	_		** PUBLIC DISCLOSURE COP Return of Organization Exempt Fr	y ** om li	ncome Tax	OMB No. 1545-0047
Fo	rm 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C			» 2022
		of the Treasury	Do not enter social security numbers on this form as it Go to www.irs.gov/Form990 for instructions and the	-		Open to Public
		enue Service	-		UN 30, 2023	Inspection
_	Check if		f organization		D Employer identific	ation number
D	applicab	ole:	organization			
Г	Addre	ess MIDW	EST CENTER FOR HOLOCAUST EDUCATION			
	Name		usiness as		48-112737	6
	Initial returr	Number	and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone number	
	Final return		W. 115TH STREET 10	06	913-327-8	3191
	termii ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	378,427.
	Amer		LAND PARK, KS 66211		H(a) Is this a group ret	
	Appli tion pendi		nd address of principal officer: JESSICA ROCKHOLD		for subordinates?	
	-	SAME	AS C ABOVE		H(b) Are all subordinates inc	
		empt status:		527	1	ist. See instructions
	Websi		MCHEKC.ORG	1	H(c) Group exemption	
	Form o	Summary	X Corporation Trust Association Other	L Year	of formation: 1993 M	State of legal domicile: KS
•	T	-	e the organization's mission or most significant activities: TO PRC	ๅฬ∩ฃฃ	AND ENGAGE	TN
ę	3		ANCE RESEARCH AND EDUCATION CONCERN			
a contraction of the contraction	2	Check this bo				
Governance	3					22
Ċ	8 4		lependent voting members of the governing body (Part VI, line 1b)			22
a u	5 5		4			
iti İ	6		of individuals employed in calendar year 2022 (Part V, line 2a) of volunteers (estimate if necessary)			133
Activitiae &	7a		d business revenue from Part VIII, column (C), line 12			0.
	(b		business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
٩	, 8	Contributions	and grants (Part VIII, line 1h)		391,942.	306,898.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		13,485.	5,080.
	10		come (Part VIII, column (A), lines 3, 4, and 7d)		9,528.	61,090.
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,487.	5,359.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		416,442.	378,427.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	· .	to or for members (Part IX, column (A), line 4)		250,803.	294,701.
00	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		230,803.	0.
Evnancae		Total fundraia	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) <u>10,249</u>	····· –	0.	• •
ž	17 ⁰		es (Part IX, column (A), lines 11a-11d, 11f-24e)	·• –	165,898.	124,210.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		416,701.	418,911.
	19		expenses. Subtract line 18 from line 12		-259.	-40,484.
or					ginning of Current Year	End of Year
ets	ଅ ଅ 20	Total assets (F	Part X, line 16)		3,205,188.	3,404,011.
t Assets or	ਯੂ 21		(Part X, line 26)		1,823.	11,165.
Net	22	Net assets or	fund balances. Subtract line 21 from line 20		3,203,365.	3,392,846.
Ρ	art II	Signature	e Block			
Un	der pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules ar	nd stateme	nts, and to the best of my	knowledge and belief, it is
tru	e, corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which	h preparer	has any knowledge.	

1100,001100	and complete. Declaration of preparer (other than office	1/13 bused on an information of which prop	arer nas any k	iowicuyc.
Sign Here	Signature of officer JESSICA ROCKHOLD, EXECUTIN Type or print name and title	/E DIRECTOR		Date
Paid	Print/Type preparer's name BRIAN G. SCOTT	Preparer's signature	Date	Check PTIN if self-employed P01605333
Preparer	Firm's name BRIDGEBUILDER TAX	PA	Firm's EIN 48-1142819	
Use Only	Firm's address 9325 PFLUMM RD.			
	LENEXA, KS 66215			Phone no. 913-492-6008
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 232001 12-13-22

Form **990** (2022)

	990 (2022) MIDWEST CENTER FOR HOLOCAUST EDUCATION 48-1127376 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROMOTE AND ENGAGE IN REMEMBRANCE RESEARH AND EDUCATION CONCERNING
	THE NAZI HOLOCAUST.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
U	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 142,595. including grants of \$) (Revenue \$ 10,439.)
	PROGRAMS AND RESOURCES FOR THE GENERAL PUBLIC: LEARNING OPPORTUNITIES
	FOR ADULTS THROUGHOUT THE MIDWEST INCLUSIVE OF COURSES, SPEAKERS,
	FILMS, EXHIBITS AND OTHER PROGRAMS.
41	(Code:) (Expenses \$108,478including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$108,478. including grants of \$) (Revenue \$) RESOURCES FOR EDUCATORS AND STUDENTS: PROGRAMS AND RESOURCES DESIGNED
	FOR 7-12TH GRADE CLASSROOM USE AND EDUCATOR PROFESSIONAL DEVELOPMENT.
4c	(Code:) (Expenses \$ 38,735. including grants of \$) (Revenue \$)
	COMMEMORATIVE PROGRAMMING: ANNUAL COMMEMORATIVE EVENTS ON SIGNIFICANT
	HOLOCAUST ANNIVERSARIES.
4d	Other program services (Describe on Schedule O.)
Ŧu	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 289,808.
	Form 990 (2022)

Form 990 (FOR	HOLOCAUST	EDUCATION				
Part IV Checklist of Required Schedules										

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		37	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	<u></u>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
h	Schedule D, Parts XI and XII	12a	<u></u>	
D		126		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	140		- 21
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2022)					EDUCATION					
Part IV Checklist of Required Schedules (continued)										

