

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

# 2000

Open to Public Inspection

**A** For the 2000 calendar year, OR tax year period beginning **JUL 1, 2000** and ending **JUN 30, 2001**

<b>B</b> Check if applicable: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (use also for state reporting)	Please use IRS label or print or type. See Specific Instructions	<b>C</b> Name of organization <b>MIDWEST CENTER FOR HOLOCAUST EDUCATION</b>		<b>D</b> Employer identification number <b>48-1127376</b>
		Number and street (or P O box if mail is not delivered to street address) <b>5801 W. 115TH STREET</b>		Room/suite <b>106</b>
		City or town, state or country and ZIP <b>OVERLAND PARK, KS 66211</b>		<b>E</b> Telephone number <b>913-327-8190</b>

**G** Organization type (check only one)  501(c)(3) (insert no)  527  
OR  4947(a)(1)

(H and I are not applicable to section 527 orgs)  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

**J** Accounting method  Cash  Accrual  Other (specify)

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No" attach a list)

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4-digit group exemption no (GEN)   
**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	<b>1</b> Contributions, gifts and similar amounts received			
	<b>a</b> Direct public support	<b>1a</b>	<b>267,299.</b>	
	<b>b</b> Indirect public support	<b>1b</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>256,109.</b> noncash \$ <b>11,190.</b> )	<b>1d</b>		<b>267,299.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
	<b>3</b> Membership dues and assessments	<b>3</b>		
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		<b>17,952.</b>
	<b>5</b> Dividends and interest from securities	<b>5</b>		
	<b>6 a</b> Gross rents	<b>6a</b>		
	<b>b</b> Less rental expenses	<b>6b</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b> Other investment income (describe <input type="checkbox"/> )	<b>7</b>			
<b>8 a</b> Gross amount from sale of assets other than inventory	(A) Securities		(B) Other	
	<b>10,677.</b>	<b>8a</b>		
		<b>8b</b>		
	<b>10,677.</b>	<b>8c</b>		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>	<b>STMT 1</b>	<b>10,677.</b>	
<b>9</b> Special events and activities (attach schedule)	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)			
	<b>9a</b>			
	<b>9b</b>			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	<b>20,204.</b>		
	<b>10b</b>	<b>14,702.</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>	<b>STMT 2</b>	<b>5,502.</b>
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>301,430.</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	<b>190,572.</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	<b>69,469.</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	<b>25,352.</b>	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		<b>285,393.</b>
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>16,037.</b>	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>2,273,111.</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>SEE STATEMENT 3</b>	<b>24,605.</b>	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>2,313,753.</b>	

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash \$ _____ noncash \$ _____				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc	73,537.	43,065.	24,293.	6,179.
26 Other salaries and wages	49,901.	29,224.	16,484.	4,193.
27 Pension plan contributions				
28 Other employee benefits	8,101.	3,809.	3,424.	868.
29 Payroll taxes	9,636.	5,528.	3,315.	793.
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	6,147.	4,242.	1,645.	260.
34 Telephone	1,194.	668.	437.	89.
35 Postage and shipping	11,397.	8,223.	1,387.	1,787.
36 Occupancy	11,733.	7,733.	3,116.	884.
37 Equipment rental and maintenance	2,375.	1,515.	662.	198.
38 Printing and publications	13,528.	6,807.	1,374.	5,347.
39 Travel	4,838.	3,733.	1,105.	
40 Conferences, conventions, and meetings	12,029.	7,917.	3,912.	200.
41 Interest				
42 Depreciation, depletion, etc (attach schedule)	24,025.	16,541.	5,566.	1,918.
43 Other expenses (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 4	43e	56,952.	51,567.	2,749.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	285,393.	190,572.	69,469.

