

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)

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 07/01, 2006, and ending 06/30/2007

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. D Employer identification number: 48-1127376. E Telephone number: (913) 327-8190. F Accounting method: Cash, Accrual.

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

G Website: WWW.MCHEKC.ORG

J Organization type (check only one): X 501(c)(3), 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 461,208.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Form 990 (2006)

18

**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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule)	87,880.	46,589.	36,832.	4,459.
<b>25b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)				
<b>25c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	96,104.	50,949.	40,279.	4,876.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27	9,584.	5,081.	4,017.	486.
<b>29</b> Payroll taxes	12,913.	6,669.	5,575.	669.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees				
<b>32</b> Legal fees				
<b>33</b> Supplies	6,693.	2,619.	4,019.	55.
<b>34</b> Telephone	1,389.	738.	582.	69.
<b>35</b> Postage and shipping	21,354.	19,204.	884.	1,266.
<b>36</b> Occupancy	15,415.	8,510.	6,172.	733.
<b>37</b> Equipment rental and maintenance				
<b>38</b> Printing and publications	22,261.	17,806.	1,077.	3,378.
<b>39</b> Travel	24,163.	23,215.	948.	
<b>40</b> Conferences, conventions, and meetings	24,556.	24,168.	388.	
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc (attach schedule)	13,848.		13,848.	
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> STMT 4	96,957.	77,566.	17,559.	1,832.
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>f</b>				
<b>g</b>				
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	433,117.	283,114.	132,180.	17,823.

**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  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (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? <b>▶SEE STATEMENT 5</b> 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)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
<b>a HOLOCAUST EDUCATION CURRICULUM: TRAINING IN HOLOCAUST HISTORY AND EFFECTIVE INSTRUCTION WAS PROVIDED FOR A CADRE OF 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.</b>  (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	40,618.
<b>b COMMUNITY PROGRAMS: VARIOUS COMMUNITY PROGRAMS OPEN TO THE PUBLIC TO PROVIDE HISTORICAL AND SOCIAL EDUCATION ABOUT THE HOLOCAUST</b>  (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	33,689.
<b>c RESOURCE CENTER: APPROXIMATELY 1,300 TITLES, PLUS 49 UNEDITED WITNESS TAPES, POSTER SETS, BIBLIOGRAPHIES, CURRICULUM UNITS, ETC. ARE AVAILABLE FOR LOAN OR ON-SITE USE</b>  (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	37,296.
<b>d CITYWIDE HOLOCAUST ESSAY CONTEST: DEVELOPED TO ENCOURAGE HOLOCAUST EDUCATION, THE WHITE ROSE STUDENT ESSARY CONTEST IS OFFERED TO STUDENTS FROM THE METROPOLITAN KC AREA SCHOOLS</b>  (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	21,403.
<b>e Other program services (attach schedule) SEE STATEMENT 6</b> (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	150,108.
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . . ▶	283,114.

**Part IV Balance Sheets (See the instructions.)**

		(A) Beginning of year		(B) End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only					
<b>Assets</b>	45 Cash - non-interest-bearing . . . . .	43,305.	45	22,265.	
	46 Savings and temporary cash investments . . . . .	72,012.	46	40,645.	
	47a Accounts receivable . . . . .	47a 60.			
	b Less allowance for doubtful accounts . . . . .	47b	47c	60.	
	48a Pledges receivable . . . . .	48a 94,919.			
	b Less allowance for doubtful accounts . . . . .	48b 4,427.	108,496.	48c	90,492.
	49 Grants receivable . . . . .		49		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule). . . . .		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b		
	51a Other notes and loans receivable (attach schedule) . . . . .	51a			
	b Less allowance for doubtful accounts . . . . .	51b	51c		
	52 Inventories for sale or use . . . . .		26,490.	52	26,490.
	53 Prepaid expenses and deferred charges . . . . .			53	
	54a Investments - publicly-traded securities . STMT 7. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		1,792,764.	54a	1,961,258.
	b Investments - other securities (attach schedule). . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b	
	55a Investments - land, buildings, and equipment basis . . . . .	55a 278,159.			
	b Less accumulated depreciation (attach schedule) . . . . .	55b 191,555.	89,500.	55c	86,604.
	56 Investments - other (attach schedule) . . . . . STMT. 8 . . . . .		266,807.	56	348,843.
	57a Land, buildings, and equipment basis . . . . .	57a			
b Less accumulated depreciation (attach schedule) . . . . .	57b		57c		
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 9 )		43,705.	58	43,843.	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .		2,443,079.	59	2,620,500.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses . . . . .	3,806.	60	58.	
	61 Grants payable . . . . .		61		
	62 Deferred revenue . . . . .		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63		
	64a Tax-exempt bond liabilities (attach schedule) . . . . .		64a		
	b Mortgages and other notes payable (attach schedule) . . . . .		64b		
	65 Other liabilities (describe <input type="checkbox"/> )			65	
66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .		3,806.	66	58.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>				
	67 Unrestricted . . . . .	500,428.	67	699,378.	
	68 Temporarily restricted . . . . .	197,870.	68	140,611.	
	69 Permanently restricted . . . . .	1,740,975.	69	1,780,453.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .		2,439,273.	73	2,620,442.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .		2,443,079.	74	2,620,500.





