

## Return of Organization Exempt From Income Tax

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

2005

Open to Public  
Inspection

## A For the 2005 calendar year, or tax year beginning

, and ending

## B Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.

## C Name of organization

KIDS IN THE MIDDLE

Number and street (or P O box if mail is not delivered to street address)

121 WEST MONROE AVENUE

City or town

State or country

ZIP + 4

KIRKWOOD

MO

63122-5815

## D Employer identification number

43-1192510

## E Telephone number

314-909-9922

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? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

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

I Group Exemption Number ▶

## G Website: ▶ N/A

J Organization type (check only one) ☒ 501(c) ( 3 ) (insert no) ☐ 4947(a)(1) or ☐ 527K 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 chooses to file a return, be  
sure to file a complete return. Some states require a complete return.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 ▶

753,928

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

1 Contributions, gifts, grants, and similar amounts received:			
a Direct public support	1a	377,479	
b Indirect public support	1b	0	
c Government contributions (grants)	1c	0	
d Total (add lines 1a through 1c) (cash \$ 377,479 noncash \$ 0)	1d		377,479
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		276,513
3 Membership dues and assessments	3		0
4 Interest on savings and temporary cash investments	4		2,423
5 Dividends and interest from securities	5		0
6a Gross rents	6a		
b Less: rental expenses	6b		
c Net rental income or (loss) (subtract line 6b from line 6a)	6c		0
7 Other investment income (describe)	7		0
8a Gross amount from sales of assets other than inventory	8a	0	
b Less: cost or other basis and sales expenses	8b	0	
c Gain or (loss) (attach schedule)	8c	0	
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		0
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
a Gross revenue (not including \$ 0 of contributions reported on line 1a)	9a	95,372	
b Less: direct expenses other than fundraising expenses	9b	0	
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		95,372
10a Gross sales of inventory, less returns and allowances	10a		
b Less: cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		0
11 Other revenue (from Part VII, line 103)	11		2,141
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		753,928
13 Program services (from line 44, column (B))	13		642,596
14 Management and general (from line 44, column (C))	14		60,896
15 Fundraising (from line 44, column (D))	15		41,846
16 Payments to affiliates (attach schedule)	16		0
17 Total expenses (add lines 16 and 44, column (A))	17		745,338
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		8,590
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		376,309
20 Other changes in net assets or fund balances (attach explanation)	20		0
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		384,899

**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. (See the instructions.)

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 \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	22 0	0		
23	Specific assistance to individuals (attach schedule)	23 0			
24	Benefits paid to or for members (attach schedule)	24 0			
25	Compensation of officers, directors, etc.	25 0			
26	Other salaries and wages	26 492,141	450,024	42,117	
27	Pension plan contributions	27 0			
28	Other employee benefits	28 36,895	35,725	1,170	
29	Payroll taxes	29 37,914	34,738	3,176	
30	Professional fundraising fees	30 0			
31	Accounting fees	31 0			
32	Legal fees	32 0			
33	Supplies	33 9,580	7,110	2,470	
34	Telephone	34 4,364	4,101	263	
35	Postage and shipping	35 4,442	4,264	178	
36	Occupancy	36 51,743	48,869	2,874	
37	Equipment rental and maintenance	37 4,927	4,158	769	
38	Printing and publications	38 5,816	3,925	1,891	
39	Travel	39 5,223	4,439	784	
40	Conferences, conventions, and meetings	40 3,336	2,731	605	
41	Interest	41 0			
42	Depreciation, depletion, etc (attach schedule)	42 6,387	6,081	306	
43	Other expenses not covered above (itemize):				
a	PROFESSIONAL FEES	43a 15,843	14,851	992	0
b	BAD DEBT EXPENSE	43b 12,330	12,330	0	0
c	MEMBERSHIP DUES	43c 1,138	398	740	0
d	PUBLIC RELATIONS AND MARKETING	43d 3,308	1,165	2,143	0
e	INSURANCE EXPENSE	43e 7,343	6,972	371	0
f	SPECIAL EVENT EXPENSE	43f 41,745	0	0	41,745
g	MISCELLANEOUS	43g 863	715	47	101
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44 745,338	642,596	60,896	41,846

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (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** (See the instructions.)

