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PUBLIC DISCLOSURE COPY

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Form	-		

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Information about Form 990 and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

AF	or the	e 2015 calendar year, or tax year beginning and o	ending		
B c a	heck if	e: C Name of organization		D Employer identifie	cation number
	Addre chang			F 4 1	064220
	Name Chang			54-1	864320
	Initial return Final return		Room/suite	E Telephone number 804-	, 257-5400
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,278,847.
	Amen return	RICHMOND, VA 23223-7032		H(a) Is this a group re	
	Applic tion pendi	F Name and address of principal officer; CHARLES A. COULOMB		for subordinates H(b) Are all subordinates in	? Yes X No
	ax-ex	empt status: X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) c	or 527	1	list. (see instructions)
		te: ► WWW • VA-HOLOCAUST • COM		H(c) Group exemption	(
-		organization: X Corporation Trust Association Other	I Year		State of legal domicile: VA
	art I	Summary			
		Briefly describe the organization's mission or most significant activities: THE	VIRGIN	TA HOLOCAUS	T MUSEUM'S
Activities & Governance	'	PRIMARY MISSION IS EDUCATING THE WORLD-WI	IDE CO	MMUNITY ABO	UT THE
ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos			
Š	3	Number of voting members of the governing body (Part VI, line 1a)			33
ن «۵	4	Number of independent voting members of the governing body (Part VI, line 1b) .			33
es	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			25
viťi	6	Total number of volunteers (estimate if necessary)		6	17
Acti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
1		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
θ	8	Contributions and grants (Part VIII, line 1h)		916,078.	1,167,233.
nué	9	Program service revenue (Part VIII, line 2g)		14,642.	21,666.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		64,707.	32,572.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-12,057.	-14,551.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		983,370.	1,206,920.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		609,326.	632,314.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ge		Total fundraising expenses (Part IX, column (D), line 25) 70,55	91.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		563,045.	499,397.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,172,371.	1,131,711.
	19	Revenue less expenses. Subtract line 18 from line 12		-189,001.	75,209.
or Ses		· · · · · · · · · · · · · · · · · · ·		ginning of Current Year	End of Year
tt Assets or Id Balances	20	Total assets (Part X, line 16)		5,226,058.	5,277,455.
Ass J Ba	21	Total liabilities (Part X, line 26)		1,792.	22,554.
<u>Net</u>		Net assets or fund balances. Subtract line 21 from line 20		5,224,266.	5,254,901.
Pa		Signature Block		, , , , , , , , , , , , , , , , , , , ,	, ,
Und		Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	y knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer CHARLES A. COULOMB, II Type or print name and title	NTERIM EXECUTIVE DIR	ECTOR	Date	
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN	
Paid	LORI K. COCHRAN			self-employed P0085322	21
Preparer	Firm's name ▶ DIXON HUGHES GOO	ODMAN LLP		Firm's EIN 56-074798	31
Use Only	Firm's address 901 EAST CARY S	TREET, SUITE 1000			
	RICHMOND, VA 232	219		Phone no.804.282.7636	5
May the II	RS discuss this return with the preparer shown at	oove? (see instructions)		X Yes	No
532001 12-1	6-15 LHA For Paperwork Reduction Act Not	tice, see the separate instructions.		Form 990	(2015)
S	EE SCHEDULE O FOR ORGANI	ZATION MISSION STATE	MENT C	CONTINUATION	

990 (2015) THE VIRGINA HOLOCAUST MUSEUM	54-1864320 Pa
SEE SCHEDULE O	
Did the organization undertake any significant program services during the year which	were not listed on
the prior Form 990 or 990-EZ?	Yes 🛛
If "Yes," describe these new services on Schedule O.	
Did the organization cease conducting, or make significant changes in how it conducts	s, any program services? Yes X
If "Yes," describe these changes on Schedule O.	
Describe the organization's program service accomplishments for each of its three larg	gest program services, as measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gran	nts and allocations to others, the total expenses, and
revenue, if any, for each program service reported.	
(Code:) (Expenses \$919,538. including grants of \$) (Revenue \$ 7,10
PEOPLE AND APPROXIMATELY 30-40 INDIVIDUALS	TOUR THE MUSEUM EACH WEEK.
(Code:) (Expenses \$ including grants of \$) (Revenue \$
(Code:) (Expenses \$ including grants of \$) (Revenue \$
Other program services (Describe in Schedule O.)	
(Expenses \$ including grants of \$) (Revenue \$)
Total program service expenses ► 919,538.	
Total program service expenses 919,538.	
	Form 990 (
	Image: Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: SEE SCHEDULE Did the organization undertake any significant program services during the year which the prior Form 990 or 990-E2? If 'Yes,' describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conduct if 'Yes,' describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three larg Section 501c()(3) and 501c()(4) organizations are required to report the amount of grar revenue, if any, for each program service reported. (Code:) (Expenses \$

Form	aan	(2015)	

THE VIRGINA HOLOCAUST MUSEUM

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

Form **990** (2015)

532003 12-16-15

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THE VIRGINA HOLOCAUST MUSEUM

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		x
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
2	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2015)

532004 12-16-15

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Form	990 (2015) THE VIRGINA HOLOCAUST MUSEUM 54-1864	320	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		x
ام	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		(2015)
		FULL	1 3 30	(2015)

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Form 990	(2015)
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THE VIRGINA HOLOCAUST MUSEUM

