

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 2007 calendar year, or tax year beginning 07/01, 2007, and ending 06/30/2008

B Check if applicable: Address change, Name change, Initial return, Termination, 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) (insert no.) 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.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? Yes No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? Yes No. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No. I Group Exemption Number. M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 400,053.

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

Table with 21 rows and 4 columns. Rows 1-12 are Revenue, rows 13-17 are Expenses, and rows 18-21 are Net Assets. Includes a 'COPY FOR PUBLIC INSPECTION' stamp over lines 1b and 1c.

• 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<br><br>File by the extended due date for filing the return. See instructions. | Name of Exempt Organization<br><b>MIDWEST CENTER FOR HOLOCAUST EDUCATION</b>   | Employer identification number<br><b>48-1127376</b> |
|   | Number, street, and room or suite no. If a P.O. box, see instructions.<br><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.<br><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 05/15/2009

5 For calendar year \_\_\_\_\_, or other tax year beginning 07/01/2007, and ending 06/30/2008

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 REQUIRED TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

|  |              |
|--|--------------|
| <b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>8a</b> \$ |
| <b>b</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. | <b>8b</b> \$ |
| <b>c 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.              | <b>8c</b> \$ |

**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  \_\_\_\_\_ Date  \_\_\_\_\_

**HOUSE PARK & DOBRATZ, P.C.**  
**605 W. 47TH STREET, SUITE 301**  
**KANSAS CITY, MO 64112**

**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.)

| <i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>   | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|--|-----------|----------------------|----------------------------|-----------------|
| <b>22a</b> Grants paid from donor advised funds (attach schedule)<br>(cash \$ _____ noncash \$ _____)<br>If this amount includes foreign grants, check here <input type="checkbox"/> |           |                      |                            |                 |
| <b>22b</b> Other grants and allocations (attach schedule)<br>(cash \$ _____ noncash \$ _____)<br>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   | 90,500.   | 48,285.              | 38,172.                    | 4,043.          |
| <b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B  |           |                      |                            |                 |
| <b>c</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)      |           |                      |                            |                 |
| <b>26</b> Salaries and wages of employees not included on lines 25a, b, and c  | 101,027.  | 53,902.              | 42,612.                    | 4,513.          |
| <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   | 14,700.   | 7,843.               | 6,200.                     | 657.            |
| <b>29</b> Payroll taxes  | 13,106.   | 6,928.               | 5,579.                     | 599.            |
| <b>30</b> Professional fundraising fees  |           |                      |                            |                 |
| <b>31</b> Accounting fees  |           |                      |                            |                 |
| <b>32</b> Legal fees   |           |                      |                            |                 |
| <b>33</b> Supplies   | 3,060.    | 1,753.               | 1,254.                     | 53.             |
| <b>34</b> Telephone  | 1,698.    | 894.                 | 731.                       | 73.             |
| <b>35</b> Postage and shipping   | 8,462.    | 6,472.               | 1,055.                     | 935.            |
| <b>36</b> Occupancy  | 15,980.   | 9,253.               | 6,133.                     | 594.            |
| <b>37</b> Equipment rental and maintenance   |           |                      |                            |                 |
| <b>38</b> Printing and publications  | 14,416.   | 9,708.               | 928.                       | 3,780.          |
| <b>39</b> Travel   | 23,035.   | 21,980.              | 1,055.                     |                 |
| <b>40</b> Conferences, conventions, and meetings   | 10,270.   | 9,057.               | 1,213.                     |                 |
| <b>41</b> Interest   |           |                      |                            |                 |
| <b>42</b> Depreciation, depletion, etc. (attach schedule)  | 16,980.   |                      | 16,980.                    |                 |
| <b>43</b> Other expenses not covered above (itemize):  |           |                      |                            |                 |
| <b>a</b> STMT 4  | 97,113.   | 68,548.              | 26,306.                    | 2,259.          |
| <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).                                       | 410,347.  | 244,623.             | 148,218.                   | 17,506.         |

**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><br>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><br>(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><br><br>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>                            | 54,604.  |
| <b>b COMMUNITY PROGRAMS: VARIOUS COMMUNITY PROGRAMS OPEN TO THE PUBLIC TO PROVIDE HISTORICAL AND SOCIAL EDUCATION ABOUT THE HOLOCAUST</b><br><br>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | 74,197.  |
| <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><br><br>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | 56,994.  |
| <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><br><br>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | 16,425.  |
| <b>e Other program services (attach schedule) SEE STATEMENT 6</b><br>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | 42,403.  |
| <b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . .  | 244,623.   |