Part VI Other Information (continued)

82a 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? 82a X
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) 82b
83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
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
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
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? 85h N/A
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) orgs Enter a Gross income from members or shareholders 87a N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A
88b 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 88a X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88b X
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 N/A, section 4912 N/A, section 4955 N/A
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A
d Enter Amount of tax on line 89c, above, reimbursed by the organization N/A
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g X
90a List the states with which a copy of this return is filed
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions) 90b 5
91a The books are in care of JEAN ZELDIN, EXECUTIVE DIRECTOR Telephone no 913-327-8190
Located at 5801 W. 115TH ST, STE 106, OP KANSAS ZIP + 4 66211
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)? 91b X
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . . 91c  Yes  No  
 If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_  
 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 . . . . ▶ 92 | \_\_\_\_\_ 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	
93 Program service revenue.					
a PROGRAM FEES					7,367.
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	64,627.	
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	47,913.	
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					1,797.
103 Other revenue a _____					
b OTHER					3,628.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				112,540.	12,792.
105 Total (add line 104, columns (B), (D), and (E)) . . . . . ▶					125,332.

Note: Line 105 plus line 1e, 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)
▼	STMT 20

**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
	%			
	%			
	%			
	%			

**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)

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

**Please Sign Here**

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: *[Handwritten Signature]* Date: *5/12/05*

Type or print name and title: \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature: *[Handwritten Signature]* Date: *5/9/08* Check if self-employed:  Preparer's SSN or PTIN (See Gen Inst X): P00642974

Firm's name (or yours if self-employed), address, and ZIP + 4: HOUSE PARK & DOBRATZ, P.C.  
605 W. 47TH STREET, SUITE 301  
KANSAS CITY, MO 64112

EIN: 43-1562209 Phone no: 816-931-3393

**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

**2006**

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 2 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 . . ▶		NONE		

**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		
Total number of others receiving over \$50,000 for professional services . . . . . ▶		NONE

**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		
Total number of other contractors receiving over \$50,000 for other services . . . . . ▶		NONE

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

Schedule A (Form 990 or 990-EZ) 2006

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

Table with columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation...; 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts...; 3a. Did the organization make grants for scholarships...; 3b. Did the organization have a section 403(b) annuity plan...; 3c. Did the organization receive or hold an easement for conservation purposes...; 3d. Did the organization provide credit counseling...; 4a. Did the organization maintain any donor advised funds...; 4b. Did the organization make any taxable distributions...; 4c. Did the organization make a distribution to a donor...; d. Enter the total number of donor advised funds...; e. Enter the aggregate value of assets held in all donor advised funds...; f. Enter the total number of separate funds or accounts...; g. Enter the aggregate value of assets held in all funds or accounts...

**Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions )**

I certify that 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 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
  - Type I
  - Type II
  - Type III - Functionally Integrated
  - Type III - Other

Provide the following information about the supported organizations. (See page 7 of the instructions )

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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.

Table with columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Part V Private School Questionnaire (See page 9 of the instructions.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 29-35 regarding racial nondiscrimination policies, financial aid, and compliance with Rev Proc 75-50.

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 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>		
<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>		
<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 . . . . .	} <b>41</b>		
Over \$500,000 but not over \$1,000,000 . . . . . \$100,000 plus 15% of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000 . . . . . \$175,000 plus 10% of the excess over \$1,000,000			
Over \$1,500,000 but not over \$17,000,000 . . . . . \$225,000 plus 5% of the excess over \$1,500,000			
Over \$17,000,000 . . . . . \$1,000,000			
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>		
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>		
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>		

**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 13 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

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

**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 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	Yes	No	Amount
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> 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



FORM 990, PART I - GROSS SALES LESS RETURNS AND ALLOWANCES

=====

DESCRIPTION

-----

AMOUNT

-----

GROSS RECEIPTS

3,168.

