

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2008

Open to Public Inspection

Form 990-EZ

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
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 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30/2009

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 Group Exemption Number. G Accounting method: Cash [X] Accrual. H Check if the organization is not required to attach Schedule B.

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

I Website: WWW.MCHEKC.ORG

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

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 430,773.

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

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for detailed revenue and expense categories.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

Table with 3 columns: (A) Beginning of year, (B) End of year, and Description. Rows include Cash, Land and buildings, Total assets, Total liabilities, and Net assets or fund balances.

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

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		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
	section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
40b	b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
	d Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The books are in care of ▶ JEAN ZELDIN, EXECUTIVE DIRECTOR Telephone no. ▶ 913-327-8190 Located at ▶ 5801 W. 115TH ST, STE 106, OP KANSAS ZIP + 4 ▶ 66211		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign county: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here, and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

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Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- | | | Yes | No |
|---|-----|--------------------------|-------------------------------------|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization(s) a section 527 organization? | 49b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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 \$100,000 ▶		NONE		

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000 ▶		NONE

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.

Sign Here

▶ 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 Identifying Number (See instructions) P00642974
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	HOUSE PARK & DOBRATZ, P.C. 605 W. 47TH STREET, SUITE 301 KANSAS CITY,		EIN ▶ 43-1562209 Phone no. ▶ 816-931-3393

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ 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
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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: (Please check only **one** organization.)

- 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)**. (Attach Schedule H.)
- 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)**. (see instructions)
- 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

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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?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h Provide the following information about the organizations the organization supports.

(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	
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	241,721.	360,946.	334,505.	231,882.	204,869.	1,373,923.
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 1-3	241,721.	360,946.	334,505.	231,882.	204,869.	1,373,923.
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) STMT, 20						82,460.
6 Public support. Subtract line 5 from line 4.						1,291,463.

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Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	241,721.	360,946.	334,505.	231,882.	204,869.	1,373,923.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	46,101.	84,257.	64,627.	67,910.	60,315.	323,210.
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.)	9,028.	2,832.	3,628.	1,828.	1,776.	19,092.
11 Total support. Add lines 7 through 10						1,716,225.
12 Gross receipts from related activities, etc. (See instructions.)					12	71,979.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	75.25 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	78.08 %
16a 33 1/3% support test - 2008. 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 ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. 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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2008. 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 "fact-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 ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2007. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

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Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** 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 - 2007.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
MISCELLANEOUS INCOME	9,028.	2,832.	3,628.	1,828.	1,776.	19,092.
TOTALS	9,028.	2,832.	3,628.	1,828.	1,776.	19,092.

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FORM 990EZ, PART I - INVESTMENT INCOME

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DESCRIPTION

DIVIDEND INCOME

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AMOUNT

60,315.

TOTAL

60,315.

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FORM 990EZ, PART I - COST OF GOODS SOLD

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INVENTORY AT BEGINNING OF YEAR	26,490.
PURCHASES	760.
SALARIES AND WAGES	
OTHER COSTS	

SUBTOTAL	27,250.
MINUS ENDING INVENTORY	26,490.

COST OF GOODS SOLD	760.
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FORM 990EZ, PART I - OTHER REVENUE

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OTHER	1,776.

TOTALS	1,776.
	=====

FORM 990EZ, PART I - OTHER EXPENSES

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SUPPLIES	3,615.
TRAVEL	15,440.
CONFERENCES, CONVENTIONS	6,611.
DEPRECIATION	17,334.
COMPUTER EXPENSE	9,641.
PUBLIC RELATIONS	2,423.
CONTRACT LABOR	14,530.
MEMBERSHIP AND DUES	575.
AWARDS AND GIFTS	1,820.
OTHER PROJECT EXPENSES	30,425.
RESOURCE MATERIALS EXPENSE	4,958.
MISCELLANEOUS	4,887.
INSURANCE	4,389.
SPEAKER/ENTERTAINER FEES	1,800.
MILEAGE EXPENSE	1,497.
OTHER PROFESSIONAL FEES	4,082.

TOTAL	124,027.
	=====

FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCES

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INCREASES IN FUND BALANCES

DONATED SERVICES

7,825.

TOTAL

7,825.

DECREASES IN FUND BALANCES

UNREALIZED LOSSES ON INVESTMENTS

199,223.

TOTAL

199,223.

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH	126,384.	20,317.
SAVINGS	708.	1,772.
INVESTMENTS - SECURITIES	2,100,514.	1,887,607.
TOTALS	2,227,606.	1,909,696.

FORM 990EZ, PART II - OTHER ASSETS
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DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
ACCOUNTS RECEIVABLE	60.	
PLEDGES RECEIVABLE	67,661.	20,413.
LESS: ALLOWANCE FOR DOUBTFUL ACCOUNTS	4,427.	4,427.
INVENTORIES FOR SALE OR USE	26,490.	26,490.
EXHIBITS	41,245.	41,245.
ACCRUED INTEREST	3,537.	2,974.
FURNITURE AND EQUIPMENT NET OF DEPRECIATION	80,295.	62,961.
	-----	-----
TOTALS	214,861.	149,656.
	=====	=====

FORM 990EZ, PART II - TOTAL LIABILITIES

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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	514.	741.
TOTALS	514.	741.

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

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

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

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PROGRAM SERVICE ACCOMPLISHMENT 1

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.

FORM 990EZ, PART III - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
HOLOCAUST SPEAKERS BUREAU		13,061.
OTHER PROGRAMS		35,453.
TOTALS		48,514.

