

Return of Organization Exempt From Income Tax

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2003 calendar year, or tax year beginning JUL 1, 2003 and ending JUN 30, 2004

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

C Name of organization
MIDWEST CENTER FOR HOLOCAUST EDUCATION

E Telephone number
913-327-8190

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
5801 W. 115TH STREET 106

City or town, state or country, and ZIP + 4
OVERLAND PARK, KS 66211

D Employer identification number
48-1127376

F Accounting method: Cash Accrual
 Other (specify) _____

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates _____

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

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: WWW.MCHEKC.ORG

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

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.

I Group Exemption Number _____

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **688,189.**

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

SCANNED REVENUE 2003	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	197,662.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 197,662. noncash \$ _____)	1d		197,662.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		11,586.	
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			
	5 Dividends and interest from securities	5		7,301.	
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe _____)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	463,725.	8a			
	453,271.	8b			
	10,454.	8c			
b Less: cost or other basis and sales expenses					
c Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		10,454.		
9 a Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including reported on line 1a)	9a	2,650.			
b Less: direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		2,650.		
10 a Gross sales of inventory, less returns and allowances	10a	3,724.			
b Less: cost of goods sold	10b	1,334.			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		2,390.		
11 Other revenue (from Part VII, line 103)	11		1,541.		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		233,584.		
Expenses	13 Program services (from line 44, column (B))	13	202,996.		
	14 Management and general (from line 44, column (C))	14	106,756.		
	15 Fundraising (from line 44, column (D))	15	36,476.		
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17		346,228.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		<112,644.>		
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,307,095.		
	20 Other changes in net assets or fund balances (attach explanation)	20	92,804.		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	2,287,255.		

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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	
Assets	45 Cash - non-interest-bearing	33,923.	45	14,784.	
	46 Savings and temporary cash investments	358,592.	46	220,366.	
	47 a Accounts receivable				
	b Less: allowance for doubtful accounts		47c		
	48 a Pledges receivable	181,735.			
	b Less: allowance for doubtful accounts	4,427.	317,889.	48c	177,308.
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees			50	
	51 a Other notes and loans receivable				
	b Less: allowance for doubtful accounts			51c	
	52 Inventories for sale or use	26,490.	52		26,490.
	53 Prepaid expenses and deferred charges			53	
	54 Investments - securities STMT 10 STMT 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,291,114.	54		1,392,963.
	55 a Investments - land, buildings, and equipment, basis				
b Less: accumulated depreciation			55c		
56 Investments - other	SEE STATEMENT 12	100,000.	56	302,684.	
57 a Land, buildings, and equipment basis STMT 11	57a 259,478.				
b Less: accumulated depreciation	57b 148,563.	132,457.	57c	110,915.	
58 Other assets (describe SEE STATEMENT 13)		46,661.	58	41,745.	
59 Total assets (add lines 45 through 58) (must equal line 74)		2,307,126.	59	2,287,255.	
Liabilities	60 Accounts payable and accrued expenses	31.	60		
	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)		65		
66 Total liabilities (add lines 60 through 65)		31.	66	0.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	457,703.	67	407,444.	
	68 Temporarily restricted	147,200.	68	132,070.	
	69 Permanently restricted	1,702,192.	69	1,747,741.	
	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; column (B) must equal line 21)		2,307,095.	73	2,287,255.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		2,307,126.	74	2,287,255.	

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

Part VI Other Information

76 Did the organization engage in any activity not previously reported to the IRS? 77 Were any changes made in the organizing or governing documents but not reported to the IRS? 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 b If "Yes," has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 80 a 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? 80 b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt. 81 a Enter direct or indirect political expenditures. See line 81 instructions 81 b Did the organization file Form 1120-POL for this year? 82 a 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? 82 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 in Part III) 83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85 a Were substantially all dues nondeductible by members? 85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85 c Dues, assessments, and similar amounts from members 85 d Section 162(e) lobbying and political expenditures 85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85 f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85 h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86 b Gross receipts, included on line 12, for public use of club facilities 87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87 b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) 88 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? 89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 0., section 4912 0.; section 4955 0. 89 b 501(c)(3) and 501(c)(4) organizations. 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? 89 c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. 89 d Enter Amount of tax on line 89c, above, reimbursed by the organization 0. 90 a List the states with which a copy of this return is filed N/A 90 b Number of employees employed in the pay period that includes March 12, 2003 6 91 The books are in care of JEAN ZELDIN, EXECUTIVE DIRECTOR Telephone no 913-327-8190

Located at 5801 W. 115TH, STE 106, OVERLAND PARK, KS ZIP+4 66211

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

Note: 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 PROGRAM FEES					11,586.
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					
96 Dividends and interest from securities			14	7,301.	
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	10,454.	
101 Net income or (loss) from special events			01	2,650.	
102 Gross profit or (loss) from sales of inventory					2,390.
103 Other revenue:					
a MISC. INCOME					1,541.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		20,405.	15,517.
105 Total (add line 104, columns (B), (D), and (E))					35,922.