			Yes	No						
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on									
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X						
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current									
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete									
	Schedule J	23		X						
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the									
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete									
	Schedule K. If "No," go to line 25a	24a 24b		X						
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?									
С	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease									
اہ	any tax-exempt bonds?									
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d								
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x						
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	258		- 23						
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete									
		25b		x						
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200								
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%									
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x						
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,									
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled									
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X						
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,									
	instructions for applicable filing thresholds, conditions, and exceptions):									
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If									
	"Yes," complete Schedule L, Part IV	28a 28b		X X						
	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV									
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37						
	"Yes," complete Schedule L, Part IV	28c		X X						
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		<u> </u>						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	200		x						
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<u>30</u> 31		X						
32	Did the organization requidate, terminate, or dissolve and cease operations? If "yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "yes," complete	31								
52	Schedule N, Part II	32		x						
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02								
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x						
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and									
	Part V, line 1	34		x						
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X						
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity									
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b								
36										
	If "Yes," complete Schedule R, Part V, line 2									
37	5 5 5 5									
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI									
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37							
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х							
ı al	Check if Schedule O contains a response or note to any line in this Part V									
			Vee							
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No						
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1aEnter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b	_								
5	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 (2022) MIDWEST CENTER FOR HOLOCAUST EDUCATION 48-1127	376	P	_{age} 5							
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a 4										
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?										
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
	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)?	4a		Х							
b	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X							
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	6a		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7c		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X							
g											
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year?	8									
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12 10a										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b										
11	Section 501(c)(12) organizations. Enter:										
	Gross income from members or shareholders										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans	-									
	Enter the amount of reserves on hand			v							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		v							
	excess parachute payment(s) during the year?	15		X							
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		v							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X							
4-	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17									
	If "Yes," complete Form 6069.										

	Form	990	(2022))
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MIDWEST CENTER FOR HOLOCAUST EDUCATION

Check if Schedule O contains a response or note to any line in this Part VI

X

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 22			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
-	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		x
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>		
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	х	
a h	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
3		9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		- 23
	(This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	165	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
D		10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	х	
		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	21	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	х	
40	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	<u>13</u> 14	X	
14 15	Did the organization have a written document retention and destruction policy?	14	Δ	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	х	
a L	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization	15b	Δ	
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		х
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<u>16a</u>		
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	104		
800	exempt status with respect to such arrangements?	16b		
17 10	List the states with which a copy of this Form 990 is required to be filed NONE		o. /=!!-!	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	oniy)	availat	JIE
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finano	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JESSICA ROCKHOLD, EXECUTIVE DIRECTOR - 913-327-8190			
	5801 W. 115TH ST., STE 106, OVERLAND PARK, KS 66211			

Form 990 (2022)	MIDWEST	CENTER	FOR	HOLOCAUST	EDUCATION	48-1127376	Page 7				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated											
Employees, and Independent Contractors											
Check if Schedule O contains a response or note to any line in this Part VII											
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees											
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.											

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	do not check more than one					ne	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		n an	compensation	compensation	amount of		
	week		Jer an	aau	recio	r/trus	lee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	ll trus		/ee	mpen		1099-NEC)	1033-NEO)	and related
	below	dual t	Institutional trustee	-	Key employee	st co	Ŀ	,		organizations
	line)	Indivi	In stit	Officer	Key e	Highest compensated employee	Former			0
(1) JESSICA ROCKHOLD	40.00									
EXECUTIVE DIRECTOR		1		Х				95,085.	Ο.	12,000.
(2) STEVE COLE	2.00									
PRESIDENT		X		Х				0.	Ο.	0.
(3) ROBYNN ANDRACSEK	2.00									
VICE PRESIDENT		X		Х				0.	Ο.	0.
(4) JACKIE HERMANSON	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) RITA SUDHALTER	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) STACY BENSON	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(7) BRIAN GOODMAN	2.00									
SECRETARY		Х		Х				0.	0.	0.
(8) STEWART STEIN	2.00									
TREASURER		Х		Х				0.	0.	0.
(9) LOWELL TILZER	2.00									
ASSISTANT TREASURER		Х		Х				0.	0.	0.
(10) KARL ZOBRIST	2.00									
IMMEDIATE PAST PRESIDENT		Х		Х				0.	0.	0.
(11) ANDREW BERGERSON	1.00									
DIRECTOR		Х						0.	0.	0.
(12) SUSAN BERNSTEIN	1.00									
DIRECTOR		Х						0.	0.	0.
(13) DEBBIE COE	1.00									
DIRECTOR		Х						0.	0.	0.
(14) ALAN EDELMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(15) REGGIE FINK	1.00									
DIRECTOR		Х						0.	0.	0.
(16) KURT GRAHAM	1.00									_
DIRECTOR		Х						0.	0.	0.
(17) ALLEN GUTOVITZ	1.00									_
DIRECTOR		Х						0.	0.	0.

Form 9		.022)	MIDWEST (CENTER F	OR	L H	OL	'0C	'AU	SI	EDUCATION	48-11	<u>273</u>	376	Page 8
Part	VII	Section A. Office	ers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
		(A)		(B)				C)			(D)	(E)		(F	;)
		Name and t	itle	Average	Position (do not check more than one box, unless person is both an						Reportable	Reportable compensation		Estimated amount of	
				hours per							compensation				
				week		officer and a director/trustee)					from	from related		oth	
				(list any	ctor						the	organizations		comper	nsation
				hours for	r dire				eq		organization	(W-2/1099-MISC	;/	from	the
			related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		organiz	zation	
				organizations	ll trus	nal tr		oyee	dmog		1099-NEC)			and re	lated
				below	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				organiz	ations
				line)	Ind	Inst	Offi	Key	Emig	For			\rightarrow		
(18) 1	MIRR	A KLAUSNER		1.00											
DIREC					Х						0.	(0.		0.
(19)	ROSA	NNE ROSEN		1.00											
DIREC	TOR				Х						0.		0.		0.
(20)	DAVI	D SOSLAND		1.00											
DIREC	TOR				Х						0.	(0.		Ο.
(21)	MARV	IN SZNELER		1.00											
DIREC	TOR				х						0.	(0.		Ο.
(22)	BILL	TAMMEUS		1.00											
DIREC	TOR				х						0.	(0.		0.
		K UDELL		1.00											
DIREC				1.00	x						0.	(0.		Ο.
	1010								+			,	 +		
								<u> </u>	-				-+		
									<u> </u>				\rightarrow		
													\rightarrow		
1b S	Subto	otal									95,085.		0.	<u> 12,</u>	000.
c 1	Total	from continuation	on sheets to Part VI	I, Section A							0.		0.		0.
d 1	Total	(add lines 1b and	d 1c)								95,085.	(0.	<u> 12,</u>	000.
2 1	Total	number of individ	uals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			
	comp	ensation from the	organization												0
													_	Ye	es No
3 [Did th	e organization lis	t any former officer,	director, trust	ee, k	key e	mpl	loye	e, or	hig	hest compensated empl	oyee on			
l	ine 1a	a? If "Yes " comp	lete Schedule J for s	uch individual		-	-			-		-		3	X
											ner compensation from t				
											or such individual			4	X
											ed organization or individ		F		
													- 1	5	X
		Independent Co				JI SU		JEIS	011 .				·· - 1		
		-		mponsatod inc	lono	ndor	at or	ontra	actor	re th	nat received more than \$	100 000 of compo	ncot	ion from	
			, ,	•	•						the organization's tax y	•	IISal		
l	Ine or	ganization. hepoi		the calendar ye	ear e	nuir	ig w	iun c						(0)	
			(A) Name and business	address	NIC	ONE	7				(B) Description of s	ervices	C	(C) ompensa	ation
					INC										
2 7	Total	number of indepe	endent contractors (in	ncluding but n	ot lin	nitec	to d			ted	above) who received mo	ore than			
9	\$100,	000 of compensa	tion from the organiz	zation				0	J						