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No

If "Yes" enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 5**

What is the organization's primary exempt purpose? <b>SEE STATEMENT 5</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others)
a SEE STATEMENT 6   (Grants and allocations \$ _____)	17,706.
b SEE STATEMENT 7   (Grants and allocations \$ _____)	38,652.
c SEE STATEMENT 8   (Grants and allocations \$ _____)	20,600.
d SEE STATEMENT 9   (Grants and allocations \$ _____)	28,027.
e Other program services (attach schedule) <b>STATEMENT 10</b> (Grants and allocations \$ _____)	85,587.
f Total of Program Service Expenses (should equal line 44 column (B) Program services)	190,572.

**Part IV Balance Sheets**

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	13,220.	45	6,662.
	46 Savings and temporary cash investments	27,325.	46	279,896.
	47 a Accounts receivable	47a 19,512.		
	b Less allowance for doubtful accounts	47b	12,044.	47c 19,512.
	48 a Pledges receivable	48a 374,998.		
	b Less allowance for doubtful accounts	48b 7,677.	435,198.	48c 367,321.
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees			50
	51 a Other notes and loans receivable	51a		51c
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52 3,540.
	53 Prepaid expenses and deferred charges			53
	54 Investments - securities STMT 11 STMT 12 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		1,543,810.	54 1,418,471.
	55 a Investments - land, buildings, and equipment basis	55a		
b Less accumulated depreciation	55b		55c	
56 Investments - other			56	
57 a Land, buildings, and equipment basis	57a 257,078.			
b Less accumulated depreciation STMT 16	57b 79,924.	200,419.	57c 177,154.	
58 Other assets (describe <input checked="" type="checkbox"/> EXHIBITS )		41,245.	58 41,245.	
59 Total assets (add lines 45 through 58) (must equal line 74)		2,273,261.	59 2,313,801.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	150.	60	48.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/> )		65	
66 Total liabilities (add lines 60 through 65)		150.	66 48.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	549,860.	67	519,799.
	68 Temporarily restricted	224,889.	68	211,513.
	69 Permanently restricted	1,498,362.	69	1,582,441.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)		2,273,111.	73 2,313,753.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		2,273,261.	74 2,313,801.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes in Part III, the organization's programs and accomplishments.



<b>Part VI Other Information</b> (See Specific Instructions on pages 26 )		N/A	Yes or No
<b>76</b> Did the organization engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity		<b>76</b>	No
<b>77</b> Were any changes made in the organizing or governing documents, but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<b>77</b>	No
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<b>78a</b>	No
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?		<b>78b</b>	N/A
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		<b>79</b>	No
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		<b>80a</b>	No
<b>b</b> If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
<b>81a</b> Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	<b>81a</b> 0		
<b>b</b> Did the organization file Form 1120-POL for this year?		<b>81b</b>	N/A
<b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<b>82a</b>	No
<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III )	<b>82b</b> N/A		
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?		<b>83a</b>	Yes
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		<b>83b</b>	N/A
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?		<b>84a</b>	No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		<b>84b</b>	N/A
<b>85</b> 501(c)(4), (5), or (6) organizations (a) Were substantially all dues nondeductible by members?		<b>85a</b>	N/A
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		<b>85b</b>	N/A
<b>c</b> Dues, assessments, and similar amounts from members	<b>85c</b> N/A		
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85d</b> N/A		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b> N/A		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b> 0		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount in 85f?		<b>85g</b>	N/A
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		<b>85h</b>	N/A
<b>86</b> 501(c)(7) orgs - Enter (a) Initiation fees and capital contributions included on line 12	<b>86a</b> N/A		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86b</b> N/A		
<b>87</b> 501(c)(12) orgs - Enter a Gross income from members or shareholders	<b>87a</b> N/A		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	<b>87b</b> 0		
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		<b>88</b>	No
<b>89a</b> 501(c)(3) organizations - Enter Amount of tax paid during the year under section 4911 0, section 4912 0, section 4955 0		<b>89</b>	No
<b>b</b> 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction			
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under section 4912, 4955 and 4958			0
<b>d</b> Enter Amount of tax in 89c, above, reimbursed by the organization			0
<b>90a</b> List the states with which a copy of this return is filed _____			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2000 (See inst )		<b>90b</b>	0
<b>91</b> The books are in care of <u>John Meerts</u> Telephone no <u>860-685-3096</u> Located at <u>Wesleyan University, 265 Church Street, Middletown, CT</u> ZIP code <u>06459-0134</u>			
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-- Check here <input type="checkbox"/> enter the amount of tax-exempt interest received or accrued during the tax year	<b>92</b>		

