

2010

Open to Public Inspection

990

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

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 07/01, 2010, and ending 06/30, 2011

Form 990 header section including B (Check if applicable), C (Name of organization: MIDWEST CENTER FOR HOLOCAUST EDUCATION), D (Doing Business As), E (Telephone number), F (Name and address of principal officer: JEAN ZELDIN), G (Gross receipts \$ 325,936), H(a) (Is this a group return for affiliates?), H(b) (Are all affiliates included?), I (Tax-exempt status), J (Website: WWW.MCHEKC.ORG), K (Form of organization: Corporation), L (Year of formation: 1993), M (State of legal domicile: KS)

Part I Summary

Table with 19 rows detailing financial and governance information. Rows include: 1. Mission statement; 2. Discontinued operations; 3-6. Voting members and employees; 7a-b. Revenue and net income; 8-12. Revenue breakdown; 13-19. Expenses breakdown; 20-22. Net assets and fund balances.

Part II Signature Block

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 block section with fields for Sign Here, Signature of officer (Robert Mandel, Treasurer), and Date (4/19/12).

Preparer information section including Preparer's name (Stanley H. House), Preparer's signature, Date (3/31/12), Check if self-employed, PTIN (P00642974), Firm's name (HOUSE PARK & DOBRATZ, P.C.), Firm's EIN (43-1562209), and Firm's address (605 WEST 47TH STREET, SUITE 301 KANSAS CITY, MO 64112).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2010)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission.
TO PROMOTE AND ENGAGE IN REMEMBRANCE RESEARCH AND EDUCATION
CONCERNING THE NAZI HOLOCAUST.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ 52,652. including grants of \$ _____) (Revenue \$ 3,520.)
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. ADDITIONAL COURSES AND WEB-BASED TEACHING RESOURCES ARE OFFERED TO EDUCATORS.

4b (Code _____) (Expenses \$ 61,090. including grants of \$ _____) (Revenue \$ 4,304.)
COMMUNITY PROGRAMS: VARIOUS COMMUNITY PROGRAMS OPEN TO THE PUBLIC TO PROVIDE HISTORICAL AND SOCIAL EDUCATION ABOUT THE HOLOCAUST AND TO HONOR ITS VICTIMS.

4c (Code _____) (Expenses \$ 12,482. including grants of \$ _____) (Revenue \$ 430.)
RESOURCE CENTER: APPROXIMATELY 1,800 TITLES, PLUS A WITNESS ARCHIVE OF ORAL TESTIMONIES, POSTER SETS, BIBLIOGRAPHIES, CURRICULUM UNITS, ETC. ARE AVAILABLE FOR LOAN OR ON-SITE USE.

4d Other program services (Describe in Schedule O) ATTACHMENT 1
(Expenses \$ 45,648. including grants of \$ _____) (Revenue \$ 5,186.)

4e Total program service expenses 171,872.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20b detailing various organizational requirements and their completion status.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

Table with columns for question number, question text, sub-questions (1a-14b), and Yes/No columns. Contains various tax compliance questions regarding Form 1096, Form W-2G, Form W-3, and other IRS filings.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No, and a column for line numbers (1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9). Contains questions about governing body members, relationships, and documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