TOTAL

-----  
3,168.  
=====

FORM 990, PART I - COST OF GOODS SOLD

=====

INVENTORY AT BEGINNING OF YEAR .....	26,490.
PURCHASES .....	1,371.
SALARIES AND WAGES .....	
OTHER COSTS .....	
	-----
SUBTOTAL .....	27,861.
MINUS ENDING INVENTORY .....	26,490.
	-----
COST OF GOODS SOLD .....	1,371.
	=====

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES  
=====

DESCRIPTION  
-----

AMOUNT  
-----

UNREALIZED GAINS ON INVESTMENTS

154,449.

TOTAL

-----  
154,449.  
=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
COMPUTER EXPENSE	6,316.	3,878.	2,162.	276.
ADVERTISING AND PUBLICITY	17,492.	17,492.		
PROFESSIONAL SERVICES	7,978.		7,978.	
CONTRACT LABOR	17,198.	13,984.	2,115.	1,099.
MEMBERSHIP AND DUES	575.	175.	400.	
GIFTS AND AWARDS	10,925.	10,668.	257.	
RESOURCE & PROJECT EXPENSES	23,893.	23,406.	487.	
MISCELLANEOUS EXPENSE	4,425.	2,779.	1,262.	384.
INSURANCE EXPENSE	4,369.	1,594.	2,724.	51.
SPEAKER FEES	2,650.	2,650.		
MILEAGE	1,136.	940.	174.	22.
TOTALS	96,957.	77,566.	17,559.	1,832.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

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

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
HOLOCAUST SPEAKERS BUREAU		7,737.
EXHIBITS		119,943.
OTHER PROGRAMS		22,428.
TOTALS		150,108.

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
U.S. GOV'T AGENCY OBLIGATIONS	72,682.	FMV
INDEXED BOND FUNDS	649,978.	FMV
INVESTMENT POOL AT JEWISH		FMV
COMMUNITY FOUNDATION OF GKC	775,359.	FMV
MUTUAL FUND, S&P 500	461,239.	FMV
ISRAEL BONDS	2,000.	FMV
	-----	
TOTALS	1,961,258.	
	=====	

FORM 990, PART IV - INVESTMENTS - OTHER

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
CERTIFICATES OF DEPOSIT	348,843.
TOTALS	----- 348,843. =====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
EXHIBITS	41,245.
ACCRUED INTEREST	2,598.
TOTALS	----- 43,843. =====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
COST OF GOODS SOLD	1,371.
TOTAL	1,371.

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
-----	-----
COST OF GOODS SOLD	1,371.
TOTAL	----- 1,371. =====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JEAN ZELDIN 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	EXECUTIVE DIRECTOR 40.00	87,880.	6,426.	NONE
WILLIAM KORT 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 0.25	NONE	NONE	NONE
GAYLE KRIGEL 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	PRESIDENT 0.25	NONE	NONE	NONE
BARBRA PORTER HILL 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 0.25	NONE	NONE	NONE
MILTON S. KATZ 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 0.25	NONE	NONE	NONE
ALICE JACKS ACHTENBERG	DIRECTOR 0.25	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211				
CATHY BLAKE 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	VICE PRESIDENT 0.25	NONE	NONE	NONE
PEGGY DAVIS 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 0.25	NONE	NONE	NONE
MARK ADAMS 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	VICE PRESIDENT 0.25	NONE	NONE	NONE
CAROL BARNETT 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 0.25	NONE	NONE	NONE
SARAH BEREN 5801 W. 115TH STREET 106	DIRECTOR 0.25	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
OVERLAND PARK, KS 66211				
GLORIA BAKER FEINSTEIN 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 0.25	NONE	NONE	NONE
STEVE CHICK 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	VICE PRESIDENT 0.25	NONE	NONE	NONE
GAIL CLUEN 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 0.25	NONE	NONE	NONE
SAM DEVINKI 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 0.25	NONE	NONE	NONE
SUSIE GOLDSMITH 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 0.25	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JOYCE HESS 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 0.20	NONE	NONE	NONE
STEVE FLEKIER 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	TREASURER 0.25	NONE	NONE	NONE
CLARA GROSSMAN 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 0.25	NONE	NONE	NONE
G. RICHARD HASTING 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 0.25	NONE	NONE	NONE
MAMIE HUGHES 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 0.25	NONE	NONE	NONE
ROBERT HILL	DIRECTOR 0.25	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211				
LYNN C. HOOVER 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 0.25	NONE	NONE	NONE
PAUL LERNER 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 0.25	NONE	NONE	NONE
ELAINE POLSKY 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 0.25	NONE	NONE	NONE
JEFF ROSEN 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 0.25	NONE	NONE	NONE
ROSEMARY NOCHLIN 5801 W. 115TH STREET 106	DIRECTOR 0.25	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
OVERLAND PARK, KS 66211				
CAROL SADER 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	VICE PRESIDENT 0.25	NONE	NONE	NONE
DAVID SOSLAND 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 0.25	NONE	NONE	NONE
EVELYN TILZER 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	SECRETARY 0.25	NONE	NONE	NONE
BARBARA UNELL 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 0.25	NONE	NONE	NONE
DAVID VITTOR 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 0.25	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MARIA DEVINKI 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR EMERITUS 0.25	NONE	NONE	NONE
ISAK FEDERMAN 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR EMERITUS 0.25	NONE	NONE	NONE
JACK MANDELBAUM 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR EMERITUS 0.25	NONE	NONE	NONE
GRAND TOTALS		87,880.	6,426.	NONE

