

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 ▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2019 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

|  |   |   |
|--|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>TRUMAN HEARTLAND COMMUNITY FOUNDATION<br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>4200 LITTLE BLUE PARKWAY SUITE 340<br>City or town, state or province, country, and ZIP or foreign postal code<br>INDEPENDENCE MO 64057 | <b>D</b> Employer identification number<br>43-1482136<br><b>E</b> Telephone number<br>816-836-8189<br><b>G</b> Gross receipts \$ 11,105,001   |
| <b>F</b> Name and address of principal officer:<br>PHILLIP HANSON<br>439 E 64TH TERRACE<br>KANSAS CITY MO 64131  |   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   | <b>H(c)</b> Group exemption number ▶  |
| <b>J</b> Website: ▶ WWW.THCF.ORG   |   | <b>L</b> Year of formation: 1982 <b>M</b> State of legal domicile: MO   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |   |   |

| Part I Summary              |   |                           |              |
|-----------------------------|---|---------------------------|--------------|
| Activities & Governance     | <b>1</b> Briefly describe the organization's mission or most significant activities:<br>THE FOUNDATION'S PRIMARY EXEMPT PURPOSE IS TO IMPROVE THE LIVES OF PEOPLE LIVING IN EASTERN JACKSON COUNTY, MO. |                           |              |
|                             | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |                           |              |
|                             | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | 3                         | 27           |
|                             | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | 4                         | 27           |
|                             | <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)   | 5                         | 10           |
|                             | <b>6</b> Total number of volunteers (estimate if necessary)   | 6                         | 456          |
|                             | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | 7a                        | 0            |
|                             | <b>b</b> Net unrelated business taxable income from Form 990-T, line 39   | 7b                        | 0            |
| Revenue                     |   | Prior Year                | Current Year |
|                             | <b>8</b> Contributions and grants (Part VIII, line 1h)  | 7,061,948                 | 8,806,222    |
|                             | <b>9</b> Program service revenue (Part VIII, line 2g)   |                           | 0            |
|                             | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 2,201,176                 | 1,470,579    |
|                             | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 507,098                   | 629,851      |
|                             | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 9,770,222                 | 10,906,652   |
| Expenses                    |   | Prior Year                | Current Year |
|                             | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 4,333,437                 | 4,692,386    |
|                             | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   |                           | 0            |
|                             | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 596,316                   | 644,747      |
|                             | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  |                           | 0            |
|                             | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 185,603  |                           |              |
|                             | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 821,881                   | 879,260      |
|                             | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | 5,751,634                 | 6,216,393    |
|                             | <b>19</b> Revenue less expenses. Subtract line 18 from line 12  | 4,018,588                 | 4,690,259    |
| Net Assets or Fund Balances |   | Beginning of Current Year | End of Year  |
|                             | <b>20</b> Total assets (Part X, line 16)  | 43,941,631                | 54,413,088   |
|                             | <b>21</b> Total liabilities (Part X, line 26)   | 10,851,817                | 12,575,934   |
|                             | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | 33,089,814                | 41,837,154   |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                        |   |   |
|------------------------|---|---|
| Sign here              | Signature of officer  | Date<br>11-16-2020  |
|                        | PHILLIP HANSON<br>Type or print name and title<br>PRESIDENT/CEO   |   |
| Paid Preparer Use Only | Print/Type preparer's name<br>BEVERLY POWELL<br>Preparer's signature<br>BEVERLY POWELL<br>Date<br>11/16/20<br>Check <input checked="" type="checkbox"/> if self-employed<br>PTIN<br>P00623829 | Firm's name ▶ Beverly Powell CPA LLC<br>Firm's address ▶ 115 E Walnut St Independence, MO 64050<br>Firm's EIN ▶<br>Phone no. 816-833-0078 |

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

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
**Do not enter social security numbers on this form as it may be made public.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**  
**Open to Public Inspection**

**A For the 2019 calendar year, or tax year beginning** , **and ending** ,

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **TRUMAN HEARTLAND COMMUNITY FOUNDATION**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**4200 LITTLE BLUE PARKWAY SUITE 340**  
 City or town, state or province, country, and ZIP or foreign postal code  
**INDEPENDENCE MO 64057**

**D** Employer identification number  
**43-1482136**

**E** Telephone number  
**816-836-8189**

**F** Name and address of principal officer:  
**PHILLIP HANSON**  
**439 E 64TH TERRACE**  
**KANSAS CITY MO 64131**

**G** Gross receipts \$ **11,105,001**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( )  t (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.THCF.ORG** **H(c)** Group exemption number **u**

**K** Form of organization:  Corporation  Trust  Association  Other **u** **L** Year of formation: **1982** **M** State of legal domicile: **MO**

| Part I Summary   |   | Prior Year        | Current Year      |
|--|---|-------------------|-------------------|
| Activities & Governance  | 1 Briefly describe the organization's mission or most significant activities:<br><b>THE FOUNDATION'S PRIMARY EXEMPT PURPOSE IS TO IMPROVE THE LIVES OF PEOPLE LIVING IN EASTERN JACKSON COUNTY, MO.</b> |                   |                   |
|  | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |                   |                   |
|  | 3 Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>          | <b>27</b>         |
|  | 4 Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>          | <b>27</b>         |
|  | 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)  | <b>5</b>          | <b>10</b>         |
|  | 6 Total number of volunteers (estimate if necessary)  | <b>6</b>          | <b>456</b>        |
|  | 7a Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>         | <b>0</b>          |
| 7b Net unrelated business taxable income from Form 990-T, line 39            | <b>7b</b>   | <b>0</b>          |                   |
| Revenue  | 8 Contributions and grants (Part VIII, line 1h)   | <b>7,061,948</b>  | <b>8,806,222</b>  |
|  | 9 Program service revenue (Part VIII, line 2g)  |                   | <b>0</b>          |
|  | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>2,201,176</b>  | <b>1,470,579</b>  |
|  | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>507,098</b>    | <b>629,851</b>    |
|  | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>9,770,222</b>  | <b>10,906,652</b> |
| Expenses   | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | <b>4,333,437</b>  | <b>4,692,386</b>  |
|  | 14 Benefits paid to or for members (Part IX, column (A), line 4)  |                   | <b>0</b>          |
|  | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | <b>596,316</b>    | <b>644,747</b>    |
|  | 16a Professional fundraising fees (Part IX, column (A), line 11e)   |                   | <b>0</b>          |
|  | b Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>185,603</b>   |                   |                   |
|  | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | <b>821,881</b>    | <b>879,260</b>    |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | <b>5,751,634</b>  | <b>6,216,393</b>  |                   |
| 19 Revenue less expenses. Subtract line 18 from line 12                      | <b>4,018,588</b>  | <b>4,690,259</b>  |                   |
| Net Assets or Fund Balances  | 20 Total assets (Part X, line 16)   | <b>43,941,631</b> | <b>54,413,088</b> |
|  | 21 Total liabilities (Part X, line 26)  | <b>10,851,817</b> | <b>12,575,934</b> |
|  | 22 Net assets or fund balances. Subtract line 21 from line 20   | <b>33,089,814</b> | <b>41,837,154</b> |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: **PHILLIP HANSON** Date: **PRESIDENT/CEO**  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **BEVERLY POWELL** Preparer's signature: **BEVERLY POWELL** Date: **11/16/20** Check  if self-employed PTIN: **P00623829**

Firm's name: **Beverly Powell CPA LLC** Firm's EIN: }  
 Firm's address: **115 E Walnut St Independence, MO 64050** Phone no.: **816-833-0078**

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

**Part 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:  
**THE FOUNDATION'S PRIMARY EXEMPT PURPOSE IS TO IMPROVE THE LIVES OF PEOPLE LIVING IN EASTERN JACKSON COUNTY, MO.**

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

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

**4** Describe the 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 \$ **5,606,211** including grants of \$ **4,692,386** ) (Revenue \$ )  
**See Schedule O**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **u** **5,606,211**

**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)? <i>If "Yes," complete Schedule A</i>   | X   |    |
| 2   | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?   | X   |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   | 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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>   |     | X  |
| 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? <i>If "Yes," complete Schedule D, Part I</i>  | X   |    |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |     | X  |
| 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? <i>If "Yes," complete Schedule D, Part IV</i>            |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>  | X   |    |
| 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.  |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | 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 assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>  |     | X  |
| c   | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>  |     | X  |
| 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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>   |     | X  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | X   |    |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  |     | X  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  | X   |    |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>   |     | X  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>   |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> |     | X  |
| 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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>  |     | X  |
| 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>  |     | X  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)   |     | X  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>  | X   |    |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>  |     | X  |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |
| 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? <i>If "Yes," complete Schedule I, Parts I and II</i>   | X   |    |