						ΤE	R FOR HO	LOCAUST EDU	JCATION	48-1127	376 Page 9
Pa	rt V	/111	Statement of Re	ven	ue						
			Check if Schedule O	conta	ains a respor	nse (or note to any lir		(2)	(2)	
								(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								Total revenue		business revenue	from tax under
											sections 512 - 514
nts Its	1	а	Federated campaigns								
àrar our		b	Membership dues								
∆n. Qu		с	Fundraising events		1c						
ar /		d	Related organizations		1d						
s, C imil		е	Government grants (contr	ributi	ons) 1e						
r Si		f	All other contributions, gifts,	grant	s, and						
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included	l abov	re 1f		<u>306,898.</u>				
d O L		g	Noncash contributions included in	lines 1	a-1f 1g \$						
Col		h	Total. Add lines 1a-1f					306,898.			
							Business Code				
ė	2	а	PROGRAM FEES				611600	5,080.	5,080.		
vic		b									
Sei		с									
am eve		d									
Program Service Revenue		е				_					
Pre		f	All other program service	reve	nue						
			Total. Add lines 2a-2f					5,080.			
	3		Investment income (includ								
								49,312.			49,312.
	4	· · · · · · · · · · · · · · · · · · ·									
	5	5 Royalties									
					(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b]			
			Rental income or (loss)	6c							
		d Net rental income or (loss)									
			Gross amount from sales of		(i) Securiti		(ii) Other				
			assets other than inventory	7a	11,77	8.					
		b	Less: cost or other basis]			
e			and sales expenses	7b		0.					
venue		с	Gain or (loss)	7c	11,77	8.]			
Rev			Net gain or (loss)					11,778.			11,778.
er			Gross income from fundraisi								
Other			including \$	-	of						
			contributions reported on								
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
		с	Net income or (loss) from	fund	raising event	ts					
	9	а	Gross income from gamin	ng ac	tivities. See						
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		с	Net income or (loss) from	gam	ing activities	<u></u>					
	10	а	Gross sales of inventory, I	less i	returns						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from			/					
(0							Business Code				
Miscellaneous Revenue	11	а	OTHER INCOME				611600	5,359.	5,359.		
ane		b									
scellanec Revenue		с									
Alisc		d	All other revenue								
2			Total. Add lines 11a-11d					5,359.			
	12		Total revenue. See instruction					378,427.	10,439.	0.	61,090.

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ______ if following SOP 98-2 (ASC 958-720)

26

				ON 40 11	00000 40
Form 9	990 (2022) MIDWEST CENT		AUST EDUCATI	<u>ON 48-11</u>	27376 _{Page} 10
Sectio	n 501(c)(3) and 501(c)(4) organizations must compl			plete column (A).	
Dong	Check if Schedule O contains a respons ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	95,085.	69,412.	23,771.	1,902.
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	155,030.	113,172.	38,757.	3,101.
	Pension plan accruals and contributions (include	•		,	.
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	28,582.	20,865.	7,145.	572.
	Payroll taxes	16,004.	11,559.	4,433.	12.
	Fees for services (nonemployees):				
а	Management				
b	Legal				
C /	Accounting	11,175.		11,175.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
	Investment management fees	7,403.		7,403.	
-	Other. (If line 11g amount exceeds 10% of line 25,	00.000	16 800	F 200	1 001
	column (A), amount, list line 11g expenses on Sch 0.)	23,969.	16,790.	5,388.	1,791.
	Advertising and promotion	280.	280.	1 1 2 0	670
	Office expenses	4,667.	2,868.	<u>1,129.</u> 3,072.	<u> </u>
	Information technology	12,288.	8,970.	5,072.	240.
	Royalties	26,993.	21,426.	4,980.	587.
		10,608.	10,031.	577.	
	Travel Payments of travel or entertainment expenses	10,000.	10,031.	511•	
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	2,561.	1,625.	936.	
	Interest		1,025.		
	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance	5,958.	3,116.	2,757.	85.
i	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
	EQUIPMENT	10,531.	3,393.	6,178.	960.
	GIFTS AND AWARDS	1,900.	1,900.		
с	OTHER PROJECT EXPENSES	1,845.	1,845.		
а :	BANK AND MERCHANT CHARG	1,532.	131.	1,078.	323.
d :					
-	All other expenses	2,500. 418,911.	2,425. 289,808.	75. 118,854.	10,249.