Table with 4 columns: Question, Yes, No, and a column for line numbers (10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b). Contains questions about local chapters, conflict of interest policies, whistleblower policies, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) MARK ADAMS IMMEDIATE PAST PRESIDENT | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (2) CATHY BLAKE DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (3) STEPHEN CHICK PRESIDENT | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (4) GAIL CLUEN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (5) KATHERINE DEBRUCE SECRETARY | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (6) MARIA DEVINKI DIRECTOR EMERITUS | 1.00 | X | | | | | 0. | 0. | 0. | |
| (7) RAYMOND DOSWELL DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (8) ARTHUR FEDERMAN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (9) ISAK FEKERMAN DIRECTOR EMERITUS | 1.00 | X | | | | | 0. | 0. | 0. | |
| (10) EDWARD FEINSTEIN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (11) JAMES ASH DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (12) STEVE FLEKIER DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (13) LLOYD HELLMAN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (14) G. RICHARD HASTINGS VICE PRESIDENT | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (15) KAREN HERMAN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (16) JOYCE HESS ASSISTANT TREASURER | 1.00 | X | | X | | | 0. | 0. | 0. | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (17) BABRA PORTER HILL VICE PRESIDENT | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (18) LYNN HOOVER VICE PRESIDENT | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (19) MAMIE HUGHES DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (20) AMY MCANARNEY HUNT DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (21) JUDITH JACOBS DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (22) JASON KORT DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (23) WILLIAM KORT DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (24) GAYLE KRIGEL DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (25) COLLEEN LIGIBEL DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (26) ROBERT MANDEL TREASURER | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (27) JACK MANDELBAUM DIRECTOR EMERITUS | 1.00 | X | | | | | 0. | 0. | 0. | |
| (28) SHARON PASE VICE PRESIDENT - EDUCATION | 1.00 | X | | X | | | 0. | 0. | 0. | |
| 1b Sub-total | | | | | | | 0. | 0. | 0. | |
| c Total from continuation sheets to Part VII, Section A ATTACHMENT 2 | | | | | | | 102,500. | 0. | 8,481. | |
| d Total (add lines 1b and 1c) | | | | | | | 102,500. | 0. | 8,481. | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|--|--|-------------------------|--|--|---|---|--|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) . . | 1e | 7,750. | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above . . | 1f | 229,413. | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | | | | | |
| | h | Total. Add lines 1a-1f | | 237,163. | | | | |
| Program Service Revenue | 2a | PROGRAM FEES | Business Code 611600 | 9,223. | 9,223. | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | 9,223. | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 3 | | 44,567. | | | 44,567. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | 0. | | | | |
| | 5 | Royalties | | 0. | | | | |
| | 6a | Gross Rents | (i) Real | (ii) Personal | | | | |
| | | | b | Less rental expenses | | | | |
| | | | c | Rental income or (loss) | | | | |
| | | | d | Net rental income or (loss) | | 0. | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | | b | Less cost or other basis and sales expenses | | | | |
| | | | c | Gain or (loss) | 30,324. | | | |
| | | | d | Net gain or (loss) | | 30,324 | | |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a | | | | | | |
| | b | Less direct expenses b | | | | | | |
| | c | Net income or (loss) from fundraising events | | 0. | | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 a | | | | | | |
| b | Less direct expenses b | | | | | | | |
| c | Net income or (loss) from gaming activities | | 0. | | | | | |
| 10a | Gross sales of inventory, less returns and allowances a | | 2,007. | | | | | |
| b | Less cost of goods sold b | | 442. | | | | | |
| c | Net income or (loss) from sales of inventory. ATCH. 4 | | 1,565. | 1,565. | | | | |
| Miscellaneous Revenue | | | Business Code | | | | | |
| 11a | OTHER | 900099 | 2,652. | 2,652. | | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | All other revenue | | | | | | | |
| e | Total. Add lines 11a-11d | | 2,652. | | | | | |
| 12 | Total revenue See instructions | | 325,494. | 13,440. | | 44,567. | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . | 0. | | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 0. | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | 0. | | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 110,981. | 27,208. | 70,368. | 13,405. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | | | |
| 7 Other salaries and wages | 106,293. | 72,104. | 31,047. | 3,142. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions). | 0. | | | |
| 9 Other employee benefits | 5,355. | 978. | 4,072. | 305. |
| 10 Payroll taxes | 14,869. | 6,951. | 6,816. | 1,102. |
| 11 Fees for services (non-employees) | | | | |
| a Management | 0. | | | |
| b Legal | 0. | | | |
| c Accounting | 0. | | | |
| d Lobbying | 0. | | | |
| e Professional fundraising services See Part IV, line 17 | 0. | | | |
| f Investment management fees | 6,692. | | 6,692. | |
| g Other | 19,429. | 5,039. | 14,164. | 226. |
| 12 Advertising and promotion | 1,249. | 1,249. | | |
| 13 Office expenses | 4,695. | 2,401. | 2,261. | 33. |
| 14 Information technology | 6,502. | 935. | 5,567. | |
| 15 Royalties | 0. | | | |
| 16 Occupancy | 18,846. | 10,041. | 7,715. | 1,090. |
| 17 Travel | 12,121. | 10,494. | 1,615. | 12. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 5,373. | 4,815. | 518. | 40. |
| 20 Interest | 0. | | | |
| 21 Payments to affiliates | 0. | | | |
| 22 Depreciation, depletion, and amortization | 15,072. | | 15,072. | |
| 23 Insurance | 4,236. | 1,004. | 3,173. | 59. |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| a OTHER PROJECT EXPENSES | 2,745. | 2,745. | | |
| b PRINTING AND COPYING | 13,113. | 6,170. | 2,237. | 4,706. |
| c POSTAGE AND DELIVERY | 16,239. | 12,844. | 1,507. | 1,888. |
| d RESOURCE MATERIALS | 3,347. | 3,347. | | |
| e AWARDS AND GIFTS | 1,877. | 1,804. | 73. | |
| f All other expenses | 4,581. | 1,743. | 2,560. | 278. |
| 25 Total functional expenses Add lines 1 through 24f | 373,615. | 171,872. | 175,457. | 26,286. |
| 26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year | |
|-----------------------------|---|---|------------|--------------------|------------|
| Assets | 1 | Cash - non-interest-bearing | 19,851. | 1 | 4,932. |
| | 2 | Savings and temporary cash investments | 11,774. | 2 | 1,773. |
| | 3 | Pledges and grants receivable, net | 37,550. | 3 | 42,454. |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | 26,490. | 8 | 26,490. |
| | 9 | Prepaid expenses and deferred charges | 0. | 9 | 6,439. |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 302,240. | | |
| | 10b | Less accumulated depreciation | 257,266. | | |
| | | | 46,636. | 10c | 44,974. |
| | 11 | Investments - publicly traded securities | 1,950,081. | 11 | 2,260,224. |
| | 12 | Investments - other securities See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| 15 | Other assets See Part IV, line 11 | 41,245. | 15 | 44,842. | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 2,133,627. | 16 | 2,432,128. | |
| Liabilities | 17 | Accounts payable and accrued expenses | 2,161. | 17 | 1,518. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 0. | 19 | 43,000. |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 2,161. | 26 | 44,518. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 | Unrestricted net assets | 306,046. | 27 | 311,253. |
| | 28 | Temporarily restricted net assets | 38,024. | 28 | 288,961. |
| | 29 | Permanently restricted net assets | 1,787,396. | 29 | 1,787,396. |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | 2,131,466. | 33 | 2,387,610. |
| 34 | Total liabilities and net assets/fund balances | 2,133,627. | 34 | 2,432,128. | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

