History, Heritage and Hope Foundation, Inc.

COMBINED STATEMENT OF FUNCTIONAL EXPENSES

For the year ended June 30, 2022  
(With comparative totals for the year ended June 30, 2021)

	Supporting Services			Total Supporting Services	Total Expenses	
	Program Services	Management and General	Fundraising		2022	2021
Salaries, payroll taxes and employee benefits	\$ 1,152,310	\$ 158,393	\$ 176,768	\$ 335,161	\$ 1,487,471	\$ 1,257,818
Contracted services	219,668	267,153	116,779	383,932	603,600	226,454
Depreciation	146,562	9,456	1,576	11,032	157,594	143,795
Exhibits	116,050	-	-	-	116,050	95,438
Insurance and licenses	62,337	1,993	20	2,013	64,350	55,311
Interest	33,472	9,750	-	9,750	43,222	38,941
Miscellaneous	81,596	21,369	1,969	23,338	104,934	47,283
Office and supplies	101,106	2,324	145	2,469	103,575	83,279
Postage	11,430	1,225	1,985	3,210	14,640	13,015
Professional fees	124,707	53,412	85,939	139,351	264,058	154,121
Promotion and advertising	45,986	3,322	12,045	15,367	61,353	29,051
Provision for uncollectible promises to give	-	30,320	-	30,320	30,320	16,600
Rent	11,399	2,132	-	2,132	13,531	17,223
Repairs and maintenance	66,678	-	-	-	66,678	40,492
Security service	49,746	-	-	-	49,746	9,814
Travel and meetings	19,061	13,544	27,527	41,071	60,132	6,259
Utilities and telephone	59,578	3,844	641	4,485	64,063	48,780
	<u>\$ 2,301,686</u>	<u>\$ 578,237</u>	<u>\$ 425,394</u>	<u>\$ 1,003,631</u>	<u>\$ 3,305,317</u>	<u>\$ 2,283,674</u>

The accompanying notes are an integral part of this statement.

Florida Holocaust Museum, Inc. and History, Heritage and Hope Foundation, Inc.

COMBINED STATEMENT OF FUNCTIONAL EXPENSES

For the year ended June 30, 2021

	Supporting Services			Total Supporting Services	Total Expenses
	Program Services	Management and General	Fundraising		
Salaries, payroll taxes and employee benefits	\$ 926,663	\$ 140,987	\$ 190,168	\$ 331,155	\$ 1,257,818
Contracted services	67,546	71,858	87,050	158,908	226,454
Depreciation	137,247	2,244	4,304	6,548	143,795
Exhibits	94,517	921	-	921	95,438
Insurance and licenses	54,185	1,126	-	1,126	55,311
Interest	34,805	4,136	-	4,136	38,941
Miscellaneous	30,191	16,397	695	17,092	47,283
Office and supplies	71,831	2,545	8,903	11,448	83,279
Postage	10,022	1,144	1,849	2,993	13,015
Professional fees	74,935	76,186	3,000	79,186	154,121
Promotion and advertising	28,965	76	10	86	29,051
Provision for uncollectible promises to give	-	16,600	-	16,600	16,600
Rent	15,944	1,279	-	1,279	17,223
Repairs and maintenance	40,471	21	-	21	40,492
Security service	9,814	-	-	-	9,814
Travel and meetings	5,499	526	234	760	6,259
Utilities and telephone	46,559	761	1,460	2,221	48,780
	<u>\$ 1,649,194</u>	<u>\$ 336,807</u>	<u>\$ 297,673</u>	<u>\$ 634,480</u>	<u>\$ 2,283,674</u>

The accompanying notes are an integral part of this statement.

Florida Holocaust Museum, Inc. and History, Heritage and Hope Foundation, Inc.

COMBINED STATEMENTS OF CASH FLOWS

For the years ended June 30,

	<u>2022</u>	<u>2021</u>
Cash flows from operating activities	\$ 33,313	\$ 1,486,040
Change in net assets		
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation	157,594	143,795
Provision for uncollectible promises to give	(17,000)	16,600
Net unrealized and realized (gain) loss on investments	504,239	(722,859)
Loss on disposal of property and equipment	13,172	-
PPP loan forgiveness	(515,927)	-
(Increase) decrease in operating assets		
Unconditional promises to give, net	(24,559)	(119,776)
Estate receivable	(34,287)	-
Grant receivable	9,635	(9,635)
Educational materials for resale	25	(357)
Prepaid expenses	16,518	(27,966)
Other assets	11,515	1,401
(Decrease) increase in operating liabilities		
Accounts payable and accrued expenses	23,749	(51,884)
Deferred revenue	4,747	-
Annuity obligations payable	-	(85)
Refundable advances	(59,619)	302,345
Net cash provided by operating activities	<u>123,115</u>	<u>1,017,619</u>
Cash flows from investing activities		
Purchase of property and equipment	(224,377)	(126,509)
Sale (purchase) of investments	2,358	(684,363)
Net cash used by investing activities	<u>(222,019)</u>	<u>(810,872)</u>
Cash flows from financing activities		
Payments on line of credit	(100,000)	-
Borrowings on long-term debt	-	257,768
Payments on long-term debt	(28,421)	(27,088)
Net cash (used) provided by financing activities	<u>(128,421)</u>	<u>230,680</u>
Net (decrease) increase in cash and cash equivalents	(227,325)	437,427
Cash at beginning of year	<u>1,632,718</u>	<u>1,195,291</u>
Cash at end of year	<u>\$ 1,405,393</u>	<u>\$ 1,632,718</u>
Supplemental disclosure of cash flow information		
Cash paid during the year		
Interest paid during the year	<u>\$ 43,222</u>	<u>\$ 38,941</u>
Noncash financing activities		
Forgiveness of Paycheck Protection Program Loans	<u>\$ 515,927</u>	<u>\$ -</u>

The accompanying notes are an integral part of these statements.

NOTES TO COMBINED FINANCIAL STATEMENTS

June 30, 2022 and 2021

NOTE A - NATURE OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Nature of Activities

The Florida Holocaust Museum, Inc. (Museum) and its affiliate, History, Heritage and Hope Foundation, Inc. (the Foundation) (together, the Organization) honor the memory of millions of innocent men, women and children who suffered or died in the Holocaust. The Organization is dedicated to teaching members of all races and cultures to recognize the inherent worth and dignity of human life in order to prevent future genocides.

2. Principles of Combination

The accompanying combined financial statements include the activities of the Museum and the Foundation. All significant inter-organization accounts and transactions have been eliminated in combination.

3. Basis of Presentation

The accompanying combined financial statements have been prepared on the accrual basis of accounting. Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

Net assets without donor restrictions - Contributions and other inflows of assets that are neither restricted by donor-imposed stipulations or time restrictions. Net assets without donor restrictions include expendable funds available to support operations, as well as net assets invested in property and equipment, including construction in progress.

Net assets with donor restrictions - Contributions and other inflows of assets whose use by the Organization is limited by donor-imposed stipulations that require that they be held in perpetuity or whose use may expire by the passage of time or can be fulfilled and removed by actions of the Organization pursuant to those donor stipulations. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are released to net assets without donor restrictions and reported in the combined statements of activities as a satisfaction of program and time restrictions.

4. Cash and Cash Equivalents

For purposes of the combined statements of cash flows, the Organization considers all highly liquid investments, such as money market accounts to be cash equivalents. Cash held in investment accounts that is not intended for operating purposes is included in investments.

NOTES TO COMBINED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021

NOTE A - NATURE OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

5. Concentration of Credit Risk

Cash is maintained at major financial institutions and, at times, balances may exceed amounts insured by the Federal Deposit Insurance Corporation and potentially subject the Organization to credit losses. The Organization has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on these accounts.

6. Investments

Investment purchases are recorded at cost, or if donated, at fair value on the date of donation. Thereafter, investments are reported at their estimated fair values in the combined statements of financial position. Investment return is reported in the combined statements of activities and consists of interest and dividend income and realized and unrealized gains and losses, less external investment expenses.

The Organization follows accounting guidance, which defines fair value and specifies a hierarchy of valuation techniques. The disclosure of fair value estimates is based on whether the significant inputs into the valuation are observable. In determining the level of hierarchy in which the estimate is disclosed, the highest priority is given to unadjusted quoted prices in active markets and the lowest priority to unobservable inputs. The Organization measures investments at fair value on a recurring basis.

The following is a brief description of the type of valuation information (inputs) that qualifies a financial asset for each level:

Level 1: Unadjusted quoted market prices for identical assets in active markets which are accessible by the Organization.

Level 2: Observable prices in active markets for similar assets or liabilities. Prices for identical or similar assets or liabilities in markets that are not active. Market inputs that are not directly observable but are derived from or corroborated by observable market data.

Level 3: Unobservable inputs based on the Organization's own judgement as to assumptions a market participant would use, including inputs derived from extrapolation and interpolation that are not corroborated by observable market data.

The Organization evaluates the various types of financial assets to determine the appropriate classification within the fair value hierarchy based upon trading activity and the observability of market inputs. The Organization employs control processes to validate the reasonableness of the fair value estimates of its assets and liabilities, including those estimates based on prices and quotes obtained from independent third-party sources.

NOTES TO COMBINED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021

NOTE A - NATURE OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

While the Organization believes its valuation, methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different estimate of fair value at the report date.

During the years ended June 30, 2022 and 2021, there were no changes to the Organization's valuation techniques that had, or are expected to have, a material impact on its statements of financial position or activities.

7. Other Investment

Other investment consists of an investment in a real estate investment trust (REIT) with Phillips Edison-Arc Shopping Center and is recorded at original cost-plus reinvested earnings. This investment was liquidated during the fiscal year ended June 30, 2022.

8. Unconditional Promises to Give

Unconditional promises to give are recorded in the year the promise is made. Conditional promises to give, that is those with both a measurable performance or other barrier and a right of return or release, are not recorded as support until the conditions are substantially met. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of estimated future cash flows.

The carrying amount of unconditional promises to give is reduced by a valuation allowance that reflects management's best estimate of the amount that will not be collected based on historical experience and an assessment of individual balances. Certain accounts are written off under the direct write-off method; other accounts are part of a reserve for doubtful accounts established based on management's review of individual donors. As of June 30, 2022, and 2021, the Organization has recorded a valuation allowance in the amount of \$160,200 and \$177,200, respectively.

9. Estate Receivable

The Organization has been named the beneficiary of future distributions from an estate. This estate receivable is recorded upon the Organization's interest becoming irrevocable and measurable.

10. Revenue Recognition

In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)*, which requires an entity to recognize the amount of revenue which it expects to be entitled for the transfer of promised goods or services to customers.

NOTES TO COMBINED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021

NOTE A - NATURE OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

The five-step method required for recognizing revenue from contracts with customers is as follows:

- Identify the contract with a customer
- Identify the performance obligations in the contract
- Determine the transaction price
- Allocate the transaction price to the performance obligations in the contract
- Recognize revenue when or as performance obligations are satisfied

Revenue is recognized when promised goods or services are transferred to the customer in an amount that reflects the consideration expected in exchange for those goods or services.

The Organization derives exchange revenue from admissions, memberships, and store sales. The Organization's products and services are marketed and sold to the Organization's visitors, members and prospective members.

*Admissions:* The Organization records revenue for museum admissions and performances when admission to the museum or performance occurs, net of any discounts or refunds. Tickets purchased for future dates are recorded as deferred revenue until the admission date has passed.

*Memberships:* The Organization records membership dues as deferred revenue when billed and recognizes membership dues as revenue over time as the member simultaneously receives and consumes the benefits of membership throughout the membership period. The timing of revenue recognition is based on a time-measure of progress as the Organization provides access to benefits evenly over the course of the membership period.

*Store sales:* The Organization records revenue from museum store sales at the time of the sale.

11. Contributions and Donor-Imposed Restrictions

Unconditional promises to give are recognized as contributions in the period received at their fair value. Conditional contributions or promises to give are not recognized until they become unconditional, that is, when conditions on which they depend on are substantially met. Contributions other than cash are recorded at their estimated fair value on the date received.



NOTES TO COMBINED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021

NOTE A - NATURE OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Unconditional contributions received are recorded as net assets without donor restrictions or net assets with donor restrictions support depending on the existence or nature of any donor-imposed restrictions. Contributions that are restricted by the donor are reported as increased in net assets without donor restrictions if the restrictions expire or are otherwise satisfied in the fiscal year in which the contributions are recognized. When a donor-imposed restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified into net assets without donor restrictions and are reported in the accompanying combined statements of activities as net assets released from restrictions.

12. Grants

The Organization earns revenue from federal, state, and others grants in the form of performance and expense reimbursement contracts. Support and revenue related to government and other grants is recognized when donor-imposed conditions are met. These revenues are subject to right of return if funds are not spent and also have other performance and/or control barriers that must be met to be entitled to the funds. For this reason, the Organization's grant revenues are considered to be conditional and revenue is recognized as funds are utilized for programmatic activities specified in the grant agreement. Amounts received, but not recognized as revenue, are classified in the statements of financial position as refundable advances.

13. Contributions In-Kind

The Organization receives various types of in-kind support including services, supplies and other tangible items. The Organization records the value of donated materials and services when there is an objective basis available to measure their value. Generally Accepted Accounting Principles require recognition of services received if those services create or enhance long-lived assets or require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation or discount. Contributions are considered to be available for unrestricted use, unless specifically restricted by the donor.

Donated materials and the value of contributed services meeting the requirements for recognition are reflected in the accompanying combined financial statements at their estimated fair values at date of receipt.

14. Educational Materials for Resale

Educational materials for resale are recorded at the lower of cost or net realizable value on a first-in, first-out (FIFO) basis.