**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? <i>If "Yes," complete Schedule I, Parts I and III</i>  | 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? <i>If "Yes," complete Schedule J</i>   | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>   |     | X  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   |     |    |
| 25a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>  |     | X  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>  |     | X  |
| 26  | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>   |     | 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? <i>If "Yes," complete Schedule L, Part III</i> |     | X  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  |     |    |
| a   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>   |     | X  |
| b   | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>  |     | X  |
| c   | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>  |     | X  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>   | X   |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>   |     | X  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>   |     | X  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>   |     | X  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>   | X   |    |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>   |     | X  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   |     | 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>  |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>  |     | X  |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>  |     | X  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.  | X   |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|    |  | Yes | No |
|----|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |     |    |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |     |    |
| c  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? |     |    |

|    |    |
|----|----|
| 1a | 18 |
| 1b | 0  |

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

|            |  | Yes        | No       |
|------------|--|------------|----------|
| <b>2a</b>  | 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  |            |          |
|            | <b>2a</b>   10   |            |          |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)         | <b>X</b>   |          |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |            | <b>X</b> |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  |            |          |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? |            | <b>X</b> |
| <b>b</b>   | If "Yes," enter the name of the foreign country <b>u</b><br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |            |          |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |            | <b>X</b> |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |            | <b>X</b> |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |            |          |
| <b>6a</b>  | 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?                                    | <b>X</b>   |          |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | <b>X</b>   |          |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |          |
| <b>a</b>   | 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?  | <b>X</b>   |          |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | <b>X</b>   |          |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |            | <b>X</b> |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  |            |          |
|            | <b>7d</b>  |            |          |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |            | <b>X</b> |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |            | <b>X</b> |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |            |          |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |            |          |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   |            |          |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |          |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966?   |            | <b>X</b> |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |            | <b>X</b> |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |            |          |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   | <b>10a</b> |          |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <b>10b</b> |          |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |            |          |
| <b>a</b>   | Gross income from members or shareholders  | <b>11a</b> |          |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   | <b>11b</b> |          |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |          |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | <b>12b</b> |          |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |          |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | <b>13a</b> |          |
| <b>b</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  | <b>13b</b> |          |
| <b>c</b>   | Enter the amount of reserves on hand   | <b>13c</b> |          |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   | <b>14a</b> | <b>X</b> |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | <b>14b</b> |          |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see instructions and file Form 4720, Schedule N.                   | <b>15</b>  | <b>X</b> |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   | <b>16</b>  | <b>X</b> |



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

**Section A. Governing Body and Management**

|           |  | Yes      | No       |
|-----------|--|----------|----------|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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>1a</b> 27   |          |          |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent   |          |          |
|           | <b>1b</b> 27   |          |          |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |          | <b>X</b> |
| <b>3</b>  | 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?  |          | <b>X</b> |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |          | <b>X</b> |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |          | <b>X</b> |
| <b>6</b>  | Did the organization have members or stockholders?   |          | <b>X</b> |
| <b>7a</b> | 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?   |          | <b>X</b> |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |          | <b>X</b> |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |          |          |
| <b>a</b>  | The governing body?  | <b>X</b> |          |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | <b>X</b> |          |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O   | <b>X</b> |          |

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

|            |  | Yes      | No       |
|------------|--|----------|----------|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   | <b>X</b> |          |
| <b>b</b>   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | <b>X</b> |          |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | <b>X</b> |          |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |          |          |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | <b>X</b> |          |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | <b>X</b> |          |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | <b>X</b> |          |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | <b>X</b> |          |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | <b>X</b> |          |
| <b>15</b>  | 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?   |          |          |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | <b>X</b> |          |
| <b>b</b>   | Other officers or key employees of the organization<br>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   | <b>X</b> |          |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |          | <b>X</b> |
| <b>b</b>   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |          |          |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u MO**
- 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 only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  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 financial 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 **u**  
**BRIDGET STOPPELMAN** **4200 LITTLE BLUE PARKWAY STE 340**  
**INDEPENDENCE** **MO 64057** **816-836-8189**

**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.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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)<br>Name and title                               | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) PHILLIP HANSON<br>.....<br>PRESIDENT/CEO        | 40.00<br>.....<br>0.00  |   |                       | X       |              |                              |        | 151,448  | 0   | 6,595   |
| (2) BRIDGET STOPPELMAN<br>.....<br>CFO              | 40.00<br>.....<br>0.00  |   |                       | X       |              |                              |        | 78,280   | 0   | 10,736  |
| (3) BEVERLY POWELL<br>.....<br>CIO                  | 12.00<br>.....<br>0.00  |   |                       | X       |              |                              |        | 42,433   | 0   | 2,973   |
| (4) CINDY CAVANAH<br>.....<br>DIRECTOR              | 2.00<br>.....<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (5) MICHELE CRUMBAUGH<br>.....<br>DIRECTOR          | 2.00<br>.....<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (6) JUDY FORRESTER<br>.....<br>DIRECTOR             | 2.00<br>.....<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (7) ELEANOR FRASIER<br>.....<br>DIRECTOR            | 2.00<br>.....<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) LINDA GERDING<br>.....<br>DIRECTOR              | 2.00<br>.....<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (9) JULIA HAMPTON<br>.....<br>DIRECTOR              | 2.00<br>.....<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (10) HELEN HATRIDGE<br>.....<br>PAST CHAIR/DIRECTOR | 2.00<br>.....<br>0.00   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (11) DAVID JETER<br>.....<br>DIRECTOR               | 2.00<br>.....<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |



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

| (A)<br>Name and title  | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |                | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former         |  |   |   |
| (12) <b>CLIFFORD JONES</b>   | 2.00  |   |                       |         |              |                              |                |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0              | 0  | 0   |   |
| (13) <b>BARBARA KOIRTYOHANN</b>                                      | 2.00  |   |                       |         |              |                              |                |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0              | 0  | 0   |   |
| (14) <b>BRET KOLMAN</b>  | 2.00  |   |                       |         |              |                              |                |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0              | 0  | 0   |   |
| (15) <b>JOHN MCEVOY</b>  | 2.00  |   |                       |         |              |                              |                |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0              | 0  | 0   |   |
| (16) <b>TRACEY MERSHON</b>   | 2.00  |   |                       |         |              |                              |                |  |   |   |
| CHAIR  | 0.00  | X   |                       | X       |              |                              | 0              | 0  | 0   |   |
| (17) <b>MELANIE MOENTMANN</b>  | 2.00  |   |                       |         |              |                              |                |  |   |   |
| VICE CHAIR/DIRECTOR  | 0.00  | X   |                       | X       |              |                              | 0              | 0  | 0   |   |
| (18) <b>STEVE NOLL</b>   | 2.00  |   |                       |         |              |                              |                |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0              | 0  | 0   |   |
| (19) <b>STEVE POTTER</b>   | 2.00  |   |                       |         |              |                              |                |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0              | 0  | 0   |   |
| <b>1b Subtotal</b> .....   |   |   |                       |         |              |                              | <b>272,161</b> |  | <b>20,304</b>   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |   |                       |         |              |                              |                |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |   |                       |         |              |                              | <b>272,161</b> |  | <b>20,304</b>   |   |

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

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

**Part VIII Statement of Revenue**

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

|   |   |                | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |  |
|---|---|----------------|----------------------|--|--------------------------------------|---|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>   | <b>1a</b> Federated campaigns   | <b>1a</b>      |                      |  |                                      |   |  |
|   | <b>b</b> Membership dues  | <b>1b</b>      |                      |  |                                      |   |  |
|   | <b>c</b> Fundraising events   | <b>1c</b>      | <b>426,151</b>       |  |                                      |   |  |
|   | <b>d</b> Related organizations  | <b>1d</b>      |                      |  |                                      |   |  |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>      |                      |  |                                      |   |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>      | <b>8,380,071</b>     |  |                                      |   |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f                                  | <b>1g</b>      | <b>\$ 2,604,522</b>  |  |                                      |   |  |
|   | <b>h Total.</b> Add lines 1a-1f   | <b>u</b>       | <b>8,806,222</b>     |  |                                      |   |  |
| <b>Program Service Revenue</b>  | <b>2a</b>   | Business Code  |                      |  |                                      |   |  |
|   | <b>b</b>  |                |                      |  |                                      |   |  |
|   | <b>c</b>  |                |                      |  |                                      |   |  |
|   | <b>d</b>  |                |                      |  |                                      |   |  |
|   | <b>e</b>  |                |                      |  |                                      |   |  |
|   | <b>f</b> All other program service revenue  |                |                      |  |                                      |   |  |
|   | <b>g Total.</b> Add lines 2a-2f   | <b>u</b>       |                      |  |                                      |   |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   | <b>u</b>       | <b>1,215,116</b>     |  |                                      | <b>1,215,116</b>  |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds                             | <b>u</b>       |                      |  |                                      |   |  |
|   | <b>5</b> Royalties  | <b>u</b>       |                      |  |                                      |   |  |
|   | <b>6a</b> Gross rents   | <b>6a</b>      | (i) Real             |  |                                      |   |  |
|   |   |                | (ii) Personal        |  |                                      |   |  |
|   |   |                |                      |  |                                      |   |  |
|   | <b>b</b> Less: rental expenses  | <b>6b</b>      |                      |  |                                      |   |  |
|   | <b>c</b> Rental inc. or (loss)  | <b>6c</b>      |                      |  |                                      |   |  |
|   | <b>d</b> Net rental income or (loss)  | <b>u</b>       |                      |  |                                      |   |  |
|   | <b>7a</b> Gross amount from sales of assets other than inventory                        | <b>7a</b>      | (i) Securities       | <b>255,463</b>                               |                                      |   |  |
|   |   |                | (ii) Other           |  |                                      |   |  |
|   |   |                |                      |  |                                      |   |  |
|   | <b>b</b> Less: cost or other basis and sales exps.                                      | <b>7b</b>      |                      |  |                                      |   |  |
|   | <b>c</b> Gain or (loss)   | <b>7c</b>      | <b>255,463</b>       |  |                                      |   |  |
| <b>d</b> Net gain or (loss)   | <b>u</b>  | <b>255,463</b> | <b>255,463</b>       |  |                                      |   |  |
| <b>8a</b> Gross income from fundraising events (not including \$ <b>426,151</b> of contributions reported on line 1c). See Part IV, line 18 | <b>8a</b>   |                | <b>193,869</b>       |  |                                      |   |  |
|   |   |                | <b>198,349</b>       |  |                                      |   |  |
| <b>b</b> Less: direct expenses  | <b>8b</b>   |                |                      |  |                                      |   |  |
| <b>c</b> Net income or (loss) from fundraising events   | <b>u</b>  |                | <b>-4,480</b>        |  | <b>13,829</b>                        |   |  |
| <b>9a</b> Gross income from gaming activities. See Part IV, line 19   | <b>9a</b>   |                |                      |  |                                      |   |  |
|   |   |                |                      |  |                                      |   |  |
| <b>b</b> Less: direct expenses  | <b>9b</b>   |                |                      |  |                                      |   |  |
| <b>c</b> Net income or (loss) from gaming activities  | <b>u</b>  |                |                      |  |                                      |   |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances  | <b>10a</b>  |                |                      |  |                                      |   |  |
|   |   |                |                      |  |                                      |   |  |
| <b>b</b> Less: cost of goods sold   | <b>10b</b>  |                |                      |  |                                      |   |  |
| <b>c</b> Net income or (loss) from sales of inventory   | <b>u</b>  |                |                      |  |                                      |   |  |
| <b>Miscellaneous Revenue</b>  | <b>11a</b> ADMINISTRATION INCOME  | Business Code  | <b>628,964</b>       |  |                                      | <b>628,964</b>  |  |
|   | <b>b</b> MISCELLANEOUS INCOME   |                | <b>5,367</b>         |  |                                      | <b>5,367</b>  |  |
|   | <b>c</b>  |                |                      |  |                                      |   |  |
|   | <b>d</b> All other revenue  |                |                      |  |                                      |   |  |
|   | <b>e Total.</b> Add lines 11a-11d   | <b>u</b>       |                      | <b>634,331</b>                               |                                      |   |  |
| <b>12 Total revenue.</b> See instructions   | <b>u</b>  |                | <b>10,906,652</b>    | <b>255,463</b>                               | <b>0</b>                             | <b>1,863,276</b>  |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