| | | | |
|---|---|---|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 325,494. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 373,615. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -48,121. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2,131,466. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 304,265. |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 2,387,610. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

| | | Yes | No |
|----|--|-----|----|
| 1 | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? | X | |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | X | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

Public Charity Status and Public Support

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

| | |
|---|---|
| Name of the organization MIDWEST CENTER FOR HOLOCAUST EDUCATION | Employer identification number 48-1127376 |
|---|---|

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 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 exempt 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)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other

- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

| | | |
|--------|-----|----|
| | Yes | No |
| 11g(i) | | |
 - (ii) A family member of a person described in (i) above?

| | | |
|---------|-----|----|
| | Yes | No |
| 11g(ii) | | |
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

| | | |
|----------|-----|----|
| | Yes | No |
| 11g(iii) | | |

h Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of support |
|------------------------------------|----------|---|--|----|---|----|--|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 334,505. | 231,882. | 204,869. | 271,646. | 237,163. | 1,280,065. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3. | 334,505. | 231,882. | 204,869. | 271,646. | 237,163. | 1,280,065. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | 66,635. |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 1,213,430. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|------------|
| 7 Amounts from line 4 | 334,505. | 231,882. | 204,869. | 271,646. | 237,163. | 1,280,065. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 64,627. | 67,910. | 60,315. | 39,077. | 44,567. | 276,496. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . ATCH 1 | 12,792. | 16,757. | 14,829. | 8,859. | 13,439. | 66,676. |
| 11 Total support. Add lines 7 through 10 | | | | | | 1,623,237. |

12 Gross receipts from related activities, etc (see instructions) **12**

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|--------|
| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) | 14 | 74.75% |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14 | 15 | 76.62% |