NOTES TO COMBINED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021

NOTE A - NATURE OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

15. Property and Equipment

Property and equipment are recorded at cost, if purchased, or estimated fair value, if contributed, less accumulated depreciation. The Organization's capitalization threshold is \$2,000. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets. Expenditures for renewals and improvements that significantly add to the productive capacity or extend the useful life of the asset are capitalized. Expenditures for normal repairs and maintenance are expensed as incurred. Upon retirement, sale, or other disposition of property and equipment, the costs and accumulated depreciation are eliminated from the accounts and any resulting gain or loss is included within the statements of activities. Construction in progress is not depreciated until put into service.

Property acquired with governmental funds is considered to be owned by the Organization while used in the program for which it was purchased or in future authorized programs; however, its disposition as well as the ownership of any proceeds therefore is subject to applicable regulations.

16. Impairment of Long-Lived Assets

The Organization evaluates the recoverability of its buildings, improvements and equipment whenever adverse events or changes in the business climate indicate that the expected undiscounted future cash flows from the related asset may be less than previously anticipated. If the net book value of the related asset exceeds the undiscounted future cash flows of the asset, the carrying amount would be reduced to the present value of its expected future cash flows and an impairment loss would be recognized. Management believes no indication of impairment existed at June 30, 2022 and 2021.

17. Advertising

The Organization expenses advertising costs as incurred. Advertising expense was approximately \$37,000 and \$29,000 for the years ended June 30, 2022 and 2021, respectively.

18. Collection Items

Collection items, which have been acquired through either purchase or contribution since the Organization's inception, are not recognized as assets on the combined statements of financial position. Purchases of collection items are recorded as decreases in net assets without donor restrictions in the year the items are acquired or as a decrease in net assets with donor restrictions if the assets used to purchase the items are restricted by donors. Proceeds from deaccessions or insurance recoveries are reflected as increases in the appropriate net asset classes. The collections are subject to a policy that required proceeds from their deaccessions or insurance recoveries to be used to acquire other items from collections.

NOTES TO COMBINED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021

NOTE A - NATURE OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

19. Functional Allocation of Expenses

The cost of providing the various programs and other activities have been provided in the accompanying combined statements of functional expenses. Expenses that can be identified with a specific program or supporting service are charged directly to that program or service according to their natural classification. Salaries, payroll taxes and employee benefits may contain allocations based on time and effort. Travel and meetings, professional fees, office supplies, repairs and maintenance, rent, insurance, advertising and interest are charged directly to the program or service based on direct charges. Depreciation, utilities and telephone expenses are allocated based on square footage.

20. Tax Status

The Museum is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC) and from state income taxes under similar provisions of the Florida Statutes and is classified as an educational institution under Section 509(a)(1). Income earned in furtherance of the Museum's tax-exempt purpose is exempt from federal and state income taxes. The Museum is not a private foundation.

The Foundation is organized to support the Museum. The Museum and the Foundation are financially interrelated. The Foundation is exempt from federal income taxes under Section 501(c)(3) of the IRC and from state income taxes under similar provisions of the Florida Statutes and has been determined not to be a private foundation. Accordingly, no provision for federal and state income taxes has been recorded in the accompanying combined financial statements.

Management evaluated the Organization's tax positions and concluded that the Organization had no material uncertainties in income taxes as of June 30, 2022 and 2021. The Organization will account for interest and penalties related to uncertain tax positions, if any, as part of tax expense.

The Organization is no longer subject to income tax examinations by the U.S. federal, state or local authorities for fiscal years before 2019.

21. Use of Estimates

The preparation of combined financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Florida Holocaust Museum, Inc. and History, Heritage and Hope Foundation, Inc.

NOTES TO COMBINED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021

NOTE A - NATURE OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

22. Recently Adopted Accounting Pronouncement

During fiscal year 2022, the Organization adopted FASB ASU 2020-07, *Presentation and Disclosure by Not-for-Profit Entities for Contributed Nonfinancial Assets*. The new guidance requires nonprofit entities to present contributed nonfinancial assets as a separate line item in the statement of activities, apart from contributions of cash and other financial assets. The standard also increases the disclosure requirements around contributed nonfinancial assets, including disaggregating by category the types of contributed nonfinancial assets a nonprofit entity has received. Adoption of this standard did not have a significant impact on the combined financial statements, with the exception of increased disclosure.

NOTE B - AVAILABILITY AND LIQUIDITY

The following represents the Organization's financial assets available to meet general expenditures over the next 12 months at June 30,:

	<u>2022</u>	<u>2021</u>
Financial Assets at year-end		
Cash and cash equivalents	\$ 1,405,393	\$ 1,632,718
Unconditional promises to give	167,342	183,190
Estate receivable	159,287	125,000
Unrestricted investments	<u>2,084,548</u>	<u>2,232,818</u>
Financial assets available to meet general expenditures over the next 12 months	<u>\$ 3,816,570</u>	<u>\$ 4,173,726</u>

As part of the Organization's liquidity management plan, the Organization invests cash in excess of daily requirements in investments. The Organization's cash position is monitored by executive management to ensure sufficient funds are available to meet daily requirements. Daily requirements are based on the budget, contracts, payroll and invoice schedules.

Florida Holocaust Museum, Inc. and History, Heritage and Hope Foundation, Inc.

NOTES TO COMBINED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021

NOTE C - INVESTMENTS

Investments consist of the following at June 30,:

	<u>2022</u>	<u>2021</u>
Investments		
Cash and cash equivalents	\$ 255,915	\$ 265,339
Equity mutual funds	2,251,460	2,639,060
Fixed income securities	609,197	631,755
Beneficial interests in assets held by foundations	<u>134,375</u>	<u>163,377</u>
 Total investments	 <u>\$ 3,250,947</u>	 <u>\$ 3,699,531</u>

In addition, the Organization had an investment in a REIT carried at cost of approximately \$58,000 at June 30, 2021.

The amounts classified as beneficial interests in assets held by foundations include amounts held by the Jewish Community Foundation of the Sarasota-Manatee Jewish Federation, Inc. (JCF), the Community Foundation of Tampa Bay, Inc. (CFT), and the Tampa, Orlando, Pinellas Jewish Foundation, Inc. (TOP). The beneficial interests in assets held by foundations are subject to agreements which grants variance power to the Community Foundations. Distributions from JCF, CFT or TOP are made as set forth in each agreement. Periodic changes in the value of the funds are recorded as investment return and are reflected as change in net assets with donor restrictions.

NOTE D - ENDOWMENT FUNDS

The Organization's endowment funds (Endowments) are funds restricted or designated for operating costs incurred while engaged in programs directly related to cultural and presentation materials honoring the memory of those who suffered or died in the Holocaust and to fund education and scholarships for students. The Endowments consist of cash and cash equivalents, equity mutual funds, fixed income securities, bond mutual fund, asset allocation mutual funds and beneficial interests in assets held by foundations. Income earned from the endowment funds are available for general or specific purposes and is classified as net assets with donor restrictions until those amounts are appropriated for expenditure by the Organization. Income earned from the beneficial interests in assets held by the foundations is classified as net assets with donor restrictions.

NOTES TO COMBINED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021

NOTE D - ENDOWMENT FUNDS - Continued

Effective July 1, 2012, the State of Florida adopted the Uniform Prudent Management of Institutional Funds Act (FUPMIFA). The Boards of Directors has determined that contributions to the Museum's endowment funds are subject to donor intent, as well as the provisions of FUPMIFA. As required by U.S. GAAP, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

Absent explicit donor stipulations to the contrary, the Board of the Museum has interpreted FUPMIFA as requiring the preservation of the fair value of the original gifts as of the gift date of the donor-restricted endowment funds. As a result of this interpretation, the Museum classifies as net assets with donor restrictions: (a) the original value of the gifts donated to the endowment to be held in perpetuity, (b) the original value of subsequent gifts to the endowment to be held in perpetuity, and (c) accumulations to the endowment to be held in perpetuity made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted fund that is not classified as net assets with donor restriction related to the endowment to be held in perpetuity is classified as net assets with donor restriction until those amounts are apportioned for expenditures by the Museum in a manner consistent with the standard of prudence prescribed by that standard.

The Organization considers the following factors in making a determination to appropriate or accumulate endowment funds:

- Donor desires and restrictions
- General economic conditions
- Possible effect of inflation and deflation
- Historical and expected total return from income and appreciation on investments
- Other resources of the Organization
- The investment policy of the Organization
- The preservation and protection of asset

1. Return Objectives and Risk Parameters

The Organization has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowments, while seeking to maintain the purchasing power of the endowment assets.

Under these policies, as approved by the Board of Directors, endowment assets are invested in a manner that is intended to protect against loss associated with a single security, industry, issuer or event.

NOTES TO COMBINED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021

NOTE D - ENDOWMENT FUNDS - Continued

2. Strategies Employed for Achieving Objectives

To satisfy its long-term, rate of return objectives, the Organization relies on a total return strategy whereby investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Organization targets a diversified asset allocation.

3. Spending Policy and How the Investment Objectives Relate to Spending Policy

The Organization has an overall goal in the strategic plan to increase the endowments while maintaining the funding of education and scholarships and current operations at their current level. The Organization does not have a formal spending policy, however, most donor gift agreements provide for a spending rate maximum of 5%. During the years ended June 30, 2022 and 2021, the Organization appropriated \$89,581 and \$24,843, respectively. The Organization may appropriate a lesser amount should the total return of the investments be less than 5% or for other reasons where it would be prudent to appropriate a lesser amount to preserve the endowments. The amount of annual appropriation may also be impacted by donor restrictions, if any, on the use of investment earnings and appreciation.

Endowment net asset composition by type of fund is as follows as of June 30:

	<u>With Donor Restrictions</u>	
	<u>2022</u>	<u>2021</u>
Donor-restricted endowment funds	<u>\$ 1,032,024</u>	<u>\$ 1,303,336</u>

Changes in endowment funds net assets for the years ended June 30, are as follows:

	<u>2022</u>	<u>2021</u>
Endowment net assets, beginning of the year	\$ 1,303,336	\$ 1,017,794
Appropriated for expenditure	(89,581)	(24,843)
Contributions	286	10,000
Net appreciation (depreciation)	<u>(182,017)</u>	<u>300,385</u>
Endowment net assets, end of year	<u>\$ 1,032,024</u>	<u>\$ 1,303,336</u>

From time to time, certain donor-restricted endowment funds may have fair values less than the amount required to be maintained by donors or by law (underwater endowments). The Organization has interpreted FUPMIFA to permit spending from underwater endowments in accordance with prudent measures required under law. The Organization does permit spending from underwater endowments. At June 30, 2022 and 2021, the Organization had no underwater endowments.

Florida Holocaust Museum, Inc. and History, Heritage and Hope Foundation, Inc.

NOTES TO COMBINED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021

NOTE E - FAIR VALUE MEASUREMENTS

The following table provides information about the Organization's financial assets measured at fair value on a recurring basis as of June 30,:

	2022			
	Fair Value	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments				
Cash and cash equivalents	\$ 255,915	\$ 255,915	\$ -	\$ -
Equity mutual funds	2,251,460	2,251,460	-	-
Fixed income securities	609,197	609,197	-	-
	<u>3,116,572</u>	<u>3,116,572</u>	-	-
Beneficial interests in assets held by foundations	134,375	-	-	134,375
	<u>134,375</u>	<u>-</u>	<u>-</u>	<u>134,375</u>
Total investments	<u>\$ 3,250,947</u>	<u>\$ 3,116,572</u>	<u>\$ -</u>	<u>\$ 134,375</u>
	2021			
	Fair Value	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments				
Cash and cash equivalents	\$ 265,339	\$ 265,339	\$ -	\$ -
Equity mutual funds	2,639,060	2,639,060	-	-
Fixed income securities	631,755	631,755	-	-
	<u>3,536,154</u>	<u>3,536,154</u>	-	-
Beneficial interests in assets held by foundations	163,377	-	-	163,377
	<u>163,377</u>	<u>-</u>	<u>-</u>	<u>163,377</u>
Total investments	<u>\$ 3,699,531</u>	<u>\$ 3,536,154</u>	<u>\$ -</u>	<u>\$ 163,377</u>

Investments classified as Level 1 in the fair value hierarchy include cash and cash equivalents, equity mutual funds, and fixed income securities which are measured at fair value based on quoted market prices on an active market. Investments classified as Level 2 in the fair value hierarchy include equity mutual funds, fixed income securities, bond mutual fund, and asset allocation mutual funds which are measured at fair value based on market prices provided by recognized broker dealers which are based on observable prices in active markets for similar assets, when available. If listed prices or quotes are not available, the fair value is based on externally developed models that use unobservable inputs due to the limited market activity of the instrument.



Florida Holocaust Museum, Inc. and History, Heritage and Hope Foundation, Inc.

NOTES TO COMBINED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021

NOTE E - FAIR VALUE MEASUREMENTS - Continued

Fair values for beneficial interests in assets held by foundations are classified as Level 3 and represent the fair value of the Organization's beneficial interests in assets held by community foundations and is based on the fair value of fund investments as reported by the community foundations.

The Organization had no transfers into or out of Level 3 assets or purchases or issues of Level 3 assets for the years ended June 30, 2022 and 2021.

NOTE F - UNCONDITIONAL PROMISES TO GIVE

Unconditional promises to give consist of the following at June 30,:

	<u>2022</u>	<u>2021</u>
Due in		
Less than one year	\$ 167,342	\$ 183,190
One to five years	19,400	172,250
Thereafter	<u>267,600</u>	<u>75,000</u>
	454,342	430,440
Less		
Unamortized discount	(32,325)	(32,982)
Provision for uncollectible accounts	<u>(160,200)</u>	<u>(177,200)</u>
	<u>\$ 261,817</u>	<u>\$ 220,258</u>

Unconditional promises to give are reflected at the present value of estimated future cash flows using a discount rate of 3.13%. As of June 30, 2022 and 2021, unconditional promises to give include \$22,300 and \$7,400, respectively, due from board members.

Florida Holocaust Museum, Inc. and History, Heritage and Hope Foundation, Inc.