|   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | <b>4,373,332</b>      | <b>4,373,332</b>                |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22  | <b>319,054</b>        | <b>319,054</b>                  |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees   | <b>292,464</b>        | <b>80,483</b>                   | <b>148,293</b>                         | <b>63,688</b>               |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages   | <b>286,972</b>        | <b>130,077</b>                  | <b>83,121</b>                          | <b>73,774</b>               |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| <b>9</b> Other employee benefits  | <b>25,949</b>         | <b>14,636</b>                   | <b>4,558</b>                           | <b>6,755</b>                |
| <b>10</b> Payroll taxes   | <b>39,362</b>         | <b>14,561</b>                   | <b>15,317</b>                          | <b>9,484</b>                |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management   |                       |                                 |  |                             |
| <b>b</b> Legal  | <b>2,400</b>          |                                 | <b>2,400</b>                           |                             |
| <b>c</b> Accounting   | <b>9,800</b>          |                                 | <b>9,800</b>                           |                             |
| <b>d</b> Lobbying   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees   |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)   | <b>19,058</b>         | <b>9,099</b>                    | <b>9,162</b>                           | <b>797</b>                  |
| <b>12</b> Advertising and promotion   |                       |                                 |  |                             |
| <b>13</b> Office expenses   | <b>18,780</b>         | <b>10,232</b>                   | <b>7,624</b>                           | <b>924</b>                  |
| <b>14</b> Information technology  | <b>42,597</b>         | <b>12,082</b>                   | <b>26,863</b>                          | <b>3,652</b>                |
| <b>15</b> Royalties   |                       |                                 |  |                             |
| <b>16</b> Occupancy   | <b>26,246</b>         |                                 | <b>26,246</b>                          |                             |
| <b>17</b> Travel  | <b>6,524</b>          | <b>1,631</b>                    | <b>3,262</b>                           | <b>1,631</b>                |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings  | <b>11,264</b>         |                                 | <b>11,264</b>                          |                             |
| <b>20</b> Interest  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization   | <b>14,446</b>         |                                 | <b>14,446</b>                          |                             |
| <b>23</b> Insurance   |                       |                                 |  |                             |
| <b>24</b> 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.)   |                       |                                 |  |                             |
| <b>a</b> ADMINISTRATIVE FEES  | <b>606,512</b>        | <b>606,512</b>                  |  |                             |
| <b>b</b> MARKETING/RECRUITING EXPE  | <b>51,798</b>         | <b>2,045</b>                    | <b>33,321</b>                          | <b>16,432</b>               |
| <b>c</b> EQUIPMENT RENTAL/MAINTENA  | <b>18,486</b>         | <b>9,243</b>                    | <b>4,622</b>                           | <b>4,621</b>                |
| <b>d</b> BANKING FEES   | <b>8,395</b>          | <b>5,846</b>                    | <b>1,274</b>                           | <b>1,275</b>                |
| <b>e</b> All other expenses   | <b>42,954</b>         | <b>17,378</b>                   | <b>23,006</b>                          | <b>2,570</b>                |
| <b>25</b> Total functional expenses. Add lines 1 through 24e  | <b>6,216,393</b>      | <b>5,606,211</b>                | <b>424,579</b>                         | <b>185,603</b>              |
| <b>26</b> 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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|                                    |  | (A)<br>Beginning of year  |            | (B)<br>End of year |            |        |
|------------------------------------|--|---|------------|--------------------|------------|--------|
| <b>Assets</b>                      | 1  | Cash—non-interest-bearing   | 877,917    | 1                  | 1,065,021  |        |
|                                    | 2  | Savings and temporary cash investments  | 3,455,676  | 2                  | 3,894,106  |        |
|                                    | 3  | Pledges and grants receivable, net  |            | 3                  |            |        |
|                                    | 4  | Accounts receivable, net  | 2,837      | 4                  | 5,162      |        |
|                                    | 5  | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons |            | 5                  |            |        |
|                                    | 6  | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   |            | 6                  |            |        |
|                                    | 7  | Notes and loans receivable, net   |            | 7                  |            |        |
|                                    | 8  | Inventories for sale or use   |            | 8                  |            |        |
|                                    | 9  | Prepaid expenses and deferred charges   | 11,203     | 9                  | 13,153     |        |
|                                    | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a        | 138,817            |            |        |
|                                    | b  | Less: accumulated depreciation  | 10b        | 109,064            | 10c        | 29,753 |
|                                    | 11   | Investments—publicly traded securities  | 39,556,642 | 11                 | 49,405,893 |        |
|                                    | 12   | Investments—other securities. See Part IV, line 11  |            | 12                 |            |        |
|                                    | 13   | Investments—program-related. See Part IV, line 11   |            | 13                 |            |        |
|                                    | 14   | Intangible assets   |            | 14                 |            |        |
|                                    | 15   | Other assets. See Part IV, line 11  |            | 15                 |            |        |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)   | 43,941,631  | 16         | 54,413,088         |            |        |
| <b>Liabilities</b>                 | 17   | Accounts payable and accrued expenses   | 69,101     | 17                 | 69,747     |        |
|                                    | 18   | Grants payable  |            | 18                 |            |        |
|                                    | 19   | Deferred revenue  | 15,100     | 19                 |            |        |
|                                    | 20   | Tax-exempt bond liabilities   |            | 20                 |            |        |
|                                    | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D   |            | 21                 |            |        |
|                                    | 22   | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons      |            | 22                 |            |        |
|                                    | 23   | Secured mortgages and notes payable to unrelated third parties  |            | 23                 |            |        |
|                                    | 24   | Unsecured notes and loans payable to unrelated third parties  |            | 24                 |            |        |
|                                    | 25   | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   | 10,767,616 | 25                 | 12,506,187 |        |
|                                    | 26   | <b>Total liabilities.</b> Add lines 17 through 25   | 10,851,817 | 26                 | 12,575,934 |        |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b> |   |            |                    |            |        |
|                                    | 27   | Net assets without donor restrictions   | 30,674,981 | 27                 | 39,264,253 |        |
|                                    | 28   | Net assets with donor restrictions  | 2,414,833  | 28                 | 2,572,901  |        |
|                                    | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>          |   |            |                    |            |        |
|                                    | 29   | Capital stock or trust principal, or current funds  |            | 29                 |            |        |
|                                    | 30   | Paid-in or capital surplus, or land, building, or equipment fund  |            | 30                 |            |        |
|                                    | 31   | Retained earnings, endowment, accumulated income, or other funds  |            | 31                 |            |        |
| 32                                 | <b>Total net assets or fund balances</b>   | 33,089,814  | 32         | 41,837,154         |            |        |
| 33                                 | <b>Total liabilities and net assets/fund balances</b>  | 43,941,631  | 33         | 54,413,088         |            |        |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |                   |
|-----------|--|-----------|-------------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | <b>10,906,652</b> |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | <b>6,216,393</b>  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | <b>4,690,259</b>  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | <b>33,089,814</b> |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | <b>4,197,416</b>  |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |                   |
| <b>7</b>  | Investment expenses  | <b>7</b>  |                   |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |                   |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | <b>-140,335</b>   |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | <b>41,837,154</b> |

**Part XII Financial Statements and Reporting**

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

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (20) RANDY RHOADS  | 2.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (21) STAN SALVA  | 2.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (22) KAREN SCHULER   | 2.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (23) STEVE SHELTON   | 2.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (24) BRAD SPEAKS   | 2.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (25) ALLAN THOMPSON  | 2.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (26) MONTIE TRIPP  | 2.00  |   |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (27) JEFF WALTERS  | 2.00  |   |                       |         |              |                              |        |  |   |   |
| TREASURER/DIRECTOR   | 0.00  | X   |                       | X       |              |                              | 0      | 0  | 0   |   |
| <b>1b Subtotal</b> .....   |   |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |   |                       |         |              |                              |        |  |   |   |