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.

What is the organization's primary exempt purpose? ▶	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
<p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p> <p><b>a</b> AGENCY BASED THERAPY: PROVIDES VARIOUS THERAPY AND COUNSELING SESSIONS TO BOTH CHILDREN AND ADULTS INVOLVED IN DIVORCE OR SEPARATION.</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	433,840
<p><b>b</b> SCHOOL BASED PROGRAMS. PROVIDES SUPPORT AND THERAPY TO CHILDREN IN AREA SCHOOLS PRIMARILY FOR UNDER SERVED AND UNINSURED CHILDREN.</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	109,364
<p><b>c</b> COURT PROGRAM. PROVIDES SERVICES TO PARENTS AND CHILDREN AS MANDATED BY ST. LOUIS CITY JUVENILE COURT.</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	47,193
<p><b>d</b> COMMUNITY EDUCATION: PROVIDED PROFESSIONAL TRAINING AND PUBLIC SPEAKING.</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	52,199
<p><b>e</b> Other program services (attach schedule)</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	642,596

**Part IV Balance Sheets** (See the instructions.)**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>	<b>45</b> Cash—non-interest-bearing	70,792	<b>45</b>	67,155
	<b>46</b> Savings and temporary cash investments	36,645	<b>46</b>	102,052
	<b>47 a</b> Accounts receivable	<b>47a</b> 12,932		
	<b>b</b> Less: allowance for doubtful accounts	<b>47b</b> 5,000	26,087	<b>47c</b> 7,932
	<b>48 a</b> Pledges receivable	<b>48a</b> 200,689		
	<b>b</b> Less: allowance for doubtful accounts	<b>48b</b> 0	179,639	<b>48c</b> 200,689
	<b>49</b> Grants receivable	43,116	<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)	0	<b>50</b>	0
	<b>51 a</b> Other notes and loans receivable (attach schedule)	<b>51a</b> 0		
	<b>b</b> Less: allowance for doubtful accounts	<b>51b</b> 0	0	<b>51c</b> 0
	<b>52</b> Inventories for sale or use		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges	14,749	<b>53</b>	4,918
	<b>54</b> Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	<b>54</b>	0
	<b>55 a</b> Investments—land, buildings, and equipment: basis	<b>55a</b> 0		
	<b>b</b> Less: accumulated depreciation (attach schedule)	<b>55b</b> 0	0	<b>55c</b> 0
<b>56</b> Investments—other (attach schedule)	0	<b>56</b>	0	
<b>57 a</b> Land, buildings, and equipment: basis	<b>57a</b> 80,537			
<b>b</b> Less: accumulated depreciation (attach schedule)	<b>57b</b> 57,003	14,672	<b>57c</b> 23,534	
<b>58</b> Other assets (describe <input type="checkbox"/> )	0	<b>58</b>	0	
<b>59</b> <b>Total assets</b> (must equal line 74) Add lines 45 through 58	385,700	<b>59</b>	406,280	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses	9,391	<b>60</b>	21,381
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)	0	<b>63</b>	0
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule)	0	<b>64a</b>	0
	<b>b</b> Mortgages and other notes payable (attach schedule)	0	<b>64b</b>	0
	<b>65</b> Other liabilities (describe <input type="checkbox"/> )	0	<b>65</b>	0
<b>66</b> <b>Total liabilities.</b> Add lines 60 through 65	9,391	<b>66</b>	21,381	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>			
	<b>67</b> Unrestricted	131,904	<b>67</b>	159,398
	<b>68</b> Temporarily restricted	244,405	<b>68</b>	220,501
	<b>69</b> Permanently restricted		<b>69</b>	5,000
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
	<b>73</b> <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	376,309	<b>73</b>	384,899
<b>74</b> <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	385,700	<b>74</b>	406,280	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	764,728
<b>b</b>	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	<b>b1</b>	
2	Donated services and use of facilities	<b>b2</b>	10,800
3	Recoveries of prior year grants	<b>b3</b>	
4	Other (specify):	<b>b4</b>	0
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	10,800
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	753,928
<b>d</b>	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify):	<b>d2</b>	0
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	0
<b>e</b>	Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>	<b>e</b>	753,928