Form 990 (2022)

Page 10

MI	DWEST	CENTER	FOR	HOLOCAUST	EDUCATION

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		Check if Schedule O contains a response or note	to any li	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			94,988.	1	80,844.
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualifi					
		under section 4958(f)(1)), and persons described		6			
s	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
As	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	227,552.			
	b		10b	227,552.	0.	10c	0.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1		3,108,177.	12	3,320,622.	
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		2,023.	15	2,545.	
	16	Total assets. Add lines 1 through 15 (must equa			3,205,188.	16	3,404,011.
	17	Accounts payable and accrued expenses			1,823.	17	11,165.
	18	Grants payable				18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
s	22	Loans and other payables to any current or form	er officer	, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial cor	ntributor, or 35%			
abil		controlled entity or family member of any of these	e person:	s		22	
Ë	23	Secured mortgages and notes payable to unrelat	ed third	parties		23	
	24	Unsecured notes and loans payable to unrelated	third par	ties		24	
	25	Other liabilities (including federal income tax, pay	ables to	related third			
		parties, and other liabilities not included on lines	17-24). C	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,823.	26	11,165.
		Organizations that follow FASB ASC 958, check	k here	X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			1,110,256.	27	<u>1,221,682.</u> 2,171,164.
Ba	28	Net assets with donor restrictions			2,093,109.	28	2,171,164.
pur		Organizations that do not follow FASB ASC 95	i8, check	k here			
ц		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equ	uipment	fund		30	
t As	31	Retained earnings, endowment, accumulated inc				31	
Nei	32	Total net assets or fund balances		L	3,203,365.	32	3,392,846.
	33	Total liabilities and net assets/fund balances	<u></u>		3,205,188.	33	3,404,011.

Form **990** (2022)

Part X Balance Sheet

Form	aan	(2022
FOILI	990	2022

Form	990 (2022) MIDWEST CENTER FOR HOLOCAUST EDUCATION	48-11	.27376	Pag	_{ge} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	378				
2	Total expenses (must equal Part IX, column (A), line 25)	2	418				
3	Revenue less expenses. Subtract line 2 from line 1	3	-40				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,203				
5	Net unrealized gains (losses) on investments	5	229),9	65.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	3,392	2,84	46.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			x		
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	L		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	L		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

Form 990 (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization	
--------------------------	--

nploye	r	ide	en	tifi	Ca	iti	or	n n	un	nbe	2
		~	-		-	_	-	_	-		

Name	lame of the organization Employer identification number									
		MIDW	EST CENTER	FOR HOLOCAUS	ST EDU	JCATIC	ON	4	8-1127376	
Par	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The o	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1 [A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
• •	city, and state:									
5 [•	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in	
•	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 gov		pental unit described in	section 17	70(6)(1)(1)	(14)			
	X	An organization that norma	-					no gonoral r	ublic described in	
• [section 170(b)(1)(A)(vi). (C	-	Initial part of its support in	onna gove			ie general j		
o [(1)(A)(ui) (Complete Der	• II \					
8 [9 [A community trust describe				ad in aanii	nation with a	land grant		
9 [An agricultural research org	-			-		-	-	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or	
10		university:	II	than 00 1/00/ of its summ	a					
10 [An organization that norma								
		activities related to its exem		-					-	
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	itter June 30, 1975.	
T		See section 509(a)(2). (Cor	. ,			/				
11		An organization organized a	-	•	•				_	
12 [An organization organized a	-	•				•		
		more publicly supported or	-						Check the box on	
		lines 12a through 12d that	• •			-		-		
а		Type I. A supporting orga	-	-	• • • •	-				
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting	
		organization. You must c	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ring	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,	
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	vith its suppor	ted organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness	
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .			
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III		
		functionally integrated, or	r Type III non-function	nally integrated supporting	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
g		vide the following information			(iv) to the error	nization listed				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount of		(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)	

Schedule A (Form 990) 2022 MIDWEST CENTER FOR HOLOCAUST EDUCATION 48-1127376 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	687,912.	361,619.	353,720.	391,942.	306,898.	2102091.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	687,912.	361,619.	353,720.	391,942.	306,898.	2102091.		
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)						86,203.		
6	Public support. Subtract line 5 from line 4.						2015888.		
	ction B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 4	687,912.	361,619.	353,720.	391,942.	306,898.	2102091.		
	Gross income from interest,		,	,		,			
0	dividends, payments received on								
	securities loans, rents, royalties,								
		46,505.	43,850.	37,340.	39,366.	49,312.	216,373.		
~	and income from similar sources	±0,303.	±3,030.	57,540.	35,300.	4J, J1Z.	210,373.		
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	150 562	4 2 2 0		14 070	10 420	115 076		
		-150,563.	4,330.	5,746.	14,972.	10,439.	-115,076.		
	Total support. Add lines 7 through 10						2203388.		
	Gross receipts from related activities,	•	,			12			
13	First 5 years. If the Form 990 is for the	-							
-	organization, check this box and stop								
	ction C. Computation of Publi						01 40		
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	91.49 %		
	Public support percentage from 2021					15	92.41 %		
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo			
	stop here. The organization qualifies	as a publicly supp	orted organization				X		
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box		
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation					
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,		
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation		
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization				
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is [.]	10% or		
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain ii	n Part VI how the			
	organization meets the facts-and-circu								
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								

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 MIDWEST CENTER FOR HOLOCAUST EDUCATION 48-1127376 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) 8-1127376 Page 3

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(a) 202	2 (f) Total
		(a) 2016	(b) 2019	(C) 2020	(d) 2021	(e) 202	
	Amounts from line 6						
104	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
Ľ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) orga	nization,
	check this box and stop here	<u></u>					
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19 a	a 33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	
k	33 1/3% support tests - 2021. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	re than 33 1	/3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	nization qualifies a	as a publicly suppo	rted organiza	ation
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes

1

No

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ιa	Supporting Organizations (continuea)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such honofit corriad out the purposes of the supported organization(a) that experted		

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

Section D	. All Type II	I Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** _____ The organization is the parent of each of its supported organizations. *Complete* line 3 *below.*

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	-----------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

232025 12-09-22

2a

2b

3a

2

Yes No

No

Yes

	dule A (Form 990) 2022 MIDWEST CENTER FOR HOL			48-1127376 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2022

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Sche Par		R FOR HOLOCAUST			8-1127376 Page 7
		(a)(5) Supporting Organ	Continu	<u>ied)</u>	
	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3 4	
_ <u>4</u> 5	Amounts paid to acquire exempt-use assets	Dort VI)		4 5	
6	Qualified set-aside amounts (prior IRS approval required - pro Other distributions (<i>describe in</i> Part VI). See instructions.	<u>ovide details in Part VI)</u>		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	o organization is responsive		- 1	
0	(provide details in Part VI). See instructions.	le organization is responsive		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
10		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	IS	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