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

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (28) <b>LYNETTE WHEELER</b>  | 2.00  |  |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (29) <b>CANDY WHITE</b>  | 2.00  |  |                       |         |              |                              |        |  |   |   |
| SECRETARY/DIRECTOR   | 0.00  | X  |                       | X       |              |                              | 0      | 0  | 0   |   |
| (30) <b>DYAN ZIMMERMAN</b>   | 2.00  |  |                       |         |              |                              |        |  |   |   |
| DIRECTOR   | 0.00  | X  |                       |         |              |                              | 0      | 0  | 0   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
| <b>1b Subtotal</b> .....   |   |  |                       |         |              |                              |        |  | <b>u</b>  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |  |                       |         |              |                              |        |  | <b>u</b>  |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |  |                       |         |              |                              |        |  | <b>u</b>  |   |

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

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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



**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2019**

Department of the Treasury  
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public  
Inspection

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**TRUMAN HEARTLAND COMMUNITY  
FOUNDATION**

Employer identification number

**43-1482136**

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

The organization is not a private foundation because it is: (For lines 1 through 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 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2015  | (b) 2016  | (c) 2017  | (d) 2018  | (e) 2019  | (f) Total  |
|--|-----------|-----------|-----------|-----------|-----------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 4,863,328 | 5,567,525 | 5,908,104 | 7,061,948 | 8,806,222 | 32,207,127 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |           |           |           |           |           |            |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |           |           |           |           |           |            |
| <b>4 Total.</b> Add lines 1 through 3  | 4,863,328 | 5,567,525 | 5,908,104 | 7,061,948 | 8,806,222 | 32,207,127 |
| <b>5</b> 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) |           |           |           |           |           | 2,883,482  |
| <b>6</b> Public support. Subtract line 5 from line 4   |           |           |           |           |           | 29,323,645 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2015  | (b) 2016  | (c) 2017  | (d) 2018  | (e) 2019  | (f) Total  |
|--|-----------|-----------|-----------|-----------|-----------|------------|
| <b>7</b> Amounts from line 4   | 4,863,328 | 5,567,525 | 5,908,104 | 7,061,948 | 8,806,222 | 32,207,127 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 946,737   | 972,350   | 1,083,811 | 1,660,997 | 1,215,116 | 5,879,011  |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                              |           |           |           |           |           |            |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                | 461,058   | 505,766   | 518,067   | 570,049   | 634,331   | 2,689,271  |
| <b>11 Total support.</b> Add lines 7 through 10  |           |           |           |           |           | 40,775,409 |

**12** Gross receipts from related activities, etc. (see instructions) 12 58,591

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

**Section C. Computation of Public Support Percentage**

|  |           |         |
|--|-----------|---------|
| <b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | <b>14</b> | 71.92 % |
| <b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14                       | <b>15</b> | 66.50 % |

**16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 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.)

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2018 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17 18 %

- 19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| <b>c</b> 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)? <i>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.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i> |     |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>11a</b>   |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>11b</b>   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.   |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| <b>1</b>   |     |    |
| <b>2</b> 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 benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |
| <b>2</b>   |     |    |

**Section C. Type II Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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). |     |    |
| <b>1</b>  |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>1</b>  |     |    |
| <b>2</b> 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).  |     |    |
| <b>2</b>  |     |    |
| <b>3</b> By reason of the relationship described in (2), 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.   |     |    |
| <b>3</b>  |     |    |

**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.
- c**  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

|  | Yes | No |
|--|-----|----|
| <b>2</b> Activities Test. Answer (a) and (b) below.  |     |    |
| <b>a</b> 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>2a</b>  |     |    |
| <b>b</b> Did the activities described in (a) 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.  |     |    |
| <b>2b</b>  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.  |     |    |
| <b>a</b> 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? Provide details in Part VI.  |     |    |
| <b>3a</b>  |     |    |
| <b>b</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.   |     |    |
| <b>3b</b>  |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income  |  | (A) Prior Year | (B) Current Year<br>(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                                | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                                |
| Section B - Minimum Asset Amount |  | (A) Prior Year | (B) Current Year<br>(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                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | 1d             |                                |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):  |                |                                |
| 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 1-1/2% 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 .035.   | 6              |                                |
| 7                                | Recoveries of prior-year distributions   | 7              |                                |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | 8              |                                |
| Section C - Distributable Amount |  |                | Current Year                   |
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1              |                                |
| 2                                | Enter 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                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | 6              |                                |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |                |                                |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

| Section D - Distributions  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4 Amounts paid to acquire exempt-use assets  |              |
| 5 Qualified set-aside amounts (prior IRS approval required)  |              |
| 6 Other distributions (describe in <b>Part VI</b> ). See instructions.   |              |
| 7 <b>Total annual distributions.</b> Add lines 1 through 6.  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| 9 Distributable amount for 2019 from Section C, line 6   |              |
| 10 Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2019   |                             |  |   |
| <b>a</b> From 2014 .....  |                             |  |   |
| <b>b</b> From 2015 .....  |                             |  |   |
| <b>c</b> From 2016 .....  |                             |  |   |
| <b>d</b> From 2017 .....  |                             |  |   |
| <b>e</b> From 2018 .....  |                             |  |   |
| <b>f Total</b> of lines 3a through e  |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years   |                             |  |   |
| <b>h</b> Applied to 2019 distributable amount   |                             |  |   |
| <b>i</b> Carryover from 2014 not applied (see instructions)   |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.  |                             |  |   |
| 4 Distributions for 2019 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years   |                             |  |   |
| <b>b</b> Applied to 2019 distributable amount   |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.  |                             |  |   |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| 7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.   |                             |  |   |
| 8 Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2015 .....   |                             |  |   |
| <b>b</b> Excess from 2016 .....   |                             |  |   |
| <b>c</b> Excess from 2017 .....   |                             |  |   |
| <b>d</b> Excess from 2018 .....   |                             |  |   |
| <b>e</b> Excess from 2019 .....   |                             |  |   |



**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Part II, Line 10 - Other Income Detail**

MISCELLANEOUS INCOME \$ 19,364

ADMINISTRATION INCOME \$ 2,669,907

**Schedule of Contributors**

**2019**

**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization

**TRUMAN HEARTLAND COMMUNITY  
FOUNDATION**

Employer identification number

**43-1482136**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For 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**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**2019**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is described below.  Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|  |   |
|--|---|
| Name of organization<br><b>TRUMAN HEARTLAND COMMUNITY FOUNDATION</b> | Employer identification number<br><b>43-1482136</b> |
|--|---|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) u \$
- 3 Volunteer hours for political campaign activities (see instructions)

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 u \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 u \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities u \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities u \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b u \$
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| (1)      |             |         |   |  |
| (2)      |             |         |   |  |
| (3)      |             |         |   |  |
| (4)      |             |         |   |  |
| (5)      |             |         |   |  |
| (6)      |             |         |   |  |

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

|   | (a) Filing organization's totals                         | (b) Affiliated group totals |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |
|---|--|-----------------------------|---|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)   | 1,351  |                             |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)  | 0  |                             |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b)  | 1,351  |                             |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |
| <b>d</b> Other exempt purpose expenditures  | 5,646,157  |                             |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)  | 5,647,508  |                             |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.   | 432,375  |                             |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |  |                             | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |
| If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is:                       |                             |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |
| Not over \$500,000  | 20% of the amount on line 1e.                            |                             |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |
| Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000.         |                             |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |
| Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000.       |                             |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |
| Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000.        |                             |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |
| Over \$17,000,000   | \$1,000,000.   |                             |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)  | 108,094  |                             |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-  | 0  |                             |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-  | 0  |                             |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                             |   |                                    |                    |                               |   |  |   |  |  |   |                   |              |

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in)                      | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| <b>2a</b> Lobbying nontaxable amount                             |          |          | 437,582  | 432,375  | 869,957   |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))   |          |          |          |          | 1,304,936 |
| <b>c</b> Total lobbying expenditures                             |          |          | 6,000    | 1,351    | 7,351     |
| <b>d</b> Grassroots nontaxable amount                            |          |          | 109,396  | 108,094  | 217,490   |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          | 326,235   |
| <b>f</b> Grassroots lobbying expenditures                        |          |          | 6,000    | 1,351    | 7,351     |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members, legislators, or the public?; e Publications, or published or broadcast statements?; f Grants to other organizations for lobbying purposes?; g Direct contact with legislators, their staffs, government officials, or a legislative body?; h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C, Part II-A, Explanation of Four Year Averaging

TRUMAN HEARTLAND DID NOT MADE ANY LOBBYING EXPENDITURES FOR EITHER OF THE FOLLOWING YEARS:

2016

2017

**Part IV** Supplemental Information *(continued)*

Dotted lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

TRUMAN HEARTLAND COMMUNITY FOUNDATION

Employer identification number

43-1482136

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values for contributions and grants, and yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections for conservation easements, including checkboxes for purposes, a table for held easements (2a-2d), and yes/no questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions 1a, 1b, 2a, and 2b regarding reporting of art and historical treasures, including revenue and asset amounts.