- 16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X
- b **33 1/3% support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- 17a **10%-facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b **10%-facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|---|
| 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|---|
| 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2006 | 2007 | 2008 | 2009 | 2010 | TOTAL |
|--------------------------------|----------------|----------------|----------------|---------------|----------------|----------------|
| MISCELLANEOUS INCOME | 3,628. | 1,828. | 1,776. | 1,796. | 2,651. | 11,679. |
| PROGRAM FEES | 7,367. | 10,157. | 10,525. | 5,649. | 9,223. | 42,921. |
| INCOME FROM SALES OF BOOKS/DVD | 1,797. | 4,772. | 2,528. | 1,788. | 1,565. | 12,450. |
| SPECIAL EVENT LOSS | | | | -374. | | -374. |
| TOTALS | <u>12,792.</u> | <u>16,757.</u> | <u>14,829.</u> | <u>8,859.</u> | <u>13,439.</u> | <u>66,676.</u> |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization: MIDWEST CENTER FOR HOLOCAUST EDUCATION; Employer identification number: 48-1127376

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions, Aggregate grants, Aggregate value, and two Yes/No questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

Form for Part II Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, open space, historic land area, historic structure), a table for 'Held at the End of the Tax Year' (rows 2a-2d), and various questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for revenues and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

| | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 2,053,877. | 1,910,984. | 2,083,741. | | |
| b Contributions | | 6,987. | 80,219. | | |
| c Net investment earnings, gains, and losses | 298,845. | 135,906. | -252,976. | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 20,120. | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 2,332,602. | 2,053,877. | 1,910,984. | | |

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 86.0000 %
- b Permanent endowment ▶ 14.0000 %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

| | Yes | No |
|--|-----|----|
| 3a(i) unrelated organizations | X | |
| 3a(ii) related organizations | | X |
| 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | |

- (i) unrelated organizations
- (ii) related organizations

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 159,804. | 131,279. | 28,525. |
| d Equipment | | 129,905. | 113,456. | 16,449. |
| e Other | | 12,531. | 12,531. | |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). ▶ 44,974.

Part VII Investments - Other Securities. See Form 990, Part X, line 12

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-I), and Total.

Part VIII Investments - Program Related. See Form 990, Part X, line 13

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows include (1) through (10) and Total.

Part IX Other Assets. See Form 990, Part X, line 15

Table with 2 columns: (a) Description, (b) Book value. Rows include (1) through (10) and Total.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Amount. Rows include (1) Federal income taxes, (2) through (11), and Total.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

| | | | |
|----|---|----|----------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 325,494. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 373,615. |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | -48,121. |
| 4 | Net unrealized gains (losses) on investments | 4 | 304,265. |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 through 8 | 9 | 304,265. |
| 10 | Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 | 10 | 256,144. |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|---|----|----------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 623,509. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | 304,265. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | 442. |
| e | Add lines 2a through 2d | 2e | 304,707. |
| 3 | Subtract line 2e from line 1 | 3 | 318,802. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 6,692. |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | 6,692. |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 325,494. |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|--|----|----------|
| 1 | Total expenses and losses per audited financial statements | 1 | 367,365. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV) | 2d | 442. |
| e | Add lines 2a through 2d | 2e | 442. |
| 3 | Subtract line 2e from line 1 | 3 | 366,923. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 6,692. |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | 6,692. |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | 373,615. |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

RECONCILIATION OF AUDITED FINANCIAL STATEMENTS TO 990

SCHEDULE D, PART XII, LINE 4B AND PART XIII, LINE 4B

BOOK SALES EXPENSES OF \$442 WERE INCLUDED IN EXPENSES FOR THE AUDIT BUT ARE NETTED AGAINST THE RELATED REVENUE FOR THE 990.

INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D PART V, LINE 4

5% OF THE AVERAGE FAIR VALUE OF THIS ENDOWMENT FUND FOR THE PREVIOUS TWELVE QUARTERS IS ALLOCATED EACH YEAR AS PART OF THE BUDGETING PROCESS. THE ENDOWMENT FUND ALLOCATION IS AVAILABLE FOR USE IN THE OPERATIONS OF THE ORGANIZATION, AS DETERMINED BY THE BOARD.