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 (See page 34 of the instructions)

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)

SEE STATEMENT 17

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(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 (See page 34 of the instructions)

- (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

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I am aware that there will be penalties imposed for falsifying information on this return.

Date: 2-14-05 Type or print name and title: Jean G Zelden, Executive Director

Preparer's SSN or PTIN: 00078999

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2003

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

MIDWEST CENTER FOR HOLOCAUST EDUCATION

Employer identification number

48 1127376

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	▶ 0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	▶ 0	

Part III Statements About Activities (See page 2 of the instructions)

	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 ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) 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.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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)
 - 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 6 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	320,004.	188,536.	267,299.	581,250.	1,357,089.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	9,107.	7,234.	20,204.	4,735.	41,280.
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	46,879.	64,066.	17,952.	90,516.	219,413.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's 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	74.		SEE STATEMENT 18		74.
23 Total of lines 15 through 22	376,064.	259,836.	305,455.	676,501.	1,617,856.
24 Line 23 minus line 17	366,957.	252,602.	285,251.	671,766.	1,576,576.
25 Enter 1% of line 23	3,761.	2,598.	3,055.	6,765.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					31,532.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					113,998.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					1,576,576.
d Add: Amounts from column (e) for lines 18 <u>219,413.</u> 19 <u> </u> 22 <u>74.</u> 26b <u>113,998.</u>					333,485.
e Public support (line 26c minus line 26d total)					1,243,091.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					78.8475%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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.) Do not file this list with your return. 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					
c Add: Amounts from column (e) for lines: 15 <u> </u> 16 <u> </u> 17 <u> </u> 20 <u> </u> 21 <u> </u>					N/A
d Add: Line 27a total <u> </u> and line 27b total <u> </u>					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		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?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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.)	32d	
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)	33h	
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
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	35	

Schedule A (Form 990 or 990-EZ) 2003

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions) N/A

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

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" 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 -		
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	
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 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
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) (See page 12 of the instructions) 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.

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax 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
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Part I Election To Expense Certain Tangible Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount. See instructions for a higher limit for certain businesses	1	100,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	400,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	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 line 13 of your 2002 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
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 2004. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election (see instructions)	15	
16 Other depreciation (including ACRS) (see instructions)	16	21,541.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2003	17	
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2003 Tax Year Using the General Depreciation System

(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
19a 3-year property						
b 5-year property						
c 7-year property						
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 - Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	21,541.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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 24a, 24b, 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.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes 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
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

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.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 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
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 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		
39 Do you treat all use of vehicles by employees as personal use?		
40 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?		
41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do 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
42 Amortization of costs that begins during your 2003 tax year:					
43 Amortization of costs that began before your 2003 tax year					43
44 Total. Add amounts in column (f). See instructions for where to report					44

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

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
MUTUAL FUND SECURITIES	463,725.	453,271.	0.	10,454.
TO FORM 990, PART I, LINE 8	<u>463,725.</u>	<u>453,271.</u>	<u>0.</u>	<u>10,454.</u>

FORM 990 **SPECIAL EVENTS AND ACTIVITIES** **STATEMENT 2**

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
10TH ANNIVERSARY	2,650.		2,650.		2,650.
TO FM 990, PART I, LINE 9	<u>2,650.</u>		<u>2,650.</u>		<u>2,650.</u>

FORM 990

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

STATEMENT 3

INCOME

1. GROSS RECEIPTS	3,724	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		3,724
4. COST OF GOODS SOLD (LINE 13)	1,334	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		2,390

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	26,490	
7. MERCHANDISE PURCHASED	1,334	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		27,824
12. INVENTORY AT END OF YEAR	26,490	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		1,334

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
UNREALIZED GAINS ON INVESTMENTS	92,804.
TOTAL TO FORM 990, PART I, LINE 20	92,804.