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

ec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management				[
				Yes	Τ
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 3	3		t
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b		1b 3	3		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		-		
2			2		l
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the		~		-
3					
	of officers, directors, or trustees, or key employees to a management company or other person?				
	Did the organization make any significant changes to its governing documents since the prior Form 99				-
	Did the organization become aware during the year of a significant diversion of the organization's asse				_
	Did the organization have members or stockholders?		6		_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	point one or			
	more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockholders, or			
	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				1
	The governing body?		8a	х	1
b	Each committee with authority to act on behalf of the governing body?		8b	X	1
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac				
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		
	tion B. Policies (This Section B requests information about policies not required by the Internal Rev		9		_
	tion B. Toncies (mis Section B requests information about policies not required by the internal new			Yes	
^ -	Did the event in the base based about the base base an efficiency		10-	res	
	Did the organization have local chapters, branches, or affiliates?		10a		_
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	o conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	s," describe			
	in Schedule O how this was done		12c		
	Did the organization have a written whistleblower policy?				
	Did the organization have a written document retention and destruction policy?				
	Did the process for determining compensation of the following persons include a review and approval		14		
5		by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v	ł
	The organization's CEO, Executive Director, or top management official			X	_
b	Other officers or key employees of the organization		15b	X	_
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent with a			
	taxable entity during the year?		16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its participation			1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized	zation's			
	exempt status with respect to such arrangements?		16b		
ec	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright VA				
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	availar	le	
-	for public inspection. Indicate how you made these available. Check all that apply.		, availat		
		Schodula ()			
~			C		
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conf	nict of interest policy, a	nd finan	cial	
	statements available to the public during the tax year.				
0	State the name, address, and telephone number of the person who possesses the organization's book	ks and records: 🕨			
	THE ORGANIZATION - 804-257-5400				
	2000 EAST CARY STREET, RICHMOND, VA 23223-7032				
				9 90	

Part VII	Compensation of Officer	s, Directors	, Trustees,	Key Employee	s, Highest	Compensated
	Employees, and Indepen	dent Contra	ctors			

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than is bot		Reportable compensation	Reportable compensation	Estimated amount of
	hours per week					or/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	Individual trustee or director	a)			ited		organization	(W-2/1099-MISC)	from the
	related	Istee	trustee		e.	bensa		(W-2/1099-MISC)		organization
	organizations below	ual tr	tional		ploye	st com yee	_			and related organizations
	line)	ndivid	Institutional t	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) MR. MARCUS M. WEINSTEIN	10.00	=			×					
CHAIRMAN		x		x				0.	0.	0.
(2) MR. KENNETH M. DYE	0.00									
CO-VICE CHAIRMAN		x		x				0.	0.	Ο.
(3) AMB. (RET.) RANDOLPH M. BELL	0.00									
CO-VICE CHAIRMAN		X		Х				0.	0.	0.
(4) MR. JAY M. WEINBERG, ESQ.	5.00									
SECRETARY		Х		Х				0.	0.	0.
(5) MR. EARL FERGUSON	5.00									
TREASURER		Х		Х				0.	0.	0.
(6) MR. D. EUGENE ATKINSON	0.00									_
TRUSTEE		Х						0.	0.	0.
(7) MS. ELENA BARR-BAUM	0.00									
TRUSTEE		Х						0.	0.	0.
(8) MR. RICHARD ARENSTEIN	0.00									•
TRUSTEE		Х						0.	0.	0.
(9) RABBI DENNIS BECK-BERMAN	0.00									0
TRUSTEE		X						0.	0.	0.
(10) MR. CHARLES N. BECKER	2.00							0		0
TRUSTEE	0.00	X						0.	0.	0.
(11) THE HONORABLE BETSY CARR	0.00	x						0.	0.	0.
TRUSTEE (12) IRVING M. BLANK, ESQ.	0.00	^						0.	0.	0.
TRUSTEE	0.00	x						0.	0.	0.
(13) MR. JOSEPH BRODECKI	0.00							0.	••	U •
TRUSTEE	0.00	x						0.	0.	0.
(14) DR. DAVID D. BURHANS	0.00									
TRUSTEE		x						0.	0.	0.
(15) MS. KATHRYN CURTIS	0.00							•••		
TRUSTEE		x						0.	0.	0.
(16) MS. MIRIAM DAVIDOW	0.00									
TRUSTEE		x						0.	0.	0.
(17) MR. DAVID GREENBERG, ESQ.	0.00									
TRUSTEE		x						0.	0.	0.
532007 12-16-15										Form 990 (2015)

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Name and title	(B) Average	(de	not c	(C Posi heck i	ition	than	one	(D) Reportable	(E) Reportable)	Es	(F) stimated
	hours per week	box	, unle	ss pei id a di	rson i	s botl	h an	compensation from	compensation from related		ar	nount of other
	(list any hours for	rector						the	organization			pensatior
	related	e or di	stee			Isated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		rom the Janization
	organizations	truste	ial trus		yee	omper		(11 2, 1000 11100)				d related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	ghest co Iployee	Former				orga	anizations
18) REV. DR. JAMES HARRIS	0.00	<u> </u>	lns	Off	Ke	en	Б					
TRUSTEE		X						0.		0.		0
(19) MS. EVA HARDY TRUSTEE	0.00	x						0.		0.		0
20) PROFESSOR A.E. DICK HOWARD	0.00							0.		0.		0
RUSTEE		x						Ο.		0.		0
21) DAVID GREENBERG, ESQ.	0.00							_				-
RUSTEE		X						0.		0.		0
22) MR. STEWART M. KASEN RUSTEE	0.00	x						0.		0.		0
23) DR. ROGER LORIA	0.00							0.		0.		0
RUSTEE		х						0.		0.		0
24) THE HON. G. MANOLI LOUPASSI	0.00							0		•		0
RUSTEE	0.00	X						0.		0.		0
25) MR. ABBY MOORE WRUSTEE	0.00	x						0.		0.		0
26) DEL. JOHN M. O'BANNON, M.D.	0.00											
RUSTEE		Х						0.		0.		0
1b Sub-total								0.		0.		0
												0
c Total from continuation sheets to Part								127,115.		0.		
d Total (add lines 1b and 1c)								127,115.	.000 of reportab	0.		
								127,115.	,000 of reportab	0.		0
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but compensation from the organization 	t not limited to th	nose	liste	ed at	0006	 e) wh	► ho re	127,115. eceived more than \$100		0.		0
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but compensation from the organization 3 Did the organization list any former office 	t not limited to th	nose	liste	ed at	oove) wh	▶ ho re	127,115. eceived more than \$100 nighest compensated e	mployee on	0.	3	0 Yes No
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Part VII Section A. Officers, Directors,		mnla	21/22	NC C	ndL	linh	oct	Componented Employ	oos (continued)	
(A)	(B)		Jyee	es, a (0		ngn	est	(D)	ees (continued) (E)	(F)
(A) Name and title	Average			Pos				Reportable	(∟) Reportable	Estimated
Name and the	hours	(c		k all 1			lv)	compensation	compensation	amount of
	per	(0)					,,,, 	from	from related	other
	week					yee		the	organizations	compensatio
	(list any	ector				old m		organization	(W-2/1099-MISC)	from the
	hours for	or dir	e			ated e		(W-2/1099-MISC)		organizatior
	related	istee	truste		ę.	pensi				and related
	organizations	al tru	onal		ploye	com				organization
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
27) DR. FREDERICK RAHAL	0.00	=	=	ò	ž	Ŧ	R.			
RUSTEE		x						0.	0.	
28) MARVIN A. ROSMAN, ESQ.	0.00									
RUSTEE		Х						0.	0.	
29) MRS. DEBORAH SEGALOFF	0.00									
RUSTEE		X						0.	0.	
30) MR. STUART C. SIEGEL	0.00									
RUSTEE		х						0.	0.	
31) MS. CLARE SISISKY	0.00	x						0.	0.	
RUSTEE 32) DR. I. NORMAN SPORN	2.00	^					-	0.	0.	
RUSTEE	2100	x						0.	0.	
33) MS. THELMA WILLIAMS-TUNSTALL	0.00							•••	•••	
RUSTEE		x						0.	0.	
34) DR. CHARLES SYDNOR	40.00									
EXECUTIVE DIRECTOR THROUGH 7/31		1		X				82,692.	0.	
35) DR. WAITMAN W. BEORN	40.00									
EXECUTIVE DIRECTOR STARTING 8/1				Х				44,423.	0.	
		-					-			
		\vdash	\vdash			-	┝			
		1								
		<u> </u>					<u> </u>			
		1								
								1		1