NOTES TO COMBINED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021

NOTE G - PROPERTY AND EQUIPMENT

The cost accumulated depreciation of property and equipment are summarized as follows at June 30:

	Estimated Useful Lives (Years)	2022	2021
Building and improvements	7-39	\$ 3,792,904	\$ 3,692,904
Furniture and equipment	5-10	393,220	393,220
Teaching aids	2-5	134,744	134,744
Computer software	3-5	881,552	972,490
Land		874,884	874,884
Construction in progress		180,898	87,336
		<u>6,258,202</u>	<u>6,155,578</u>
Less accumulated depreciation		<u>(3,255,394)</u>	<u>(3,206,381)</u>
		<u>\$ 3,002,808</u>	<u>\$ 2,949,197</u>

Depreciation expense for the years ended June 30, 2022 and 2021, was approximately \$158,000 and \$144,000, respectively.

Construction in progress as of June 30, 2022 and 2021, relates to the renovation of the Museum's security entrance. The total estimated project costs are approximately \$2.5 million. As of June 30, 2022, no outstanding construction commitments exist related to this project.

NOTE H - COLLECTIONS

The Museum's collections are made up of works of art and items that are held for public exhibition and educational purposes in furtherance of public services. The Museum did not receive any collection donations and there were no collection items that were deaccessioned for the years ended June 30, 2022 and 2021.

NOTE I - LONG-TERM DEBT

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was signed into law and is meant to address the economic fallout from the COVID-19 pandemic. In connection with the CARES Act, the Organization received a Small Business Administration (SBA) Paycheck Protection Plan (PPP) loan through Bank of Tampa for \$258,060 in April 2020. In April 2021, a second round of funding was made available and the Organization received a second SBA PPP loan through Bank of Tampa for \$256,767. Under the provisions of the CARES Act and related loans, these loans will be forgiven if certain conditions are met related to the use of the proceeds and maintenance of employment with the Organization employees. Both PPP loans were forgiven in full by the financial institution on July 2, 2021 and April 13, 2022, respectively and were recorded as PPP loan forgiveness in the accompanying statement of activities and changes in net assets as of June 30, 2022.

Florida Holocaust Museum, Inc. and History, Heritage and Hope Foundation, Inc.

NOTES TO COMBINED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021

NOTE I - LONG-TERM DEBT - Continued

On June 9, 2020, the Organization received a U.S. Small Business Administration Economic Injury Disaster loan in the amount of \$150,000 which is recorded in long-term debt as of June 30, 2022 and 2021, on the accompanying combined statements of financial position. The loan bears interest at 2.75% and matures on June 9, 2050. Payments are deferred thirty months from the date of the promissory note.

During the year ended June 30, 2018, the Organization entered into a mortgage note payable with Bank of Tampa in the amount of \$792,000 to purchase a collections storage and preservation facility. The mortgage note payable is due in monthly installments of principal and interest of \$5,158; bears interest at 4.75%; matures on November 14, 2027; and is secured by real property and equipment, with a carrying value of \$915,103 as of June 30, 2022 and assignment of rent. At June 30, 2022 and 2021, \$679,528 and \$707,949, respectively, was outstanding under this note.

Future maturities of the long-term debt are as follows at June 30,:

2023	\$	31,712
2024		34,519
2025		36,231
2026		37,942
2027		39,736
Thereafter		<u>649,288</u>
	\$	<u>829,428</u>

NOTE J - LINE OF CREDIT

The Museum has a line of credit with an available balance of \$250,000. The Museum may borrow on a secured basis at the bank's prime rate plus .25%, with a floor rate of 4% (5.0% and 4.0% at June 30, 2022 and 2021, respectively), subject to annual renewal. At June 30, 2022 and 2021, \$-0- and \$100,000, respectively was outstanding on the line of credit. This line of credit is due on demand and is secured by the Museum's assets.

Florida Holocaust Museum, Inc. and History, Heritage and Hope Foundation, Inc.

NOTES TO COMBINED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021

NOTE K - NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions are available for the following at June 30,:

	<u>2022</u>	<u>2021</u>
Subject to expenditure for specified purpose or passage of time		
Time restriction	\$ 261,817	\$ 220,258
Estate receivable	159,287	125,000
Security entrance	62,000	62,000
Community training center	<u>4,722</u>	<u>5,000</u>
	<u>487,826</u>	<u>412,258</u>
Endowment related		
Subject to endowment spending policy and appropriation		
Accumulated earnings on endowments held in perpetuity	<u>85,045</u>	<u>354,058</u>
Endowments held in perpetuity (corpus)		
Cultural Endowment Program Fund I	600,000	600,000
Perpetual endowment individual donor funds	<u>349,278</u>	<u>349,278</u>
	<u>949,278</u>	<u>949,278</u>
Total endowments	<u>1,034,323</u>	<u>1,303,336</u>
Beneficial interests in assets held by foundations		
Tampa, Orlando, Pinellas Jewish Foundation, Inc. (TOP)	21,167	25,061
Community Foundation of Tampa Bay	78,649	96,531
Sarasota Manatee Federation Foundation	<u>34,556</u>	<u>41,785</u>
	<u>134,372</u>	<u>163,377</u>
Total net assets with donor restrictions	<u>\$ 1,656,521</u>	<u>\$ 1,878,971</u>

The Cultural Endowment Program Fund I (Fund I) is comprised of state matching funds of \$240,000 and nonstate funds of \$360,000. The agreement related to these funds requires them to be invested in and account entitled or containing the title Cultural Endowment Program Fund, and at least \$600,000 must be maintained in that account.

Net assets released from donor restrictions by incurring expenses satisfying the purpose or time restrictions specified by donors totaled \$235,875 and \$72,106 for the years ended June 30, 2022 and 2021, respectively.

NOTES TO COMBINED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021

NOTE L - COMMITMENTS AND CONTINGENCIES

1. Grantors

The Organization is subject to state audit to determine compliance with grant funding requirements. In the event that expenditures would be disallowed, retroactive adjustment based on a final determination by the grantor of eligible reimbursable expenditures and repayment could be required. The effect of such adjustments, if any, cannot be determined at this time and no provision has been made for any such adjustments in the accompanying combined financial statements.

2. Leases

The Organization leases a portion of its operating facility to others under multiple operating leases which expire on various dates over the coming fiscal years. Approximate minimum future rentals to be received under these leases at June 30, 2022 are as follows:

<u>Year ending June 30,</u>	
2023	\$ 31,000
2024	<u>3,000</u>
Total minimum future rentals receivable	<u>\$ 34,000</u>

NOTE M - EMPLOYEE BENEFIT PLAN

Employees are eligible to participate in the Museum's 401(k) retirement plan once they have completed one year of service with a minimum of 1,000 hours and have attained age 21. The plan's participation entry date is the first of the quarter following eligibility. Participants receive full credit for service before the plan adoption. Participants may defer up to 20% of their eligible compensations. The Museum may make discretionary matching contributions up to 5% of participant deferred salary contributions.

Participants are automatically 100% vested in their deferred salary contributions and in the Museum's matching contributions.

Participants shall direct the allocation of their account balances among specified investments. The Museum's matching contribution was approximately \$24,100 and \$21,800 for the years ended June 30, 2022 and 2021, respectively.

Florida Holocaust Museum, Inc. and History, Heritage and Hope Foundation, Inc.

NOTES TO COMBINED FINANCIAL STATEMENTS - CONTINUED

June 30, 2022 and 2021

NOTE N - CONDITIONAL CONTRIBUTIONS

The Organization has conditional contributions from donors and grantors of approximately \$850,000 as of June 30, 2022. Future payments or recognition of conditional promises to give are contingent up in the Organization carrying out certain stipulations of the grant or contract.

NOTE O - SUBSEQUENT EVENTS

The Organization has evaluated events subsequent to the combined statements of financial position date for potential recognition and disclosure through January 25, 2023, which is the date the combined financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

Florida Holocaust Museum, Inc. and History, Heritage and Hope Foundation, Inc.

COMBINING STATEMENT OF FINANCIAL POSITION

June 30, 2022

	FHM	HHH	Eliminations	Totals
<b>ASSETS</b>				
Cash and cash equivalents	\$ 1,397,040	\$ 8,353	\$ -	\$ 1,405,393
Unconditional promises to give, net	261,817	-	-	261,817
Estate receivable	159,287	-	-	159,287
Grant receivable	-	-	-	-
Educational materials for resale	17,264	-	-	17,264
Prepaid expenses	42,163	-	-	42,163
Other assets	28,500	-	-	28,500
Investments, at fair value	2,802,964	3,137,741	(2,689,758)	3,250,947
Other investment	-	-	-	-
Property and equipment, net	3,002,808	-	-	3,002,808
<b>TOTAL ASSETS</b>	<b>\$ 7,711,843</b>	<b>\$ 3,146,094</b>	<b>\$ (2,689,758)</b>	<b>\$ 8,168,179</b>
<b>LIABILITIES AND NET ASSETS</b>				
<b>LIABILITIES</b>				
Accounts payable and accrued expenses	\$ 146,647	\$ -	\$ -	\$ 146,647
Annuity obligations payable	-	1,213	-	1,213
Assets held for Museum	-	2,689,758	(2,689,758)	-
Deferred revenue - membership dues	19,208	-	-	19,208
Refundable advances	242,726	-	-	242,726
Line of credit	-	-	-	-
Long-term debt	829,428	-	-	829,428
<b>Total liabilities</b>	<b>1,238,009</b>	<b>2,690,971</b>	<b>(2,689,758)</b>	<b>1,239,222</b>
<b>NET ASSETS</b>				
Without donor restrictions	5,023,870	248,566	-	5,272,436
With donor restrictions	1,449,964	206,557	-	1,656,521
<b>Total net assets</b>	<b>6,473,834</b>	<b>455,123</b>	<b>-</b>	<b>6,928,957</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 7,711,843</b>	<b>\$ 3,146,094</b>	<b>\$ (2,689,758)</b>	<b>\$ 8,168,179</b>



Florida Holocaust Museum, Inc. and History, Heritage and Hope Foundation, Inc.

COMBINING STATEMENT OF FINANCIAL POSITION

June 30, 2021

ASSETS	FHM	HHH	Eliminations	Totals
Cash and cash equivalents	\$ 1,625,422	\$ 7,296	\$ -	\$ 1,632,718
Unconditional promises to give, net	220,258	-	-	220,258
Estate receivable	125,000	-	-	125,000
Grant receivable	9,635	-	-	9,635
Educational materials for resale	17,289	-	-	17,289
Prepaid expenses	58,681	-	-	58,681
Other assets	40,015	-	-	40,015
Investments, at fair value	2,861,739	3,561,215	(2,723,423)	3,699,531
Other investment	-	58,013	-	58,013
Property and equipment, net	2,949,197	-	-	2,949,197
<b>TOTAL ASSETS</b>	<b>\$ 7,907,236</b>	<b>\$ 3,626,524</b>	<b>\$ (2,723,423)</b>	<b>\$ 8,810,337</b>
<b>LIABILITIES AND NET ASSETS</b>				
<b>LIABILITIES</b>				
Accounts payable and accrued expenses	\$ 122,898	\$ -	\$ -	\$ 122,898
Annuity obligations payable	-	1,213	-	1,213
Assets held for Museum	-	2,723,423	(2,723,423)	-
Deferred revenue - membership dues	14,461	-	-	14,461
Refundable advances	302,345	-	-	302,345
Line of credit	100,000	-	-	100,000
Long-term debt	1,373,776	-	-	1,373,776
Total liabilities	1,913,480	2,724,636	(2,723,423)	1,914,693
<b>NET ASSETS</b>				
Without donor restrictions	4,375,903	640,770	-	5,016,673
With donor restrictions	1,617,853	261,118	-	1,878,971
Total net assets	5,993,756	901,888	-	6,895,644
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 7,907,236</b>	<b>\$ 3,626,524</b>	<b>\$ (2,723,423)</b>	<b>\$ 8,810,337</b>

Florida Holocaust Museum, Inc. and History, Heritage and Hope Foundation, Inc.

COMBINING STATEMENT OF ACTIVITIES

For the year ended June 30, 2022

	FHM	HHH	Eliminations	Totals
Public support and revenues				
Admissions	\$ 239,887	\$ -	\$ -	\$ 239,887
Contributions-cash and unconditional promises to give	503,027	-	-	503,027
Contributions-in-kind	56,550	-	-	56,550
Special event revenue				
less direct benefits to donors of \$9,991	650,137	-	-	650,137
Grants	1,779,801	-	-	1,779,801
Investment return, net	(58,775)	(445,464)	-	(504,239)
PPP loan forgiveness	515,927	-	-	515,927
Other income	64,928	-	-	64,928
Loss on disposal assets	(13,172)	-	-	(13,172)
Membership dues	37,111	-	-	37,111
Museum store sales, net of cost of sales of \$7,565	8,673	-	-	8,673
Total public support and revenue	<u>3,784,094</u>	<u>(445,464)</u>	<u>-</u>	<u>3,338,630</u>
Expenses				
Program services				
Museum operations	2,301,686	-	-	2,301,686
Supporting services				
Management and general	576,936	1,301	-	578,237
Fundraising	425,394	-	-	425,394
Total expenses	<u>3,304,016</u>	<u>1,301</u>	<u>-</u>	<u>3,305,317</u>
Change in net assets	480,078	(446,765)	-	33,313
Net assets at beginning of year	<u>5,993,756</u>	<u>901,888</u>	<u>-</u>	<u>6,895,644</u>
Net assets at end of year	<u>\$ 6,473,834</u>	<u>\$ 455,123</u>	<u>\$ -</u>	<u>\$ 6,928,957</u>

Florida Holocaust Museum, Inc. and History, Heritage and Hope Foundation, Inc.