FORM 990	OTHER EXPENSES	STATEMENT	5
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
COMPUTER EXPENSES	11,750.	8,981.	1,915.	854.
ADVERTISING & PUBLICITY	1,528.	1,452.	76.	
PROFESSIONAL SERVICES	7,734.		7,734.	
CONTRACT LABOR	11,113.	7,804.	953.	2,356.
MEMBERSHIP/DUES	485.	110.	300.	75.
AWARDS & GIFTS	2,483.	2,483.		
RESOURCE & PROJECT EXPENSES	12,927.	11,915.	53.	959.
MISCELLANEOUS	4,801.	3,313.	686.	802.
INSURANCE	4,135.	805.	3,330.	
SPEAKER FEES	3,475.	3,475.		
MILEAGE	539.	433.	75.	31.
BAD DEBT EXPENSE	21,162.		21,162.	
TOTAL TO FM 990, LN 43	82,132.	40,771.	36,284.	5,077.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	6
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EXPLANATION

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

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE ONE

HOLOCAUST EDUCATION CURRICULUM: TRAINING IN HOLOCAUST HISTORY AND EFFECTIVE INSTRUCTION WAS PROVIDED FOR A CADRE OF 28 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 A		70,863.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 8

DESCRIPTION OF PROGRAM SERVICE TWO

COMMUNITY PROGRAMS: VARIOUS COMMUNITY PROGRAMS OPEN TO THE PUBLIC TO PROVIDE HISTORICAL AND SOCIAL EDUCATION ABOUT THE HOLOCAUST.

RECEIVED TRAINING TO PROVIDE HISTORICAL, POLITICAL, SOCIAL, AND ECONOMIC BACKGROUND AS A CONTEXT FOR THESE PRESENTATIONS. APPROX. 5,000 PEOPLE WERE REACHED BY THIS PROGRAM.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		47,584.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 9

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
HOLOCAUST SPEAKERS BUREAU		16,765.
EXHIBITS AND OTHER MISC. PROGRAMS		17,578.
TOTAL TO FORM 990, PART III, LINE E		34,343.

FORM 990 **NON-GOVERNMENT SECURITIES** **STATEMENT 10**

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITY SECURITIES	724,558.				724,558.
ISRAEL BONDS				5,000.	5,000.
VANGUARD BOND FUNDS		563,616.			563,616.
TO 990, LN 54 COL B	724,558.	563,616.		5,000.	1,293,174.

FORM 990 **GOVERNMENT SECURITIES** **STATEMENT 11**

DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
TREASURY SECURITIES	99,789.		99,789.
TOTAL TO FORM 990, LINE 54, COL B	99,789.		99,789.

FORM 990 **OTHER INVESTMENTS** **STATEMENT 12**

DESCRIPTION	VALUATION METHOD	AMOUNT
CERTIFICATES OF DEPOSIT	MARKET VALUE	302,684.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		302,684.

FORM 990 **OTHER ASSETS** **STATEMENT 13**

DESCRIPTION	AMOUNT
EXHIBITS	41,245.
ACCRUED INTEREST	500.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	41,745.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 14
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DESCRIPTION	AMOUNT
COST OF GOODS SOLD	1,334.
TOTAL TO FORM 990, PART IV-B	1,334.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 15
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DESCRIPTION	AMOUNT
COST OF GOODS SOLD	<1,334.>
TOTAL TO FORM 990, PART IV-A	<1,334.>

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 16
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JEAN ZELDIN OVERLAND PARK, KS 66211	EXECUTIVE DIRECTOR 45	79,500.	0.	0.
MARK ADAMS SHAWNEE MISSION, KS 66216	VP OF EDUCATION .25	0.	0.	0.
FRANK J. ADLER SHAWNEE MISSION, KS 66209	DIRECTOR .25	0.	0.	0.
HON. ALVIN L. BROOKS KANSAS CITY, MO 64137	DIRECTOR .25	0.	0.	0.
STANLEY J. BUSHMAN KANSAS CITY, MO 64112	DIRECTOR .25	0.	0.	0.

PEGGY G. DAVIS	DIRECTOR			
OVERLAND PARK, KS 66209	.25	0.	0.	0.
MARIA DEVINKI	SECRETARY			
SHAWNEE MISSION, KS 66206	.25	0.	0.	0.
SAM M. DEVINKI	DIRECTOR			
SHAWNEE MISSION, KS 66211	.25	0.	0.	0.
ALAN S. EDELMAN	DIRECTOR			
LEAWOOD, KS 66209	.25	0.	0.	0.
HON. ARTHUR B. FEDERMAN	DIRECTOR			
SHAWNEE MISSION, KS 66206	.25	0.	0.	0.
ISAK FEDERMAN	DIRECTOR			
SHAWNEE MISSION, KS 66206	.25	0.	0.	0.
KARIN GOLDEN	DIRECTOR			
OVERLAND PARK, KS 66214	.25	0.	0.	0.
DAVID R. GOODMAN	VP OF ADMINISTRATION			
SHAWNEE MISSION, KS 66209	.25	0.	0.	0.
SHARON H. HAMIL	DIRECTOR			
SHAWNEE MISSION, KS 66207	.25	0.	0.	0.
KAREN HERMAN	DIRECTOR			
KANSAS CITY, MO 64113	.25	0.	0.	0.
BARBRA PORTER HILL	DIRECTOR			
SHAWNEE MISSION, KS 66206	.25	0.	0.	0.
REV. ROBERT L. HILL	DIRECTOR			
KANSAS CITY, MO 64112	.25	0.	0.	0.
LYNN C. HOOVER	VP OF FUND DEVELOPMENT			
SHAWNEE MISSION, KS 66209	.25	0.	0.	0.