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FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

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 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	EXECUTIVE DIRECTOR 40.	95,000.	6,897.	NONE
WILLIAM KORT 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 1.	NONE	NONE	NONE
GAYLE KRIGEL 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	IMMEDIATE PAST PRESIDENT 1.	NONE	NONE	NONE
BARBRA PORTER HILL 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	VICE PRESIDENT-FUND DEVELOPMNT 1.	NONE	NONE	NONE
KATHERINE DEBRUCE 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	VICE PRESIDENT-ADMINISTRATION 1.	NONE	NONE	NONE
CATHY BLAKE	DIRECTOR 1.	NONE	NONE	NONE

DRAFT

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

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 106 OVERLAND PARK, KS 66211				
MARK ADAMS 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	PRESIDENT 1.	NONE	NONE	NONE
SHARON PHASE 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	VICE PRESIDENT-EDUCATION 1.	NONE	NONE	NONE
GLORIA BAKER FEINSTEIN 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 1.	NONE	NONE	NONE
STEVE CHICK 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	VICE PRESIDENT-COMM. RELATIONS 1.	NONE	NONE	NONE
GAIL CLUEN 5801 W. 115TH STREET 106	DIRECTOR 1.	NONE	NONE	NONE

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FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

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				
RAYMOND DOSWELL 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 1.	NONE	NONE	NONE
JUDY JACOBS 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 1.	NONE	NONE	NONE
JOYCE HESS 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 1.	NONE	NONE	NONE
STEVE FLEKIER 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 1.	NONE	NONE	NONE
CLARA GROSSMAN 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 1.	NONE	NONE	NONE

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FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

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 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 1.	NONE	NONE	NONE
MAMIE HUGHES 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 1.	NONE	NONE	NONE
HON. ARTHUR B. FEDERMAN 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 1.	NONE	NONE	NONE
LYNN C. HOOVER 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 1.	NONE	NONE	NONE
KAREN M. HERMAN 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 1.	NONE	NONE	NONE
ELAINE POLSKY	DIRECTOR 1.	NONE	NONE	NONE

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FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

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 106 OVERLAND PARK, KS 66211				
JEFF ROSEN 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	TREASURER 1.	NONE	NONE	NONE
AMY MCANARNEY HUNT 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 1.	NONE	NONE	NONE
CAROL SADER 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 1.	NONE	NONE	NONE
DAVID SOSLAND 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 1.	NONE	NONE	NONE
EVELYN TILZER 5801 W. 115TH STREET 106	DIRECTOR 1.	NONE	NONE	NONE

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FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

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				
JASON KORT 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 1.	NONE	NONE	NONE
DAVID VITTOR 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 1.	NONE	NONE	NONE
MARIA DEVINKI 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR EMERITUS 1.	NONE	NONE	NONE
ISAK FEDERMAN 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR EMERITUS 1.	NONE	NONE	NONE
JACK MANDELBAUM 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR EMERITUS 1.	NONE	NONE	NONE

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FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

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 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 1.	NONE	NONE	NONE
MELYNN SIGHT 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 1.	NONE	NONE	NONE
COLLEEN M. LIGIBEL 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 1.	NONE	NONE	NONE
ROB MANDEL 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 1.	NONE	NONE	NONE
BLANCHE E. SOSLAND 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 1.	NONE	NONE	NONE
VICKI REISLER	SECRETARY 1.	NONE	NONE	NONE

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FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

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 106 OVERLAND PARK, KS 66211				
EDDIE FEINSTEIN 5801 W. 115TH STREET 106 OVERLAND PARK, KS 66211	DIRECTOR 1.	NONE	NONE	NONE
GRAND TOTALS		95,000.	6,897.	NONE

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Capital Gains and Losses

2008

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).

Name of estate or trust

Employer identification number

MIDWEST CENTER FOR HOLOCAUST EDUCATION

48-1127376

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

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

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

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b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2007 Capital Loss Carryover Worksheet	4	()
5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back ▶	5	

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

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	-66,347.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9 Capital gain distributions	9	
10 Gain from Form 4797, Part I	10	
11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2007 Capital Loss Carryover Worksheet	11	()
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back ▶	12	-66,347.

Part III Summary of Parts I and II		(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
Caution: Read the instructions before completing this part.				
13	Net short-term gain or (loss)	13		
14	Net long-term gain or (loss):			
a	Total for year	14a		-66,347.
b	Unrecaptured section 1250 gain (see line 18 of the wrksh.)	14b		
c	28% rate gain	14c		
15	Total net gain or (loss). Combine lines 13 and 14	15		-66,347.

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Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation	
16	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: a The loss on line 15, column (3) or b \$3,000
	16 (<u>3,000.</u>)

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 7 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 8 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 8 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero	18		
19	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)	19		
20	Add lines 18 and 19	20		
21	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	21		
22	Subtract line 21 from line 20. If zero or less, enter -0-	22		
23	Subtract line 22 from line 17. If zero or less, enter -0-	23		
24	Enter the smaller of the amount on line 17 or \$2,200	24		
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 and 26; go to line 27 and check the "No" box. <input type="checkbox"/> No. Enter the amount from line 23	25		
26	Subtract line 25 from line 24	26		
27	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 27 thru 30; go to line 31. <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28		
29	Subtract line 28 from line 27	29		
30	Multiply line 29 by 15% (.15)			30
31	Figure the tax on the amount on line 23. Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions)			31
32	Add lines 30 and 31			32
33	Figure the tax on the amount on line 17. Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions)			33
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on line 1a of Schedule G, Form 1041 (or line 36 of Form 990-T)			34