Form 990 (2007)

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

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

|   |  | (A)<br>Beginning of year |  | (B)<br>End of year |
|---|--|--------------------------|--|--------------------|
| Assets  | <b>45</b> Cash - non-interest-bearing . . . . .  | 22,265.                  | <b>45</b>  | 126,384.           |
|   | <b>46</b> Savings and temporary cash investments . . . . .   | 40,645.                  | <b>46</b>  | 708.               |
|   | <b>47a</b> Accounts receivable . . . . .   | <b>47a</b> 60.           |  |                    |
|   | <b>b</b> Less: allowance for doubtful accounts . . . . .   | <b>47b</b>               | 60.  | <b>47c</b> 60.     |
|   | <b>48a</b> Pledges receivable . . . . .  | <b>48a</b> 67,661.       |  |                    |
|   | <b>b</b> Less: allowance for doubtful accounts . . . . .   | <b>48b</b> 4,427.        | 90,492.  | <b>48c</b> 63,234. |
|   | <b>49</b> Grants receivable . . . . .  |                          | <b>49</b>  |                    |
|   | <b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .  |                          |  | <b>50a</b>         |
|   | <b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .    |                          |  | <b>50b</b>         |
|   | <b>51a</b> Other notes and loans receivable (attach schedule) . . . . .  | <b>51a</b>               |  |                    |
|   | <b>b</b> Less: allowance for doubtful accounts . . . . .   | <b>51b</b>               |  | <b>51c</b>         |
|   | <b>52</b> Inventories for sale or use . . . . .  | 26,490.                  | <b>52</b>  | 26,490.            |
|   | <b>53</b> Prepaid expenses and deferred charges . . . . .  |                          | <b>53</b>  |                    |
|   | <b>54a</b> Investments - publicly-traded securities <input type="checkbox"/> STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV . . . . .      | 1,961,258.               | <b>54a</b>   | 2,100,514.         |
|   | <b>b</b> Investments - other securities (attach schedule) . . . . .  |                          | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | <b>54b</b>         |
|   | <b>55a</b> Investments - land, buildings, and equipment: basis . . . . .   | <b>55a</b>               |  |                    |
|   | <b>b</b> Less: accumulated depreciation (attach schedule) . . . . .  | <b>55b</b>               |  | <b>55c</b>         |
|   | <b>56</b> Investments - other (attach schedule) . . . . .  | 348,843.                 | <b>56</b>  | NONE               |
|   | <b>57a</b> Land, buildings, and equipment: basis . . . . .   | <b>57a</b> 288,830.      |  |                    |
| <b>b</b> Less: accumulated depreciation (attach schedule) . . . . .   | <b>57b</b> 208,535.  | 86,604.                  | <b>57c</b> 80,295.   |                    |
| <b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> STMT 8 ) . . . . . | 43,843.  | <b>58</b>                | 44,782.  |                    |
| <b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .                                      | 2,620,500.   | <b>59</b>                | 2,442,467.   |                    |
| Liabilities   | <b>60</b> Accounts payable and accrued expenses . . . . .  | 58.                      | <b>60</b>  | 514.               |
|   | <b>61</b> Grants payable . . . . .   |                          | <b>61</b>  |                    |
|   | <b>62</b> Deferred revenue . . . . .   |                          | <b>62</b>  |                    |
|   | <b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .  |                          | <b>63</b>  |                    |
|   | <b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .   |                          | <b>64a</b>   |                    |
|   | <b>b</b> Mortgages and other notes payable (attach schedule) . . . . .   |                          | <b>64b</b>   |                    |
|   | <b>65</b> Other liabilities (describe <input type="checkbox"/> ) . . . . .   |                          | <b>65</b>  |                    |
| <b>66 Total liabilities.</b> Add lines 60 through 65 . . . . .  | 58.  | <b>66</b>                | 514.   |                    |
| Net Assets or Fund Balances   | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.                          |                          |  |                    |
|   | <b>67</b> Unrestricted . . . . .   | 699,378.                 | <b>67</b>  | 550,254.           |
|   | <b>68</b> Temporarily restricted . . . . .   | 140,611.                 | <b>68</b>  | 109,522.           |
|   | <b>69</b> Permanently restricted . . . . .   | 1,780,453.               | <b>69</b>  | 1,782,177.         |
|   | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.  |                          |  |                    |
|   | <b>70</b> Capital stock, trust principal, or current funds . . . . .   |                          | <b>70</b>  |                    |
|   | <b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .  |                          | <b>71</b>  |                    |
|   | <b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | <b>72</b>  |                    |
|   | <b>73 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) . . . . . | 2,620,442.               | <b>73</b>  | 2,441,953.         |
|   | <b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .  | 2,620,500.               | <b>74</b>  | 2,442,467.         |



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

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 37
75b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) STMT. 18
75c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.
75d Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. The first row shows -0- in columns B, C, D, and E.