Sobodulo A	(Form 990) 2022	MIDWEST	CENTER F	OR HOLOCA	נומי דיסוו	CATTON	48-1127376	Daga 9
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I Section D, lines 5, 6, and 8 (See instructions.)	nation. Provid 2, 3b, 3c, 4b, 4c ines 2 and 3; Par	e the explanatior , 5a, 6, 9a, 9b, 90 t IV, Section E, li	ns required by Pa c, 11a, 11b, and nes 1c, 2a, 2b, 3	rt II, line 10; Pa 11c; Part IV, Se a, and 3b; Part	art II, line 17a or ⁻ ection B, lines 1 a : V, line 1; Part V,	17b; Part III, line 12; and 2; Part IV, Section Section B, line 1e; Pa	С,

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Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

48-1127376

Organization type (check	one):
Filers of:	Section:
Form 990 or 990-EZ	\fbox 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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

****** PUBLIC DISCLOSURE COPY

MIDWEST CENTER FOR HOLOCAUST EDUCATION

Schedule	3 (Form 990) ((2022)

Name of organization

MIDWEST CENTER FOR HOLOCAUST EDUCATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>16,250.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>57,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

48-1127376

Name of or	3 (Form 990) (2022) ganization	E	mployer identification num
MIDWES	ST CENTER FOR HOLOCAUST EDUCATION		48-1127376
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	l if additional space is needed.	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I			
		_	
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		\$	_
(a) No.	(b)	(c)	(d)
from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		\$	
(a)	<i>I</i> . \	(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received

\$

fication number

Schedule B (Form 990) (2022)

Schedule E	B (Form 990) (2022)			Page 4
Name of o	rganization			Employer identification number
MIDWES	ST CENTER FOR HOLOCAUST	EDUCATION		48-1127376
Part III	Exclusively religious, charitable, etc., contributin from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s	ons to organizations described in se through (e) and the following line ent tharitable, etc., contributions of \$1,000 or I	ry. For organizations	nat total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of gif	t l	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
		(e) Transfer of gif	t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gif	t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
			_	
-		(e) Transfer of gif	t I	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee

D
C

(Form	990)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

MIDWEST CENTER FOR HOLOCAUST EDUCATION

Employer identification number 48-1127376

Pa	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin-		Funds or Ac	counts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in don	or advised fund	s
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?	-		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on For	m 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	tion or education) 🛛 🗌 Preserv	ation of a histo	rically important land area
	Protection of natural habitat	Preserv	ation of a certif	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in th	ne form of a cor	servation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated	d by the organiz	zation during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per		lling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforci	ng conservatio	n easements during the year
-				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing co	onservation eas	sements during the year
0	Deep each concernation accoment reported on line 2(d) about	a action the requirements of a st	an 170/h)/4)/D)/	2
8	Does each conservation easement reported on line 2(d) above and eastion 170(b)(4)(P)(ii)2	•		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation			
5	balance sheet, and include, if applicable, the text of the footn			
	organization's accounting for conservation easements.		Statements that	it describes the
Pa	rt III Organizations Maintaining Collections of	Art. Historical Treasures	or Other Si	imilar Assets.
	Complete if the organization answered "Yes" on Form			
	If the organization elected, as permitted under FASB ASC 95		ement and bala	nce sheet works
	of art, historical treasures, or other similar assets held for pub	•		
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 95			sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	,,, ,, ,, ,, ,,		
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				•
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB A		5.7	
а	Revenue included on Form 990, Part VIII, line 1	-		\$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets [continued] 3 Using the organization accounts and other records, check any of the following that make significant use of its contained that apply: Control thems (check all that apply): Control thems (check all that apply): Control the organization's accounts and explain how they further the organization's exempt purpose in Part XIII. 5 Diring the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Diring the year, did the organization's collection? Yes No 7 Porovia de account on 500, Part X, Ine 21. Yes No 8 The organization and apply. Yes No 9 Diring balance Image: Control Part All X, Ine 21. Yes No 9 Diring balance Image: Control Part All X, Ine 21. Yes No 9 Diring balance Image: Control Part All X, Ine 21. Yes No 14 Sequent the arrangement in Part XIII and complete the following table: Image: Control Part All X, Ine 21. Yes No 14 Yes, "explain the arrangement in Part XIII and complete the sinplanintin hiss been provided in Part XIII.	Sche Par		CENTER FOR					$\frac{48 - 11}{6}$			age 2
collection time (check all that apply): Collection time (check all that apply): Collection (check all that apply):									(continu	<u>led)</u>	
a Public exhibition d Loan or exchange program b Scholary research e Other	3		on, and other records	s, check any of the f	ollowing that mai	ke signi	ificant u	use of its			
b Scholary research e Other c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 6 Detertion the organization solicit or receive donations of art, historical treasures, or other similar assets to to be solid to raise funds attent than to be maintained as part of the organization answered 'Yes' on Form 960, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 960, Part X, line 21. Image: Control Contret Control Contret Control Control Control											
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets tresset 5 Device the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets tresset 6 Derint ID Escore and Custocial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21. c Beginning balance Image: Complete inthe organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Complete inthe organization answere? Yes on Form 990, Part X, line 10. Image: Complete inthe organization and explanation include an amount on Form 990, Part X, line 10. Image: Complete inthe organization answere? Yes on Form 990, Part X, line 10. 6 Detring balance Image: Complete inthe organization has been provided on Part XIII Image: Compl	а		_								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds ather than to be maritained as part of the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21, for ascrow or custodial account liability? 1 2 Did the organization include an amount on Form 990, Part X, line 21, for ascrow or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, for ascrow or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, for ascrow or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, for ascrow are custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, as 2, 355, 058. 2, 344, 108. 2, 439, 712. 40 Prior Year balance 2, 427, 720. 2, 422, 631. 2, 395, 058. 2, 344, 108. 2, 439, 712. 40 Prior Year balance 2, 497, 720. 2, 422, 631. 2, 385, 058. 2, 384, 108. 2, 439, 712. 40 Prior Year balance 2, 497, 720. 2, 422, 631. 2, 385, 058. 2, 384, 108. 2, 439, 712. 40 Prior Year balance 2, 497, 720. 2, 422, 631.	b		е	Other							
5 During the year, dd the organization solicit, or receive donations of art, historical treasures, or other similar assets to be solid to raise turder attent than to be maintained as part of the organization's collection? No Part IV Escrow and Custodial Arrangements. Complete if the organization's collection? Yes' on Form 990, Part IV, line 9, or reported an amount on Form 980, Part X, line 21. Ia Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X? Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Intermediation and the part of the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check there if the explanation has been provided on Part XIII Yes No b If 'Yes,' explain the arrangement in Part XIII. Check there if the explanation has been provided on Part XIII Yes No b If 'Yes,' explain the arrangement in Part XIII. Check there if the explanation has been provided on Part XIII. Yes No far Beginning of year balance (a) Current year (b) Prior year (c) Toro years back (e) Provider yeare balance 2, 427, 720, 2, 242	С										
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Is a list in the organization answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment FundS. Complete if the organization answered 'Yes' on Form 990, Part X, line 21, as 22, 283, 2395, 058, 2, 384, 108, 2, 439, 971, b Contributions Is a list in the organization answered 'Yes' on Form 990, Part V, line 10. Part V Endowment funds, gains, and losse 218, 0,02, - 364, 592, 600, 225, 135, 595, 137. Is a list in the organization answered 'Yes' on Form 990, Part V, line 10. Is a lis a l	4							se in Part	XIII.		
Part IV Escrow and Custodial Arrangements. Complete it the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (III and complete the following table: Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for secrew or custodial account tability? Image: Complete intermediary int	5			,	,	nilar as	sets		-		-
reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1d 1d 1d 2 Additions during the year 1d 2 Distributions during the year 1d Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, Itel 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, Itel 10. 1a Beginning of year balance 2, 422, 691, 2, 282, 283, 2, 395, 058, 2, 384, 108, 2, 243, 971, 100. 1a Combiniturions 2, 472, 691, 12, 862, 283, 2, 392, 058, 2, 334, 108, 2, 243, 971, 100. 1a Beginning of year balance 2, 472, 691, 12, 862, 283, 2, 392, 058, 2, 334, 108, 2, 243, 971, 100. 1a Beginning of year balance 2, 47, 720, 2, 422, 691, 2, 280, 09, 281, 133, 000, 126, 000, 122, 000, 121, 000, 133,											No
1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Amount c Beginning balance Image: Complete the following table: Amount d Additions during the year Image: Complete the following table: Amount 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Pert V Fordowment Funds. Complete if the organization answerd "Yes" on Form 990, Part IV, line 10. Pert V Fordowment Funds. Complete if the organization answerd "Yes" on Form 990, Part V, line 10. Pervide the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Pervide the arrangement in Sat	Par			ete if the organizatio	n answered "Yes	" on Fo	orm 990	, Part IV,	line 9, or		