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	rt V							
		Check if Schedule O contair	ns a response	or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	a Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues		50,400.				
An An		c Fundraising events						
ilar İlar		d Related organizations						
Sim's,		e Government grants (contribution						
utio	1	All other contributions, gifts, grants,		116 022				
Ę ġ₽		similar amounts not included above		<u>116,833.</u> 3,168.				
o pu		Noncash contributions included in lines 1a			1,167,233.			
0.0		h Total. Add lines 1a-1f		Business Code				
a	2 8	a FACILITY RENTALS		900099	21,666.	21,666.		
Program Service Revenue	_			300035	21,000	21,0001		
Ser								
evel								
Bag		u						
Pr		f All other program service revenu	Je					
	(g Total. Add lines 2a-2f			21,666.			
	3	Investment income (including di						
		other similar amounts)		►	16,593.			16,593.
	4	Income from investment of tax-e						
	5	Royalties		🕨				
			(i) Real	(ii) Personal				
	6 a	a Gross rents						
	I	b Less: rental expenses						
		c Rental income or (loss)						
	7 8		(i) Securities 44 , 311.	(ii) Other				
		assets other than inventory	44,511.					
		b Less: cost or other basis	28,332.					
			15,979.					
		d Net gain or (loss)		└ ▶	15,979.			15,979.
en		a Gross income from fundraising	events (not		1375750			10751751
Other Revenue		including \$						
Re		contributions reported on line 10	-					
her		Part IV, line 18 b Less: direct expenses						
ō		Net income or (loss) from fundra		►				
		a Gross income from gaming activ		F				
		Part IV, line 19						
	I	b Less: direct expenses						
		c Net income or (loss) from gamin		►				
	10 a	a Gross sales of inventory, less re						
		and allowances	а	29,033.				
	I	b Less: cost of goods sold	b					
		c Net income or (loss) from sales	of inventory		-14,562.	-14,562.		
ļ		Miscellaneous Revenue		Business Code				
	11 a	MISCELLANEOUS		900099	11.			11.
	I	b						
	(C						
		d All other revenue						
		e Total. Add lines 11a-11d			11.	7 104	0	20 500
	12	Total revenue. See instructions		►	1,206,920.	7,104.	0.	32,583.
532009	9 12-	16-15						Form 990 (2015)

10

Part IX Statement of Functional Expenses

THE VIRGINA HOLOCAUST MUSEUM

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	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	127,116.	108,048.	13,983.	5,085
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	437,709.	372,053.	48,148.	17,508
8	Pension plan accruals and contributions (include	,		. ,	.,
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	19,225.	16,342.	2,115.	768
9 0		48,264.	41,024.	5,309.	1,931
1	Payroll taxes Fees for services (non-employees):			5,505.	
	· · · ,				
a	Management				
b		42,930.	17,172.	12,879.	12,879
	Accounting	42,930.	1/,1/2•	12,079.	12,073
	, , , , , , , , , , , , , , , , , , ,				
e	Professional fundraising services. See Part IV, line 17	9,488.	5,503.	3,985.	
f	Investment management fees	9,400.	5,505.	5,905.	
g	Other. (If line 11g amount exceeds 10% of line 25,	26 602	10,677.	0 000	0 000
	column (A) amount, list line 11g expenses on Sch 0.)	26,693. 15,133.	15,133.	8,008.	8,008
2	Advertising and promotion	26,420.		2 905	650
3	Office expenses	20,420.	22,875.	2,895.	650
4	Information technology				
5	Royalties	<u> </u>	F0 104		200
6	Occupancy	69,118.	59,104.	9,705.	309
7	Travel	25,057.	22,051.	1,503.	1,503
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	151,472.	128,751.	16,662.	6,059
3	Insurance	30,176.	21,123.	9,053.	
4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	REPAIRS & MAINTENANCE	32,388.	27,530.	4,858.	
b	EXHIBIT EXPENSE	27,912.	27,912.		
с	MISCELLANEOUS	20,434.	3,871.	1,154.	15,409
d	EDUCATION	12,044.	10,237.	1,325.	482
e	All other expenses	10,132.	10,132.		
5	Total functional expenses. Add lines 1 through 24e	1,131,711.	919,538.	141,582.	70,591
6	Joint costs. Complete this line only if the organization	, <u> </u>		, ,	
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here				

532010 12-16-15

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Form **990** (2015)

Form 990 (2015)