Part VI Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt
81a Enter direct and indirect political expenditures. (See line 81 instructions.)
81b Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

Form with multiple rows and columns for reporting information. Includes questions 82a through 91b with Yes/No columns and various input fields for amounts and text.

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States?  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)<br>Related or<br>exempt function<br>income |
|--|---------------------------|---------------|--------------------------------------|---------------|--|
|  | (A)<br>Business code      | (B)<br>Amount | (C)<br>Exclusion code                | (D)<br>Amount |  |
| 93 Program service revenue:  |                           |               |                                      |               |  |
| a PROGRAM FEES   |                           |               |                                      |               | 10,157.  |
| 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                                   | 67,910.       |  |
| 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                                   | 82,179.       |  |
| 101 Net income or (loss) from special events . . . . .                 |                           |               |                                      |               |  |
| 102 Gross profit or (loss) from sales of inventory . . . . .           |                           |               |                                      |               | 4,772.   |
| 103 Other revenue: a   |                           |               |                                      |               |  |
| b OTHER  |                           |               |                                      |               | 1,828.   |
| c  |                           |               |                                      |               |  |
| d  |                           |               |                                      |               |  |
| e  |                           |               |                                      |               |  |
| 104 Subtotal (add columns (B), (D), and (E)) . . . . .                 |                           |               |                                      | 150,089.      | 16,757.  |
| 105 Total (add line 104, columns (B), (D), and (E)) . . . . .          |                           |               |                                      |               | 166,846.                                       |

**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). |
|----------|---|
| 19       | STMT 19   |
|          |   |
|          |   |

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

| (A)<br>Name, address, and EIN of corporation,<br>partnership, or disregarded entity | (B)<br>Percentage of<br>ownership interest | (C)<br>Nature of activities | (D)<br>Total income | (E)<br>End-of-year<br>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)<br>Name, address, of each controlled entity | (B)<br>Employer Identification Number | (C)<br>Description of transfer | (D)<br>Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a             | -----<br>-----                                  |                                       |                                |                           |
| b             | -----<br>-----                                  |                                       |                                |                           |
| c             | -----<br>-----                                  |                                       |                                |                           |
| <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)<br>Name, address, of each controlled entity | (B)<br>Employer Identification Number | (C)<br>Description of transfer | (D)<br>Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a             | -----<br>-----                                  |                                       |                                |                           |
| b             | -----<br>-----                                  |                                       |                                |                           |
| c             | -----<br>-----                                  |                                       |                                |                           |
| <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 \_\_\_\_\_ Date \_\_\_\_\_

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

**Paid Preparer's Use Only**

|   |  |   |  |
|---|--|---|--|
| Preparer's signature ▶  | Date   | Check if self-employed ▶ <input type="checkbox"/> | Preparer's SSN or PTIN (See Gen. Inst. X)<br>P00642974 |
| Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ | HOUSE PARK & DOBRATZ, P.C.<br>605 W. 47TH STREET, SUITE 301<br>KANSAS CITY, MO 64112 |   | EIN ▶ 43-1562209<br>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

**2007**

|   |   |
|---|---|
| Name of the organization<br><b>MIDWEST CENTER FOR HOLOCAUST EDUCATION</b> | Employer identification number<br><b>48-1127376</b> |
|---|---|

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

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

Total number of other employees paid over \$50,000 . . . ▶ **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**

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

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.) . . . . .

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property? . . . . .

2a X

b Lending of money or other extension of credit? . . . . .

2b X

c Furnishing of goods, services, or facilities? . . . . .

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . . STMT . 20

2d X

e Transfer of any part of its income or assets? . . . . .

2e X

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) . . . . .

3a X

b Did the organization have a section 403(b) annuity plan for its employees? . . . . .

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement . . . . .

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .

3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g . . . . .

4a X

b Did the organization make any taxable distributions under section 4966? . . . . .

4b X

c Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .

4c X

d Enter the total number of donor advised funds owned at the end of the tax year . . . . . ▶ \_\_\_\_\_

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ▶ \_\_\_\_\_

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ▶ \_\_\_\_\_

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . . . ▶ \_\_\_\_\_

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 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 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 8 of the instructions.)

| (a)<br>Name(s) of supported organization(s) | (b)<br>Employer identification number (EIN) | (c)<br>Type of organization (described in lines 5 through 12 above or IRC section) | (d)<br>Is the supported organization listed in the supporting organization's governing documents? |    | (e)<br>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 8 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) 2006, (b) 2005, (c) 2004, (d) 2003, (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; 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)

|   |   | Yes | No |
|---|---|-----|----|
| 29  | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?   | 29  |    |
| 30  | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?  | 30  |    |
| 31  | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?<br>If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) | 31  |    |
| -----<br>-----<br>-----   |   |     |    |
| 32  | Does the organization maintain the following:   |     |    |
| a   | Records indicating the racial composition of the student body, faculty, and administrative staff?   | 32a |    |
| b   | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?   | 32b |    |
| c   | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?   | 32c |    |
| d   | Copies of all material used by the organization or on its behalf to solicit contributions?  | 32d |    |
| If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)  |   |     |    |
| -----<br>-----  |   |     |    |
| 33  | Does the organization discriminate by race in any way with respect to:  |     |    |
| a   | Students' rights or privileges?   | 33a |    |
| b   | Admissions policies?  | 33b |    |
| c   | Employment of faculty or administrative staff?  | 33c |    |
| d   | Scholarships or other financial assistance?   | 33d |    |
| e   | Educational policies?   | 33e |    |
| f   | Use of facilities?  | 33f |    |
| g   | Athletic programs?  | 33g |    |
| h   | Other extracurricular activities?   | 33h |    |
| If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) |   |     |    |
| -----<br>-----<br>-----   |   |     |    |
| 34 a  | Does the organization receive any financial aid or assistance from a governmental agency?   | 34a |    |
| b   | Has the organization's right to such aid ever been revoked or suspended?<br>If you answered "Yes" to either 34a or b, please explain using an attached statement.   | 34b |    |
| 35  | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation   | 35  |    |

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 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)<br>Affiliated group<br>totals | (b)<br>To be completed<br>for all electing<br>organizations |
|----|---|-----------------------------------|---|
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying)   | 36                                |   |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying)   | 37                                |   |
| 38 | Total lobbying expenditures (add lines 36 and 37)   | 38                                |   |
| 39 | Other exempt purpose expenditures   | 39                                |   |
| 40 | Total exempt purpose expenditures (add lines 38 and 39)   | 40                                |   |
| 41 | Lobbying nontaxable amount. Enter the amount from the following table -<br>If the amount on line 40 is -                      The lobbying nontaxable amount is -<br>Not over \$500,000                      20% of the amount on line 40<br>Over \$500,000 but not over \$1,000,000                      \$100,000 plus 15% of the excess over \$500,000<br>Over \$1,000,000 but not over \$1,500,000                      \$175,000 plus 10% of the excess over \$1,000,000<br>Over \$1,500,000 but not over \$17,000,000                      \$225,000 plus 5% of the excess over \$1,500,000<br>Over \$17,000,000                      \$1,000,000 | 41                                |   |
| 42 | Grassroots nontaxable amount (enter 25% of line 41)   | 42                                |   |
| 43 | Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36  | 43                                |   |
| 44 | Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38  | 44                                |   |

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

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions.)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period |             |             |             |              |
|---|--|-------------|-------------|-------------|--------------|
|   | (a)<br>2007  | (b)<br>2006 | (c)<br>2005 | (d)<br>2004 | (e)<br>Total |
| 45  | Lobbying nontaxable amount                           |             |             |             |              |
| 46  | Lobbying ceiling amount (150% of line 45(e))         |             |             |             |              |
| 47  | Total lobbying expenditures                          |             |             |             |              |
| 48  | Grassroots nontaxable amount                         |             |             |             |              |
| 49  | Grassroots ceiling amount (150% of line 48(e))       |             |             |             |              |
| 50  | 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 |
|---|-----|----|--------|
| a Volunteers  |     |    |        |
| b Paid staff or management (Include compensation in expenses reported on lines c through h.)  |     |    |        |
| c Media advertisements  |     |    |        |
| d Mailings to members, legislators, or the public   |     |    |        |
| e Publications, or published or broadcast statements  |     |    |        |
| f Grants to other organizations for lobbying purposes   |     |    |        |
| g Direct contact with legislators, their staffs, government officials, or a legislative body  |     |    |        |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means  |     |    |        |
| i Total lobbying expenditures (Add lines c through h.)  |     |    |        |