on Form 990, Part X? Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 10 d Additions during the year 10 e Distributions during the year 11 2 Did tho organization include an amount on Form 990, Part X, line 21, for ascrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. 10 10 a Beginning of year balance (a) Current year (b) Provear (c)											
b If "Yes," explain the arrangement in Part XIII and complete the following table:	1a								-		-
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c Beginning balance 1c 1d d Additions during the year 1d 1d e Distributions during the year 1e 1f 2a Didthe organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes' explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1b Contributions 0. 50,000. 20,000. 1,000. 10,000. 1c derants or scholarships 0. 50,000. 20,000. 1,000. 10,000. 1c derants or scholarships 0. 130,000. 126,000. 121,000. 1c derants or scholarships 0. 2,482,283. 2,395,058. 2,384,108. 2 Provide the estimated percentage of the current year d balance (line 1g, column (a)) held as: as bacid designated or quasi-adownent 19.200. % 2	b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:							
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b If Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 900, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior years (c) Two years back (e) Four years back 1a Beginning of year balance 2, 422, 691. 2, 882, 283. 2, 395, 058. 2, 384, 108. 2, 439, 971. b Contributions 0. 50,000. 20,000. 1,000. 10,000. c Net investment earnings, gains, and losses 218,029. -364,592. 600,225. 135,950. 55,137. e Other expenditures for facilities 153,000. 145,000. 133,000. 126,000. 121,000. f Administrative expenses 2,487,720. 2,422,691. 2,882,283. 2,395,058. 2,384,108. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 19.8000 % b Permanent endowment 72.200. % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the posse	f	Ending balance					lf				
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Trive years back (d) Three years back (e) Four years back 1a Beginning of year balance 2, 422, 691. 2, 882, 283. 2, 395, 058. 2, 384, 108. 2, 439, 971. 1b Contributions 0. 50,000. 20,000. 1,000. 10,000. c Net investment earnings, gains, and losses 218,029. -364,592. 600,225. 135,950. 55,137. c Other expenditures for facilities 153,000. 145,000. 133,000. 126,000. 121,000. f Administrative expenses 2,487,720. 2,422,691. 2,882,283. 2,395,058. 2,384,108. g End of year balance 19.8000 % % Pervide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 19.8000 % b Permanent endowment 7.2.2000 % % Mo 3a(0) X 3a(0) X	2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	istodial account l	ability?	?	L	Yes		No
Image: state of the s											
1a Beginning of year balance 2,422,691 2,882,283 2,395,058 2,384,108 2,439,971 b Contributions 0. 50,000 20,000 1,000 10,000 121,000 12,820 9 Perrotide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	Par	t V Endowment Funds. Complete if	the organization and		1						
b Contributions 0. 50,000. 20,000. 1,000. 10,000. c Net investment earnings, gains, and losses 218,029. -364,592. 600,225. 135,950. 55,137. d Grants or scholarships		-	., ,		., ,	``					
c Net investment earnings, gains, and losses 218,029 -364,592 600,225 135,950 55,137 d Grants or scholarships	1a	Beginning of year balance					2,3	84,108.	2,		
d Grants or scholarships	b	Contributions	0.	· · ·	20,00	0.		1,000.		10,	000.
e Other expenditures for facilities and programs 153,000, 145,000, 133,000, 126,000, 121,000, 1	С	Net investment earnings, gains, and losses	218,029.	-364,592.	600,22	5.	1	35,950.		55,	137.
and programs 153,000. 145,000. 133,000. 126,000. 121,000. f Administrative expenses 2,487,720. 2,422,691. 2,882,283. 2,395,058. 2,384,108. g End of year balance 2,487,720. 2,422,691. 2,882,283. 2,395,058. 2,384,108. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 19.8000 % b Permanent endowment 72.9800 % % ************************************	d	Grants or scholarships									
f Administrative expenses 2,487,720, 2,422,691, 2,882,283, 2,395,058, 2,384,108. g End of year balance 2,487,720, 2,422,691, 2,882,283, 2,395,058, 2,384,108. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 19.8000 % b Permanent endowment 72.9800 % c Term endowment 7.2200 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations	е	Other expenditures for facilities									
g End of year balance 2,487,720. 2,422,691. 2,882,283. 2,395,058. 2,384,108. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 19.8000 % b Permanent endowment 72.9800 % * * * c Term endowment 7.2200 % * * * a Re there endowment funds not in the possession of the organization that are held and administered for the organizations by: *<		and programs	153,000.	145,000.	133,00	٥.	1	26,000.		121,	000.
g End of year balance 2,487,720. 2,422,691. 2,882,283. 2,395,058. 2,384,108. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 19.8000 % b Permanent endowment 72.9800 % * * * c Term endowment 7.2200 % * * * a Re there endowment funds not in the possession of the organization that are held and administered for the organizations by: *<	f	Administrative expenses									
a Board designated or quasi-endowment 19.8000 % b Permanent endowment 72.9800 % c Term endowment 7.2200 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) X 3a(ii) X (ii) Related organizations 3a(iii) X 3a(iii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value basis (investment) b Buildings 10 150, 804. 0. c Leasehold improvements 159, 804. 159, 804. 0. d Equipment 55, 217. 0. 0. e Other 12, 531. 12, 531. 0.			2,487,720.	2,422,691.	2,882,28	3.	2,3	95,058.	2,	384,	108.
b Permanent endowment 72.9800 % c Term endowment 7.2200 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations 3a(ii) X 3a(iii) X 3a(ii) X 3b 2 Yes" No 3a(i) X 3a(ii) X 3a(ii) X 3a(ii) X 3b 2 Percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations is endowment funds. Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated basis (other) (d) Boo	2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a)) held as:						
c Term endowment 7.2200 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations 3a(ii) X 3a(iii) X 3a(ii) X 3a(ii) X 3a(ii) X 3a(ii) X 3a(ii) X 3a(iii) X 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings	а	Board designated or quasi-endowment	19.8000	_%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organization answered "Yes" on Sore other dependent of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (d) Equipment (f) So (f) (f) (f) (f) (f) (f) (f) (f) (f) (f)	b	Permanent endowment 72.9800	%								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Buildings, and Equipment. 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 4 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 159,804. 159,804. 0. b Buildings 159,804. 0. c Leasehold improvements 159,217. 0. d Equipment 55,217. 55,217. 0. e 0ther 12,531. 12,531. 0.	с	Term endowment 7.2200 g	%								
organization by: Yes No (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b		The percentages on lines 2a, 2b, and 2c should	uld equal 100%.								
(i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings 55, 217, 55, 217, 0. c Leasehold improvements 159, 804. 159, 804. 0. d Equipment 55, 217, 55, 217, 0. e Other 12, 531. 12, 531. 0.	3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered for	or the			_		
(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 14 Land 159,804. 0. 1a Land 159,804. 0. 0. 1a Land 55,217. 0. 0. c Leasehold improvements 55,217. 0. 0. e Other 12,531. 12,531. 0.		organization by:								Yes	No
(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 5 5 6 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1 Land 5 5 5 7 0 b Buildings 55 5 7 0 c Leasehold improvements 55 217 0 0 e Other 12 531 0 0		(i) Unrelated organizations							3a(i)	X	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 159,804. 159,804. 0. c Leasehold improvements 159,804. 159,804. 0. d Equipment 55,217. 55,217. 0. e Other 12,531. 0.									3a(ii)		Х
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings (b) Cost or other basis (other) c Leasehold improvements 159,804. d Equipment 55,217. e Other 12,531.	b	If "Yes" on line 3a(ii), are the related organizat	tions listed as require	ed on Schedule R?							
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land											
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land	Par	t VI Land, Buildings, and Equipme	ent.								
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Pa	t X, line	e 10.				
b Buildings 159,804. 159,804. 0. c Leasehold improvements 55,217. 55,217. 0. d Equipment 12,531. 12,531. 0.		Description of property							(d) Book	value	Э
b Buildings 159,804. 159,804. 0. c Leasehold improvements 55,217. 55,217. 0. d Equipment 12,531. 12,531. 0.	1a	Land									
c Leasehold improvements 159,804. 0. d Equipment 55,217. 55,217. 0. e Other 12,531. 12,531. 0.											
d Equipment 55,217. 0. e Other 12,531. 12,531. 0.				15	9,804.	15	59,80	04.			0.
e Other											