**Part VII Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	17,952.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	10,677.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					5,502.
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		28,629.	5,502.
105 Total (add line 104 columns (B), (D) and (E))					34,131.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
102	VIDEO TAPES OF HOLOCAUST WITNESSES ARE BEING SOLD TO INDIVIDUALS, SCHOOLS AND INSTITUTIONS AT APPROXIMATELY THEIR COST TO ENCOURAGE THE EDUCATION AND AWARENESS OF THE HISTORY AND IMPACT OF THE HOLOCAUST.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts**

- (a) Did the organization during the year, receive any funds directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

I have prepared this return and accompanying schedules and statements and to the best of my knowledge and belief it is true, and all information of which preparer has any knowledge. (Important: See General Instruction W)

1/24/02 by Colleen L'Abbe



**Part III Statements About Activities**

		Yes	No
1	During the year has the organization attempted to influence national state or local legislation including any attempt to influence public opinion on a legislative matter or referendum? If "Yes" enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2	During the year, has the organization either directly or indirectly engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions	2e	X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4	Do you have a section 403(b) annuity plan for your employees? b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions)	4a	X

**Part IV Reason for Non-Private Foundation Status** (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

**Part IV-A** Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting  
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	581,250.	307,487.	325,695.	606,203.	1,820,635.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc. purpose	4,735.	4,328.	5,139.		14,202.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	90,516.	62,927.	73,143.	27,466.	254,052.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization a benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	676,501.	374,742.	403,977.	633,669.	2,088,889.
24 Line 23 minus line 17	671,766.	370,414.	398,838.	633,669.	2,074,687.
25 Enter 1% of line 23	6,765.	3,747.	4,040.	6,337.	
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24					26a 41,494.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts. SEE STATEMENT 15					26b 83,701.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 2,074,687.
d Add: Amounts from column (e) for lines 18 254,052. 19 22					26d 337,753.
e Public support (line 26c minus line 26d total)					26e 1,736,934.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 83.7203%
27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year (1999) N/A (1998) (1997) (1996)					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year N/A (1999) (1998) (1997) (1996)					
c Add: Amounts from column (e) for lines 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

NONE

**Part V Private School Questionnaire**  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures catalogues and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (if you need more space, attach a separate statement )		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements and other written communications to the public dealing with student admissions, programs and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above please explain (if you need more space attach a separate statement )		
<hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above please explain (if you need more space, attach a separate statement )		
<hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No " attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities**

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

- Check here  If the organization belongs to an affiliated group  
 Check here  If you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred )	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is -                      The lobbying nontaxable amount is - Not over \$500 000                                      20% of the amount on line 40 Over \$500 000 but not over \$1 000 000                      \$100 000 plus 15% of the excess over \$500 000 Over \$1 000 000 but not over \$1 500 000                      \$175 000 plus 10% of the excess over \$1 000 000 Over \$1 500 000 but not over \$17 000 000                      \$225 000 plus 5% of the excess over \$1 500 000 Over \$17 000 000                                      \$1 000 000	41	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 9 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators or the public			
e Publications or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators their staffs, government officials, or a legislative body			
h Rallies demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



**Schedule B**  
**(Form 990 or 990-EZ)**

**Schedule of Contributors**

OMB No 1545-0047

Supplementary Information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

**2000**

Department of the Treasury  
Internal Revenue Service

Name of organization  
**MIDWEST CENTER FOR HOLOCAUST EDUCATION**

Employer identification number  
**48-1127376**

Organization type (check one)-Section  501(c)(3) (enter number)  527 or  4947(a)(1) nonexempt charitable trust

**A Section 501(c)(7), (8), or (10) organizations-**

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶ \$

**Note: This form is generally not open to public inspection except for section 527 organizations.**

**General Instructions**

**Purpose of Form**

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ) Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

**Who Must File Schedule B (Form 990 or 990-EZ)**

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

**Caution** Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

**Public Inspection**

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments which include Schedule B (Form 990 or 990-EZ).