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



|  |  |
|--|--|
| Name of organization<br>MIDWEST CENTER FOR HOLOCAUST EDUCATION | Employer identification number<br>48-1127376 |
|--|--|

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

**General Rule -**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules -**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . . ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|  |   |
|--|---|
| Name of organization <b>MIDWEST CENTER FOR HOLOCAUST EDUCATION</b> | Employer identification number<br><b>48-1127376</b> |
|--|---|

**Part I Contributors** (See Specific Instructions.)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|---|--------------------------------|--|
| 1          | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> | \$ <u>10,000.</u>              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> | \$ <u>5,000.</u>               | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3          | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> | \$ <u>12,500.</u>              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 4          | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> | \$ <u>10,000.</u>              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 5          | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> | \$ <u>34,219.</u>              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 6          | <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> | \$ <u>35,000.</u>              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

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

=====

|   |         |
|---|---------|
| GROSS SALES LESS RETURNS AND ALLOWANCES ..... | 6,097.  |
| INVENTORY AT BEGINNING OF YEAR .....          | 26,490. |
| PURCHASES .....                               | 1,325.  |
| SALARIES AND WAGES .....                      |         |
| OTHER COSTS .....                             |         |
|   | -----   |
| SUBTOTAL .....                                | 27,815. |
| MINUS ENDING INVENTORY .....                  | 26,490. |
|   | -----   |
| COST OF GOODS SOLD .....                      | 1,325.  |
|   | =====   |

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

DESCRIPTION  
-----

AMOUNT  
-----

DONATED SERVICES

13,593.

TOTAL

-----  
13,593.  
=====

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

| DESCRIPTION<br>-----             | AMOUNT<br>-----            |
|----------------------------------|----------------------------|
| UNREALIZED LOSSES ON INVESTMENTS | 180,463.                   |
| TOTAL                            | -----<br>180,463.<br>===== |

FORM 990, PART II - OTHER EXPENSES

| DESCRIPTION                 | TOTAL   | PROGRAM SERVICES | MANAGEMENT AND GENERAL | FUNDRAISING |
|-----------------------------|---------|------------------|------------------------|-------------|
| COMPUTER EXPENSE            | 7,255.  | 2,948.           | 3,360.                 | 947.        |
| ADVERTISING AND PUBLICITY   | 910.    | 910.             |                        |             |
| PROFESSIONAL SERVICES       | 16,290. |                  | 16,290.                |             |
| CONTRACT LABOR              | 8,723.  | 6,980.           | 1,026.                 | 717.        |
| MEMBERSHIP AND DUES         | 450.    | 145.             | 305.                   |             |
| GIFTS AND AWARDS            | 3,705.  | 3,705.           |                        |             |
| RESOURCE & PROJECT EXPENSES | 41,513. | 40,671.          | 842.                   |             |
| MISCELLANEOUS EXPENSE       | 3,045.  | 1,019.           | 1,488.                 | 538.        |
| INSURANCE EXPENSE           | 4,404.  | 1,541.           | 2,816.                 | 47.         |
| SPEAKER FEES                | 9,500.  | 9,500.           |                        |             |
| MILEAGE                     | 1,318.  | 1,129.           | 179.                   | 10.         |
| TOTALS                      | 97,113. | 68,548.          | 26,306.                | 2,259.      |

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 |                        | 12,069.  |
| OTHER PROGRAMS            |                        | 30,334.  |
| TOTALS                    |                        | 42,403.  |

## FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

| DESCRIPTION<br>-----                                     | ENDING<br>BOOK VALUE<br>----- | COST<br>OR FMV<br>----- |
|--|-------------------------------|-------------------------|
| U.S. GOV'T AGENCY OBLIGATIONS                            | 75,264.                       | FMV                     |
| INDEXED BOND FUNDS                                       | 905,520.                      | FMV                     |
| INVESTMENT POOL AT JEWISH<br>COMMUNITY FOUNDATION OF GKC | 723,801.                      | FMV                     |
| MUTUAL FUND, S&P 500                                     | 306,336.                      | FMV                     |
| ISRAEL BONDS   | 2,000.                        | FMV                     |
| INTERNATIONAL STOCK FUND                                 | 87,593.                       | FMV                     |
|  | -----                         |                         |
| TOTALS   | 2,100,514.                    |                         |
|  | =====                         |                         |

FORM 990, PART IV - OTHER ASSETS

=====

| DESCRIPTION      | ENDING<br>BOOK VALUE      |
|------------------|---------------------------|
| -----            | -----                     |
| EXHIBITS         | 41,245.                   |
| ACCRUED INTEREST | 3,537.                    |
| TOTALS           | -----<br>44,782.<br>===== |