COMBINING STATEMENT OF ACTIVITIES

For the year ended June 30, 2021

	<u>FHM</u>	<u>HHH</u>	<u>Eliminations</u>	<u>Totals</u>
Public support and revenues				
Admissions	\$ 84,179	\$ -	\$ -	\$ 84,179
Contributions-cash and unconditional promises to give	519,762	-	-	519,762
Contributions-in-kind	64,600	-	-	64,600
Special event revenue				
less direct benefits to donors of \$14,635	530,749	-	-	530,749
Grants	1,706,320	-	-	1,706,320
Investment return, net	239,948	532,196	-	772,144
Other income	61,397	-	-	61,397
Membership dues	30,350	-	-	30,350
Museum store sales, net of cost of sales of \$0	213	-	-	213
Total public support and revenue	<u>3,237,518</u>	<u>532,196</u>	<u>-</u>	<u>3,769,714</u>
Expenses				
Program services				
Museum operations	1,649,194	-	-	1,649,194
Supporting services				
Management and general	336,259	548	-	336,807
Fundraising	297,673	-	-	297,673
Total expenses	<u>2,283,126</u>	<u>548</u>	<u>-</u>	<u>2,283,674</u>
Change in net assets	954,392	531,648	-	1,486,040
Net assets at beginning of year	<u>5,039,364</u>	<u>370,240</u>	<u>-</u>	<u>5,409,604</u>
Net assets at end of year	<u>\$ 5,993,756</u>	<u>\$ 901,888</u>	<u>\$ -</u>	<u>\$ 6,895,644</u>

Florida Holocaust Museum, Inc. and History, Heritage and Hope Foundation, Inc.

SCHEDULE OF EXPENDITURES OF STATE FINANCIAL ASSISTANCE

For the year ended June 30, 2022

State Grantor/Pass-Through Grantor/Project Title	CSFA Number	Contract/Grant Number(s)	Total State Expenditures	Provided to Subrecipients
Department of State and Secretary of State				
Florida Holocaust Museum	45.061	21.c.II.900.1170	\$ 750,000	\$ -
Department of Education				
School and Instructional Enhancement Programs	48.040	806-90070-2Q001	600,000	-
Total expenditures of state financial assistance			\$ 1,350,000	\$ -

Florida Holocaust Museum, Inc. and History, Heritage and Hope Foundation, Inc.

NOTES TO SCHEDULE OF EXPENDITURES OF STATE FINANCIAL ASSISTANCE

For the year ended June 30, 2022

NOTE A - BASIS OF PRESENTATION

The accompanying schedule of expenditures of state financial assistance (the Schedule) includes the state financial assistance projects of activity of the Florida Holocaust Museum, Inc. and History, Heritage and Hope Foundation, Inc. under programs of the State of Florida for the year ended June 30, 2022. The information in this Schedule is presented in accordance with the requirements of the State of Florida Chapter 10.650, *Rules of the Auditor General*. Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the financial position, changes in net assets or cash flows of the Organization.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are recognized on the accrual basis of accounting. Such expenditures are reported following the cost principles established by the State of Florida Department of Financial Services, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Pass-through entity identifying numbers (contract or grant number) are presented where available.

NOTE C - CONTINGENCIES

Grant expenditures are subject to audit and adjustment. If any expenditure were to be disallowed by the grantor agency as a result of such an audit, any claim for reimbursement to the grantor agency would become a liability of the Florida Holocaust Museum, Inc. In the opinion of management, all grant expenditures included on the accompanying schedule are in compliance with the terms of the grant agreements and applicable state laws and regulations.

NOTE D - SUBRECIPIENTS

There was no state financial assistance passed through to subrecipients by the Organization.



INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL  
OVER FINANCIAL REPORTING AND ON COMPLIANCE AND  
OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL  
STATEMENTS PERFORMED IN ACCORDANCE WITH  
GOVERNMENT AUDITING STANDARDS

Board of Directors  
Florida Holocaust Museum, Inc.  
History, Heritage and Hope Foundation, Inc.

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the combined financial statements of Florida Holocaust Museum, Inc. and History, Heritage and Hope Foundation, Inc. (collectively, the "Organization"), which comprise the combined statement of financial position as of June 30, 2022 and the related combined statements of activities and changes in net assets, cash flows, and functional expenses for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated January 25, 2023.

**Report on Internal Control Over Financial Reporting**

In planning and performing our audit of the combined financial statements, we considered the Organization's internal control over financial reporting (internal control) as a basis for determining audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's combined financial statements will not be prevented or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.



Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that have not been identified.

### **Report on Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the Organization's combined financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the combined financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

### **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in cursive script that reads "Bruce, Gardner & Company, P.A." The signature is written in black ink and is positioned to the right of the date and location information.

Tampa, Florida  
January 25, 2023



INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR STATE PROJECT AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY CHAPTER 10.650, RULES OF THE AUDITOR GENERAL

Board of Directors  
Florida Holocaust Museum, Inc.  
History, Heritage and Hope Foundation, Inc.

**Report on Compliance for Each Major State Project**

***Opinion on Each Major State Project***

We have audited Florida Holocaust Museum, Inc. and History, Heritage and Hope Foundation, Inc.'s compliance with the types of compliance requirements identified as subject to audit in the Florida Department of Financial Service's State Projects Compliance Supplement that could have a direct and material effect on each of Florida Holocaust Museum, Inc. and History, Heritage and Hope Foundation, Inc.'s major state projects for the year ended June 30, 2022. The Organization's major state projects are identified in the summary of Auditors' results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Organization complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major state projects for the year ended June 30, 2022.

***Basis for Opinion on Each Major State Project***

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; and Chapter 10.650, *Rules of the Auditor General for Florida Single Audit Act Audits of Nonprofit and For-Profit Organizations* (Chapter 10.650). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major state project. Our audit does not provide a legal determination of the Organization's compliance with the compliance requirements referred to above.





## ***Responsibilities of Management for Compliance***

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the Organization's state projects.

## ***Auditors' Responsibilities for the Audit of Compliance***

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Organization's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and Chapter 10.650, *Rules of the Auditor General* will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Organization's compliance with the requirements of each major state project as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and Chapter 10.650, *Rules of the Auditor General*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Organization's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Organization's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with Chapter 10.650, *Rules of the Auditor General*, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

## Report on Internal Control over Compliance

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a state project on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a state project will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a state project that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditors' Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of Chapter 10.650, *Rules of the Auditor General*. Accordingly, this report is not suitable for any other purpose.

Tampa, Florida  
January 25, 2023

Handwritten signature in cursive script that reads "Bruce, Gardner & Company, P.A."

Florida Holocaust Museum, Inc. and History, Heritage and Hope Foundation, Inc.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

For the year ended June 30, 2022

**Section I - Summary of Auditors' Results**

**Financial Statements**

Type of auditors' report issued	<u>Unmodified</u>	
Internal control over financial reporting		
Material weakness(es) identified?	<u>      </u> yes	<u>  X  </u> no
Significant deficiency(ies) identified?	<u>      </u> yes	<u>  X  </u> none reported
Noncompliance material to financial statements noted?	<u>      </u> yes	<u>  X  </u> no

**State Financial Assistance**

Internal control over major projects		
Material weakness(es) identified?	<u>      </u> yes	<u>  X  </u> no
Significant deficiency(ies) identified?	<u>      </u> yes	<u>  X  </u> none reported
Type of auditors' report issued on compliance for major projects	<u>Unmodified</u>	

**Identification of Major State Projects:**

<u>CSFA Number(s)</u>	<u>Name of Project</u>
45.061	Florida Holocaust Museum

Dollar threshold used to distinguish between type A and type B projects	<u>\$      405,000</u>
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**Section II - Financial Statement Findings**

Our audit did not disclose any matters required to be reported in accordance with *Government Auditing Standards*.

**Section III - Findings and Questioned Costs - Major State Projects**

Our audit did not disclose any matters required to be reported in accordance with Chapter 10.650, *Rules of the Auditor General*.

Florida Holocaust Museum, Inc. and History, Heritage and Hope Foundation, Inc.

SUMMARY OF PRIOR YEAR AUDIT FINDINGS

For the year ended June 30, 2022

**Finding 2021-001 - Incorrect Application of Accounting Principles Generally Accepted in the United States of America (U.S. GAAP) - ASC 605, Not-for-Profit Entities (Topic 958): Revenue Recognition**

**Finding:** Based on principles and guidance contained within ASC 605, the Museum was required to evaluate Accounting Standards Update (ASU) 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Made* as it applied to contributions received for the year ended June 30, 2021. During the audit, there was an error identified as a result of an incorrect application of U.S. GAAP which resulted in an adjusting journal entry to correct total revenue recorded for the year ending June 30, 2021. It was recommended that the Organization review its current policies and procedures over accounting and financial reporting, including its review of nonreciprocal transactions which include procedures for distinguishing between conditional contributions and unconditional contributions. Review procedures should be designed to identify potential U.S. GAAP departures.

**Status:** Recommendations were implemented.

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2022

<b>Prepared for</b>	Florida Holocaust Museum, Inc. 55 Fifth Street South St. Petersburg, FL 33701
<b>Prepared by</b>	RIVERO, GORDIMER & COMPANY, P.A. P. O. BOX 172359 TAMPA, FL 33672
<b>Amount due or refund</b>	Not applicable
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us as soon as possible.

Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

**FLORIDA HOLOCAUST MUSEUM, INC.**

EIN or SSN

**59-2981494**

Name and title of officer or person subject to tax

**CARL GOODMAN  
PRESIDENT AND CEO**

## 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.

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>3,711,696.</u>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ 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 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.

**PIN: check one box only**

I authorize \_\_\_\_\_ to enter my PIN  **Enter five numbers, but do not enter all zeros**

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

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

Signature of officer or person subject to tax ▶

Date ▶

## Part III Certification and Authentication

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

**50005333602**

**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 ▶

Date ▶

**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)

Form **990**

**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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FLORIDA HOLOCAUST MUSEUM, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>55 FIFTH STREET SOUTH</b> City or town, state or province, country, and ZIP or foreign postal code <b>ST. PETERSBURG, FL 33701</b> <b>F</b> Name and address of principal officer: <b>CARL GOODMAN</b> <b>55 5TH ST SOUTH, ST. PETERSBURG, , FL 33701-</b>	<b>D</b> Employer identification number <b>59-2981494</b> <b>E</b> Telephone number <b>727-820-0100</b> <b>G</b> Gross receipts \$ <b>3,817,047.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.THEFHM.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1989</b>		<b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>	
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b> 25
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b> 25
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) .....	<b>5</b> 40
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b> 128
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b> -8,805.
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b> 0.
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	Prior Year 2,754,866. Current Year 3,458,883.
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	115,779. 277,998.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	0. -13,172.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	-28,898. -12,013.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	2,841,747. 3,711,696.
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		0. 0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....		1,257,818. 1,487,471.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....		0. 0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>413,075.</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....		869,485. 1,655,052.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....		2,137,303. 3,142,523.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	704,444. 569,173.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	Beginning of Current Year 7,907,236. End of Year 7,711,843.
	<b>21</b> Total liabilities (Part X, line 26) .....	1,913,480. 1,238,009.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	5,993,756. 6,473,834.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>CARL GOODMAN, PRESIDENT AND CEO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>SAM A. LAZZARA</b>	Preparer's signature
	Firm's name ▶ <b>RIVERO, GORDIMER &amp; COMPANY, P.A.</b>	Firm's EIN ▶ <b>59-3040705</b>
	Firm's address ▶ <b>P. O. BOX 172359 TAMPA, FL 33672</b>	Phone no. (813) <b>875-7774</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 2,195,763. including grants of \$ ) (Revenue \$ 277,998.) AN AVERAGE OF 275,000 PEOPLE ARE REACHED ANNUALLY INSIDE THE MUSEUM AND VISITORS SIX DAYS A WEEK IN THE SPRING OF 2021, WE REACHED MORE IN PERSON VISITORS IN ADDITION TO ONLINE USERS.

THROUGH ITS WORLD-CLASS EXHIBITIONS AND PROGRAMS, THE FLORIDA HOLOCAUST MUSEUM (THE FHM) SPREADS AWARENESS ABOUT THE HOLOCAUST, GENOCIDE AND HUMAN RIGHTS IN BOTH HISTORIC AND CROSS-CULTURAL CONTEXTS. USING PERSONAL STORIES, ACADEMIC LECTURES, HISTORY, ART AND PHOTO EXHIBITIONS AS WELL AS EXPLORATIONS OF CURRENT EVENTS, THE MUSEUM'S PRISMATIC APPROACH AIMS TO CREATE A BETTER FUTURE FOR ALL. (CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,195,763.