**Contributors Required To Be Listed On Part I**

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

**General rule** Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

**Section 501(c)(3) organizations** For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(m)(a)).

**Example** A section 501(c)(3) organization of the type described above reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

**Section 501(c)(7), (8), or (10) organizations** For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

**Specific Instructions**

**Note** You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

**Part I** In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

**Part II** In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

**Part III** Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

Employer identification number

MIDWEST CENTER FOR HOLOCAUST EDUCATION

48-1127376

**Part I Contributors**

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
2		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
3		\$ 18,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
4		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
5		\$ 9,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
6		\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization <b>MIDWEST CENTER FOR HOLOCAUST EDUCATION</b>	Employer identification number <b>48-1127376</b>
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**Part I Contributors**

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
7		\$ <u>5,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
8		\$ <u>6,386.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
9		\$ <u>35,200.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
10		\$ <u>10,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
11		\$ <u>5,064.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
12		\$ <u>5,366.</u>	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization

Employer identification number

MIDWEST CENTER FOR HOLOCAUST EDUCATION

48-1127376

**Part I Contributors**

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
13		\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
14		\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
15		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
16		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
17		\$ 8,688.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
18		\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization <b>MIDWEST CENTER FOR HOLOCAUST EDUCATION</b>	Employer identification number <b>48-1127376</b>
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**Part I Contributors**

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
19	_____	\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
20	_____	\$ 20,889.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
21	_____	\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
22	_____	\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
23	_____ _____ _____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
24	_____ _____ _____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization

Employer identification number

MIDWEST CENTER FOR HOLOCAUST EDUCATION

48-1127376

**Part II Noncash Property**

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
12	ACCOUNTING SERVICES AND TAX RETURN PREPARATION	\$ 5,366.	VARIOUS

SCHEDULE A IDENTIFICATION OF EXCESS CONTRIBUTIONS STATEMENT 15  
 INCLUDED ON PART IV, LINE 26B

\*\*\* NOT OPEN TO PUBLIC INSPECTION \*\*\*

<u>CONTRIBUTOR'S NAME</u>	<u>TOTAL CONTRIBUTION</u>	<u>EXCESS CONTRIBUTION</u>
	100,000.	58,506.
	59,533.	18,039.
	48,650.	7,156.
TOTAL EXCESS CONTRIBUTIONS TO SCHEDULE A, LINE 26B		<u>83,701.</u>

**Depreciation and Amortization**  
 (Including Information on Listed Property) 990

**2000**

Attachment  
 Sequence No 67

▶ See separate instructions ▶ Attach this form to your return

Name(s) shown on return: **MIDWEST CENTER FOR HOLOCAUST EDUCATION** Business or activity to which this form relates: **FORM 990 PAGE 2** Identifying number: **48-1127376**

**Part I Election To Expense Certain Tangible Property (Section 179) Note** If you have any listed property complete Part V before you complete Part I )

1	Maximum dollar limitation. If an enterprise zone business, see instructions	20,000.
2	Total cost of section 179 property placed in service. See instructions	760.
3	Threshold cost of section 179 property before reduction in limitation	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0. If married filing separately, see instructions.	20,000.

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter amount from line 27	7
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8
9	Tentative deduction. Enter the smaller of line 5 or line 8	9
10	Carryover of disallowed deduction from 1999	10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	20,000.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12
13	Carryover of disallowed deduction to 2001. Add lines 9 and 10, less line 12	13

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

**Part II MACRS Depreciation For Assets Placed in Service Only During Your 2000 Tax Year (Do not include listed property )**

**Section A - General Asset Account Election**

14 If you are making the election under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts check this box. See instructions.