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

| DESCRIPTION        | AMOUNT                   |
|--------------------|--------------------------|
| -----              | -----                    |
| COST OF GOODS SOLD | 1,325.                   |
| TOTAL              | -----<br>1,325.<br>===== |

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

| DESCRIPTION        | AMOUNT |
|--------------------|--------|
| COST OF GOODS SOLD | 1,325. |
| TOTAL              | 1,325. |

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

| NAME AND ADDRESS  | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|---|--|--------------|---|-----------------------------------|
| JEAN ZELDIN<br>5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211           | EXECUTIVE DIRECTOR<br>40.00                          | 90,500.      | 6,336.                                  | NONE                              |
| WILLIAM KORT<br>5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211          | DIRECTOR<br>0.25                                     | NONE         | NONE                                    | NONE                              |
| GAYLE KRIGEL<br>5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211          | PRESIDENT<br>0.25                                    | NONE         | NONE                                    | NONE                              |
| BARBRA PORTER HILL<br>5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211    | SECRETARY<br>0.25                                    | NONE         | NONE                                    | NONE                              |
| DR. PELLLOM MCDANIELS<br>5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211 | DIRECTOR<br>0.25                                     | NONE         | NONE                                    | NONE                              |
| CATHY BLAKE   | VICE PRESIDENT<br>0.25                               | NONE         | NONE                                    | NONE                              |

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

| NAME AND ADDRESS   | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|--|--|--------------|---|-----------------------------------|
| 5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211                           |  |              |   |                                   |
| MARK ADAMS<br>5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211             | VICE PRESIDENT<br>0.25                               | NONE         | NONE                                    | NONE                              |
| SARAH BEREN<br>5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211            | DIRECTOR<br>0.25                                     | NONE         | NONE                                    | NONE                              |
| GLORIA BAKER FEINSTEIN<br>5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211 | DIRECTOR<br>0.25                                     | NONE         | NONE                                    | NONE                              |
| STEVE CHICK<br>5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211            | VICE PRESIDENT<br>0.25                               | NONE         | NONE                                    | NONE                              |
| GAIL CLUEN<br>5801 W. 115TH STREET<br>106  | DIRECTOR<br>0.25                                     | NONE         | NONE                                    | NONE                              |

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

| NAME AND ADDRESS   | TITLE AND AVERAGE HOURS PER<br>WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS<br>TO EMPLOYEE<br>BENEFIT PLANS | EXPENSE ACCT<br>AND OTHER<br>ALLOWANCES |
|--|---|--------------|---|---|
| OVERLAND PARK, KS 66211  |   |              |   |   |
| SAM DEVINKI<br>5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211    | DIRECTOR<br>0.25  | NONE         | NONE  | NONE                                    |
| JUDY JACOBS<br>5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211    | DIRECTOR<br>0.25  | NONE         | NONE  | NONE                                    |
| JOYCE HESS<br>5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211     | DIRECTOR<br>0.25  | NONE         | NONE  | NONE                                    |
| STEVE FLEKIER<br>5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211  | DIRECTOR<br>0.25  | NONE         | NONE  | NONE                                    |
| CLARA GROSSMAN<br>5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211 | DIRECTOR<br>0.25  | NONE         | NONE  | NONE                                    |

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

| NAME AND ADDRESS   | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|--|--|--------------|---|-----------------------------------|
| G. RICHARD HASTING<br>5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211 | DIRECTOR<br>0.25                                     | NONE         | NONE                                    | NONE                              |
| MAMIE HUGHES<br>5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211       | DIRECTOR<br>0.25                                     | NONE         | NONE                                    | NONE                              |
| ROBERT HILL<br>5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211        | DIRECTOR<br>0.25                                     | NONE         | NONE                                    | NONE                              |
| LYNN C. HOOVER<br>5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211     | DIRECTOR<br>0.25                                     | NONE         | NONE                                    | NONE                              |
| PAUL LERNER<br>5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211        | DIRECTOR<br>0.25                                     | NONE         | NONE                                    | NONE                              |
| ELAINE POLSKY  | DIRECTOR<br>0.25                                     | NONE         | NONE                                    | NONE                              |