**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 25		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 25		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</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
<b>7b</b>			
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>8a</b>			
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>8b</b>			
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X
<b>9</b>			

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>11a</b>			
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12b</b>			
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>13</b>			
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>14</b>			
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15a</b>			
<b>b</b>	Other officers or key employees of the organization	X	
<b>15b</b>			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16a</b>			
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **THE ORGANIZATION - 727-820-0100**  
**55 5TH ST SOUTH, ST PETERSBURG, FL 33701-4146**

**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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH GELMAN SIVAK EXECUTIVE DIRECTOR (TO 7/2021)	40.00 2.00			X				126,371.	0.	23,147.
(2) MONIQUE SAUNDERS DIRECTOR OF FINANCE (TO 9/2022)	39.00 1.00			X				84,104.	0.	14,095.
(3) MICHAEL A. IGEL BOARD CHAIR	4.00	X		X				0.	0.	0.
(4) RACHEL S WORTHINGTON VICE CHAIR DEVELOPMENT	4.00	X		X				0.	0.	0.
(5) ALEXANDRA BAND SECRETARY	4.00	X		X				0.	0.	0.
(6) JOHNATHAN STEIN VICE CHAIR GOVERNANCE	4.00	X		X				0.	0.	0.
(7) DAVID ALVAREZ TREASURER	4.00	X		X				0.	0.	0.
(8) JOSHUA BOMSTEIN VICE CHAIR OPERATIONS	4.00	X						0.	0.	0.
(9) ASHTON ADLER DIRECTOR	4.00	X						0.	0.	0.
(10) DANA JUSTUS DIRECTOR	4.00	X						0.	0.	0.
(11) DAWN SILER-NIXON DIRECTOR	4.00	X						0.	0.	0.
(12) DONNA HUNEYCUTT DIRECTOR	4.00	X						0.	0.	0.
(13) ELLIOTT WISER DIRECTOR	4.00	X						0.	0.	0.
(14) EZRA SINGER DIRECTOR	4.00	X						0.	0.	0.
(15) IRA BIRNS DIRECTOR	4.00	X						0.	0.	0.
(16) IRV COHEN DIRECTOR	4.00	X						0.	0.	0.
(17) JENNIFER GARBOWICZ DIRECTOR	4.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JONI JAMES DIRECTOR	4.00	X						0.	0.	0.
(19) JULIE KLAVANS DIRECTOR	4.00	X						0.	0.	0.
(20) MICHELLE ROOK DIRECTOR	4.00	X						0.	0.	0.
(21) PAUL W. MARTIN JR. DIRECTOR	4.00	X						0.	0.	0.
(22) RENEE DABBS DIRECTOR	4.00	X						0.	0.	0.
(23) STACY SHER CONROY DIRECTOR	4.00	X						0.	0.	0.
(24) THOMAS W. SMITH DIRECTOR	4.00	X						0.	0.	0.
(25) TONI RINDE DIRECTOR	4.00	X						0.	0.	0.
(26) TONJUA WILLIAMS DIRECTOR	4.00	X						0.	0.	0.
<b>1b Subtotal</b>								210,475.	0.	37,242.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								210,475.	0.	37,242.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	660,128.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,295,728.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	503,027.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			3,458,883.			
<b>Program Service Revenue</b>	<b>2 a</b> <b>ADMISSIONS</b>	<b>Business Code</b>	713990	239,887.	239,887.		
	<b>b</b> <b>MEMBERSHIP DUES</b>		713990	37,111.	37,111.		
	<b>c</b> <b>EXHIBIT RENTAL</b>		713990	1,000.	1,000.		
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			277,998.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)						
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	62,686.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>		74,623.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		-11,937.			
	<b>d</b> Net rental income or (loss)				-11,937.	-8,805.	-3,132.
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		13,172.			
<b>c</b> Gain or (loss)	<b>7c</b>		-13,172.				
<b>d</b> Net gain or (loss)				-13,172.	-13,172.		
<b>8 a</b> Gross income from fundraising events (not including \$ 660,128. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
			0.				
<b>b</b> Less: direct expenses	<b>8b</b>		9,991.				
<b>c</b> Net income or (loss) from fundraising events				-9,991.		-9,991.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		16,238.				
			7,565.				
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory				8,673.	8,673.		
<b>Miscellaneous Revenue</b>	<b>11 a</b> <b>MISCELLANEOUS INCOME</b>	<b>Business Code</b>	900099	1,242.	1,242.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d				1,242.		
<b>12 Total revenue.</b> See instructions				3,711,696.	274,741.	-8,805.	-13,123.



**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	191,738.	148,535.	20,417.	22,786.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	889,759.	689,276.	94,746.	105,737.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,085.	18,658.	2,565.	2,862.
9 Other employee benefits	98,008.	75,925.	10,436.	11,647.
10 Payroll taxes	283,881.	219,916.	30,229.	33,736.
11 Fees for services (nonemployees):				
a Management				
b Legal	6,610.		6,610.	
c Accounting	46,802.		46,802.	
d Lobbying	75,180.		75,180.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	710,316.	333,912.	179,248.	197,156.
12 Advertising and promotion	33,553.	25,149.	1,817.	6,587.
13 Office expenses	118,215.	112,536.	3,549.	2,130.
14 Information technology				
15 Royalties				
16 Occupancy	56,675.	50,060.	5,974.	641.
17 Travel	16,801.	5,326.	3,784.	7,691.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	43,331.	13,735.	9,760.	19,836.
20 Interest	43,222.	33,472.	9,750.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	118,092.	107,060.	9,456.	1,576.
23 Insurance	64,350.	62,337.	1,993.	20.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>EXHIBIT EXPENSES</b>	116,050.	116,050.		
b <b>MISCELLANEOUS</b>	91,536.	69,497.	21,369.	670.
c <b>REPAIR AND MAINTENANCE</b>	64,573.	64,573.		
d <b>SECURITY SERVICE</b>	49,746.	49,746.		
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	3,142,523.	2,195,763.	533,685.	413,075.
26 <b>Joint costs.</b> 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)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,625,422.	<b>1</b>	1,397,040.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	354,893.	<b>3</b>	421,104.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	17,289.	<b>8</b>	17,264.
	<b>9</b> Prepaid expenses and deferred charges .....	58,681.	<b>9</b>	42,163.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 6,258,202.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,255,394.	2,949,197.	<b>10c</b> 3,002,808.
	<b>11</b> Investments - publicly traded securities .....	2,861,739.	<b>11</b>	2,802,964.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	40,015.	<b>15</b>	28,500.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	7,907,236.	<b>16</b>	7,711,843.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	122,897.	<b>17</b>	146,647.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	316,806.	<b>19</b>	261,934.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	807,949.	<b>23</b>	679,528.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	515,928.	<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	149,900.	<b>25</b>	149,900.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,913,480.	<b>26</b>	1,238,009.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	4,375,903.	<b>27</b>	5,023,870.
	<b>28</b> Net assets with donor restrictions .....	1,617,853.	<b>28</b>	1,449,964.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	5,993,756.	<b>32</b>	6,473,834.
<b>33</b> Total liabilities and net assets/fund balances .....	7,907,236.	<b>33</b>	7,711,843.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,711,696.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,142,523.
3	Revenue less expenses. Subtract line 2 from line 1	3	569,173.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,993,756.
5	Net unrealized gains (losses) on investments	5	-58,775.
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	-30,320.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,473,834.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2021)



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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 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); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 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.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2106984.	2318869.	2786988.	2754866.	3458883.	13426590.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	1603541.	475,932.	303,527.	115,992.	277,998.	2776990.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	3710525.	2794801.	3090515.	2870858.	3736881.	16203580.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	19,750.	35,000.	122,653.			177,403.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....	19,750.	35,000.	122,653.			177,403.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						16026177.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....	3710525.	2794801.	3090515.	2870858.	3736881.	16203580.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....				15,847.		15,847.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....				15,847.		15,847.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....				370.		370.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	3710525.	2794801.	3090515.	2887075.	3736881.	16219797.

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	15	98.81 %
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	16	98.65 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	17	.10 %
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	18	.11 %

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</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.			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			



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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

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

COPY

Schedule A

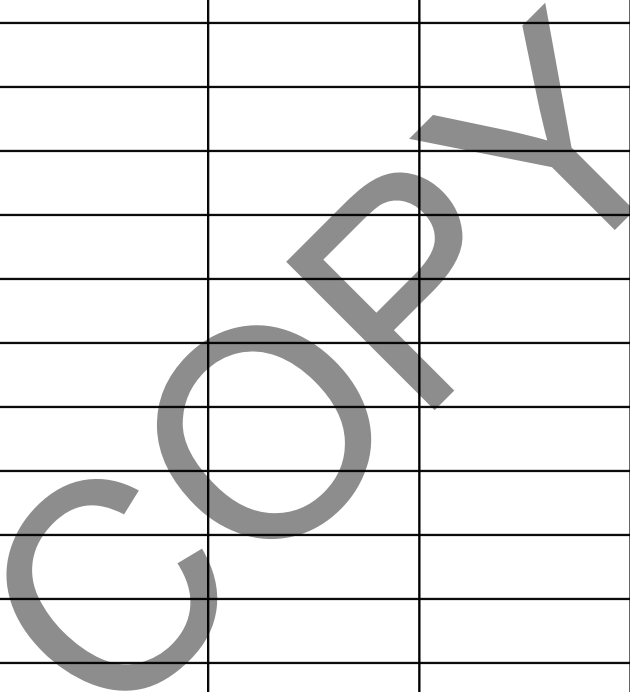
Payments from Disqualified Persons Included on Part III, Line 7a

2021

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
WALTER P LOEBENBERG (FOUNDER)	12,500.	0.	0.	0.	0.
LOEBENBERG FAMILY FOUNDATION (FOUNDER)	0.	25,000.	10,000.	0.	0.
MARTIN H. BORELL	7,250.	10,000.	10,330.	0.	0.
ESTATE OF WALTER P LOEBENBERG	0.	0.	102,323.	0.	0.
Total to Schedule A, Part III, Line 7a	19,750.	35,000.	122,653.		



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

OMB No. 1545-0047

**2021**

Name of the organization

**FLORIDA HOLOCAUST MUSEUM, INC.**

Employer identification number

**59-2981494**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

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**

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

Name of organization <b>FLORIDA HOLOCAUST MUSEUM, INC.</b>	Employer identification number <b>59-2981494</b>
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**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	FLORIDA DIVISION OF CULTURAL AFFAIRS 500 S BRONOUGH STREET R A TALLAHASSEE, FL 32399	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FLORIDA DEPARTMENT OF EDUCATION 325 WEST GAINES STREET TALLAHASSEE, FL 32399	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CITY OF ST. PETERSBURG PO BOX 2842 ST. PETERSBURG, FL 33731-2842	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	LIGHTNING COMMUNITY HERO 401 E. JACKSON STREET STE 2525 TAMPA, FL 33602	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE SLOMO AND CINDY SILVIAN FOUNDATION 150 BROADHOLLOW ROAD, SUITE 304 MELVILLE, FL 11747	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	STEVEN WEISS 3591 LANDMARK TRAIL PALM HARBOR, FL 34684-5017	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
FLORIDA HOLOCAUST MUSEUM, INC.	59-2981494

**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
7	THE RAYMUND FOUNDATION INC. 150 2ND AVE N # 1210 ST PETERSBURG, FL 33701	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ROBIN WARREN 350 2ND STREET, N., APT. 25 ST. PETERSBURG, FL 33701	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	CROFTON CARES, INC. 5885 LANDERBROOK DR. STE. 300 CLEVELAND, OH 44124-4031	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	CHARLES & MARGERY BARANCIK FOUNDATION 1515 RINGLING BOULEVARD SUITE 500 SARASOTA, FL 34236	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	OCHSTEIN FAMILY FOUNDATION 214 BLANCA AVE TAMPA, FL 33606	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	THE WALLACE FAMILY TRUST C/O U.S. CHARITABLE GIFT TRUST 8910 PURDUE RD STE 500 INDIANAPOLIS, IN 46268	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
FLORIDA HOLOCAUST MUSEUM, INC.	59-2981494

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

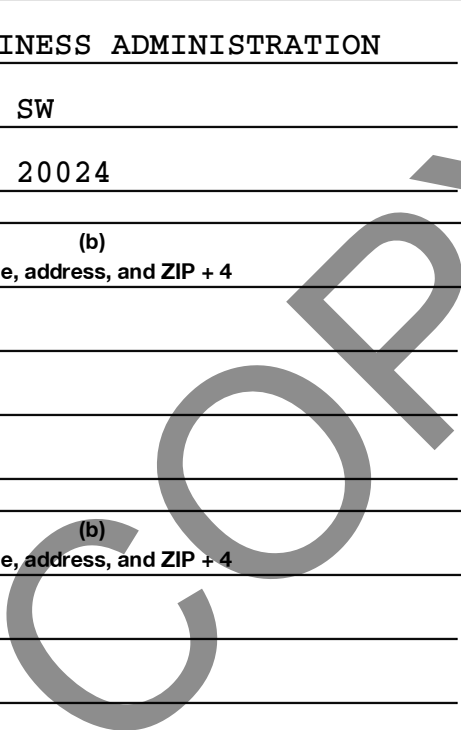
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	GREENBERG FAMILY GIVING FUND 1714 CEDAR ST SANTA MONICA, CA 90405	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	PHYLLIS TAUBER 2320 PELHAM RD N ST. PETERSBURG, FL 33710	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	THE VALIANT FOUNDATION 2355 DULLES CORNER BLVD STE 200 HERNDON, VA 20171	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	ROBERT COHEN 201 N FRANKLIN STREET SUITE 1910 TAMPA, FL 33602	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	STEVEN GREENBAUM 15603 CHESWICK CT TAMPA, FL 33647	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	JOHN PICCIANO 2808 BUTLER BAY DR N WINDEMERE, FL 34786	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>FLORIDA HOLOCAUST MUSEUM, INC.</b>	Employer identification number  <b>59-2981494</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

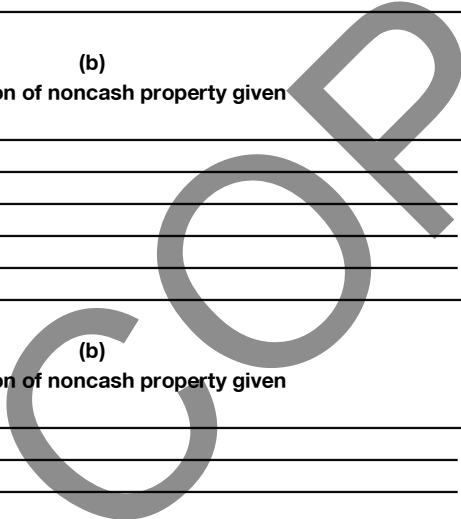
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	THE NEWMAN FOUNDATION, INC.  628 N. BROADWAY STE. 303  LEXINGTON, KY 40508	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	U.S. SMALL BUSINESS ADMINISTRATION  409 3RD STREET SW  WASHINGTON, DC 20024	\$ 515,927.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>FLORIDA HOLOCAUST MUSEUM, INC.</b>	Employer identification number  <b>59-2981494</b>
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**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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	



Name of organization <b>FLORIDA HOLOCAUST MUSEUM, INC.</b>	Employer identification number <b>59-2981494</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or 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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

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

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

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

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

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

Name of organization <b>FLORIDA HOLOCAUST MUSEUM, INC.</b>	Employer identification number <b>59-2981494</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....															
<b>d</b> Other exempt purpose expenditures .....															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		75,180.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			75,180.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

AN INDEPENDENT CONTRACTOR MEETS WITH LEGISLATORS TO PROMOTE FLORIDA HOLOCAUST MUSEUM AND ITS CAUSES FOR CONTINUED FUNDING. DURING THE FISCAL YEAR ENDING 06/30/2022 THE ORGANIZATION CHANGED PROVIDERS. THE PROVIDER'S PORTION OF LOBBYING ACTIVITY IS REPORTED ON LINE PART II-B, LINE 1.G.