Part X Balance Sheet

THE VIRGINA HOLOCAUST MUSEUM

54-1864320 Page 11

Pa	τΧ	Balance Sneet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			70,554.	1	192,516.
	2	Savings and temporary cash investments			80,021.	2	1,266.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			7,606.	4	156,101.
	5	Loans and other receivables from current and fo	rmer of	ficers, directors,			
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section	•				
		employers and sponsoring organizations of sect					
ets		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net			20 007	7	21 000
1	8	Inventories for sale or use		······ –	30,027.	8	31,289.
	9					9	
	10a	Land, buildings, and equipment: cost or other		E 7E2 022			
		basis. Complete Part VI of Schedule D	10a	3,733,023.	4 005 272		4 010 204
		Less: accumulated depreciation		1,742,629.	4,095,372.	10c	4,010,394.
	11	Investments - publicly traded securities			941,228.	11	885,889.
	12	Investments - other securities. See Part IV, line 1			941,220.	12	005,009.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			1,250.	14	0.
	15	Other assets. See Part IV, line 11			5,226,058.	15	5,277,455.
	16	Total assets. Add lines 1 through 15 (must equa			1,792.	16	22,554.
	17	Accounts payable and accrued expenses			1,124•	17 18	22,334.
	18 19	Grants payable				10	
	20	Deferred revenue				20	
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete F				20	
6	22	Loans and other payables to current and former				21	
Liabilities	~~	key employees, highest compensated employee					
lide		Complete Part II of Schedule L	,			22	
Lia	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,792.	26	22,554.
		Organizations that follow SFAS 117 (ASC 958					
ŝ		complete lines 27 through 29, and lines 33 an		ŕ			
nce	27	Unrestricted net assets			2,651,895.	27	2,437,272.
ala	28	Temporarily restricted net assets			129,159.	28	426,241.
Fund Balances	29	E			2,443,212.	29	2,391,388.
Fun		Organizations that do not follow SFAS 117 (A					
P		and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets	32	Retained earnings, endowment, accumulated in	come, o	or other funds		32	
Ż	33	Total net assets or fund balances			5,224,266.	33	5,254,901.
	34	Total liabilities and net assets/fund balances			5,226,058.	34	5,277,455.
							Form 990 (2015)

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	990 (2015) THE VIRGINA HOLOCAUST MUSEUM	54-18	64320	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			1 00	<i>c</i>	~ ~
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,20		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,13		
3	Revenue less expenses. Subtract line 2 from line 1	3			09.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,22		
5	Net unrealized gains (losses) on investments	5	-4	4,5	74.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	5,25	4,9	01.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			-		(0045)

Form **990** (2015)

532012 12-16-15

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SCHEDULE A

(Form	990	or	990-	·ΕΖ
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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.

2015
Open to Public

OMB No. 1545-0047

Department of the Treasury In

Internal Reve	enue Service	Information	ion about Schedule A	(Form 990 or 990-EZ) and	its instructi	ions is at W	ww.irs.gov/fo	orm990.	Inspection
Name of	the organizati								identification number
		THE	VIRGINA HO	LOCAUST MUSE	UM			5	4-1864320
Part I	Reason	for Public	Charity Status (All organizations must co	mplete th	is part.) Se	ee instruction	S.	
The orga	nization is not a	a private found	dation because it is: ((For lines 1 through 11, c	heck only	one box.)			
1 🛄				on of churches described					
2	A school des	cribed in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3				anization described in s e			ii).		
4		•		njunction with a hospital)(iii). Enter	the hospital's name,
	city, and stat	ie:							
5	An organizat	ion operated f	or the benefit of a co	llege or university owned	d or operat	ted by a g	overnmental	unit describ	bed in
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)	с ,					
6				nental unit described in a	section 17	'0(b)(1)(A)	(v).		
7 X	-		•	Intial part of its support f			. ,	the general	public described in
	section 170((b)(1)(A)(vi). (C	omplete Part II.)		0			•	
8	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An organizat	ion that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and gross receipts from
	0			ct to certain exceptions,	•			•	•
				(less section 511 tax) fr	. ,				•
	See section	509(a)(2). (Co	mplete Part III.)	. ,		·		•	
10	An organizat	ion organized	and operated exclus	ively to test for public sa	fety. See s	section 50)9(a)(4).		
11 🗌	An organizat	ion organized	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to c	arry out the	purposes of one or
	more publicly	/ supported or	ganizations describe	ed in section 509(a)(1) o	r section !	509(a)(2).	See section	509(a)(3). C	Check the box in
	lines 11a thro	ough 11d that	describes the type of	of supporting organizatio	n and com	plete lines	s 11e, 11f, ar	d 11g.	
a 🗌	🗌 Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	^r giving
	the suppor	ted organizati	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or trust	ees of the s	supporting
	organizatio	n. You must o	complete Part IV, Se	ections A and B.					
b 🗌	Type II. As	supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organizati	on(s), by ha	ving
	control or r	management c	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported
	organizatio	on(s). You mus	t complete Part IV,	Sections A and C.					
c 🗌	Type III fui	nctionally inte	egrated. A supportin	g organization operated	in connec [.]	tion with, a	and functiona	ally integrate	ed with,
	its support	ed organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ctions A,	D, and E.		
d 🗌	Type III no	n-functionall	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	orted organi	zation(s)
	that is not	functionally inf	tegrated. The organiz	zation generally must sat	isfy a dist	ribution re	quirement an	d an attent	iveness
	requiremer	nt (see instruct	tions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.		
e	Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	e II, Type III	
	functionally	y integrated, o	r Type III non-functio	nally integrated support	ing organiz	zation.			
f Ent			organizations						
<u>g</u> Pro	vide the follow	ing information	n about the supporte	ed organization(s).					
	(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the o listed i		(v) Amount o	•	(vi) Amount of
	organizatior	า		(described on lines 1-9 above (see instructions))	governing o		suppor	-	other support (see
					Yes	No	instruc	ions)	instructions)

Total LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 THE VIRGINA HOLOCAUST MUSEUM Part II Support Schedule for Organizations Described in Sections 170(

54-1864320 Page 2

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.)