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	756,138
<b>b</b>	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	<b>b1</b>	10,800
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
3	Losses reported on Part I, line 20	<b>b3</b>	
4	Other (specify):	<b>b4</b>	0
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	10,800
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	745,338
<b>d</b>	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify):	<b>d2</b>	0
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	0
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b>	<b>e</b>	745,338

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name SEE ATTACHED Str	Title			
City ST ZIP	Hr/WK	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			
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Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			

**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

	Yes	No
<b>75 a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . <b>18</b>		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . . . <b>75b</b>		X
<b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? . . . . . <b>75c</b>		X
<b>Note.</b> Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.		
<b>d</b> Does the organization have a written conflict of interest policy? . . . . . <b>75d</b>	X	

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>NONE</u> Str _____ City _____ ST _____ ZIP _____		0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				

**Part VI Other Information (See the instructions)**

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . . <b>76</b>		X
<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>		X
<b>78 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . . <b>78a</b>		X
<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>		X
<b>80 a</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>		X
<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>81 a</b> Enter direct and indirect political expenditures. (See line 81 instructions) . . . . . <b>81a</b>	0	
<b>b</b> Did the organization file Form 1120-POL for this year? . . . . . <b>81b</b>		X

**Part VI Other Information (continued)**

		Yes	No
<b>82 a</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?		X
<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 in Part III.)		
		<b>82b</b>	N/A
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> a Were substantially all dues nondeductible by members?	<b>85a</b>	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered 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>	
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b>	
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	
<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 on line 85f?	<b>85g</b>	
<b>h</b>	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?	<b>85h</b>	
<b>86</b>	<b>501(c)(7) orgs</b> Enter: a Initiation fees and capital contributions included on line 12.	<b>86a</b>	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	
<b>87</b>	<b>501(c)(12) orgs</b> Enter: a Gross income from members or shareholders	<b>87a</b>	
<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>	
<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>	X
<b>89 a</b>	<b>501(c)(3) organizations</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>▶</b> N/A ; section 4912 <b>▶</b> N/A ; section 4955 <b>▶</b> N/A		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs.</b> 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>89b</b>	X
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization		N/A
<b>90 a</b>	List the states with which a copy of this return is filed <b>▶</b> MO		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	<b>90b</b>	23
<b>91 a</b>	The books are in care of <b>▶</b> Name JUDY BERKOWITZ Telephone no. <b>▶</b> 314-909-9922 Located at <b>▶</b> 121 MONROE AVE. City KIRKWOOD ST MO ZIP + 4 <b>▶</b> 63122-5815		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <b>▶</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<b>91b</b>	X
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <b>▶</b>	<b>91c</b>	X
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <b>▶</b> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>▶</b> <b>92</b> N/A		

**Part VII Analysis of Income-Producing Activities** (See 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) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> COUNSELING AND TRAINING FEES					232,268
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					44,245
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					2,423
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					95,372
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: <b>a</b>					2,141
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		0	376,449
<b>105</b> Total (add line 104, columns (B), (D), and (E))					376,449

**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 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)
<b>93a 93g</b>	ALLOWED THE ORGANIZATION TO PROVIDE COUNSELING AND TRAINING TO CHILDREN AND PARENTS
<b>95,101,10</b>	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

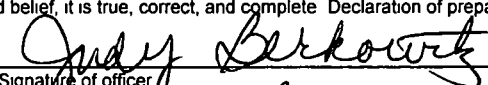
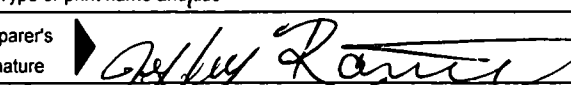
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See 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).