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: FLORIDA HOLOCAUST MUSEUM, INC. Employer identification number: 59-2981494

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question number, description, and Held at the End of the Tax Year. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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

Table with 3 columns: Question number, description, and amount. Rows include reporting requirements for art collections and revenue/asset amounts for public service and financial gain.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,067,874.	835,433.	841,862.	949,214.	941,092.
b Contributions		10,000.		30,000.	
c Net investment earnings, gains, and losses	-143,936.	236,549.	-6,429.	20,617.	49,545.
d Grants or scholarships					
e Other expenditures for facilities and programs	75,005.	14,108.		157,969.	41,423.
f Administrative expenses					
g End of year balance	848,933.	1,067,874.	835,433.	841,862.	949,214.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  94.9100 %
  - c Term endowment  5.0900 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes                                 | No                                  |
|-----------------------------|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (ii) Related organizations  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		874,884.		874,884.
b Buildings		1,399,837.	555,178.	844,659.
c Leasehold improvements		2,393,067.	1,385,629.	1,007,438.
d Equipment		1,274,772.	1,168,524.	106,248.
e Other		315,642.	146,063.	169,579.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,002,808.



**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SBA EIDL LOAN	149,900.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	149,900.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE MUSEUM IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND FROM STATE INCOME TAXES UNDER SIMILAR PROVISIONS OF THE FLORIDA STATUTES AND IS CLASSIFIED AS AN EDUCATIONAL INSTITUTION UNDER SECTION 509(A)(1). INCOME EARNED IN FURTHERANCE OF THE MUSEUMS TAX-EXEMPT PURPOSE IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES. THE MUSEUM IS NOT A PRIVATE FOUNDATION.

MANAGEMENT EVALUATED THE ORGANIZATIONS TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD NO MATERIAL UNCERTAINTIES IN INCOME TAXES AS OF JUNE 30, 2022. THE ORGANIZATION WILL ACCOUNT FOR INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, AS PART OF TAX EXPENSE.

**Part XIII** Supplemental Information (continued)

THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL AUTHORITIES FOR FISCAL YEARS BEFORE 2019.

PART III, LINE 1A:

COLLECTION ITEMS, WHICH HAVE BEEN ACQUIRED THROUGH EITHER PURCHASE OR CONTRIBUTION SINCE THE ORGANIZATION'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE COMBINED STATEMENTS OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR THE ITEMS ARE ACQUIRED OR AS A DECREASE IN TEMPORARILY OR PERMANENTLY RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS.

PART III, LINE 4:

CENTRAL TO THE MISSION OF THE MUSEUM IS THE PROGRAM TO COLLECT, PRESERVE AND MAKE AVAILABLE TO THE PUBLIC THE HISTORICAL RECORD AND ARTISTIC AND LITERARY INTERPRETATION OF THE HOLOCAUST AND OTHER GENOCIDES. TYPES OF MEDIA COLLECTED INCLUDE: ARTWORK CREATED DURING THE HOLOCAUST AND AFTER AS A REACTION, HISTORICAL DOCUMENTS, PHOTOGRAPHS, AUDIO AND VIDEO TESTIMONY INTERVIEWS, OBJECTS FROM VICTIMS, NAZI AND LIBERATOR MILITARIA, TEXTILES, JUDAICA, DIARIES, MANUSCRIPTS AND OTHER HISTORICAL RECORDS OF THE HOLOCAUST AND ITS ERA. THE MUSEUM COLLECTS AND MAINTAINS THE MATERIAL THAT SUPPORTS ITS WIDE-RANGING EFFORTS IN THE AREAS OF RESEARCH, EXHIBITION, PUBLICATION, EDUCATION AND COMMEMORATION.

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT FUNDS (ENDOWMENTS) ARE FUNDS RESTRICTED OR DESIGNATED FOR OPERATING COSTS INCURRED WHILE ENGAGED IN PROGRAMS DIRECTLY

**Part XIII** Supplemental Information (continued)

RELATED TO CULTURAL AND PRESENTATION MATERIALS HONORING THE MEMORY OF THOSE WHO SUFFERED OR DIED IN THE HOLOCAUST AND TO FUND SCHOLARSHIPS FOR STUDENTS. THE ENDOWMENTS CONSIST OF MONEY MARKET FUNDS, CORPORATE BONDS, AND ASSET BACKED SECURITIES. INCOME EARNED FROM THE ENDOWMENTS IS AVAILABLE FOR GENERAL OR SPECIFIC PURPOSES. AS REQUIRED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

PART X, LINE 2:

THE MUSEUM IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND FROM STATE INCOME TAXES UNDER SIMILAR PROVISIONS OF THE FLORIDA STATUTES AND IS CLASSIFIED AS AN EDUCATIONAL INSTITUTION UNDER SECTION 509(A)(1). INCOME EARNED IN FURTHERANCE OF THE MUSEUM'S TAX-EXEMPT PURPOSE IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES. THE MUSEUM IS NOT A PRIVATE FOUNDATION.

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD NO MATERIAL UNCERTAINTIES IN INCOME TAXES AS OF JUNE 30, 2022 AND 2021. THE ORGANIZATION WILL ACCOUNT FOR INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, AS PART OF TAX EXPENSE.

THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE, OR LOCAL AUTHORITIES FOR FISCAL YEARS BEFORE 2019.

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization  
**FLORIDA HOLOCAUST MUSEUM, INC.**

Employer identification number  
**59-2981494**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		VIRTUAL FUNDRAISER (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	660,128.		660,128.
	2	Less: Contributions	660,128.		660,128.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	9,991.		9,991.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			9,991.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-9,991.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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

Lined area for supplemental information.

COPY



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

FLORIDA HOLOCAUST MUSEUM, INC.

Employer identification number

59-2981494

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HONORING THE MEMORY OF MILLIONS OF INNOCENT PEOPLE WHO SUFFERED OR DIED  
IN THE HOLOCAUST AND IS DEDICATED TO TEACHING ALL RACES AND CULTURES TO  
RECOGNIZE THE INHERENT WORTH AND DIGNITY OF HUMAN LIFE TO PREVENT  
FUTURE GENOCIDES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE FLORIDA HOLOCAUST MUSEUM HONORS THE MEMORY OF MILLIONS OF INNOCENT  
MEN, WOMEN, AND CHILDREN WHO SUFFERED OR DIED IN THE HOLOCAUST. THE  
MUSEUM IS DEDICATED TO TEACHING MEMBERS OF ALL RACES AND CULTURES TO  
RECOGNIZE THE INHERENT WORTH AND DIGNITY OF HUMAN LIFE IN ORDER TO  
PREVENT FUTURE GENOCIDES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS REVIEWED WITH FINANCE, EXECUTIVE AND BOARD MEMBERS PRIOR  
TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

POLICIES ARE REVIEWED MONTHLY DURING FINANCE AND EXECUTIVE MEETINGS

FORM 990, PART VI, SECTION B, LINE 15:

VARIOUS SERVICES ARE USED TO DETERMINE WAGE AND COMPENSATION FOR ALL  
EMPLOYEES

Name of the organization FLORIDA HOLOCAUST MUSEUM, INC.	Employer identification number 59-2981494
--	--

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY AND THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 6104(D).

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

CONTRACTED SERVICES AND OTHER:

PROGRAM SERVICE EXPENSES	333,912.
MANAGEMENT AND GENERAL EXPENSES	179,248.
FUNDRAISING EXPENSES	197,156.
TOTAL EXPENSES	710,316.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	710,316.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PROVISION FOR UNCOLLECTIBLE PROMISES TO GIVE	-30,320.
--	----------

FORM 990, PART XII, LINE 2C:

FLORIDA HOLOCAUST MUSEUM DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**  
**Open to Public Inspection**

Name of the organization **FLORIDA HOLOCAUST MUSEUM, INC.** Employer identification number **59-2981494**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HISTORY HERITAGE AND HOPE FOUNDATION INC - 59-3643874, 55 5TH STREET SOUTH, ST. PERERSBURG, FL 33701	SUPPORT	FLORIDA	501(C)(3)	LINE 12B, II	FLORIDA HOLOCAUST MUSEUM	X	

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

Schedule R (Form 990) 2021

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
<b>1a</b>		X
<b>1b</b>		X
<b>1c</b>		X
<b>1d</b>		X
<b>1e</b>		X
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>		X
<b>1l</b>		X
<b>1m</b>		X
<b>1n</b>	X	
<b>1o</b>	X	
<b>1p</b>		X
<b>1q</b>		X
<b>1r</b>		X
<b>1s</b>		X

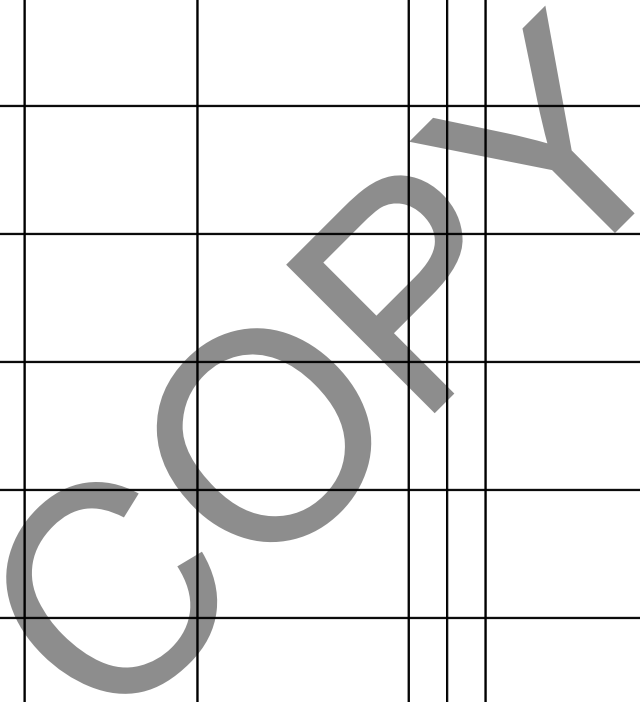
**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

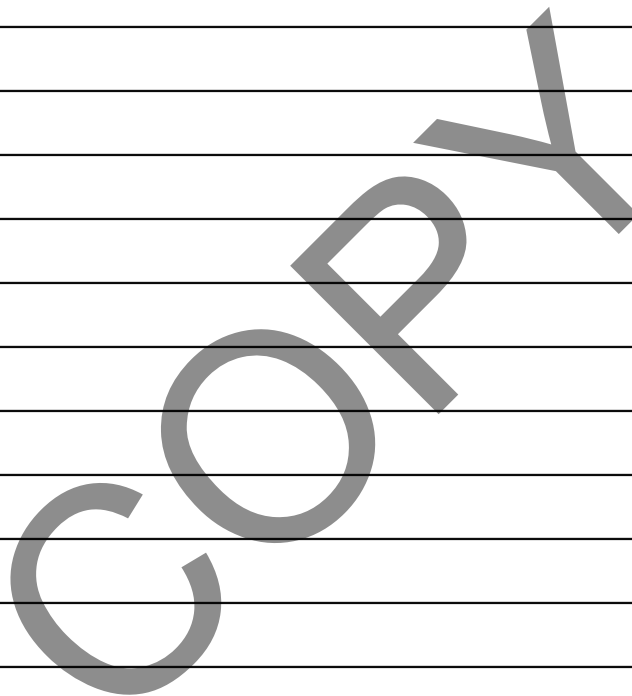


**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART V, ITEMS N AND O

FLORIDA HOLOCAUST MUSEUM (FHM) PROVIDES FACILITIES AND EMPLOYEES TO THE HISTORY HERITAGE AND HOPE FOUNDATION. FHM DOES NOT RECEIVE PAYMENT FOR THE SHARING OF THE FACILITIES AND EMPLOYEES. HOWEVER, THE IN-KIND DONATION OF EMPLOYEE TIME FROM THE MUSEUM TO THE FOUNDATION WAS QUANTIFIED THIS YEAR.



UNRELATED BUSINESS INCOME

**CARRYOVER DATA TO 2022**

Name <b>FLORIDA HOLOCAUST MUSEUM, INC.</b>	Employer Identification Number <b>59-2981494</b>
---	---

Based on the information provided with this return, the following are possible carryover amounts to next year.

**FEDERAL POST-2017 NET OPERATING LOSS - RENTAL ACTIVITY - STO** 2,557.

COPY



Type and Entity: RENTAL ACTIVITY - STOR POST-2017 NO  
 Section 382 Annual Limitation Section 382 Carryover

**DETAIL CARRYOVER SCHEDULE**

A  
B  
C  
D  
E  
F  
G  
H  
I  
J  
K  
L  
M  
N  
O  
P  
Q  
R  
S  
T  
U  
V  
W

Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
2021	2,557.											