Getedar year (or fixed year beginning in) ► (g) 2011 (g) 2012 (g) 2013 (g) 2014 (g) 2015 (g) Total I offix, garax, contributions, and membership fees received. (Do not include any "unusual grants.") 367, 046. 780, 550. 807, 347. 916, 078. 1, 167, 233. 4, 038, 254. 3 The value of services or facilities functions benefit and sther paid to cre expended on its benafit and sther paid to cre expended on its benafit and sther paid to cre expended on the benafit and sther paid to cre expended on the benafit and sther paid to cre expended on the benafit and sther paid to cre expended on the benafit and sther paid to cre expended on the benafit and sther paid to cre expended on the benafit and sther paid to cre expended on the benafit and sther paid to cre expended on the benafit and sther paid to cre expended on the benafit and sther paid to cre expended on the benafit and sther paid to cre expended on the benafit and sthere paid to cre expended on the benafit and sthere paid to cre expended on the benafit and sthere paid to cre expended on the benafit and step creditions by explored organization) included on the 1 that exceeds 2% of the amount shown on line 11. (g) 2011 (g) 2012 (g) 2013 (g) 2014 (g) 2015 (g) 7046. 1, 1, 67, 233. 4, 038, 254. 3 for oxide specifies the strengthing in) ► 7 Amounts hown on line 11. (g) 2014 (g) 2014 (g) 2015 (g) 7046. 1, 1, 4, 36. 1, 1, 67, 233. 4, 038, 254. 8 Gross income from intrest. (g) 2014 </th <th>See</th> <th>ction A. Public Support</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	See	ction A. Public Support						
membership fees received. (Do not include any Pursusal grants.) 367,046.780,550.807,347.916,078.1,167,233.4,038,254. 2 Tax revenues levied for the organization ization's benefit and ether paid to or expended on its behating turnished by agovernmental unit the organization without charge 367,046.780,550.807,347.916,078.1,167,233.4,038,254. 3 The value of services or facilities turnished by agovernmental unit the organization without charge 367,046.780,550.807,347.916,078.1,167,233.4,038,254. 4 Total. Additions 1 through 3 supported organization included on line 1 threaceds 28's of the amount shown on line 11, column (f) 367,046.780,550.807,347.916,078.1,167,233.4,038,254. 6 Public support. Survey the stem is the is accurities beighting in) 7 Amounts from line 4 (e) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 367,046.780,550.807,347.916,078.1,167,233.4,038,254. 6 Rubic support. Survey the stemistics and income from inter4. 367,046.780,550.807,347.916,078.1,167,233.4,038,254. 4,675.12,810.11,436.15,272.16,593.60,786. 4,039,683. 4,675.12,810.11,436.15,272.16,593.60,786. (e) 2015 (f) Total 367,046.780,550.807,347.916,078.1,167,033.4,038,254. 10 Other income. Do not include gain or loss from the sale of capital and income from inter4. 366 cos income information or loss from the sale of capital and income from inter4. 367,046.781.92,800.11,436.15,272.16,593.60,786. 19,6078.1,165,933.60,786. 7 Total support. 3 First five years. If the form 90 is for the organization first, second, thind, fourth, or tifth ax years as eaction 5016(0) organizat	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
include any "unusual grants." 367,046.780,550.807,347.916,078.1,167,233.4,038,254. 2 Tax revenues levied of the organization included on isopended on its behalf 367,046.780,550.807,347.916,078.1,167,233.4,038,254. 3 The value of services or facilities turnished by a governmental unit to the organization without charge and governmental unit to publicly supported organization included on ine 1 that exceeds 2% of the amount shown on line 11. 367,046.780,550.807,347.916,078.1,167,233.4,038,254. 5 The portion of total contributions by each person (ofter than a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11. 367,046.780,550.807,347.916,078.1,167,233.4,038,254. Control total contributions by each person (ofter than a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 1. Calced ryse (of face) year beginning (of) Calced ryse (of face) year beginning (of face) year beginning (of face) year beginning (of face) year year (of face) year beginning (of face) year	1	Gifts, grants, contributions, and						
2 Tar evenues levid for the organization is benefit and ether paid to or expended on its behalf 3 The value of services or facilities trunished by a governmental unit to the organization without charge is a specific to a governmental unit to publicly supported organization is benefit than a governmental unit or publicly supported organization is benefit to a governmental unit or publicly supported organization is benefit to a governmental unit or publicly supported organization is benefit to a governmental unit or publicly support to advect the strenge is the the exceeds 2% of the amount shown on line 11, column (f) 367,046.780,550.807,347.916,078.1,167,233.4,038,254. 6 The portion of total contributions by each person (other than a government alum or publicly support. Subset the strenge is the nee. 367,046.780,550.807,347.916,078.1,167,233.4,038,254. 6 Organization without dearge interview is the nee. 4,675.12,810.11,436.15,272.16,593.60,786. 7 Arounts from line 4 367,046.780,550.807,347.916,078.1,167,233.4,038,254. 6 Gross income from interview is the nee. 4,675.12,810.11,436.15,272.16,593.60,786. 9 Net income from interview is the nee is a constraint or the step of capital asset (cplain in Part V). 24.675.12,810.11,436.15,272.16,593.60,786. 10 Other income. Do not include gain or loss from the sate of capital asset (cplain in Part V). 24.13.11.48. 11 Total support.40111111111111111111111111111111111111		membership fees received. (Do not						
icration's benefit and either pair to or expended on its behalf		include any "unusual grants.")	367,046.	780,550.	807,347.	916,078.	1,167,233.	4,038,254.
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3 The value of services or facilities furnished by a governmental unit to the organization without charge in the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 367,046. 780,550. 807,347. 916,078. 1,167,233. 4,038,254. 6 Public support of ordai contributions by each person (other than a governmental unit or public) supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1,237,304. Section B. Total Support (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 7 Amount shown on line 11, column (in e) 367,046. 780,550. 807,347. 916,078. 1,167,233. 4,038,254. 6 cross income from line4 367,046. 780,550. 807,347. 916,078. 1,167,233. 4,038,254. 9 cross income from initerest, dividends, payment reactived on securities loadings. (a) 4,675. 12,810. 11,436. 15,272. 16,593. 60,786. 9 Net income no. Do not include gain or loss from the sate or capital assets (Explain in Part V). 24.05. 12 196,750. 10 Other income. Do not include gain or loss from the sate or capital 1,1.00000000000000000000000000		ization's benefit and either paid to						
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(f) Total

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der Part II. If the organization fails to