RABBI AMY WALLK KATZ OVERLAND PARK, KS 66209	DIRECTOR .25	0.	0.	0.
DR. MILTON S. KATZ SHAWNEE MISSION, KS 66209	DIRECTOR .25	0.	0.	0.
WILLIAM B. KORT LEAWOOD, KS 66211	TREASURER .25	0.	0.	0.
GAYLE P. KRIGEL KANSAS CITY, MO 64113	VP OF COMMUNITY RELATIONS .25	0.	0.	0.
COLLEEN LIGIBEL PUNTA GORDA, FL 33955	DIRECTOR .25	0.	0.	0.
JACK MANDELBAUM SHAWNEE MISSION, KS 66209	DIRECTOR .25	0.	0.	0.
HON. CORDELL D. MEEKS, JR. KANSAS CITY, KS 66112	DIRECTOR .25	0.	0.	0.
ROSEMARY NOCHLIN LEAWOOD, KS 66209	DIRECTOR .25	0.	0.	0.
STACI L. PARELMAN SHAWNEE MISSION, KS 66208	DIRECTOR .25	0.	0.	0.
BRUCE PASSMAN, PH.D. LENEXA, KS 66215	DIRECTOR .25	0.	0.	0.
ELAINE POLSKY SHAWNEE MISSION, KS 66211	DIRECTOR .25	0.	0.	0.
JUAN M. RANGEL, JR. KANSAS CITY, MO 64114	DIRECTOR .25	0.	0.	0.
CAROL H. SADER SHAWNEE MISSION, KS 66207	DIRECTOR .25	0.	0.	0.

JOHN SHEHANE	DIRECTOR			
	.25	0.	0.	0.
SHAWNEE MISSION, KS 66208				
DR. BLANCHE SOSLAND	PRESIDENT			
	.25	0.	0.	0.
SHAWNEE MISSION, KS 66208				
STUART WALDMAN	DIRECTOR			
	.25	0.	0.	0.
OVERLAND PARK, KS 66213				
LUTHER WASHINGTON	DIRECTOR			
	.25	0.	0.	0.
KANSAS CITY, MO 64112				
TOTALS INCLUDED ON FORM 990, PART V		79,500.	0.	0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 17

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	PROGRAM FEES SUPPORT THE PROGRAMS AND ACTIVITIES THE CENTER PROVIDES TO THE COMMUNITY.
94	MEMBERSHIP DUES SUPPORT THE PROGRAMS AND ACTIVITIES THE CENTER PROVIDES TO THE COMMUNITY.
102	VIDEO TAPES AND BOOKS 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.
103	MISCELLANEOUS INCOME IS USED IN THE GENERAL SUPPORT AND OPERATIONS OF THE CENTER.

SCHEDULE A OTHER INCOME STATEMENT 18

DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
MISC. INCOME	74.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	74.	0.	0.	0.

Midwest Center for Holocaust Education
48-1127376

(4) Property and equipment

	June 30,	
	<u>2004</u>	<u>2003</u>
Cost		
Leasehold improvements	\$ 159,804	\$ 159,804
Furniture and fixtures	20,617	20,617
Computers	66,526	66,526
Resource materials	<u>12,531</u>	<u>12,531</u>
Total cost	259,478	259,478
Less accumulated depreciation and amortization	<u>(148,563)</u>	<u>(127,021)</u>
Net property and equipment	<u>\$ 110,915</u>	<u>\$ 132,457</u>

The aggregate depreciation and amortization charged to operations for the years ended June 30, 2004 and 2003, was \$21,542 and \$23,528, respectively.

Application for Extension of Time To File an Exempt Organization Return

▶ 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 MIDWEST CENTER FOR HOLOCAUST EDUCATION	Employer identification number 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, 2005** 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, 2003**, and ending **JUN 30, 2004**.

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 ▶ *Steven A. Gordon* Title ▶ _____ Date ▶ 11/15/04

LHA For Paperwork Reduction Act Notice, see instruction

Form **8868** (12-2000)