FORM 990, PART V-A RELATIONSHIP SCHEDULE

RELATIONSHIP SCHEDULE

-----

NAME OF OFFICER, DIRECTOR, ETC:	PEGGY DAVIS
NAME OF RELATED ENTITY:	STEVE FLEKIER
TITLE OR ROLE:	TREASURER
RELATIONSHIP:	COUSIN
NAME OF OFFICER, DIRECTOR, ETC:	SAM DEVINKI
NAME OF RELATED ENTITY:	MARIA DEVINKI
TITLE OR ROLE:	DIRECTOR EMERITUS
RELATIONSHIP:	MOTHER
NAME OF OFFICER, DIRECTOR, ETC:	STEVE FLEKIER
NAME OF RELATED ENTITY:	PEGGY DAVIS
TITLE OR ROLE:	DIRECTOR
RELATIONSHIP:	COUSIN
NAME OF OFFICER, DIRECTOR, ETC:	MARIA DEVINKI
NAME OF RELATED ENTITY:	SAM DEVINKI
TITLE OR ROLE:	DIRECTOR
RELATIONSHIP:	SON

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

.  
 LINE            EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME  
 NO.            IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED  
                  IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES  
 -----

- 93A            PROGRAM FEES 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, PART III - EXPLANATION FOR LINE 2D

=====

SEE PART V, FORM 990

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2005	2004	2003	2002	TOTAL
MISCELLANEOUS INCOME	2,832.	9,028.	1,541.	74.	13,475.
TOTALS	2,832.	9,028.	1,541.	74.	13,475.

Midwest Center for Holocaust Education  
Form 990, Part IV, Lines 57a and 57b  
June 30, 2007  
EIN 48-1127376

	June 30, <u>2007</u>	June30, <u>2006</u>
Leasehold improvements	\$ 159,804	\$ 159,804
Furniture and fixtures	31,569	20,617
Computers	74,255	74,255
Resource materials	<u>12,531</u>	<u>12,531</u>
	278,159	267,207
Accumulated depreciation and amortization	( <u>191,555</u> )	( <u>177,707</u> )
	<u>\$ 86,604</u>	<u>\$ 89,500</u>

**SCHEDULE D  
(Form 1041)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ **Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).**

OMB No 1545-0092

**2006**

Name of estate or trust

Employer identification number

MIDWEST CENTER FOR HOLOCAUST EDUCATION

48-1127376

**Note:** Form 5227 filers need to complete **only** Parts I and II

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other basis (see page 35)	(f) Gain or (Loss) for the entire year (col (d) less col (e))
1					
2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				2
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts				3
4	Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2005 Capital Loss Carryover Worksheet				4 ( )
5	Net short-term gain or (loss). Combine lines 1 through 4 in column (f) Enter here and on line 13, column (3) below				5

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other basis (see page 35)	(f) Gain or (Loss) for the entire year (col (d) less col (e))
6	SEE STATEMENT 1		47,913.		47,913.
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				7
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts				8
9	Capital gain distributions				9
10	Gain from Form 4797, Part I				10
11	Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2005 Capital Loss Carryover Worksheet				11 ( )
12	Net long-term gain or (loss). Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (3) below				12 47,913.