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date <u>8/10/06</u>	
<b>Paid Preparer's Use Only</b>	Type or print name and title <u>JUDY BERKOWITZ, EXECUTIVE DIRECTOR</u>			
	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 <u>RANDLE &amp; ASSOCIATES, LLC, CPAs</u> <u>320 BROOKS (SUITE 239), HAZELWOOD, MO 63042</u>	Date <u>8/8/2006</u>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W) <u>P00573822</u>
	EIN <u>43-1909596</u>		Phone no <u>314-731-8085</u>	



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information—(See separate instructions.)**

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

OMB No 1545-0047

**2005**

Name of the organization

KIDS IN THE MIDDLE

Employer identification number

43-1192510

**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
JUDITH BERKOWITZ, 2 HOMESTEAD ACRES OLIVETTE, MO 63132	EXECUTIVE DIRECTOR 40+	58,333	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
Total number of other employees paid over \$50,000 ►		0		

**Part II-A 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		0
		0
		0
		0
		0
		0
Total number of others receiving over \$50,000 for professional services ►		0

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

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

Schedule A (Form 990 or 990-EZ) 2005

(HTA)

**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 ► \$ 0 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

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.

- 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? . . . . . 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? . . . . . 2e 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) . . . . . 3a X  
 b Do you have a section 403(b) annuity plan for your employees? . . . . . 3b X  
 c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? . . . . . 3c X  
 4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . . 4a X  
 b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . . 4b 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 ► City ST Country  
 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)  
 11 a ☐ 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)  
 11 b ☐ 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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ► ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	325,550	316,441	297,741	286,708	1,226,440
<b>16</b> Membership fees received			0		0
<b>17</b> 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	322,996	236,410	279,221	261,273	1,099,900
<b>18</b> 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	2,619	2,580	863	2,414	8,476
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> 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.					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	201	0	0	0	201
<b>23</b> Total of lines 15 through 22	651,366	555,431	577,825	550,395	2,335,017
<b>24</b> Line 23 minus line 17	328,370	319,021	298,604	289,122	1,235,117
<b>25</b> Enter 1% of line 23	6,514	5,554	5,778	5,504	
<b>26 Organizations described on lines 10 or 11:</b>	a Enter 2% of amount in column (e), line 24 ▶ <b>26a</b> 0				
<b>b</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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ <b>26b</b>					
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ <b>26c</b>	0				
<b>d</b> Add Amounts from column (e) for lines: 18 0 19 0 22 0 26b 0 ▶ <b>26d</b>	0				
<b>e</b> Public support (line 26c minus line 26d total) ▶ <b>26e</b>	0				
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ <b>26f</b>	0 00%				
<b>27 Organizations described on line 12:</b>	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.				
(2004) 0 (2003) 0 (2002) 0 (2001) 0					
<b>b</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 11b, 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.					
(2004) 90,666 (2003) 38,291 (2002) 45,750 (2001) 33,155					
<b>c</b> Add Amounts from column (e) for lines: 15 1,226,440 16 0 17 1,099,900 20 0 21 0 ▶ <b>27c</b>	2,326,340				
<b>d</b> Add Line 27a total 0 and line 27b total 207,862 ▶ <b>27d</b>	207,862				
<b>e</b> Public support (line 27c total minus line 27d total) ▶ <b>27e</b>	2,118,478				
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ <b>27f</b>	2,335,017				
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ <b>27g</b>	90 73%				
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ <b>27h</b>	0 36%				
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV) NOT APPLICABLE

	Yes	No
<b>29</b> 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?		
<b>30</b> 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?		
<b>31</b> 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 )		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> 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 )		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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		
<b>35</b> 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** (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	0	0
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	0	0
<b>41</b> 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	<b>41</b>	0
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	0	0
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	0	0
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	0	0

**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				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount					0
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0
<b>47</b> Total lobbying expenditures					0
<b>48</b> Grassroots nontaxable amount					0
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0
<b>50</b> 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 11 of the instructions.)

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

- 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.)