Schedule D (Form 990) 2022

Schedu Part		TER FOR HOLOCA	AUST EDUCATION	48-1127376 Page 3
1 arc	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. See Form 990, Part X, lir	ne 12.
(a) De	SCription of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
	ancial derivatives			,
	sely held equity interests			
(3) Oth				
(A)	INDEXED BOND FUNDS	991,942.	END-OF-YEAR N	IARKET VALUE
(B)	INVESTMENT POOL AT JEWISH			
(C)	COMMUNITY FOUNDATION OF			
(D)	GKC	1,271,248.	END-OF-YEAR N	IARKET VALUE
(E)	MUTUAL FUND, S&P 500	968,463.	END-OF-YEAR N	IARKET VALUE
(F)	VANGUARD INT'L STOCK	88,969.	END-OF-YEAR N	IARKET VALUE
(G)				
(H)				
	Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,320,622.		
Part	VIII Investments - Program Related.			
	Complete if the organization answered "Yes" of			
	(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>				
	Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part	IX Other Assets.	on Form 990. Part IV line 1	1d See Form 990 Part X lir	ne 15
	IX Other Assets. Complete if the organization answered "Yes" of		1d. See Form 990, Part X, lir	
Part	IX Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1 Description	1d. See Form 990, Part X, lir	ne 15. (b) Book value
Part (1)	IX Other Assets. Complete if the organization answered "Yes" of		1d. See Form 990, Part X, lir	
Part (1) (2)	IX Other Assets. Complete if the organization answered "Yes" of		1d. See Form 990, Part X, lir	
(1) (2) (3)	IX Other Assets. Complete if the organization answered "Yes" of		I1d. See Form 990, Part X, lir	
Part (1) (2) (3) (4)	IX Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, lir	
Part (1) (2) (3) (4) (5)	IX Other Assets. Complete if the organization answered "Yes" of		1d. See Form 990, Part X, lir	
Part (1) (2) (3) (4) (5) (6)	IX Other Assets. Complete if the organization answered "Yes" of		1d. See Form 990, Part X, lir	
Part (1) (2) (3) (4) (5) (6) (7)	IX Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, lir	
Part (1) (2) (3) (4) (5) (6) (7) (8)	IX Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, lir	
Part (1) (2) (3) (4) (5) (6) (7) (8) (9)	IX Other Assets. Complete if the organization answered "Yes" (a)	Description		
Part (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" ((a) (a) (b) must equal Form 990, Part X, col. (B) line	Description		
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. ()	Other Assets. Complete if the organization answered "Yes" ((a) (a) (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. ()	IX Other Assets. Complete if the organization answered "Yes" (a) (a) (a) Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities.	Description		(b) Book value
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Part	IX Other Assets. Complete if the organization answered "Yes" (a) (a) (a) Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" (b)	Description		(b) Book value
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. () Part 1.	Other Assets. Complete if the organization answered "Yes" ((a) (a) Column (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability	Description		(b) Book value
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Part 1. (1)	Other Assets. Complete if the organization answered "Yes" ((a) (a) Column (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability	Description		(b) Book value
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Part 1. (1) (2)	Other Assets. Complete if the organization answered "Yes" ((a) (a) Column (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability	Description		(b) Book value
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Part 1. (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" ((a) (a) Column (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability	Description		(b) Book value
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. ((Part (1) (2) (3) (4) (4)	Other Assets. Complete if the organization answered "Yes" ((a) (a) Column (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability	Description		(b) Book value
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Part (1) (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" ((a) (a) Column (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability	Description		(b) Book value
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Part (1) (2) (3) (4) (5) (6) (5) (6)	Other Assets. Complete if the organization answered "Yes" ((a) (a) Column (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability	Description		(b) Book value
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (1) (1) (2) (3) (4) (5) (6) (7) (6) (7)	Other Assets. Complete if the organization answered "Yes" ((a) (a) Column (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability	Description		(b) Book value
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. ((Part (1) (2) (3) (4) (5) (6) (7) (8) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered "Yes" ((a) (a) Column (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability	Description		(b) Book value

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

_	dule D (Form 990) 2022 MIDWEST CENTER FOR HOLOCAU				L127376 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total revenue, gains, and other support per audited financial statements			1	600,989.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	229,965.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	229,965.
3	Subtract line 2e from line 1			3	371,024.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,403.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	7,403.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	378,427.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per F	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	411,508.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b					
-	Prior year adjustments	2b			
С					
c d	Other losses Other (Describe in Part XIII.)	2c			
c d e	Other losses Other (Describe in Part XIII.)	2c 2d		2e	0.
c d e 3	Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2c 2d		2e 3	<u>0.</u> 411,508.
-	Other losses Other (Describe in Part XIII.)	2c 2d			
3	Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2c2d			
3 4	Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2c 2d 4a			
3 4	Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2c 2d 4a 4b	7,403.		
3 4 a b c 5	Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2c 2d 	7,403.	3	411,508.

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

PART V, LINE 4:

5% OF THE AVERAGE FAIR VALUE OF THIS ENDOWMENT FUND FOR THE PREVIOUS

TWELVE QUARTERS IS ALLOCATED EACH YEAR AS PART OF THE BUDGETING PROCESS.

THE ENDOWMENT FUND ALLOCATION IS AVAILABLE FOR USE IN THE OPERATIONS OF

THE ORGANIZATION, AS DETRMINED BY THE BOARD.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)

(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION'S POLICY IS TO PROVIDE

LIABILITIES FOR UNCERTAIN INCOME TAX PROVISIONS WHEN A LIABILITY IS

PROBABLE AND ESTIMABLE. THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS

FOR THE YEARS ENDED JUNE 30, 2023 AND 2022 AND IS NOT AWARE OF ANY

Part XIII Supplemental Information (continued) VIOLATION OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES. THE ORGANIZATION IS SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR THE STATUTORY PERIOD.
THE ORGANIZATION IS SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR THE

SCHEDULE O	Supplemental Information to Form 990 or 990-EZ	
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	
Name of the organization		Employer



MIDWEST CENTER FOR HOLOCAUST EDUCATION Employer identification number 48-1127376

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED BY THE PRESIDENT, FINANCE COMMITTEE AND EXECUTIVE

DIRECTOR PRIOR TO FILING. THE 990 IS AVAILABLE FOR REVIEW BY ALL BOARD

MEMBERS.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS SIGN A CONFLICT OF INTEREST POLICY EACH YEAR FOR REVIEW BY

THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION OF THE

EXECUTIVE DIRECTOR, TAKING INTO CONSIDERATION TENURE, PERFORMANCE, AND

COMPENSATION OF EXECUTIVE DIRECTORS AT COMPARABLE ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC

UPON REQUEST AND ON THE ORGANIZATION'S WEBSITE.