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

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

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

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 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 IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a Did the 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 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 IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 20,205,898       | 22,228,731     | 17,773,218         | 16,105,610           | 16,072,291          |
| b Contributions                                  | 6,144,648        | 1,216,434      | 3,325,273          | 1,823,869            | 1,836,250           |
| c Net investment earnings, gains, and losses     | 3,752,293        | -1,452,340     | 2,832,312          | 1,090,682            | -470,831            |
| d Grants or scholarships                         | 1,425,549        | 1,485,446      | 1,411,984          | 994,142              | 1,083,593           |
| e Other expenditures for facilities and programs | 172              | 1,320          | 424                | 833                  | 117                 |
| f Administrative expenses                        | 323,970          | 300,161        | 289,664            | 251,968              | 248,390             |
| g End of year balance                            | 28,353,148       | 20,205,898     | 22,228,731         | 17,773,218           | 16,105,610          |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment **u** 90.00 %
- b Permanent endowment **u** 1.00 %
- c Term endowment **u** 9.00 %

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

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     | X  |
| 3a(ii) |     | X  |
| 3b     |     |    |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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 | (d) Book value |
|--------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                  |                                      |                                 |                              |                |
| b Buildings              |                                      |                                 |                              |                |
| c Leasehold improvements |                                      | 99,608                          | 83,694                       | 15,914         |
| d Equipment              |                                      | 39,209                          | 25,370                       | 13,839         |
| e Other                  |                                      |                                 |                              |                |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u** 29,753

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include Federal income taxes, AGENCY FUNDS, and LIAB UNDER SPLIT-INT AGREEMENTS.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   |   |    |            |            |
|---|---|----|------------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1          | 14,017,018 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |            |            |
| a | Net unrealized gains (losses) on investments                                    | 2a | 4,197,416  |            |
| b | Donated services and use of facilities  | 2b | 44,720     |            |
| c | Recoveries of prior year grants   | 2c |            |            |
| d | Other (Describe in Part XIII.)  | 2d | -1,131,770 |            |
| e | Add lines 2a through 2d   | 2e | 3,110,366  |            |
| 3 | Subtract line 2e from line 1  | 3  | 10,906,652 |            |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |            |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |            |            |
| b | Other (Describe in Part XIII.)  | 4b |            |            |
| c | Add lines 4a and 4b   | 4c |            |            |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 10,906,652 |            |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   |  |    |           |           |
|---|--|----|-----------|-----------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1         | 5,269,678 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |           |           |
| a | Donated services and use of facilities   | 2a | 44,720    |           |
| b | Prior year adjustments   | 2b |           |           |
| c | Other losses   | 2c |           |           |
| d | Other (Describe in Part XIII.)   | 2d | -991,435  |           |
| e | Add lines 2a through 2d  | 2e | -946,715  |           |
| 3 | Subtract line 2e from line 1   | 3  | 6,216,393 |           |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |           |           |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |           |           |
| b | Other (Describe in Part XIII.)   | 4b |           |           |
| c | Add lines 4a and 4b  | 4c |           |           |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 6,216,393 |           |

**Part XIII Supplemental Information.**

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 XI, Line 2d - Revenue Amounts Included in Financials - Other**

|  |    |            |
|--|----|------------|
| CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS         | \$ | -32,991    |
| FUNDRAISING EXPENSES OFFSET AGAINST INCOME           | \$ | 198,349    |
| GAIN ON BENEFICIAL INTEREST IN CHARITABLE REM TRUSTS | \$ | 156,780    |
| INCOME RELATED TO AGENCY FUNDS                       | \$ | -1,453,993 |
| UNLOCATED INCOME DIFF FROM AUDIT                     | \$ | 85         |

**Part XII, Line 2d - Expense Amounts Included in Financials - Other**

|  |    |            |
|--|----|------------|
| EXPENSES RELATED TO AGENCY FUNDS           | \$ | -1,193,364 |
| FUNDRAISING EXPENSES OFFSET AGAINST INCOME | \$ | 198,349    |
| DEPRECIATION DIFFERENCE                    | \$ | 1,829      |
| UNLOCATED EXPENSE DIFF PER AUDIT           | \$ | -85        |

**Part XIII** Supplemental Information *(continued)*

ROUNDING DIFFERENCE \$ 7

Book / Tax Depreciation Difference \$ 1,829

**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2019**

Department of the Treasury  
Internal Revenue Service

⚡ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

⚡ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**TRUMAN HEARTLAND COMMUNITY  
FOUNDATION**

Employer identification number

**43-1482136**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

|              | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--------------|---|---------------|--|----|-----------------------------------|---|---|
|              |   |               | Yes  | No |                                   |   |   |
| 1            |   |               |  |    |                                   |   |   |
| 2            |   |               |  |    |                                   |   |   |
| 3            |   |               |  |    |                                   |   |   |
| 4            |   |               |  |    |                                   |   |   |
| 5            |   |               |  |    |                                   |   |   |
| 6            |   |               |  |    |                                   |   |   |
| 7            |   |               |  |    |                                   |   |   |
| 8            |   |               |  |    |                                   |   |   |
| 9            |   |               |  |    |                                   |   |   |
| 10           |   |               |  |    |                                   |   |   |
| <b>Total</b> |   |               |  | ▶  |                                   |   |   |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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.....

.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |  | (a) Event #1  | (b) Event #2                           | (c) Other events           | (d) Total events                |         |
|-----------------|--|---|--|----------------------------|---------------------------------|---------|
|                 |  | <u>GALA - THCF</u><br>(event type)                          | <u>ROTARY CARNIVAL</u><br>(event type) | <u>2</u><br>(total number) | (add col. (a) through col. (c)) |         |
| Revenue         | 1  | Gross receipts  | 252,671                                | 173,503                    | 188,835                         | 615,009 |
|                 | 2  | Less: Contributions   | 178,629                                | 86,427                     | 161,095                         | 426,151 |
|                 | 3  | Gross income (line 1 minus line 2)                          | 74,042                                 | 87,076                     | 27,740                          | 188,858 |
| Direct Expenses | 4  | Cash prizes   |  |                            |                                 |         |
|                 | 5  | Noncash prizes  |  |                            |                                 |         |
|                 | 6  | Rent/facility costs   | 3,968                                  | 3,809                      | 19,004                          | 26,781  |
|                 | 7  | Food and beverages  | 52,501                                 | 37,680                     | 4,308                           | 94,489  |
|                 | 8  | Entertainment   | 1,600                                  | 22,603                     |                                 | 24,203  |
|                 | 9  | Other direct expenses                                       | 15,416                                 | 9,712                      | 23,594                          | 48,722  |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |  |                            |                                 |         |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |  |                            |                                 | -5,337  |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |  | (a) Bingo             | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c))                    |  |
|-----------------|--|-----------------------|---|---|---|--|
|                 |  | 1                     | Gross revenue   |   |   |  |
| Direct Expenses | 2  | Cash prizes           |   |   |   |  |
|                 | 3  | Noncash prizes        |   |   |   |  |
|                 | 4  | Rent/facility costs   |   |   |   |  |
|                 | 5  | Other direct expenses |   |   |   |  |
|                 | 6  | Volunteer labor       | <input type="checkbox"/> Yes ..... %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes ..... %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes ..... %<br><input type="checkbox"/> No |  |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d)        |                       |   |   |   |  |
| 8               | Net gaming income summary. Subtract line 7 from line 1, column (d) |                       |   |   |   |  |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

|   |                             |     |   |
|---|-----------------------------|-----|---|
| a | The organization's facility | 13a | % |
| b | An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u** .....

Address **u** .....

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization **u** \$ ..... and the amount of gaming revenue retained by the third party **u** \$ .....
- c If "Yes," enter name and address of the third party:

Name **u** .....

Address **u** .....

16 Gaming manager information:

Name **u** .....

Gaming manager compensation **u** \$ .....

Description of services provided **u** .....

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u** \$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

**u Attach to Form 990.**

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OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **TRUMAN HEARTLAND COMMUNITY  
FOUNDATION**

Employer identification number  
**43-1482136**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1   | (a) Name and address of organization or government                              | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | Allen Press<br>PO Box 621<br>Lawrence KS 66044-0621                             | 48-0698934 |                                 | 17,975                   |                                   |   |                                       | printing                           |
| (2) | Am. Lebanese Syrian Assoc. Charities<br>501 St. Jude Place<br>Memphis, TN 38105 | 35-1044585 | 501(C)                          | 19,503                   |                                   |   |                                       | annual distribution                |
| (3) | American Cancer Society<br>P.O. Box 22478<br>Oklahoma City, OK 73123            | 13-1788491 | 501(C)                          | 11,018                   |                                   |   |                                       | cancer research                    |
| (4) | American Red Cross<br>P.O. Box 37839<br>Boone, IA 50037-0839                    | 53-0196605 | 501(C)                          | 11,018                   |                                   |   |                                       | humanitarian relief                |
| (5) | Annunciation House<br>815 Myrtle Ave<br>El Paso, TX 79901                       | 74-1152529 | 501(C)                          | 10,000                   |                                   |   |                                       | Immig&Refugee Assist               |
| (6) | Bingham Waggoner Historical Society<br>P. O. Box 1163<br>Independence, MO 64051 | 43-1179443 | 501(C)                          | 9,000                    |                                   |   |                                       | general support                    |
| (7) | Blue Springs Education Found.<br>1801 NW Vesper St<br>Blue Springs, MO 64015    | 46-2948172 | 501(C)                          | 30,000                   |                                   |   |                                       | scholarship support                |
| (8) | Blue Springs Historical Society<br>PO Box 762<br>Blue Springs, MO 64013         | 43-1108906 | 501(C)                          | 7,900                    |                                   |   |                                       | restoration                        |
| (9) | Brancato's Catering<br>5050 Kansas Ave.<br>Kansas City, KS 66106                | 43-0921106 |                                 | 7,000                    |                                   |   |                                       | deposit                            |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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

Schedule I (Form 990) (2019)



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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**2019**

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Inspection**

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Employer identification number  
**43-1482136**