**Part III Summary of Parts I and II**

**Caution: Read the instructions before completing this part.**

	(1) Beneficiaries' (see page 36)	(2) Estate's or trust's	(3) Total
13 Net short-term gain or (loss)	13		
14 Net long-term gain or (loss):			
a Total for year	14a		47,913.
b Unrecaptured section 1250 gain (see line 18 of the worksheet on page 36).	14b		
c 28% rate gain	14c		
15 Total net gain or (loss). Combine lines 13 and 14a	15		47,913.

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2006

**Part IV Capital Loss Limitation**

**16** Enter here and enter as a (loss) on Form 1041, line 4, the smaller of  
 a The loss on line 15, column (3) or  
 b \$3,000 . . . . . **16** ( )

If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22, is a loss, complete the **Capital Loss Carryover Worksheet** on page 39 of the instructions to determine your capital loss carryover

**Part V Tax Computation Using Maximum Capital Gains Rates** (Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22 is more than zero.)

**Note:** If line 14b, column (2) or line 14c, column (2) is more than zero, complete the worksheet on page 38 of the instructions and skip Part V Otherwise, go to line 17

<b>17</b> Enter taxable income from Form 1041, line 22 . . . . .	<b>17</b>		
<b>18</b> Enter the smaller of line 14a or 15 in column (2) but not less than zero . . . . .	<b>18</b>		
<b>19</b> Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) . . . . .	<b>19</b>		
<b>20</b> Add lines 18 and 19 . . . . .	<b>20</b>		
<b>21</b> If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- . . ▶	<b>21</b>		
<b>22</b> Subtract line 21 from line 20 If zero or less, enter -0- . . . . .	<b>22</b>		
<b>23</b> Subtract line 22 from line 17 If zero or less, enter -0- . . . . .	<b>23</b>		
<b>24</b> Enter the smaller of the amount on line 17 or \$2,050 . . . . .	<b>24</b>		
<b>25</b> Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 through 27, go to line 28 and check the "No" box <input type="checkbox"/> No. Enter the amount from line 23 . . . . .	<b>25</b>		
<b>26</b> Subtract line 25 from line 24 . . . . .	<b>26</b>		
<b>27</b> Multiply line 26 by 5% ( .05) . . . . .	<b>27</b>		
<b>28</b> Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 28 through 31, go to line 32. <input type="checkbox"/> No. Enter the smaller of line 17 or line 22 . . . . .	<b>28</b>		
<b>29</b> Enter the amount from line 26 (If line 26 is blank, enter -0-) . . . . .	<b>29</b>		
<b>30</b> Subtract line 29 from line 28 . . . . .	<b>30</b>		
<b>31</b> Multiply line 30 by 15% ( .15) . . . . .	<b>31</b>		
<b>32</b> Figure the tax on the amount on line 23 Use the 2006 Tax Rate Schedule on page 23 of the instructions . . . . .	<b>32</b>		
<b>33</b> Add lines 27, 31, and 32 . . . . .	<b>33</b>		
<b>34</b> Figure the tax on the amount on line 17 Use the 2006 Tax Rate Schedule on page 23 of the instructions . . . . .	<b>34</b>		
<b>35</b> Tax on all taxable income. Enter the smaller of line 33 or line 34 here and on line 1a of Schedule G, Form 1041 . . . . .	<b>35</b>		



• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box.  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.**

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

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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of **JEAN ZELDIN, EXECUTIVE DIRECTOR**  
Telephone No **913 327-8190** FAX No \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box.

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for \_\_\_\_\_

4 I request an additional 3-month extension of time until **05/15, 20 08**

5 For calendar year \_\_\_\_\_, or other tax year beginning **07/01, 20 06** and ending **06/30, 20 07**

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

7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN**

8a	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	8a \$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c	<b>Balance Due.</b> Subtract line 8b from line 8a. 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	8c \$

**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  Title **CRA** Date **2/9/08**

**Notice to Applicant. (To Be Completed by the IRS)**

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address.** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name <b>HOUSE PARK &amp; DOBRATZ, P.C.</b>
	Number and street (include suite, room, or apt. no.) or a P O. box number <b>605 W. 47TH STREET, SUITE 301</b>
	City or town, province or state, and country (including postal or ZIP code) <b>KANSAS CITY, MO 64112</b>