COPY

A  
B  
C  
D  
E  
F  
G  
H  
I  
J  
K  
L  
M  
N  
O  
P  
Q  
R  
S  
T  
U  
V  
W

Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for

Form **8868**  
(Rev. January 2022)

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>FLORIDA HOLOCAUST MUSEUM, INC.</b>	Taxpayer identification number (TIN) <b>59-2981494</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>55 FIFTH STREET SOUTH</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ST. PETERSBURG, FL 33701</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**THE ORGANIZATION**

- The books are in the care of ► **55 5TH ST SOUTH - ST PETERSBURG, FL 33701-4146**
- Telephone No. ► **727-820-0100** Fax No. ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ►  calendar year \_\_\_\_\_ or  
 ►  tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2022

<b>Prepared for</b>	Florida Holocaust Museum, Inc. 55 Fifth Street South St. Petersburg, FL 33701
<b>Prepared by</b>	RIVERO, GORDIMER & COMPANY, P.A. P. O. BOX 172359 TAMPA, FL 33672
<b>Amount due or refund</b>	No amount is due.
<b>Make check payable to</b>	No amount is due.
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

Department of the Treasury Internal Revenue Service

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

Name of filer: FLORIDA HOLOCAUST MUSEUM, INC. EIN or SSN: 59-2981494. Name and title of officer or person subject to tax: CARL GOODMAN, PRESIDENT AND CEO.

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.

Table with 2 columns: Form type (1a-10a) and Total revenue/Tax/Balance due/Total tax/FMV of assets/Tax due/Amount of credit payment requested. Includes checkboxes for each form type.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) ... 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 complete.

PIN: check one box only

I authorize [ ] to enter my PIN [ ] ERO firm name [ ] Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax [ ] Date [ ]

Part III Certification and Authentication

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

50005333602 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 [ ] Date [ ]

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

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

# 2021

For calendar year 2021 or other tax year beginning JUL 1, 2021, and ending JUN 30, 2022.

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**  
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>FLORIDA HOLOCAUST MUSEUM, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>55 FIFTH STREET SOUTH</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>ST. PETERSBURG, FL 33701</b></p>	<p><b>D</b> Employer identification number  <b>59-2981494</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
<p><b>C</b> Book value of all assets at end of year ..... ▶ <b>7,711,843.</b></p>			

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **1**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**L** The books are in care of ▶ **THE ORGANIZATION** Telephone number ▶ **727-820-0100**

Part I Total Unrelated Business Taxable Income		
1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	0.
2	Reserved .....	
3	Add lines 1 and 2 .....	
4	Charitable contributions (see instructions for limitation rules) .....	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	
6	Deduction for net operating loss. See instructions .....	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	
8	Specific deduction (generally \$1,000, but see instructions for exceptions) .....	1,000.
9	<b>Trusts.</b> Section 199A deduction. See instructions .....	
10	<b>Total deductions.</b> Add lines 8 and 9 .....	1,000.
11	<b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	0.

Part II Tax Computation		
1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) .....	0.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	
3	Proxy tax. See instructions .....	
4	Other tax amounts. See instructions .....	
5	Alternative minimum tax (trusts only) .....	
6	Tax on noncompliant facility income. See instructions .....	
7	<b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	0.

LHA For Paperwork Reduction Act Notice, see instructions.

<b>Part III Tax and Payments</b>				
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>			
b Other credits (see instructions) .....	<b>1b</b>			
c General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>			
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>			
e <b>Total credits.</b> Add lines 1a through 1d .....		<b>1e</b>		
2 Subtract line 1e from Part II, line 7 .....		<b>2</b>		0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....		<b>3</b>		
4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....		<b>4</b>		0.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....		<b>5</b>		0.
6a Payments: A 2020 overpayment credited to 2021 .....	<b>6a</b>			
b 2021 estimated tax payments. Check if section 643(g) election applies .....	<b>6b</b>			
c Tax deposited with Form 8868 .....	<b>6c</b>			
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>			
e Backup withholding (see instructions) .....	<b>6e</b>			
f Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>			
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 .....	<b>6g</b>			
<input type="checkbox"/> Form 4136 .....				
7 <b>Total payments.</b> Add lines 6a through 6g .....		<b>7</b>		
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached .....		<b>8</b>		
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....		<b>9</b>		
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....		<b>10</b>		
11 Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> .....		<b>11</b>		

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....		Yes	No
			X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....			X
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year .....			
4 Enter available pre-2018 NOL carryovers here .....			
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
	\$		
	\$		
6a Did the organization change its method of accounting? (see instructions) .....			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....			

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			<div style="border: 1px solid black; padding: 2px; font-size: x-small;">                     May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                 </div>	
	Signature of officer _____ Date _____	PRESIDENT AND CEO _____ Title _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SAM A. LAZZARA				P01342929
	Firm's name ▶ RIVERO, GORDIMER & COMPANY, P.A.			Firm's EIN ▶ 59-3040705	
Firm's address ▶ P. O. BOX 172359 TAMPA, FL 33672			Phone no. (813) 875-7774		

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization: FLORIDA HOLOCAUST MUSEUM, INC. B Employer identification number: 59-2981494 C Unrelated business activity code: 531120 D Sequence: 1 of 1

E Describe the unrelated trade or business: RENTAL ACTIVITY - STORAGE FACILITY

Table with 4 columns: (A) Income, (B) Expenses, (C) Net, and a description column. Includes rows for Gross receipts, Cost of goods sold, Capital gain, etc.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Lists various deductions like Compensation of officers, Salaries and wages, etc.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**Part III Cost of Goods Sold** Enter method of inventory valuation ▶

1	Inventory at beginning of year .....	1	
2	Purchases .....	2	
3	Cost of labor .....	3	
4	Additional section 263A costs (attach statement) .....	4	
5	Other costs (attach statement) .....	5	
6	<b>Total.</b> Add lines 1 through 5 .....	6	
7	Inventory at end of year .....	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) .....	0.			

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  2280 34TH WAY, LARGO, FL 33771  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....	62,686.			
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) <b>STMT 3</b> .....	39,502.			
b Other deductions (attach statement) <b>STMT 4</b> .....	26,650.			
c Total deductions (add lines 3a and 3b, columns A through D) .....	66,152.			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) <b>STMT 1</b> .....	695,024.			
5 Average adjusted basis of or allocable to debt-financed property (attach statement) <b>STMT 2</b> .....	942,312.			
6 Divide line 4 by line 5 .....	73.76%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 ..	46,237.			
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....	46,237.			
9 Allocable deductions. Multiply line 3c by line 6	48,794.			
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....	48,794.			
11 <b>Total dividends-received deductions</b> included in line 10 .....	0.			



Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10.

Totals row for Part VI with instructions for adding columns 5 and 10, and 6 and 11.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides.

Totals row for Part VII with instructions for adding amounts in columns 2 and 5.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 rows: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected with production of unrelated business income, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to income entered on line 5, 7. Excess exempt expenses.

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A   
 B   
 C   
 D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income .....				
Add columns A through D. Enter here and on Part I, line 11, column (A) .....				0.

a

3 Direct advertising costs by periodical .....				
a Add columns A through D. Enter here and on Part I, line 11, column (B) .....				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 .....				
5 Readership costs .....				
6 Circulation income .....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero .....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 .....				0.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

**Total.** Enter here and on Part II, line 1 .....

**Part XI Supplemental Information** (see instructions)

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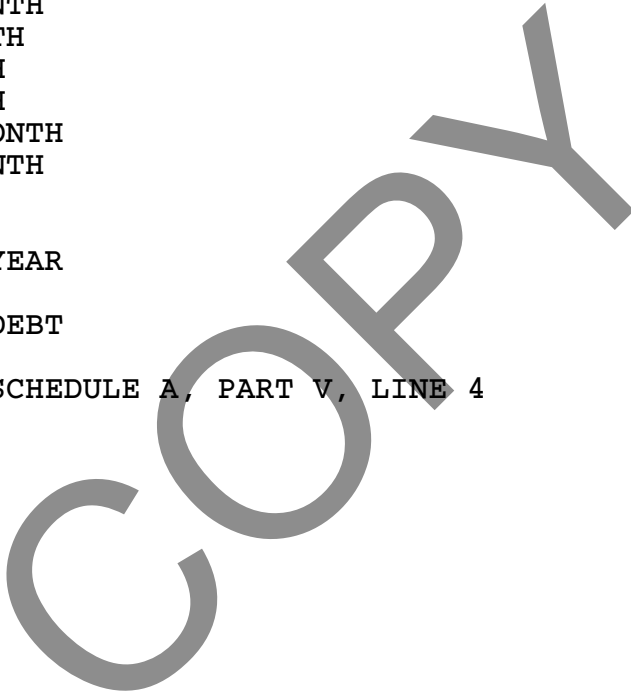
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FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 1  
 AVERAGE ACQUISITION DEBT

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
	1	
BEGINNING FIRST MONTH		707,949.
BEGINNING SECOND MONTH		705,585.
BEGINNING THIRD MONTH		703,220.
BEGINNING FOURTH MONTH		701,031.
BEGINNING FIFTH MONTH		698,648.
BEGINNING SIXTH MONTH		696,164.
BEGINNING SEVENTH MONTH		693,946.
BEGINNING EIGHTH MONTH		691,626.
BEGINNING NINTH MONTH		689,297.
BEGINNING TENTH MONTH		686,686.
BEGINNING ELEVENTH MONTH		684,337.
BEGINNING TWELFTH MONTH		681,798.
TOTAL OF ALL MONTHS		8,340,287.
NUMBER OF MONTHS IN YEAR		12
AVERAGE ACQUISITION DEBT		695,024.

TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4



FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 2  
 AVERAGE ADJUSTED BASIS

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT
	1	
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON FIRST DAY OF YEAR		962,063.
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON LAST DAY OF YEAR		922,561.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		942,312.
TOTAL TO FORM 990-T, SCHEDULE A, PART V, LINE 5		

FORM 990-T (A) PART V - DEPRECIATION DEDUCTION STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		39,502.	
- SUBTOTAL -	1		39,502.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(A)			39,502.

FORM 990-T (A) PART V - OTHER DEDUCTIONS STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
UTILITIES		11,879.		
FEEES AND TAXES		8,214.		
BLDG & EQUIP REPAIRS		2,105.		
SALES TAX		4,452.		
- SUBTOTAL -	1	26,650.	1.00	26,650.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)				26,650.

# 2021 TAX RETURN FILING INSTRUCTIONS

FLORIDA FORM F-1120

FOR THE YEAR ENDING

June 30, 2022

<b>Prepared for</b>	Florida Holocaust Museum, Inc. 55 Fifth Street South St. Petersburg, FL 33701
<b>Prepared by</b>	RIVERO, GORDIMER & COMPANY, P.A. P. O. BOX 172359 TAMPA, FL 33672
<b>To be signed and dated by</b>	Not Applicable
<b>Amount of tax</b>	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 No pmt required \$
<b>Overpayment</b>	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
<b>Make check payable to</b>	Not Applicable
<b>Mail tax return and check (if applicable) to</b>	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the Florida DOR, please contact our office and we will then submit the electronic return to the Florida DOR. Do not mail the paper copy of the return to the Florida DOR.
<b>Return must be mailed on or before</b>	Not Applicable
<b>Special Instructions</b>	



Florida Corporate Income/Franchise Tax Return

F-1120, R. 01/22 1019

FEIN 59-2981494

For calendar year 2021 or tax year beginning JUL 1, 2021 ending JUN 30, 2022

Rule 12C-1.051 Florida Administrative Code Effective 01/22 Page 1 of 6

813302022063000020050379359298149400004

Name FLORIDA HOLOCAUST MUSEUM, INC.
Address 55 FIFTH STREET SOUTH
City/State/ZIP ST. PETERSBURG, FL 33701

Check here if any changes have been made to name or address

Computation of Florida Net Income Tax

- 1. Federal taxable income (see instructions) - Attach pages 1-5 of federal return
2. State income taxes deducted in computing federal taxable income
3. Additions to federal taxable income (from Schedule I)
4. Total of Lines 1, 2 and 3
5. Subtractions from federal taxable income (from Schedule II)
6. Adjusted federal income (Line 4 minus Line 5)
7. Florida portion of adjusted federal income (see instructions)
8. Nonbusiness income allocated to Florida (from Schedule R)
9. Florida exemption
10. Florida net income (Line 7 plus Line 8 minus Line 9)
11. Tax due: 3.535% of Line 10
12. Credits against the tax (from Schedule V)
13. Total corporate income/franchise tax due (Line 11 minus Line 12)
14. a) Penalty: F-2220 b) Other
15. Total of Lines 13 and 14
16. Payment credits: Estimated tax payments 16a \$ Tentative tax payment 16b \$
17. Total amount due: Subtract Line 16 from Line 15.
18. Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon
19. Refund: Enter amount of overpayment to be refunded here and on payment coupon

144081 10-21-21

Payment Coupon for Florida Corporate Income Tax Return

1019 F-1120 R. 01/22

Do Not Detach

YEAR ENDING 06/30/22

To ensure proper credit to your account, enclose your check with tax return when mailing.

Name FLORIDA HOLOCAUST MUSEUM, INC
Address 55 FIFTH STREET SOUTH
City/State/ZIP ST. PETERSBURG, FL 33701

If 6/30 year end, return is due 1st day of the 4th month after the close of the taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year.

Table with 4 columns: Identification numbers (592981494, 20210701, 20220630, 00000000, 012, 202, 0, 0) and zeros.

0

8133 0 20220630 0002005037 9 3592981494 0000 4



FLORIDA HOLOCAUST MUSEUM, INC.