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- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1   | (a) Name and address of organization or government                                   | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | BrightStone, Inc.<br>PO Box 682966<br>Franklin, TN 37068                             | 62-1783260 | 501(C)                          | 50,000                   |                                   |   |                                       | Land of Dreams                     |
| (2) | Cass County Historical Society<br>400 E. Mechanic<br>Harrisonville, MO 64701         | 23-7357777 | 501(C)                          | 18,000                   |                                   |   |                                       | Operating Expenses                 |
| (3) | Celebration on Sterling<br>3601 S. Sterling Ave.<br>Independence, MO 64052           | 43-0889029 | 501(c)                          | 14,234                   |                                   |   |                                       | annual distribution                |
| (4) | Celebration on Sterling<br>3601 S. Sterling Ave.<br>Independence, MO 64052           | 43-0889029 | 501(c)                          | 12,794                   |                                   |   |                                       | annual distribution                |
| (5) | Children's Mercy Hospitals & Clinic<br>2401 Gillham Road<br>Kansas City, MO 64108    | 44-0605373 | 501(C)                          | 10,000                   |                                   |   |                                       | CMH East expansion                 |
| (6) | Christian Church of Greater Kansas<br>9401 Johnson Drive<br>Merriam, KS 66203        | 44-0558472 |                                 | 8,924                    |                                   |   |                                       | annual distribution                |
| (7) | City of Grain Valley, MO<br>711 Main<br>Grain Valley, MO 64029                       |            | 501(c)                          | 6,375                    |                                   |   |                                       | CAMP FOCUS                         |
| (8) | City of Independence - Finance Dept<br>111 E. Maple<br>Independence, MO 64050        | 44-6000190 | 501(C)                          | 105,260                  |                                   |   |                                       | fund closure payout                |
| (9) | City of Lee's Summit - Administrati<br>220 SE Green Street<br>Lee's Summit, MO 64063 | 44-6000208 | 501(c)                          | 42,759                   |                                   |   |                                       | animal cntrl improv                |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2019**

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Name of the organization **TRUMAN HEARTLAND COMMUNITY  
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Employer identification number  
**43-1482136**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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|-----|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | City Union Mission<br>1100 E. 11th<br>Kansas City, MO 64106                       | 44-6005481 | 501(C)                          | 5,931                    |                                   |   |                                       | general support                    |
| (2) | Clinton United Methodist Church<br>601 S. 4th Street<br>Clinton, MO 64735         | 44-0590276 | 501(C)                          | 10,000                   |                                   |   |                                       | general support                    |
| (3) | College of the Ozarks<br>PO Box 17<br>Point Lookout, MO 65726                     | 44-0556862 | 501(C)                          | 6,368                    |                                   |   |                                       | general support                    |
| (4) | Community Betterment Association of<br>203 Paul Street<br>Pleasant Hill, MO 64080 | 43-1554198 | 501(C)                          | 7,293                    |                                   |   |                                       | mural installment                  |
| (5) | Community Bible Study<br>790 Stout Road<br>Colorado Springs, CO 80921-3802        | 51-0233462 | 501(C)                          | 10,000                   |                                   |   |                                       | general support                    |
| (6) | Community of Christ - Cornerstone<br>PO Box 3264<br>Independence, MO 64055        |            |                                 | 15,000                   |                                   |   |                                       | ministry support                   |
| (7) | Community Services League<br>404 North Noland Rd<br>Independence, MO 64050        | 43-0976396 | 501(C)                          | 6,000                    |                                   |   |                                       | Nxt Step KC LoanProg               |
| (8) | Community Services League<br>404 North Noland Rd<br>Independence, MO 64050        | 43-0976396 | 501(C)                          | 6,923                    |                                   |   |                                       | Neighborhood dinners               |
| (9) | Community Services League<br>404 North Noland Rd<br>Independence, MO 64050        | 43-0976396 | 501(C)                          | 10,539                   |                                   |   |                                       | dinner expenses                    |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3** Enter total number of other organizations listed in the line 1 table **u**

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Schedule I (Form 990) (2019)

**SCHEDULE I  
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Department of the Treasury  
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Employer identification number  
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- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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| 1   | (a) Name and address of organization or government                                      | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | Community Services League<br>404 North Noland Rd<br>Independence, MO 64050              | 43-0976396 | 501(C)                          | 15,000                   |                                   |   |                                       | Education                          |
| (2) | Courageous Life Church<br>18703 E Salisbury Rd<br>Independence, MO 64056-3501           | 45-5011117 | 501(C)                          | 15,000                   |                                   |   |                                       | building fund                      |
| (3) | Crecer Foundation<br>P.O. Box 399<br>DeSoto, KS 66018                                   | 20-5197207 | 501(C)                          | 15,000                   |                                   |   |                                       | Seminary building                  |
| (4) | Debbie Miller Consulting, Inc<br>47 Spyglass Drive<br>Littleton, CO 80123               | 86-1118323 |                                 | 9,291                    |                                   |   |                                       | Ray-Pec labs                       |
| (5) | Debbie Miller Consulting, Inc<br>47 Spyglass Drive<br>Littleton, CO 80123               | 86-1118323 |                                 | 9,260                    |                                   |   |                                       | lab classrooms                     |
| (6) | Developing Potential, Inc.<br>251 NW Executive Way, Suite 200<br>Lee's Summit, MO 64063 | 43-1661167 | 501(C)                          | 25,000                   |                                   |   |                                       | capital campaign                   |
| (7) | Drumm Farm Center for Children, Inc<br>3210 Lee's Summit Rd.<br>Independence, MO 64055  | 44-0569643 | 501(C)                          | 25,000                   |                                   |   |                                       | COMPASS                            |
| (8) | Drumm Farm Center for Children, Inc<br>3210 Lee's Summit Rd.<br>Independence, MO 64055  | 44-0569643 | 501(C)                          | 10,000                   |                                   |   |                                       | COMPASS                            |
| (9) | Drumm Farm Center for Children, Inc<br>3210 Lee's Summit Rd.<br>Independence, MO 64055  | 44-0569643 | 501(C)                          | 6,200                    |                                   |   |                                       | Compass program                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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Schedule I (Form 990) (2019)

**SCHEDULE I  
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Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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| 1   | (a) Name and address of organization or government                                    | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | Family-to-Family<br>PO Box 255<br>Hastings-on-Hudson, NY 10706                        | 57-1169066 | 501(C)                          | 6,000                    |                                   |   |                                       | Hlrcst Surv/Bk Angls               |
| (2) | Fellowship Bible Church<br>1210 Franklin Road<br>Brentwood, TN 37027                  | 62-1660360 |                                 | 30,000                   |                                   |   |                                       | general support                    |
| (3) | First Baptist Church of Indep<br>500 West Truman Road<br>Independence, MO 64050-2695  | 04-0556855 | 501(c)                          | 7,200                    |                                   |   |                                       | general support                    |
| (4) | First Presbyterian Church of Lee's<br>1625 NW O'Brien Rd.<br>Lee's Summit, MO 64081   | 44-0665111 | 501(c)                          | 80,234                   |                                   |   |                                       | 80% payout to retire               |
| (5) | First Presbyterian Church of Lee's<br>1625 NW O'Brien Rd.<br>Lee's Summit, MO 64081   | 44-0665111 | 501(c)                          | 301,838                  |                                   |   |                                       | 80% payout to retire               |
| (6) | First Presbyterian Church of Lee's<br>1625 NW O'Brien Rd.<br>Lee's Summit, MO 64081   | 44-0665111 | 501(c)                          | 79,721                   |                                   |   |                                       | final distribution                 |
| (7) | First Presbyterian Church of Lee's<br>1625 NW O'Brien Rd.<br>Lee's Summit, MO 64081   | 44-0665111 | 501(c)                          | 21,842                   |                                   |   |                                       | final distribution                 |
| (8) | Fuller Park Community Development C<br>4417 S Stewart Ave<br>Chicago, IL 60609        | 36-3890176 | 501(C)                          | 11,973                   |                                   |   |                                       | garden equipment                   |
| (9) | Gateway Church of Blue Springs<br>5600 SW Woods Chapel Road<br>Blue Springs, MO 64015 | 36-4514694 | 501(C)                          | 6,000                    |                                   |   |                                       | pastoral support                   |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

**u Attach to Form 990.**

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OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

**TRUMAN HEARTLAND COMMUNITY  
FOUNDATION**

Employer identification number  
**43-1482136**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1   | (a) Name and address of organization or government  | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | GEHA<br>310 NE Mulberry Street<br>Lee's Summit, MO 64086  | 44-0545275 | 501(C)                          | 6,422                    |                                   |   |                                       | expense reimbursemen               |
| (2) | Global Giving/ Tumaini Innovation C<br>1110 Vermont Ave NW<br>Washington, DC, DC 20005              | 30-0108263 | 501(C)                          | 10,000                   |                                   |   |                                       | Tumaini InnovCenter                |
| (3) | Good Shepherd Care Community<br>202 S West Street PO Box 849<br>Concordia, MO 64020                 | 43-0799196 | 501(C)                          | 10,000                   |                                   |   |                                       | memory care                        |
| (4) | Graceland University<br>1 University Place<br>Lamoni, IA 50140                                      | 42-0707114 | 501(C)                          | 10,000                   |                                   |   |                                       | building campaign                  |
| (5) | Graceland University<br>1 University Place<br>Lamoni, IA 50140                                      | 42-0707114 | 501(C)                          | 15,000                   |                                   |   |                                       | insurance premium                  |
| (6) | Grain Valley R-5 School District<br>31606 NE Pink Hill Rd PO Box 304<br>Grain Valley, MO 64029-0719 | 44-6004947 | 501(c)                          | 11,745                   |                                   |   |                                       | Major Saver dist                   |
| (7) | Grain Valley R-5 School District<br>31606 NE Pink Hill Rd PO Box 304<br>Grain Valley, MO 64029-0719 | 44-6004947 | 501(c)                          | 28,800                   |                                   |   |                                       | scholarships                       |
| (8) | H8 Cancer Foundation<br>100 N Dixieland Rd<br>Rogers AR 72756                                       | 47-1486235 | 501(C)                          | 6,200                    |                                   |   |                                       | Tomstock                           |
| (9) | Harrisonville Animal Shelter<br>P.O. Box 367<br>Harrisonville, MO 64701                             | 44-6000184 |                                 | 11,018                   |                                   |   |                                       | general support                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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OMB No. 1545-0047