**Section B - General Depreciation System (GDS) (See instructions )**

15 a	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
a	3 year property						
b	5 year property						
c	7 year property		760.	7	MM	SL	109.
d	10 year property						
e	15 year property						
f	20 year property						
g	25 year property			25 yrs		S/L	
h	Residential rental property	/		27 5 yrs	MM	S/L	
		/		27 5 yrs	MM	S/L	
i	Nonresidential real property	/		39 yrs	MM	S/L	
		/			MM	S/L	

**Section C - Alternative Depreciation System (ADS) (See instructions )**

16 a	Class life					S/L	
b	12 year			12 yrs		S/L	
c	40 year	/		40 yrs	MM	S/L	

**Part III Other Depreciation (Do not include listed property ) (See instructions )**

17	GDS and ADS deductions for assets placed in service in tax years beginning before 2000	17
18	Property subject to section 168(f)(1) election	18
19	ACRS and other depreciation	23,916.

**Part IV Summary (See instructions )**

20	Listed property. Enter amount from line 26	20
21	Total. Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations see instructions.	24,025.
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22

**Part V Listed Property** (include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)  
**Note** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information** (Caution See instructions for limits for passenger automobiles)

23a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						23b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
24 Property used more than 50% in a qualified business use									
		%							
		%							
		%							
25 Property used 50% or less in a qualified business use									
		%				S/L			
		%				S/L			
		%				S/L			
26 Add amounts in column (h). Enter the total here and on line 20, page 1							26		
27 Add amounts in column (i). Enter the total here and on line 7, page 1								27	

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

28 Total business/investment miles driven during the year (DO NOT include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
29 Total commuting miles driven during the year												
30 Total other personal (noncommuting) miles driven												
31 Total miles driven during the year Add lines 28 through 30												
32 Was the vehicle available for personal use during off duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
33 Was the vehicle used primarily by a more than 5% owner or related person?												
34 Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use? <b>Note</b> If your answer to 35, 36, 37, 38, or 39 is "Yes," you need not complete Section B for the covered vehicles.		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 2000 tax year					
41 Amortization of costs that began before 2000				41	
42 Total Add amounts in column (f). See instructions for where to report.				42	

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 FORM 990                      GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES                      STATEMENT    1
 

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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
GAIN ON SALE OF MUTUAL FUND ASSETS	10,677.	0.	0.	10,677.
TO FORM 990, PART I, LINE 8	10,677.	0.	0.	10,677.

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 2

INCOME

1. GROSS RECEIPTS . . . . .	20,204	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		20,204
4. COST OF GOODS SOLD (LINE 13) . . . . .	14,702	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		5,502

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	0	
7. MERCHANDISE PURCHASED . . . . .	18,242	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		18,242
12. INVENTORY AT END OF YEAR . . . . .	3,540	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . . . .		14,702

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
DESCRIPTION		AMOUNT	
UNREALIZED GAINS ON INVESTMENTS		24,605.	
TOTAL TO FORM 990, PART I, LINE 20		24,605.	

FORM 990	OTHER EXPENSES			STATEMENT	4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
COMPUTER EXPENSES	6,780.	4,806.	857.	1,117.	
ADVERTISING & PUBLICITY	1,828.	1,828.			
PROFESSIONAL SERVICES	11,516.		11,516.		
CONTRACT LABOR	13,995.	11,974.	783.	1,238.	
MEMBERSHIP/DUES	566.	100.	426.	40.	
AWARDS & GIFTS	3,326.	3,208.	118.		
RESOURCE & PROJECT EXPENSES	2,904.	18,519.	<15,649.>	34.	
MISCELLANEOUS	3,340.	1,336.	2,004.		
INSURANCE	3,253.	971.	2,245.	37.	
SPEAKER FEES	3,300.	3,300.			
COPYING EXPENSE	3,950.	3,475.	332.	143.	
OTHER PROJECT EXPENSES	1,442.	1,442.			
MILEAGE	752.	608.	117.	27.	
TOTAL TO FM 990, LN 43	56,952.	51,567.	2,749.	2,636.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5  
PART III