Schedule A (Form 990 or 990-EZ) 2015	HE VIRGIN	IA HOLOCAU	ST MUSEUM	[
Part III Support Schedule for C	Organizations	Described in	Section 509(a)(2)
(Complete only if you checked	the box on line 9	of Part I or if the o	rganization failed	to qualify unde
qualify under the tests listed be	elow, please com	plete Part II.)		
Section A. Public Support				
Calendar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014
1 Gifts, grants, contributions, and				
membership fees received. (Do not				
include any "unusual grants.")				
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				
3 Gross receipts from activities that				
are not an unrelated trade or bus-				
iness under section 513				
4 Tax revenues levied for the organ-				
ization's benefit and either paid to				
or expended on its behalf				
5 The value of services or facilities				
furnished by a governmental unit to				
the organization without charge				
6 Total. Add lines 1 through 5				
7a Amounts included on lines 1, 2, and				
3 received from disqualified persons				
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				
c Add lines 7a and 7b				
8 Public support. (Subtract line 7c from line 6.)				
Section B. Total Support				
Calendar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014
9 Amounts from line 6				
10a Gross income from interest,				

	more than 33 1/3%, check this box a						
	a 33 1/3% support tests - 2015. If the						
	Investment income percentage from 2			, (,,		18	%
17	Investment income percentage for 20)15 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	%
	ction D. Computation of Inves						
	Public support percentage from 2014					16	%
15	Public support percentage for 2015 (I	line 8, column (f) d	ivided by line 13, d	column (f))		15	%
Se	ction C. Computation of Publ						
	check this box and stop here						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organi	zation,
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
k	 Unrelated business taxable income 						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						

b 33 1/3% support tests - 2014. 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 ston here. The organization qualifies as a publicly supported organization

	line 18 is not more than 33 1/3%, check this box and stop nere. 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	_
5320	23 09-23-15 Schedule A (Form 990 or 990-EZ) 2	2

015 Schedule A (Form 990 or 9

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Schedule A (Form 990 or 990-EZ) 2015 THE VIRGINA HOLOCAUST MUSEUM

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 THE VIRGINA HOLOCAUST MUSEUM Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a		11a		
h	below, the governing body of a supported organization?			
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	-	1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
•	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			
		1		
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	0		
-	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а				
	trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
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.	3b		
53202	5 09-23-15 Schedule A (Form 9		0-F7	2015
	18			

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Schedule A (Form 990 or 990-EZ) 2015 THE VIRGINA HOLOCAUST MUSEUM

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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v-intear:	ated Type III supporting or	anization (see

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

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990 EZ) 2015 THE VIRGINA HOLOCAUST MUSEUM

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	<u>_</u>
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	· · · · · · · · · · · · · · · · · · ·		
		(i)	(ii)	(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
	· · ·			
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
-	From 2013			
	From 2014			
-	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
-	Applied to 2015 distributable amount Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
5	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
U	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
a				
b				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 THE VIRGINA HOLOCAUST MUSEUM	54-1864320 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete th (See instructions.)	IV, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V,
PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTA	NCES TEST:
BELOW IS THE EVALUATION OF THE 10% FACTS AND CIRC	UMSTANCES TEST IN
ACCORDANCE TO REGULATION SECTION 1.107A-9(F)(3):	
(I) THE PUBLIC SUPPORT PERCENTAGE IS 30.18% WHICH	I IS SIGNIFICANTLY IN
EXCESS OF 10%.	

(II) THE VIRGINIA HOLOCAUST MUSEUM OFFERS OPPORTUNITIES TO BECOME A MEMBER

OF THE MUSEUM, PLANNED GIVING OPPORTUNITIES, A PENNY CAMPAIGN WHERE HIGH

SCHOOLS COLLECT PENNIES TO DONATE TO THE MUSEUM (4.2 MILLION PENNIES HAVE

BEEN COLLECTED AND DONATED AS OF APRIL 2015), AND DONATIONS CAN BE MADE

ONLINE OR AT THE MUSEUM.

(III) OTHER EVIDENCE:

A. THE PUBLIC SUPPORT PERCENTAGE IS ALMOST 33 1/3% AT 30.18%.

C. THE VIRGINIA HOLOCAUST MUSEUM'S BOARD OF TRUSTEES CONSISTS OF A

VARIETY OF PROFESSIONALS OF THE COMMUNITY

D. THE VIRGINIA HOLOCAUST MUSEUM IS FREE AND OPEN TO THE PUBLIC. NO ADMISSION FEES ARE CHARGED.

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** PUBLIC DISCLOSURE COPY

THE VIRGINA HOLOCAUST MUSEUM

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2015

Employer identification number

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Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

Filers of:	Section:				
Form 990 or 990-EZ	X 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

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, II, and III.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of	organ	ization
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Employer identification number

THE VIRGINA HOLOCAUST MUSEUM

54-1864320

(2)	(h)	(2)	(പ)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
1		\$49,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
2		\$31,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
3		\$683,970.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
4		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
5		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
6		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributio

Page 2

Employer identification number

54-1864320 THE VIRGINA HOLOCAUST MUSEUM Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 8 Person Payroll 22,025. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X Person Payroll 150,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 Х Person Payroll 35,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 15,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 12 X Person Pavroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) 523452 10-26-15

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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Part I

Employer identification number

THE VIRGINA HOLOCAUST MUSEUM

54-1864320 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>13</u>		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u> 14 </u>		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u>15</u>		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
<u> 16 </u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
		\$	Person Payroll Noncash Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
		\$	Person Payroll Noncash (Complete Part II for

Page 3 Employer identification number

THE VIRGINA HOLOCAUST MUSEUM

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
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

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Page 4

me of organiza	1000			Employer identification numbe
HE VIRG	INA HOLOCAUST MUSEUM			54-1864320
art III	Exclusively religious, charitable, etc., contril the year from any one contributor. Complete co	outions to organizations describe lumns (a) through (e) and the foll	d in section 501(c)(7), (8), o owing line entry. For organizatio	r (10) that total more than \$1,00
c	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000	or less for the year. (Enter this info. on	e.) ▶ \$
a) No.	Use duplicate copies of Part III if additional			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	I	(e) Transfer of gi	ift	
	Transferee's name, address, and	J ZIP + 4	Relationship of tra	Insferor to transferee
a) No.				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
<u> </u>				
		(e) Transfer of gi	ift	
	Transferee's name, address, and	1 ZIP + 4	Relationship of tra	insferor to transferee
a) No				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gi	ift	
	<u> </u>			
	Transferee's name, address, and			insferor to transferee
	Transferee's name, address, and			insferor to transferee
	Transferee's name, address, and			Insferor to transferee
a) No.	Transferee's name, address, and			Insferor to transferee
a) No. from Part I	Transferee's name, address, and		Relationship of tra	Insferor to transferee
a) No. from Part I		d ZIP + 4	Relationship of tra	
a) No. from Part I		d ZIP + 4	Relationship of tra	
a) No. from Part I		d ZIP + 4	Relationship of tra	
a) No. from Part I		d ZIP + 4	Relationship of tra (d) Des	
a) No. from Part I	(b) Purpose of gift	d ZIP + 4 	Relationship of tra	cription of how gift is held
a) No. from Part I		d ZIP + 4 	Relationship of tra	
a) No. from Part I	(b) Purpose of gift	d ZIP + 4 	Relationship of tra	cription of how gift is held
a) No. from Part I	(b) Purpose of gift	d ZIP + 4 	Relationship of tra	cription of how gift is held
a) No. from Part I	(b) Purpose of gift	d ZIP + 4 	Relationship of tra (d) Desc (d) Desc	cription of how gift is held