**2019**

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Inspection**

Name of the organization **TRUMAN HEARTLAND COMMUNITY  
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Employer identification number  
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|-----|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | Harrisonville Ministerial Food Pantry<br>1311 Sanders Street<br>Harrisonville, MO 64701  | 43-1800881 | 501(C)                          | 11,018                   |                                   |   |                                       | food pantry                        |
| (2) | Harry S. Truman Library Institute<br>5151 Troost Ave., Ste. 300<br>Kansas City, MO 64110 | 43-6042632 | 501(C)                          | 10,000                   |                                   |   |                                       | Truman Library reno                |
| (3) | Harry S. Truman Library Institute<br>5151 Troost Ave., Ste. 300<br>Kansas City, MO 64110 | 43-6042632 | 501(C)                          | 130,000                  |                                   |   |                                       | capital campaign                   |
| (4) | Harry S. Truman Library Institute<br>5151 Troost Ave., Ste. 300<br>Kansas City, MO 64110 | 43-6042632 | 501(C)                          | 20,000                   |                                   |   |                                       | Capital Campaign                   |
| (5) | Health Care Collaborative of Rural<br>825 South Business Hiway 13<br>Lexington, MO 64067 | 30-0349221 | 501(C)                          | 9,500                    |                                   |   |                                       | Dental Needs                       |
| (6) | Heart of America Boy Scouts of America<br>10210 Holmes<br>Kansas City, MO 64131-4212     | 44-0545995 | 501(C)                          | 10,000                   |                                   |   |                                       | camp scholarships                  |
| (7) | Heartland Chamber Music<br>1600 Genessee St., Ste. 824<br>Kansas City, MO 64111          | 48-1248171 | 501(C)                          | 7,500                    |                                   |   |                                       | String Sprouts K.C.                |
| (8) | Hillcrest Transitional<br>.....<br>.....   | 20-3093292 | 501(C)                          | 17,888                   |                                   |   |                                       | general support                    |
| (9) | Hillcrest Transitional Housing of M<br>PO Box 901924<br>Kansas City, MO 64190            | 20-3093292 | 501(C)                          | 17,849                   |                                   |   |                                       | annual distribution                |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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OMB No. 1545-0047

**2019**

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Name of the organization **TRUMAN HEARTLAND COMMUNITY  
FOUNDATION**

Employer identification number  
**43-1482136**

**Part I General Information on Grants and Assistance**

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|-----|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | Hillcrest Transitional Housing of M<br>PO Box 901924<br>Kansas City, MO 64190      | 20-3093292 | 501(C)                          | 7,500                    |                                   |   |                                       | general support                    |
| (2) | Hillsdale College<br>33 E College St<br>Hillsdale, MI 49242                        | 38-1374230 | 501(C)                          | 6,368                    |                                   |   |                                       | general support                    |
| (3) | HolidayFX<br>939 Homestead St<br>Excelsior Springs, MO 64024                       | 26-1281470 |                                 | 12,015                   |                                   |   |                                       | holiday lighting                   |
| (4) | Holy Spirit Catholic School<br>11300 W 103rd Street<br>Overland Park, KS 66214     |            |                                 | 10,000                   |                                   |   |                                       | fund a need                        |
| (5) | Hope House, Inc.<br>P. O. Box 577<br>Lee's Summit, MO 64063                        | 43-1265685 | 501(C)                          | 6,850                    |                                   |   |                                       | general support                    |
| (6) | Jackson County Court Appointed Spec<br>2544 Holmes<br>Kansas City, MO 64108        | 43-1401328 | 501(C)                          | 6,800                    |                                   |   |                                       | general support                    |
| (7) | Jackson County Historical Society<br>P. O. Box 4241<br>Independence, MO 64051      | 44-0651562 | 501(C)                          | 18,000                   |                                   |   |                                       | museum support                     |
| (8) | John Knox Village Foundation<br>400 Nw Murray Rd<br>Lees Summit, MO 64081-1426     | 43-1304714 | 501(C)                          | 20,000                   |                                   |   |                                       | matching grant                     |
| (9) | Kansas City Scholars, Inc<br>8080 Ward Parkway, Suite 402<br>Kansas City, MO 64114 | 81-3287932 | 501(C)                          | 42,500                   |                                   |   |                                       | scholarships                       |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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OMB No. 1545-0047

**2019**

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Name of the organization **TRUMAN HEARTLAND COMMUNITY  
FOUNDATION**

Employer identification number  
**43-1482136**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1   | (a) Name and address of organization or government   | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | Kansas City Symphony<br>1703 Wyandotte Street, Suite 200<br>Kansas City, MO 64108                | 43-1297475 | 501(C)                          | 7,500                    |                                   |   |                                       | general support                    |
| (2) | KCPT - Public Television<br>125 E. 31st Street<br>Kansas City, MO 64108                          | 23-7114952 | 501(C)                          | 6,322                    |                                   |   |                                       | general support                    |
| (3) | Law Office of Jonathan R. Whitehead<br>229 SE Douglas, Suite 210<br>Lees Summit, MO 64063        |            |                                 | 5,790                    |                                   |   |                                       | expenses                           |
| (4) | Lee's Summit Academy<br>601 NW Libby Ln<br>Lee's Summit, MO 64063                                | 43-1118190 | 501(C)                          | 9,000                    |                                   |   |                                       | music programs                     |
| (5) | Leukemia & Lymphoma Society<br>6811 Shawnee Mission Pkwy, Suite 200<br>Shawnee Mission, KS 66202 | 13-5644916 | 501(C)                          | 127,816                  |                                   |   |                                       | general support                    |
| (6) | Levy Restaurants Arrowhead Stadium<br>One Arrowhead Drive<br>Kansas City, MO 64129               |            |                                 | 12,335                   |                                   |   |                                       | Mardi Gras 2019                    |
| (7) | Levy Restaurants Arrowhead Stadium<br>One Arrowhead Drive<br>Kansas City, MO 64129               |            |                                 | 25,345                   |                                   |   |                                       | Mardi Gras 2019                    |
| (8) | Lincoln National Life Insurance Co.<br>P. O. Box 7719<br>Philadelphia, PA 19170-7719             | 35-0472300 |                                 | 50,800                   |                                   |   |                                       | insurance premium                  |
| (9) | Lincoln National Life Insurance Co.<br>P. O. Box 7719<br>Philadelphia, PA 19170-7719             | 35-0472300 |                                 | 24,310                   |                                   |   |                                       | insurance premium                  |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2019)



**SCHEDULE I  
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Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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|-----|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | Lincoln National Life Insurance Co.<br>P. O. Box 7719<br>Philadelphia, PA 19170-7719      | 35-0472300 |                                 | 7,075                    |                                   |   |                                       | insurance                          |
| (2) | Lincoln National Life Insurance Co.<br>P. O. Box 7719<br>Philadelphia, PA 19170-7719      | 35-0472300 |                                 | 30,000                   |                                   |   |                                       | insurance premium                  |
| (3) | Lincoln National Life Insurance Co.<br>P. O. Box 7719<br>Philadelphia, PA 19170-7719      | 35-0472300 |                                 | 19,555                   |                                   |   |                                       | policy premium                     |
| (4) | MBCH Children and Family Ministries<br>11300 St. Charles Rock Road<br>Bridgeton, MO 63044 | 43-1948009 | 501(C)                          | 12,162                   |                                   |   |                                       | annual distribution                |
| (5) | Mission Southside<br>18335 W 168th Terrace<br>Olathe, KS 66062                            | 27-3655778 | 501(C)                          | 30,000                   |                                   |   |                                       | general support                    |
| (6) | Missouri 4-H Foundation<br>109 Whitten Hall<br>Columbia, MO 65211                         | 43-6044367 | 501(C)                          | 11,000                   |                                   |   |                                       | scholarships                       |
| (7) | Missouri Valley College Development<br>500 E. College St.<br>Marshall, MO 65340           | 44-0545286 | 501(C)                          | 10,000                   |                                   |   |                                       | general support                    |
| (8) | Mother's Refuge<br>14400 E. 42nd St. S., Ste. 220<br>Independence, MO 64055               | 43-1454628 | 501(C)                          | 7,700                    |                                   |   |                                       | general support                    |
| (9) | Mother's Refuge<br>14400 E. 42nd St. S., Ste. 220<br>Independence, MO 64055               | 43-1454628 | 501(C)                          | 8,000                    |                                   |   |                                       | Early Interventio Ed               |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2019)