EXPLANATION

TO PROMOTE AND ENGAGE IN RESEARCH AND EDUCATION CONCERNING THE NAZI HOLOCAUST

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE ONE

CITYWIDE HOLOCAUST ESSAY CONTEST: DEVELOPED TO ENCOURAGE HOLOCAUST EDUCATION, THE WHITE ROSE STUDENT ESSAY CONTEST IS OFFERED TO STUDENTS FROM METROPOLITAN KC AREA SCHOOLS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		17,706.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE TWO

HOLOCAUST EDUCATION CURRICULUM: TRAINING IN HOLOCAUST HISTORY AND EFFECTIVE INSTRUCTION WAS PROVIDED FOR A CADRE OF 19 TEACHERS, WITH THE GOAL OF PREPARING THEM TO INCORPORATE THIS INTO THEIR CLASSROOM CURRICULA AND TO TRAIN COLLEAGUES IN SOUND METHODS OF TEACHING THE HOLOCAUST.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		38,652.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 8

DESCRIPTION OF PROGRAM SERVICE THREE

HOLOCAUST SPEAKERS BUREAU: HOLOCAUST SURVIVORS PROVIDE FIRST-HAND TESTIMONY OF THEIR EXPERIENCES TO CLASSROOM AND GENERAL COMMUNITY AUDIENCES. OTHER VOLUNTEERS RECEIVED TRAINING TO PROVIDE HISTORICAL, POLITICAL, SOCIAL, AND ECONOMIC BACKGROUND AS A CONTEXT THESE PRESENTATIONS. APPROX. 10,000 PEOPLE WERE REACHED BY THIS PROGRAM.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		20,600.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 9

DESCRIPTION OF PROGRAM SERVICE FOUR

RESOURCE CENTER: APPROX 1200 TITLES, PLUS 49 UNEDITED WITNESS TAPES, POSTER SETS, BIBLIOGRAPHIES, CURRICULUM UNITS, ETC., ARE AVAILABLE FOR LOAN OR ON-SITE USE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		28,027.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 10

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
COMMUNITY PROGRAMS: VARIOUS COMMUNITY PROGRAMS OPEN TO THE PUBLIC TO PROVIDE HISTORICAL AND SOCIAL ISSUES OF THE HOLOCAUST.		22,137.
OTHER PROGRAMS:		42,871.
PORTRAIT 2000: LOCAL HOLOCAUST EXHIBIT CONTAINING FIFTY FRAMED PHOTOGRAPHS AND FOAM CORD TEXT PANELS. THE EXHIBIT WAS DISPLAYED TO PROMOTE HOLOCAUST		20,579.

EDUCATION THROUGHOUT THE LOCAL COMMUNITY.

TOTAL TO FORM 990, PART III, LINE E

85,587.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 11

DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITY SECURITIES	468,621.				468,621.
ISRAEL BONDS				13,428.	13,428.
TO FM 990, LN 54 COL B	468,621.			13,428.	482,049.

FORM 990 GOVERNMENT SECURITIES STATEMENT 12

DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
TREASURY SECURITIES	936,422.		936,422.
TOTAL TO FORM 990, LINE 54, COL B	936,422.		936,422.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 13

DESCRIPTION	AMOUNT
COGS NETTED WITH REVENUES	14,702.
TOTAL TO FORM 990, PART IV-A	14,702.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 14

DESCRIPTION	AMOUNT
COGS NETTED WITH REVENUES	14,702.
TOTAL TO FORM 990, PART IV-B	14,702.