SCHEDULE D)
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Department of the Treasury Internal Revenue Service

(Form 990)

 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.

 ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Name	of the organization THE VIRGINA HOLOCA	AUST MUSEUM	Employer identification number $54 - 1864320$
Par			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in		sed funds
-	are the organization's property, subject to the organization'	5	
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
		······································	
Par	II Conservation Easements. Complete if the o	rganization answered "Yes" on Form 990,	Part IV, line 7.
	Purpose(s) of conservation easements held by the organiza		,
	Preservation of land for public use (e.g., recreation or		torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form	of a conservation easement on the last
-	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic si		
	Number of conservation easements included in (c) acquirec		
u	listed in the National Register		
3	Number of conservation easements modified, transferred, r		
5	year	eleased, extinguished, or terminated by th	e organization during the tax
4	Number of states where property subject to conservation e	asement is located	
	Does the organization have a written policy regarding the policy		
5	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting		······································
U		, nandling of violations, and emotioning con	iservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, har	dling of violations, and enforcing conserv	ation easements during the year
'		ining of violations, and emotering conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) abo	ave satisfy the requirements of section 17(
U			
٩	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conserva	tion assements in its revenue and expans	e statement and balance sheet and
5	include, if applicable, the text of the footnote to the organiz-		
	conservation easements.		the organization's accounting for
Par		of Art. Historical Treasures. or C)ther Similar Assets.
	Complete if the organization answered "Yes" on For		
1a	If the organization elected, as permitted under SFAS 116 (A		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that desc		,
b	If the organization elected, as permitted under SFAS 116 (A		t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, o		-
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
			N A
2	If the organization received or held works of art, historical tr	easures or other similar assets for financi	
	the following amounts required to be reported under SFAS		a gan, provide
			▶ \$
	Revenue included on Form 990, Part VIII, line 1Assets included in Form 990, Part X		
U	HOULD IN UNIT 300, FAILA		🚩 Ψ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

Schedule D (Form 990) 2015

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Sche	dule D (Form 990) 2015 THE VIR	GINA HOLOCA	AUST MUSE	M			54-18	6432	0 Ра	age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Historical T	reasures, o	r Othe	r Simila	ar Asse	ts(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	e following that	t are a się	gnificant	use of its	collectio	n item	IS
	(check all that apply):									
а	X Public exhibition	d	Loan or ex	change progra	ms					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they further	the organizatio	on's exen	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical tre	asures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's o	collection?			L	Yes	X	No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizati	on answered "`	Yes" on I	Form 990), Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributic	ns or other ass	sets not i	included		_		_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amount	t	
С	Beginning balance					. 1c				
d	Additions during the year					. 1d				
е	Distributions during the year					. 1e				
	Ending balance					. 1f		_		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or o	custodial accou	unt liabili	ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i			1						
		(a) Current year	(b) Prior year	(c) Two years		-	ears back			
	Beginning of year balance	941,228.	961,088		,623.	8	17,176.	1		968.
	Contributions	1,045.	43,832		25.		15.		,	300.
	Net investment earnings, gains, and losses	-24,561.	32,308	. 97	,440.	1	58,209.		15,	397.
	Grants or scholarships									
е	Other expenditures for facilities	21 022	0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0	100			11 000		7 22	F 4 0
	and programs	31,823.	96,000	. 100	,000.		11,777.			549.
	Administrative expenses	885,889.	0.41 0.20	0.61	000	0	62 622		,	941.
-	End of year balance	,	941,228		,088.		63,623.		01/,	176.
2	Provide the estimated percentage of the cur	rent year end balanc 80.81		(a)) neid as:						
	Board designated or quasi-endowment ► Permanent endowment ► 18.05		_%							
		[%] 1.14 %								
C	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c sho									
20			tion that are hold	and administor	rad far th	o organi-	ration			
Ja	Are there endowment funds not in the posse	ssion of the organiza		and administer		e organiz	Lation	Г	Yes	No
	by: (i) unrelated organizations							20(1)	165	No X
										X
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organization									
4	Describe in Part XIII the intended uses of the			ť				30		
_	t VI Land, Buildings, and Equipm		wittent funds.							
	Complete if the organization answere). Part IV. line 11a.	See Form 990.	Part X. I	ine 10.				
	Description of property	(a) Cost or of		t or other		cumulate	be	(d) Bool	k valu	e
	Becomption of property	basis (investm		(other)	• •	reciation		(u) 2001	vulu	0
12	Land		,	78,473.	P			77	8,4	73.
	Buildings			59,721.	1.0	55,8	09.	3,11		
	Leasehold improvements				_, ;					
	Equipment									
	Other		8	04,829.	6	86,8	20.	11	8,0	09.
	Add lines 1a through 1e. (Column (d) must e					, ,		4,01		
		,	,	- /			Schedule	-	-	
								•		-