FIN 48 FOOTNOTE

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION'S CURRENT ACCOUNTING POLICY IS TO PROVIDE LIABILITIES FOR UNCERTAIN INCOME TAX PROVISIONS WHEN A LIABILITY IS PROBABLE AND ESTIMABLE. THE ORGANIZATION HAS NO UNCERTAIN INCOME TAX POSITIONS FOR THE YEARS ENDED JUNE 30, 2011 AND 2010. THE ORGANIZATION IS NO LONGER SUBJECT TO AUDITS BY THE IRS FOR YEARS PRIOR TO FISCAL 2008. MANAGEMENT IS NOT AWARE OF ANY VIOLATION OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES.

Supplemental Information to Form 990 or 990-EZ

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

Name of the organization

MIDWEST CENTER FOR HOLOCAUST EDUCATION

Employer identification number

48-1127376

FAMILY RELATIONSHIPS AMONG BOARD MEMBERS

FORM 990 PART VI, SECTION A, LINE 2

FOLLOWING ARE FAMILY RELATIONSHIPS AMONG BOARD MEMBERS:

WILLIAM AND JASON KORT

ARTHUR AND ISAK FEDERMAN

BLANCHE AND DAVID SOSLAND

SHARON PASE AND DAVID SOSLAND

SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS

990 PART VI, SECTION A, LINE 4

CHANGES TO THE BYLAWS IN 2011 INCLUDED:

1. DOWNSIZING THE BOARD TO A MAXIMUM OF 30
2. CHANGING STATUS OF PAST PRESIDENTS FROM DIRECTORS TO PAST PRESIDENTS
3. PLACING GREATER EMPHASIS ON ATTENDANCE AND OTHER BOARD CRITERIA
4. CHANGING THE NAME OF THE BOARD OF GOVERNORS TO THE COUNCIL OF ADVOCATES AND CLARIFYING THEIR ROLE
5. REDUCING THE SIZE OF THE EXECUTIVE COMMITTEE
6. PROVIDING FOR ELECTRONIC VOTING
7. NAMING THE EXECUTIVE DIRECTOR ALSO AS CHIEF EXECUTIVE OFFICER AND AS ASSISTANCE SECRETARY

PROCESS FOR REVIEW OF FORM 990

Name of the organization

MIDWEST CENTER FOR HOLOCAUST EDUCATION

Employer identification number

48-1127376

990 PART VI SECTION B LINE 11A

THE 990 IS REVIEWED BY THE TREASURER, ASSISTANT TREASURER, PRESIDENT, FINANCE CHAIR AND EXECUTIVE DIRECTOR PRIOR TO FILING. THE 990 IS AVAILABLE FOR REVIEW BY ALL BOARD MEMBERS UPON REQUEST.

MONITORING CONFLICT OF INTEREST POLICY

990 PART VI, SECTION B, LINE 12C

BOARD MEMBERS SIGN CONFLICT OF INTEREST DOCUMENT EACH YEAR AND THE BOARD REVIEWS THEM.

DOCUMENTS AVAILABLE TO THE PUBLIC

PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

RECONCILIATION OF NET ASSETS

990 PART XI, LINE 5

THE OTHER CHANGES IN NET ASSETS IS DUE TO THE UNREALIZED GAINS ON INVESTMENTS OF \$304,265.

ATTACHMENT 1FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

| <u>DESCRIPTION</u> | <u>GRANTS</u> | <u>EXPENSES</u> | <u>REVENUE</u> |
|---------------------------|---------------|-----------------|----------------|
| EXHIBITS | | 17,355. | 2,332. |
| HOLOCAUST ESSAY CONTEST | | 13,644. | |
| HOLOCAUST SPEAKERS BUREAU | | 7,890. | 249. |
| OTHER PROGRAMS | | 6,759. | 2,605. |

| | |
|--|--|
| Name of the organization MIDWEST CENTER FOR HOLOCAUST EDUCATION | Employer identification number 48-1127376 |
|--|--|

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

| <u>DESCRIPTION</u> | <u>GRANTS</u> | <u>EXPENSES</u> | <u>REVENUE</u> |
|--------------------|---------------|-----------------|----------------|
| TOTALS | | <u>45,648.</u> | <u>5,186.</u> |