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

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a Transfers from the reporting organization to a noncharitable exempt organization of**

(i) Cash

(ii) Other assets

**b Other transactions.**

**(i) Sales or exchanges of assets with a noncharitable exempt organization**

**(ii) Purchases of assets from a noncharitable exempt organization**

(iii) Rental of facilities, equipment, or other assets

**(iv) Reimbursement arrangements**

**(v) Loans or loan guarantees**

**(vi) Performance of services or membership or fundraising solicitations**

**c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

	Yes	No
<b>51a(i)</b>		X
<b>a(ii)</b>		X
<b>b(i)</b>		X
<b>b(ii)</b>		X
<b>b(iii)</b>		X
<b>b(iv)</b>		X
<b>b(v)</b>		X
<b>b(vi)</b>		X
<b>c</b>		X

[illegible]

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

▶ ☐ Yes ☒ No

**b If "Yes," complete the following schedule**

[illegible]

**Line 1 (990) - Public Support and Contributions**

	Cash	Non Cash
<b>Line 1a - Direct public support</b>		
1 Contributions . . . . .	377,479	1
2 Membership dues and assessments (contributions from the public) . . . . .		2
3 Commercial co-venture . . . . .		3
4 Special events contributions (Line 9 - Special Events) . . . . .	0	4
5		5
6		6
7		7
8		8
9		9
10 Total . . . . .	377,479	10 0
<b>Line 1b - Indirect public support . . . . .</b>		
<b>Line 1c - Government contributions (grants) . . . . .</b>		

**Line 9 (990) - Special events and activities**

	Event A	Event B	Event C	All others	Totals
1 Special event name	AUCTION				
1a Number of special events	1				
2 Gross receipts	95,372				95,372
3 Less contributions					0
4 Gross revenue	95,372	0	0	0	95,372
5 Less direct expenses					0
6 Net income or (loss)	95,372	0	0	0	95,372

**Line 47 (990) - Accounts receivable**

	Accounts receivable			Allowance for doubtful accounts		
	Beginning		End	Beginning		End
1	31,087		12,932	5,000		5,000
2						
3						
4						
5						
6						
7						
8						
9						
10						
11 Total accounts receivable . . . . .	31,087		12,932	5,000		5,000

**Line 48 (990) - Pledges receivable**

	Pledges receivable			Allowance for doubtful accounts		
	Beginning		End	Beginning		End
1	179,639		200,689			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11 Total pledges receivable . . . . .	179,639		200,689	0		0

**Line 57 (990) - Land, buildings, and equipment**

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1			
2			
3			
4			
5			
6	Total land (net of any amortization)	0	0

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7		65,289	80,537	50,617	57,003
8					
9					
10					
11					
12					
13					
14					
15					
16					
17	Total buildings and equipment	65,289	80,537	50,617	57,003
18	Buildings and equipment (less accumulated depreciation)			14,672	23,534
19	Total land, buildings and equipment			14,672	23,534

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11	Total	0	0	0

**Line 22 (Sch A (990/990-EZ)) - Other Income**

Description	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
1 MISCELLANEOUS	201				201
2					0
3					0
4					0
5					0
6					0
7					0
8					0
9					0
10					0
Total of Other Income	201	0	0	0	201



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5/3/06

**President:**

**Alizadeh, Ed**  
2003 Brook Hill Ridge Dr.  
Chesterfield, MO 63017  
H 636-256-7913  
Cell 724-6014

**President**

Geotechnology, Inc.  
2258 Grissom Dr.  
St. Louis, MO 63146  
W 997-7440  
e-mail: [e\\_alizadeh@geotechnology.com](mailto:e_alizadeh@geotechnology.com)  
(2<sup>nd</sup> Term - 2<sup>nd</sup> Year)

**Vice President:**

**Albart, Steve**  
2504 Rockford  
St. Louis, MO 63144  
H 306-7489

**Vice-President**

Enterprise Bank  
3890 S. Lindbergh  
St. Louis, MO 63127  
W 543-3932  
FAX 812-1510  
e-mail: [salbart@enterprisebank.com](mailto:salbart@enterprisebank.com)  
(3<sup>rd</sup> Term - 1<sup>st</sup> Year)