FEIN 59-2981494

1019 F-1120 R. 01/22 Page 2 of 6 06/30/22

This return is considered incomplete unless a copy of the federal return is attached. If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign here: Signature of officer (must be an original signature) Date Title PRESIDENT AND CEO Preparer's signature Date Preparer check if self-employed Preparer's PTIN P01342929 Firm's name (or yours if self-employed) and address RIVERO, GORDIMER & COMPANY, P.A. P. O. BOX 172359 TAMPA, FL FEIN 59-3040705 ZIP 33672

All Taxpayers Must Answer Questions A through M Below - See Instructions

A. State of incorporation: B. Florida Secretary of State document number: C. Florida consolidated return? YES NO X D. Initial return Final return (final federal return filed) E. Principal Business Activity Code (as pertains to Florida) 531120 G-1. Corporation is a member of a controlled group? YES NO X G-2. Part of a federal consolidated return? YES NO X If yes, provide: FEIN from federal consolidated return: Name of corporation: G-3. The federal common parent has sales, property, or payroll in Florida? YES NO X H. Location of corporate books: 55 5TH ST SOUTH ST PETERSBURG, FL 33701-414 I. Taxpayer is a member of a Florida partnership or joint venture? YES NO X J. Enter date of latest IRS audit: a) List years examined: K. Contact person concerning this return: CARL GOODMAN a) Contact person telephone number: 727-820-0100 b) Contact person e-mail address: CGOODMAN@THEFHM.ORG L. Type of federal return filed 1120 1120S or 990-T

L

Where to Send Payments and Returns

Make check payable to and mail with return to: Florida Department of Revenue 5050 W Tennessee Street Tallahassee FL 32399-0135

If you are requesting a refund (Line 19), send your return to: Florida Department of Revenue PO Box 6440 Tallahassee FL 32314-6440

Remember:

- Make your check payable to the Florida Department of Revenue. Write your FEIN on your check. Sign your check and return. Attach a copy of your federal return. Attach a copy of your Florida Form F-7004 (extension of time) if applicable.



NAME FLORIDA HOLOCAUST MUSEUM, INC. FEIN 59-2981494 TAXABLE YEAR ENDING 06/30/22

<b>Schedule I - Additions and/or Adjustments to Federal Taxable Income</b>	
1. Interest excluded from federal taxable income (see instructions)	1.
2. Undistributed net long-term capital gains (see instructions)	2.
3. Net operating loss deduction (attach schedule)	3.
4. Net capital loss carryover (attach schedule)	4.
5. Excess charitable contribution carryover (attach schedule)	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.
9. Guaranty association assessment(s) credit	9.
10. Rural and/or urban high crime area job tax credits	10.
11. State housing tax credit	11.
12. Florida Tax Credit Scholarship Program Credits (AKA credit for contributions for nonprofit scholarship-funding organizations)	12.
13. Florida Renewable energy production tax credit	13.
14. New markets tax credit	14.
15. Entertainment industry tax credit	15.
16. Research and Development tax credit	16.
17. Energy Economic Zone tax credit	17.
18. s. 168(k) IRC special bonus depreciation	18.
19. Qualified Improvement Property Decoupling.	19.
20. Business Meal Expenses at a Restaurant.	20.
21. Film, Television, and Live theatrical production expenses.	21.
22. Other additions (attach schedule)	22.
23. Total Lines 1 through 22. Enter total on Line 23 and on Page 1, Line 3.	23.

<b>Schedule II - Subtractions from Federal Taxable Income</b>	
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ _____ (b) plus s. 862, IRC dividends \$ _____ (c) plus s. 951A, IRC, income \$ _____ (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC \$ _____	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.	
3. Florida net operating loss carryover deduction (see instructions)	3.
4. Florida net capital loss carryover deduction (see instructions)	4.
5. Florida excess charitable contribution carryover (see instructions)	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.
8. Eligible net income of an international banking facility (see instructions)	8.
9. s. 179, IRC expense (see instructions)	9.
10. s. 168(k), IRC special bonus depreciation (see instructions)	10.
11. Depreciation of qualified improvement property	11.
12. Film, Television, and Live Theatrical Expenses.	12.
13. Other subtractions (attach statement)	13.
14. Total Lines 1 through 13. Enter total on Line 14 and on Page 1, Line 5.	14.





NAME FLORIDA HOLOCAUST MUSEUM, INC.

FEIN 59-2981494

TAXABLE YEAR ENDING 06/30/22

<b>Schedule III - Apportionment of Adjusted Federal Income</b>						
<b>III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.</b>						
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places		(d) Weight <small>If any factor in Column (b) is zero, see note on Pg 9 of the instructions.</small>	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)					X 25% or	
2. Payroll					X 25% or	
3. Sales (Schedule III-C below)					X 50% or	
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column (e). Enter here and on Schedule IV, Line 2.						<b>1.000000</b>
<b>III-B For use in computing average value of property (use original cost).</b>	WITHIN FLORIDA		TOTAL EVERYWHERE			
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year		
1. Inventories of raw material, work in process, finished goods						
2. Buildings and other depreciable assets						
3. Land owned						
4. Other tangible and intangible (financial org. only) assets (attach schedule)						
5. Total (Lines 1 through 4)						
6. Average value of property						
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) ..... 6a.	_____					
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere) .....	6b. _____					
7. Rented property (8 times net annual rent)						
a. Rented property in Florida .....	7a. _____					
b. Rented property Everywhere .....	7b. _____					
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).						
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida .....	8a. _____					
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere .....	8b. _____					
<b>III-C Sales Factor</b>	(a) TOTAL WITHIN FLORIDA (Numerator)		(b) TOTAL EVERYWHERE (Denominator)			
1. Sales (gross receipts)	<b>N/A</b>					
2. Sales delivered or shipped to Florida purchasers			<b>N/A</b>			
3. Other gross receipts (rents, royalties, interest, etc. when applicable)						
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns (a) and (b))						
<b>III-D Special Apportionment Fractions (see instructions)</b>	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ((a) ÷ (b)) Rounded to Six Decimal Places			
1. Insurance companies (attach copy of Schedule T - Annual Report)						
2. Transportation services						

<b>Schedule IV - Computation of Florida Portion of Adjusted Federal Income</b>	
1. Apportionable adjusted federal income from Page 1, Line 6	1.
2. Florida apportionment fraction (Schedule III-A, Line 4)	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.



NAME FLORIDA HOLOCAUST MUSEUM, INC.

FEIN 59-2981494

TAXABLE YEAR ENDING 06/30/22

<b>Schedule V - Credits Against the Corporate Income/Franchise Tax</b>	
1. Florida health maintenance organization credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high crime area job tax credit (attach certification letter)	7.
8. Hazardous waste facility tax credit	8.
9. Florida alternative minimum tax (AMT) credit	9.
10. Contaminated site rehabilitation tax credit (AKA voluntary cleanup tax credit) (attach tax credit certificate)	10.
11. State housing tax credit (attach certification letter)	11.
12. Florida Tax Credit: Scholarship Program Credits. (AKA credit for contributions to nonprofit scholarship-funding organizations) (attach certificate)	12.
13. Florida renewable energy production tax credit	13.
14. New markets tax credit	14.
15. Entertainment industry tax credit	15.
16. Research and Development tax credit	16.
17. Energy Economic Zone tax credit	17.
18. Other credits (attach schedule)	18.
19. Total credits against the tax (sum of Lines 1 through 18 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	19.

**Schedule R - Nonbusiness Income**

**Line 1. Nonbusiness income (loss) allocated to Florida**

<u>Type</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
Total allocated to Florida ..... 1.	_____
(Enter here and on Page 1, Line 8)	

**Line 2. Nonbusiness income (loss) allocated elsewhere**

<u>Type</u>	<u>State/country allocated to</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total allocated elsewhere ..... 2.		_____

**Line 3. Total nonbusiness income**

Grand total. Total of Lines 1 and 2 ..... 3.	_____
(Enter here and on Schedule II, Line 7)	



NAME FLORIDA HOLOCAUST MUSEUM, INC. FEIN 59-2981494 TAXABLE YEAR ENDING 06/30/22

**Estimated Tax Worksheet  
For Taxable Years Beginning On or After January 1,**

1. Florida income expected in taxable year .....	1.	\$	_____
2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N) .....	2.	\$	_____
3. Estimated Florida net income (Line 1 less Line 2) .....	3.	\$	_____
4. Total Estimated Florida tax (5.5% of Line 3) .....		\$	_____
Less: Credits against the tax .....	4.	\$	_____
5. Computation of installments:			
Payment due dates and payment amounts:			
If 6/30 year end, last day of 4th month,			
otherwise last day of 5th month - Enter 0.25 of Line 4 .....	5a.		_____
Last day of 6th month - Enter 0.25 of Line 4 .....	5b.		_____
Last day of 9th month - Enter 0.25 of Line 4 .....	5c.		_____
Last day of fiscal year - Enter 0.25 of Line 4 .....	5d.		_____

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

1. Amended estimated tax .....	1.	\$	_____
2. Less:			
(a) Amount of overpayment from last year elected for credit to estimated tax and applied to date .....	2a.	\$	_____
(b) Payments made on estimated tax declaration (Florida Form F-1120ES) .....	2b.	\$	_____
(c) Total of Lines 2(a) and 2(b) .....	2c.	\$	_____
3. Unpaid balance (Line 1 less Line 2(c)) .....	3.	\$	_____
4. Amount to be paid (Line 3 divided by number of remaining installments) .....	4.	\$	_____

**References**

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below. The forms are available online at [floridarevenue.com/forms](http://floridarevenue.com/forms).

Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated Income/Franchise Tax	Rule 12C-1.051, F.A.C.



FEIN 59-2981494  
DATA Page 1 of 2

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DATA Page 2 of 2

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/12/2023

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> Stahl & Associates Insurance, Inc. 110 Carillon Parkway St. Petersburg FL 33716		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (727) 391-9791 <b>FAX (A/C, No):</b> (727) 393-5623 <b>E-MAIL ADDRESS:</b> certificatesstpete@stahlinsurance.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Alliance of Non-Profits for Insurance	<b>NAIC #</b> 10023
		<b>INSURER B:</b> United States Liability Ins Co	25895
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> Florida Holocaust Museum Inc 55 Fifth Street South St. Petersburg FL 33701			

**COVERAGES**                      **CERTIFICATE NUMBER:** CL232364664                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	202367503	02/04/2023	02/04/2024	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 20,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		Y	202367503	02/04/2023	02/04/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ NIL			202367503UMB	02/04/2023	02/04/2024	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Directors & Officers Liability			NDO1076400E	04/22/2022	04/22/2023	Each Claim	\$1,000,000
							Aggregate	\$1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

City of St Petersburg is included as additional insured for general liability as required by written contract. Waiver of subrogation in favor of City of St Petersburg applies to general liability and auto liability as required by written contract.

### CERTIFICATE HOLDER

City of St Petersburg PO Box 2842  St Petersburg FL 33731
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### CANCELLATION

<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
<b>AUTHORIZED REPRESENTATIVE</b> 

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# Hate in the Sunshine State: Extremism & Antisemitism in Florida 2020-2022

## Executive Summary

The past two years have seen a significant increase in extremist-related incidents both nationwide and throughout the State of Florida. These incidents have been driven, in part, by widespread disinformation and conspiracy theories that have animated extremists and fueled antisemitism. The result: unrest and violence, from the January 6 insurrection to white supremacist activity to a spike in hate crimes.

Antisemitism and extremism have been promulgated by groups of varied political and ideological backgrounds.

Since 2020 in Florida, new white supremacist groups have formed, while some existing neo-Nazi and accelerationist groups have broadened their audience through both online and on-the-ground activities. Other extremist groups have shifted their strategies to focus on the local level, disrupting school board meetings and even running for political office. In some cases, these groups work together to distribute hateful propaganda and terrorize communities.

While the vast majority of extremist incidents are tied to white supremacist and far-right extremist groups, anti-government and Black Nationalist extremist groups have also been active in Florida. Although ADL is not aware of any violent Islamist extremist organization active in Florida, foreign terrorist groups like ISIS and Al Qaeda have occasionally received material support from Florida residents.

### KEY FINDINGS

- **PROPAGANDA:** From January 2020 to August 2022, the ADL Center on Extremism (COE) recorded over 400 instances of white supremacist propaganda distribution in Florida.
- **JANUARY 6th:** Florida is home to 90 people charged in relation to the January 6 insurrection - the most of any state. The COE has found that more than 1/3 of them have maintained ties to extremist groups, including Proud Boys, Oath Keepers, and Three Percenters.
- **ANTISEMITIC INCIDENTS:** Florida has seen a dramatic rise in antisemitic incidents, according to ADL's annual Audit of Antisemitic incidents – with a 40% rise in 2020 followed by a 50% rise in 2021.
- **HATE CRIMES:** Hate crimes continued to rise in Florida over the last several years. In Florida, hate crimes against Jews accounted for 80% of religiously-motivated incidents in 2020, and antisemitic hate crimes have risen 300% since 2012.



## RECOMMENDATIONS

To combat the extremist threat landscape, a whole-of-society approach is necessary. ADL Florida recommends the following steps to combat extremism and build a safe, inclusive Florida:

### **1. CONDEMN HATRED:**

Elected officials and community leaders must all strongly and consistently condemn antisemitism and extremism, whenever and wherever it occurs.

### **2. PASS AND ENFORCE LEGISLATION TO PROTECT MARGINALIZED COMMUNITIES:**

Our leaders must pass and enforce legislation, including a comprehensive hate crimes bill and a state Non-Profit Security Grant Program.

### **3. PROTECT FREE AND FAIR ELECTIONS:**

Both elected leaders and community members must advocate for election systems that are accessible to all voters and are protected from violence.

### **4. DISRUPT HATE AND EXTREMISM THROUGH APPROPRIATE LAW ENFORCEMENT MEASURES:**

Law enforcement agencies should dedicate resources to hate crimes units, and receive training on how to recognize and document hate crimes, antisemitic incidents, and other bias-motivated incidents – training that ADL can provide.

### **5. PRIORITIZE ANTI-BIAS AND HOLOCAUST EDUCATION:**

Students need to be empowered to develop both an accurate understanding of historical events, such as the Holocaust, and be engaged in purposeful opportunities to learn about and explore bias with a goal of helping them become productive citizens.