ATTACHMENT 2

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

| (A) NAME AND TITLE | (B) HOURS | (C) POSITION | | | | | COMPENSATION FROM | | | |
|--------------------------------------|-----------|--------------|-----|-----|-----|-----|-------------------|----------|---------------|-----------|
| | | (1) | (2) | (3) | (4) | (5) | (6) | (D) ORG. | (E) REL. ORG. | (F) OTHER |
| 29 ELAINE POLSKY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| 30 VICKI REISLER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| 31 JEFFREY ROSEN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| 32 CAROL SADER VICE PRESIDENT | 1.00 | X | X | | | | | 0. | 0. | 0. |
| 33 JOHN SHARP DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| 34 MELYNN SIGHT DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| 35 BLANCH SOSLAND DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| 36 DAVID SOSLAND DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| 37 EVELYN TILZER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| 38 KARL ZOBRIST DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| 39 MARY KAY MCPHEE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| 40 BRENT SCHONDELMEYER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| 41 LORRAINE STIFFELMAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| 42 DOUGLAS STONE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| 43 JEAN ZELDIN EXECUTIVE DIRECTOR | 40.00 | | X | | | | | 102,500. | | 8,481. |

| | |
|--|--|
| Name of the organization MIDWEST CENTER FOR HOLOCAUST EDUCATION | Employer identification number 48-1127376 |
|--|--|

ATTACHMENT 3

FORM 990, PART VIII - INVESTMENT INCOME

| DESCRIPTION | (A) TOTAL REVENUE | (B) RELATED OR EXEMPT REVENUE | (C) UNRELATED BUSINESS REV. | (D) EXCLUDED REVENUE |
|-------------------------------|-------------------------|-------------------------------------|-----------------------------------|----------------------------|
| INTEREST AND DIVIDENDS INCOME | 44,567. | | | 44,567. |
| TOTALS | <u>44,567.</u> | | | <u>44,567.</u> |

ATTACHMENT 4

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

| | |
|---|----------------|
| GROSS SALES LESS RETURNS AND ALLOWANCES | 2,007. |
| INVENTORY AT BEGINNING OF YEAR | 26,490. |
| PURCHASES | 442. |
| SALARIES AND WAGES | |
| OTHER COSTS | |
| SUBTOTAL | <u>26,932.</u> |
| MINUS ENDING INVENTORY | 26,490. |
| COST OF GOODS SOLD | <u>442.</u> |

ATTACHMENT 5

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

| DESCRIPTION | ENDING BOOK VALUE |
|------------------|----------------------|
| PREPAID EXPENSES | 6,439. |
| TOTALS | <u>6,439.</u> |

ATTACHMENT 6

Name of the organization

MIDWEST CENTER FOR HOLOCAUST EDUCATION

Employer identification number

48-1127376

ATTACHMENT 6 (CONT'D)FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

| <u>DESCRIPTION</u> | <u>ENDING BOOK VALUE</u> | <u>COST OR FMV</u> |
|--|------------------------------|------------------------|
| INDEXED BOND FUNDS | 770,111. | FMV |
| INVESTMENT POOL AT JEWISH COMMUNITY FOUNDATION OF GKC | 1,092,035. | FMV |
| MUTUAL FUND, S&P 500 | 316,267. | FMV |
| ISRAEL BONDS | 1,000. | FMV |
| INTERNATIONAL STOCK FUND | 80,811. | FMV |
| TOTALS | <u>2,260,224.</u> | |

ATTACHMENT 7FORM 990, PART X - DEFERRED REVENUE

| <u>DESCRIPTION</u> | <u>ENDING BOOK VALUE</u> |
|-------------------------------|------------------------------|
| SOCIAL EVENT REVENUE DEFERRED | 43,000. |
| TOTALS | <u>43,000.</u> |

- 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. Only file the original (no copies needed)

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

Enter the Return code for the return that this application is for (file a separate application for each return) 01

| Application Is For | Return Code | Application Is For | Return Code |
|---|-------------|--------------------|-------------|
| Form 990 | 01 | | |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 03 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

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 **913 327-8193**
- 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, 2012

5 For calendar year _____, or other tax year beginning 07/01, 2010, and ending 06/30, 2011

6 If the tax year entered in line 5 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 REQUIRED 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 \$ | 0. |
| 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 Balance Due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. | 8c \$ | 0. |

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 Stan Horvath Title CPA Date 2/14/12

House Park & Dobratz, P C
 Certified Public Accountants
 605 West 47th Street, Suite 301
 Kansas City, MO 64112 FED I D #43-1562209