**Treasurer:**

**Kramer, Roy H.**  
13342 Bragstadt Drive  
St. Louis, MO 63141  
H 314-576-0522

**CPA**

Brown Smith Wallace L.L.C  
1050 N. Lindbergh Blvd.  
Creve Coeur, MO 63132  
W 983-1265  
FAX 983-1300  
Cell: 540-4316  
e-mail: [royk@bswllc.com](mailto:royk@bswllc.com)  
(3<sup>rd</sup> Term - 1<sup>st</sup> Year)

**Secretary:**

**Borresen, William (Bill)**  
9326 Olive Blvd.  
St. Louis, MO 63132  
H 739-7315

**Financial Advisor**

Renaissance Financial  
9326 Olive Blvd.  
St. Louis, MO 63132  
W 569-2900  
e-mail: [bill.borresen@rfconline.com](mailto:bill.borresen@rfconline.com)  
(2<sup>nd</sup> Term - 2<sup>nd</sup> Year)

**Chair, Fund Development Committee:**

**Clarke, William P.**  
6832 Pershing Avenue  
University City, MO 63130  
H 721-0230

**President**

Horner & Shifrin, Inc.  
5200 Oakland Ave.  
St. Louis, MO 63110  
W 531-4321  
FAX 531-6966  
Cell: 503-3816  
e-mail: [wclarke@hornersshifrin.com](mailto:wclarke@hornersshifrin.com)  
(1<sup>st</sup> Term - 1<sup>st</sup> Year)

**Chair, Board Development Committee:**

**Goldberg, Richard (Dick)**  
6924 Pershing  
St. Louis, MO 63130  
H 719-3444

**Consultant**

Goldberg Group, Ltd.  
6924 Pershing  
St. Louis, MO 63130  
W 550-5500  
FAX 725-2417  
e-mail: [rcg@goldberggroup.com](mailto:rcg@goldberggroup.com)  
(3<sup>rd</sup> Term - 2<sup>nd</sup> Year)

**At Large:**

**Lincoff, Judy Zisk**  
17 Granada Way  
St. Louis, MO 63124  
H 567-6453  
Cell 753-4047

**Psychotherapist (Private Practice)**

8000 Maryland #420  
Clayton, MO 63105  
W 863-8065  
FAX 863-0445  
e-mail: [ziskier@aol.com](mailto:ziskier@aol.com)  
(2<sup>rd</sup> Term - 2<sup>nd</sup> Year)

**Ex-Officio:**

**Freed, Alan**  
7 Layton Terrace  
St. Louis, MO 63124  
H 989-0424

**Attorney**

Paule Camazine & Blumenthal  
165 N. Meramec 6<sup>th</sup> Floor  
St. Louis, MO 63105  
W 727-2266  
FAX 727-2101  
e-mail: [afreed@pcblawfirm.com](mailto:afreed@pcblawfirm.com)  
(3<sup>rd</sup> Term - 2<sup>nd</sup> Year)

**Alizadeh, Cy**  
17954 Saddle Horn Rd.  
Wildwood, MO 63038  
H 636-458-2437  
Cell 636-394-5455

**Orthodontist**  
Alizadeh Orthodontics  
1302 Clarkson /Clayton Center, #206  
Ellisville, MO 63011  
W 636-394-5455  
FAX 636-394-5163  
e-mail: [calizadeh@alizadehortho.com](mailto:calizadeh@alizadehortho.com)  
(2<sup>nd</sup> Term - 1<sup>st</sup> Year)

**Boalbey, Richard E.**  
7623 Delmar  
St. Louis, MO 63130  
H 727-5894

**Business Development Manager**  
The Boeing Company  
P.O. Box 516  
St. Louis, MO 63103  
W 233-5748  
e-mail: [richard.e.boalbey@boeing.com](mailto:richard.e.boalbey@boeing.com)  
(3<sup>rd</sup> Term - 2<sup>nd</sup> Year)