Midwest Center for Holocaust Education, Inc  
Fixed Asset Detail  
6/30/01

	June 30	
	2001	2000
Leasehold improvements	\$ 159,804	\$ 159,804
Furniture and fixtures	20,617	19,857
Computers	64,126	64,126
Resource materials	12,531	12,531
Total Cost	257,078	256,318
Less accumulated depreciation and amortization	(79,924)	(55,899)
Net property and equipment	<u>\$ 177,154</u>	<u>\$ 200,419</u>



Honoring the Past • Protecting the Future®

Midwest Center for Holocaust Education  
Board of Directors 2001

		Hours Spent
▪ Alice Jacks Achtenberg	Kansas City, MO, 64113	10 hrs
▪ James T Barry	, Overland Park, KS, 66223	10 hrs
▪ Alvin L Brooks <i>Vice President of Community Relations</i>	, Kansas City, MO, 64137	20 hrs
▪ Michelle Campbell	, Overland Park, KS, 66223	10 hrs
▪ Maria Devinki	Shawnee Mission, KS, 66206	10 hrs
▪ Hon Arthur B Federman	, Shawnee Mission, KS, 66206	10 hrs
▪ Isak Federman	t, Shawnee Mission, KS, 66206	10 hrs
▪ David R Goodman	Shawnee Mission, KS, 66209	10 hrs
▪ Sharon Hamil <i>Vice President of Education</i>	Shawnee Mission, KS, 66207	20 hrs
▪ Karen Herman	Kansas City, MO, 64113	10 hrs
▪ Lynn C Hoover <i>Treasurer</i>	, Shawnee Mission, KS, 66209	50-60hrs
▪ James M Kemper, Jr	William T Kemper Foundation, , Kansas City, MO, 64106	10 hrs
▪ Dr J Gordon Kingsley	, Lee's Summit, MO, 64064	10 hrs
▪ William B Kort	Leawood, KS, 66211	10 hrs
▪ Gayle P Krigel	, Kansas City, MO, 64113	10 hrs
▪ Colleen Ligibel <i>President</i>	Shawnee Mission, KS, 66208	75 hrs
▪ Jack Mandelbaum	Shawnee Mission, KS, 66209	10 hrs
▪ Mark Mandelbaum	Shawnee Mission, KS, 66209	10 hrs
▪ Mary Ann McCue	t, Kansas City, MO, 64113	10 hrs
▪ Hon, Cordell D Meeks, Jr	, Kansas City, KS, 66112	10 hrs
▪ Dr Robert Meneilly	Shawnee Mission, KS, 66207	10 hrs
▪ Elaine Mondschein <i>Vice President of Administration</i>	Kansas City, MO, 64113	20 hrs
▪ Rosemary Nochin <i>Secretary</i>	Leawood, KS, 66209	20 hrs
▪ Dr Larry Nussbaum	Shawnee Mission, KS, 66207	10 hrs
▪ Karen D Pack	Shawnee Mission, KS, 66207	10 hrs
▪ Jean L Parelman	Kansas City, MO, 64112	10 hrs
▪ Elaine Polsky	Shawnee Mission, KS, 66211	10 hrs
▪ Juan M Rangel, Jr	Kansas City, MO, 64114	10 hrs
▪ Carol H Sader	, Shawnee Mission, KS, 66207	10 hrs
▪ John Shehane <i>Vice President of Finance</i>	Shawnee Mission, KS, 66208	20 hrs
▪ Dr Blanche Sosland	, Shawnee Mission, KS, 66208	10 hrs
▪ Stuart Waldman	Overland Park, KS, 66213	10 hrs

STMT 17

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

## Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization	Employer identification number
	MIDWEST CENTER FOR HOLOCAUST EDUCATION	48-1127376
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P O box, see instructions	
	5801 W. 115TH STREET, NO. 106	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	OVERLAND PARK, KS 66211	

Check type of return to be filed (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990 BL         | <input type="checkbox"/> Form 990 T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990 EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990 PF         | <input type="checkbox"/> Form 1041 A                             | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3 month (6-month, for 990-T corporation) extension of time until FEBRUARY 15, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year \_\_\_\_\_ or

▶  tax year beginning JUL 1, 2000, and ending JUN 30, 2001

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990 BL, 990-PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c Balance Due Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_ N/A

### Signature and Verification

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete and that I am authorized to prepare this form

Signature ▶ *Nancy H Taylor* Title ▶ \_\_\_\_\_ Date ▶ 11/15/01

LHA For Paperwork Reduction Act Notice, see instruction