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

| NAME AND ADDRESS   | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|--|--|--------------|---|-----------------------------------|
| 5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211                     |  |              |   |                                   |
| JEFF ROSEN<br>5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211       | TREASURER<br>0.25                                    | NONE         | NONE                                    | NONE                              |
| ROSEMARY NOCHLIN<br>5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211 | DIRECTOR<br>0.25                                     | NONE         | NONE                                    | NONE                              |
| CAROL SADER<br>5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211      | VICE PRESIDENT<br>0.25                               | NONE         | NONE                                    | NONE                              |
| DAVID SOSLAND<br>5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211    | DIRECTOR<br>0.25                                     | NONE         | NONE                                    | NONE                              |
| EVELYN TILZER<br>5801 W. 115TH STREET<br>106                               | DIRECTOR<br>0.25                                     | NONE         | NONE                                    | NONE                              |

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

| NAME AND ADDRESS  | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|---|--|--------------|---|-----------------------------------|
| OVERLAND PARK, KS 66211   |  |              |   |                                   |
| BARBARA UNELL<br>5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211   | DIRECTOR<br>0.25                                     | NONE         | NONE                                    | NONE                              |
| DAVID VITTOR<br>5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211    | DIRECTOR<br>0.25                                     | NONE         | NONE                                    | NONE                              |
| MARIA DEVINKI<br>5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211   | DIRECTOR EMERITUS<br>0.25                            | NONE         | NONE                                    | NONE                              |
| ISAK FEDERMAN<br>5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211   | DIRECTOR EMERITUS<br>0.25                            | NONE         | NONE                                    | NONE                              |
| JACK MANDELBAUM<br>5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211 | DIRECTOR EMERITUS<br>0.25                            | NONE         | NONE                                    | NONE                              |

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

| NAME AND ADDRESS  | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|---|--|--------------|---|-----------------------------------|
| HON. JOHN SHARP<br>5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211 | DIRECTOR<br>0.25                                     | NONE         | NONE                                    | NONE                              |
| MELYNN SIGHT<br>5801 W. 115TH STREET<br>106<br>OVERLAND PARK, KS 66211    | DIRECTOR<br>0.25                                     | NONE         | NONE                                    | NONE                              |
| GRAND TOTALS  |  | 90,500.      | 6,336.                                  | NONE                              |

FORM 990, PART V-A RELATIONSHIP SCHEDULE

RELATIONSHIP SCHEDULE

|                                 |                   |
|---------------------------------|-------------------|
| 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: | MARIA DEVINKI |
| NAME OF RELATED ENTITY:         | SAM DEVINKI   |
| TITLE OR ROLE:                  | DIRECTOR      |
| RELATIONSHIP:                   | SON           |

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

| LINE<br>NO.<br>--- | EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME<br>IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED<br>IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES<br>-----   |
|--------------------|---|
| 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          | 2006   | 2005   | 2004   | 2003   | TOTAL   |
|----------------------|--------|--------|--------|--------|---------|
| MISCELLANEOUS INCOME | 3,628. | 2,832. | 9,028. | 1,541. | 17,029. |
| TOTALS               | 3,628. | 2,832. | 9,028. | 1,541. | 17,029. |

Midwest Center for Holocaust Education  
Form 990, Part IV, Lines 57a and 57b  
June 30, 2008  
EIN 48-1127376

|   | June 30,<br><u>2008</u> | June 30,<br><u>2007</u> |
|---|-------------------------|-------------------------|
| Leasehold improvements                    | \$ 159,804              | \$ 159,804              |
| Furniture and fixtures                    | 31,568                  | 31,568                  |
| Computers                                 | 84,927                  | 74,256                  |
| Resource materials                        | <u>12,531</u>           | <u>12,531</u>           |
|   | 288,830                 | 278,159                 |
| Accumulated depreciation and amortization | ( <u>208,535</u> )      | ( <u>191,555</u> )      |
|   | <u>\$ 80,295</u>        | <u>\$ 86,604</u>        |

# Capital Gains and Losses

Department of the Treasury  
Internal Revenue Service

▶ 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).

**2007**

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<br>(Example: 100 shares 7% preferred of "Z" Co.) | (b) Date acquired<br>(mo., day, yr.) | (c) Date sold<br>(mo., day, yr.) | (d) Sales price | (e) Cost or other basis<br>(see page 40 of the instructions) | (f) Gain or (loss)<br>for the entire year<br>Subtract (e) from (d) |
|--|--------------------------------------|----------------------------------|-----------------|--|--|
| <b>1a</b>  |                                      |                                  |                 |  |  |
|  |                                      |                                  |                 |  |  |
|  |                                      |                                  |                 |  |  |
|  |                                      |                                  |                 |  |  |
|  |                                      |                                  |                 |  |  |

|   |           |     |
|---|-----------|-----|
| <b>b</b> Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b . . . . .  | <b>1b</b> |     |
| <b>2</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . .  | <b>2</b>  |     |
| <b>3</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .                                       | <b>3</b>  |     |
| <b>4</b> Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2006 Capital Loss Carryover Worksheet . . . . .              | <b>4</b>  | ( ) |
| <b>5</b> <b>Net short-term gain or (loss).</b> Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back. . . . . ▶ | <b>5</b>  |     |