**Frost, Patricia A.**  
1830 St. Catherine  
Florissant, MO 63033  
H 921-5673

**Public Relations Specialist**  
The Boeing Company  
M/C S270 2402  
P.O. Box 516  
St. Louis, MO 63166  
W 234-6996  
FAX 233-1036  
e-mail: [patricia.a.frost@boeing.com](mailto:patricia.a.frost@boeing.com)  
(1<sup>st</sup> Term - 2<sup>nd</sup> Year)

**Graves, Mark A.**  
3440 Tedmar  
St. Louis, MO 63139  
H 832-8664

**CPA**  
Schmersahl Treloar & Co.  
3660 S. Geyer Suite 200  
St. Louis, MO 63127  
W 966-2727  
FAX 966-6464  
Cell 603-9866  
e-mail: [mgraves@stcpa.com](mailto:mgraves@stcpa.com)  
(2<sup>nd</sup> Term - 1<sup>st</sup> Year)

**Grise, Stephanie M.**  
6550 Winona Ave.  
St. Louis, MO 63109  
H 647-5059

**Attorney**

Armstrong Teasdale, LLP  
1 Metropolitan Sq.  
211 North Broadway, Suite 2600  
St. Louis, MO 63102  
W 259-4726  
Cell: 409-7564  
e-mail: [sgrise@armstrongteasdale.com](mailto:sgrise@armstrongteasdale.com)  
(1<sup>st</sup> Term - 2<sup>nd</sup> Year)

**Knoerle-Jordan, Pat**

1262 Lynchester  
Kirkwood MO 63122  
H 822-1806  
Cell: 852-1982

**President**

National MS Society  
1867 Lackland Hill Parkway  
St. Louis, MO 63146  
W 446-4162  
e-mail: [pat.knoerle-jordan@mos.nmss.org](mailto:pat.knoerle-jordan@mos.nmss.org)  
(1<sup>st</sup> Term - 2<sup>nd</sup> Year)

**Marquardt, Eric**

800 Audubon Drive  
St. Louis, MO 63105  
H 862-6501

**Consultant**

Towers Perrin  
101 S. Hanley Rd.  
Clayton, MO 63105  
W 719-5801  
Cell: 312-925-1059  
e-mail: [eric.marquardt@towers.com](mailto:eric.marquardt@towers.com)  
(1<sup>st</sup> Term - 2<sup>nd</sup> Year)

**Rogers, Josh**

6367A Sutherland  
St. Louis, MO 63109  
H 814-6627

**Assistant Account Executive  
Fleishman-Hillard Inc.**

200 North Broadway  
St. Louis, MO 63102  
W 982-7743  
FAX 982-9128  
e-mail: [rogersj@fleishman.com](mailto:rogersj@fleishman.com)  
(1<sup>st</sup> Term - 2<sup>nd</sup> Year)

**Underwood, Sarah**  
1745 Horseshoe Ridge Rd.  
Chesterfield, MO 63005  
H 636-519-9116  
Cell: 636-448-7408  
e-mail: [sarahfunderwood@aol.com](mailto:sarahfunderwood@aol.com)  
(1<sup>st</sup> Term - 1<sup>st</sup> Year)

Page 4 of 4

**Zvibleman, Alan**  
341 Hartwell Ct.  
Chesterfield, MO 63017  
H 434-3410

**Attorney**  
Capes, Sokol, Goodman & Sarachan, P.C.  
7701 Forsyth Blvd. 4<sup>th</sup> Flr.  
St. Louis, MO 63105  
W 721-7701  
e-mail: [zvibleman@lawstlouis.com](mailto:zvibleman@lawstlouis.com)  
(1<sup>st</sup> Term - 2<sup>nd</sup> Year)

**Judy Berkowitz**  
**Executive Director - Ex Officio**  
Kids In the Middle  
121 West Monroe Avenue  
Kirkwood, MO 63122  
W 909-9922 ext. 104  
FAX 909-1831  
H 432-1581  
Cell: 308-8241  
e-mail: [judyberkowitz@kitm.org](mailto:judyberkowitz@kitm.org)

/ta/5/27/05