Schedule D (Form 990) 2015	\mathbf{THE}	VIRGINA	HOLOCAUST	MUSEUM

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) FUNDS INVESTED WITH			
(B) RICHMOND JEWISH			
(C) FOUNDATION	885,889.	END-OF-YEAR MARKE	T VALUE
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	885,889.		
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 e	end-of-vear market value
(1)		()	5
(1)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(h) Deelevelve
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(5)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		►
	ne 15.)		•
Total. (Column (b) must equal Form 990, Part X, col. (B) lin		11e or 11f. See Form 990, Part X, line	25.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	on Form 990, Part IV, line		25.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line		25.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)	on Form 990, Part IV, line		25.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)	on Form 990, Part IV, line		25.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	on Form 990, Part IV, line		25.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	on Form 990, Part IV, line		25.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (6)	on Form 990, Part IV, line		25.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (7)	on Form 990, Part IV, line		25.
Total. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (8)	on Form 990, Part IV, line		25.
Total. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	on Form 990, Part IV, line		25.
Total. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lim	e 25.)	b) Book value	
Total. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	e the text of the footnote to	b) Book value	ts that reports the

Schedule D (Form 990) 2015

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Schedule D (Form 990) 2015 THE VIRGINA HOLOCAUST MUSEUM					54-1864320 Page 4		
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.					
1	Total revenue, gains, and other support per audited financial statements			1	1,185,668.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	. 2a	-44,574.				
b	Donated services and use of facilities						
с	Recoveries of prior year grants						
d	Other (Describe in Part XIII.)		23,322.				
е	Add lines 2a through 2d			2e	-21,252.		
3	Subtract line 2e from line 1			3	1,206,920.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	. 4b					
с	Add lines 4a and 4b			4c	0.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,206,920.		
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	nents Wit	h Expenses per	Retu	ırn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 123						
1	Total expenses and losses per audited financial statements			1	1,155,033.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	. 2a					
b	Prior year adjustments	. 2b					
С	Other losses	. 2c					
d	Other (Describe in Part XIII.)	2d	23,322.				
е	Add lines 2a through 2d			2e	23,322.		
3	Subtract line 2e from line 1			3	1,131,711.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a					
b	Other (Describe in Part XIII.)	4b			_		
с	Add lines 4a and 4b			4c	0.		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,131,711.		
	rt 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 III, LINE 1A:

THE MUSEUM HAS A COLLECTION OF ARTIFACTS THAT ARE ON PUBLIC DISPLAY. THE
MUSEUM HAS ADOPTED A POLICY OF NOT CAPITALIZING THE COLLECTION IN ITS
FINANCIAL STATEMENTS. ACCORDINGLY, NO COLLECTION ITEMS ARE RECOGNIZED AS
ASSETS, WHETHER THEY ARE PURCHASED OR RECEIVED AS A DONATION. PURCHASES OF
COLLECTION ITEMS REDUCE NET ASSETS IN THE PERIOD WHEN PURCHASED. PROCEEDS
FROM SALES OR INSURANCE RECOVERIES ARE RECORDED AS INCREASES IN NET ASSETS
WHEN RECEIVED. THE MUSEUM ENSURES THAT THE COLLECTION IS PROTECTED AND
PRESERVED. IT IS THE POLICY OF THE MUSEUM THAT PROCEEDS FROM THE SALE OF
ANY COLLECTION ITEMS ARE TO BE USED TO PURCHASE ADDITIONAL COLLECTION
ITEMS.

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PART III, LINE 4:

THE COLLECTION ITEMS CONSIST OF ARTIFACTS FROM WORLD WAR II AND, IN

PARTICULAR, THE HOLOCAUST. THESE ARTIFACTS ARE DISPLAYED IN THE MUSEUM

WHICH SERVES AS A MEMORIAL TO HOLOCAUST VICTIMS AND SURVIVORS AS WELL AS

TO EDUCATE THE GENERAL PUBLIC THOROUGH TOURS OF THE MUSEUM ABOUT THE

HOLOCAUST.

PART V, LINE 4:

THE ENDOWMENT FUNDS WERE ESTABLISHED TO FUND EDUCATION AND EXHIBITS.

PART X, LINE 2:

THE MUSEUM IS A TAX EXEMPT ORGANIZATION OPERATING UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THE TAX STATUTES OF THE COMMONWEALTH OF VIRGINIA; ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT

REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

MUSEUM SHOP WAGES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

MUSEUM SHOP WAGES

23,322.

23,322.

Schedule D (Form 990) 2015

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.

OMB No. 1545-0047

Employer identification number 54 - 1864320

THE VIRGINA HOLOCAUST MUSEUM

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

HISTORICAL AND PERSONAL REALITIES OF THE HOLOCAUST.

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

THE VIRGINIA HOLOCAUST MUSEUM'S PRIMARY MISSION IS EDUCATING THE

WORLD-WIDE COMMUNITY ABOUT THE HISTORICAL AND PERSONAL REALITIES OF THE

HOLOCAUST. THE MUSEUM REMEMBERS THE ATROCITIES OF THE SHOA, THE

SACRIFICES OF ITS VICTIMS, THE BRAVERY OF ITS HEROES AND THE COURAGE OF

THE SURVIVORS THROUGH ITS PERMANENT EXHIBITS. THE MUSEUM'S COMMITMENT

TO TOLERANCE THROUGH EDUCATION ENCAPSULATES ITS GOAL TO COMBAT

INTOLERANCE, ANTI-SEMITISM, RACISM, PREJUDICE, FEAR AND HATRED WITH

KNOWLEDGE, UNDERSTANDING, COMPASSION AND ACCEPTANCE.

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

THE TREASURER OF THE ORGANIZATION WILL REVIEW THE 990 BEFORE SUBMISSION, HOWEVER NO REVIEW BY THE FULL BOARD WILL BE CONDUCTED.

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

THE COMPENSATION FOR TOP OFFICIALS OF THE ORGANIZATION ARE DISCUSSED AND APPROVED BY THE BOARD. OTHER SALARIES OF SENIOR STAFF ARE SUGGESTED BY THE COO TO THE EXECUTIVE COMMITTEE AND THEN, ONCE VOTED ON, PASSED TO THE FULL BOARD. ALL OTHER SALARIES ARE DETERMINED BY THE COO.

FORM 990, PART VI, SECTION C, LINE 19:

THR ORGANIZATION PROVIDES A COPY OF THEIR GOVERNING DOCUMENTS, 990 AND

FINANCIAL STATEMENT TO THE PUBLIC UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015) 532211 09-02-15 33

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THERE	HAVE	BEEN	NO	CHANGES	то	THE	PROCESS.
32212 09-02-	15						Schedule O (Form 990 or 990-Ez

Name of the organization

THE VIRGINA HOLOCAUST MUSEUM

Employer identification number 54-1864320