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

| (a) Description of property<br>(Example: 100 shares 7% preferred of "Z" Co.) | (b) Date acquired<br>(mo., day, yr.) | (c) Date sold<br>(mo., day, yr.) | (d) Sales price | (e) Cost or other basis<br>(see page 40 of the instructions) | (f) Gain or (loss)<br>for the entire year<br>Subtract (e) from (d) |
|--|--------------------------------------|----------------------------------|-----------------|--|--|
| <b>6a</b>  |                                      |                                  |                 |  |  |
|  |                                      |                                  |                 |  |  |
|  |                                      |                                  |                 |  |  |
|  |                                      |                                  |                 |  |  |
|  |                                      |                                  |                 |  |  |

|   |           |         |
|---|-----------|---------|
| <b>b</b> Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b . . . . .   | <b>6b</b> | 82,179. |
| <b>7</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .   | <b>7</b>  |         |
| <b>8</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .  | <b>8</b>  |         |
| <b>9</b> Capital gain distributions . . . . .   | <b>9</b>  |         |
| <b>10</b> Gain from Form 4797, Part I . . . . .   | <b>10</b> |         |
| <b>11</b> Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2006 Capital Loss Carryover Worksheet . . . . .               | <b>11</b> | ( )     |
| <b>12</b> <b>Net long-term gain or (loss).</b> Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back. . . . . ▶ | <b>12</b> | 82,179. |

| <b>Part III Summary of Parts I and II</b><br><i>Caution: Read the instructions before completing this part.</i> |   | (1) Beneficiaries' (see page 41) | (2) Estate's or trust's | (3) Total |
|---|---|----------------------------------|-------------------------|-----------|
| <b>13</b>   | <b>Net short-term gain or (loss)</b> . . . . .                        | <b>13</b>                        |                         |           |
| <b>14</b>   | <b>Net long-term gain or (loss):</b>                                  |                                  |                         |           |
| a   | Total for year . . . . .  | <b>14a</b>                       |                         | 82,179.   |
| b   | Unrecaptured section 1250 gain (see line 18 of the wrksh.) . . . . .  | <b>14b</b>                       |                         |           |
| c   | 28% rate gain . . . . .   | <b>14c</b>                       |                         |           |
| <b>15</b>   | <b>Total net gain or (loss).</b> Combine lines 13 and 14a . . . . . ▶ | <b>15</b>                        |                         | 82,179.   |

**Part IV Capital Loss Limitation**

|           |  |           |     |
|-----------|--|-----------|-----|
| <b>16</b> | Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:<br>a The loss on line 15, column (3) or b \$3,000. . . . . | <b>16</b> | ( ) |
|-----------|--|-----------|-----|

**Note:** If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 42 of the instructions to figure your capital loss carryover.

**Part V Tax Computation Using Maximum Capital Gains Rates**

**Form 1041 filers.** 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.

**Caution:** Skip this part and complete the worksheet on page 43 of the instructions if:  
• Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or  
• Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

**Form 990-T trusts.** Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 43 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

|           |  |           |  |  |
|-----------|--|-----------|--|--|
| <b>17</b> | Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) . . . . .  | <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) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .   | <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 \$2,150 . . . . .  | <b>24</b> |  |  |
| <b>25</b> | Is the amount on line 23 equal to or more than the amount on line 24?<br><input type="checkbox"/> <b>Yes.</b> Skip lines 25 through 27; go to line 28 and check the "No" box.<br><input type="checkbox"/> <b>No.</b> 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?<br><input type="checkbox"/> <b>Yes.</b> Skip lines 28 thru 31; go to line 32. <input type="checkbox"/> <b>No.</b> 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 2007 Tax Rate Schedule on page 27 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 2007 Tax Rate Schedule on page 27 of the instructions . . . . .   | <b>34</b> |  |  |
| <b>35</b> | <b>Tax on all taxable income.</b> Enter the smaller of line 33 or line 34 here and on line 1a of Schedule G, Form 1041 (or line 36 of Form 990-T) . . . . .  | <b>35</b> |  |  |