**SCHEDULE I  
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Department of the Treasury  
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**Grants and Other Assistance to Organizations,  
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| (1) | Music-Arts Institute<br>1010 S. Pearl<br>Independence, MO 64050                     | 43-1245831 | 501(C)                          | 6,000                    |                                   |   |                                       | window replacement                 |
| (2) | Music-Arts Institute<br>1010 S. Pearl<br>Independence, MO 64050                     | 43-1245831 | 501(C)                          | 10,000                   |                                   |   |                                       | scholarships                       |
| (3) | NAMI Missouri<br>3405 W Truman Blvd<br>Jefferson City, MO 65109                     | 43-1398666 | 501(C)                          | 6,322                    |                                   |   |                                       | general support                    |
| (4) | National Kidney Foundation<br>6405 Metcalf Ave, Suite 204<br>Mission, KS 66202-4086 | 13-1673104 | 501(c)                          | 16,196                   |                                   |   |                                       | camp program                       |
| (5) | National WW I Museum at Liberty Mem<br>100 W. 26th St.<br>Kansas City, MO 64108     | 43-6052673 | 501(C)                          | 8,747                    |                                   |   |                                       | general support                    |
| (6) | Nebraska Independent Film Projects<br>4901 N 71st Street<br>Lincoln, NE 68507       | 47-0753318 | 501(C)                          | 10,000                   |                                   |   |                                       | documentary                        |
| (7) | Oak Grove R-VI School Dist<br>601 S.E. 12th Street<br>Oak Grove, MO 64075           |            |                                 | 95,126                   |                                   |   |                                       | video scoreboard                   |
| (8) | Play to Learn Ministries<br>101 NE R.D. Mize Road<br>Blue Springs, MO 64014         | 61-1714726 | 501(C)                          | 5,500                    |                                   |   |                                       | Tuition Assistance                 |
| (9) | Project Grows<br>PO Box 781<br>Staunton, VA 24402                                   | 46-1070735 | 501(C)                          | 8,674                    |                                   |   |                                       | support and supplies               |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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| (1) | Protective Life Insurance Co<br>PO Box 2606<br>Birmingham, AL 35202                          |            |                                 | 235,000                  |                                   |   |                                       | insurance premium                  |
| (2) | Raymore Community Foundation c/o Ci<br>100 Municipal Circle<br>Raymore, MO 64083             | 82-4658923 |                                 | 10,801                   |                                   |   |                                       | park improvements                  |
| (3) | Raymore Community Foundation c/o Ci<br>100 Municipal Circle<br>Raymore, MO 64083             | 82-4658923 |                                 | 9,034                    |                                   |   |                                       | park improvements                  |
| (4) | Raytown Educational Foundation<br>10750 E 350 Highway<br>Raytown, MO 64138-1872              | 43-1667551 | 501(C)                          | 26,000                   |                                   |   |                                       | scholarships                       |
| (5) | reStart, Inc.<br>918 E. 9th Street<br>Kansas City, MO 64106-3072                             | 43-1349378 | 501(C)                          | 20,823                   |                                   |   |                                       | annual distribution                |
| (6) | Restoration House of Greater Kansas<br>25713 S State Route K<br>Harrisonville, MO 64701-0000 | 27-4837279 | 501(C)                          | 25,000                   |                                   |   |                                       | general support                    |
| (7) | RISE Foundation<br>2657 Kipling Street<br>Palo Alto, CA 94306                                | 91-6542513 | 501(C)                          | 8,000                    |                                   |   |                                       | music/dance programs               |
| (8) | RISE Foundation<br>2657 Kipling Street<br>Palo Alto, CA 94306                                | 91-6542513 | 501(C)                          | 10,000                   |                                   |   |                                       | building expansion                 |
| (9) | RiverArts<br>PO Box 60<br>Hastings-on-Hudson, NY 10706                                       | 13-1980628 | 501(C)                          | 6,000                    |                                   |   |                                       | tours                              |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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**SCHEDULE I  
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Department of the Treasury  
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| 1   | (a) Name and address of organization or government                                      | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | Ronald McDonald House Charities - K<br>2502 Cherry Street<br>Kansas City, MO 64108      | 43-1190760 | 501(C)                          | 7,700                    |                                   |   |                                       | general support                    |
| (2) | Rotary Club of Independence<br>P. O. Box 176<br>Independence, MO 64051                  | 43-6052948 | 501(C)                          | 11,739                   |                                   |   |                                       | Mardi Gras 2019                    |
| (3) | School of Economics<br>200 NW 14th Street<br>Blue Springs, MO 64015                     | 43-1581206 | 501(C)                          | 9,938                    |                                   |   |                                       | general support                    |
| (4) | School of Economics<br>200 NW 14th Street<br>Blue Springs, MO 64015                     | 43-1581206 | 501(C)                          | 7,000                    |                                   |   |                                       | financial training                 |
| (5) | Show Hope<br>230 Franklin Rd Ste 11Jj<br>Franklin, TN 37064-2286                        | 32-0011220 | 501(C)                          | 10,000                   |                                   |   |                                       | general support                    |
| (6) | Show Hope<br>230 Franklin Rd Ste 11Jj<br>Franklin, TN 37064-2286                        | 32-0011220 | 501(C)                          | 20,000                   |                                   |   |                                       | general support                    |
| (7) | Show-Me Presentation Resources<br>4501 Blue Ridge Cutoff<br>Kansas City, MO 64133       | 43-1386650 |                                 | 8,294                    |                                   |   |                                       | Mardi Gras 2019                    |
| (8) | Sisters of St. Francis of the Holy<br>2100 N. Noland Rd.<br>Independence, MO 64050-1647 | 44-0606231 | 501(C)                          | 10,000                   |                                   |   |                                       | Capital Campaign                   |
| (9) | SMCC<br>14216 S Bangerter Pkwy<br>Draper UT 84020                                       | 87-0581349 | 501(C)                          | 7,090                    |                                   |   |                                       | general support                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

**u Attach to Form 990.**

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **TRUMAN HEARTLAND COMMUNITY  
FOUNDATION**

Employer identification number  
**43-1482136**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1   | (a) Name and address of organization or government   | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | St. James Catholic Church<br>3909 Harrison St.<br>Kansas City, MO 64110-1205                 | 44-0546493 |                                 | 12,000                   |                                   |   |                                       | assistance                         |
| (2) | St. Mark's Catholic Church<br>3736 Lee's Summit Road<br>Independence, MO 64055               | 43-0835155 | 501(c)                          | 8,000                    |                                   |   |                                       | general support                    |
| (3) | St. Michael The Archangel High School<br>2901 NW Lee's Summit Road<br>Lee's Summit, MO 64064 | 53-0196617 | 501(C)                          | 12,500                   |                                   |   |                                       | scholarship                        |
| (4) | St. Peter's School - KC<br>6400 Charlotte<br>Kansas City, MO 64131                           |            |                                 | 10,000                   |                                   |   |                                       | general support                    |
| (5) | Steppingstone-Evangelical Children's<br>5100 Noland Road<br>Kansas City, MO 64133            | 43-0654856 | 501(C)                          | 11,899                   |                                   |   |                                       | annual distribution                |
| (6) | Sterling Sports Management<br>1227 Kilham Court<br>Columbus, OH 43235                        | 01-0649704 |                                 | 6,753                    |                                   |   |                                       | Tournament Pros                    |
| (7) | Steven Gray Ministries<br>605 NW RIVEN ROCK TRL<br>Lee's Summit, MO 64081                    | 35-2269586 | 501(C)                          | 10,000                   |                                   |   |                                       | general support                    |
| (8) | Stone Church<br>1012 W. Lexington<br>Independence, MO 64050                                  |            | 501(c)                          | 8,290                    |                                   |   |                                       | neighborhood dinners               |
| (9) | Summit Christian Academy<br>1450 Sw Jefferson St<br>Lees Summit, MO 64081-3103               | 43-1554054 | 501(C)                          | 10,000                   |                                   |   |                                       | Building Fund                      |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

**u Attach to Form 990.**

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OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **TRUMAN HEARTLAND COMMUNITY  
FOUNDATION**

Employer identification number  
**43-1482136**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1   | (a) Name and address of organization or government                                     | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | Supporting Kids Foundation<br>PO Box 15171<br>Lenexa, KS 66285                         | 27-2386653 | 501(C)                          | 25,000                   |                                   |   |                                       | general support                    |
| (2) | Symetra Life Insurance<br>PO Box 34690<br>Seattle, WA 98124-1690                       |            |                                 | 295,000                  |                                   |   |                                       | insurance premium                  |
| (3) | Tang Math, LLC<br>PO Box 777850<br>Henderson, NV 89077                                 | 84-2024498 |                                 | 21,600                   |                                   |   |                                       | Pro. deve seminars                 |
| (4) | Tang Math, LLC<br>PO Box 777850<br>Henderson, NV 89077                                 | 84-2024498 |                                 | 14,400                   |                                   |   |                                       | professional dvlpmnt               |
| (5) | Tang Math, LLC<br>PO Box 777850<br>Henderson, NV 89077                                 | 84-2024498 |                                 | 14,400                   |                                   |   |                                       | professional dvlpmnt               |
| (6) | Tang Math, LLC<br>PO Box 777850<br>Henderson, NV 89077                                 | 84-2024498 |                                 | 7,200                    |                                   |   |                                       | math prof dvlpmnt                  |
| (7) | The Washington Chorus<br>4301 Connecticut Ave NW Suite 360<br>Washington, DC 20008     | 52-6054269 | 501(C)                          | 6,000                    |                                   |   |                                       | Arts for the Aging                 |
| (8) | Tiffany Greens Golf Club<br>5900 NW Tiffany Springs Pkwy<br>Kansas City, MO 64154      |            |                                 | 18,704                   |                                   |   |                                       | tournament course                  |
| (9) | Truman Heritage Habitat for Humanit<br>505 N. Dodgion Street<br>Independence, MO 64050 | 43-1532266 | 501(C)                          | 7,100                    |                                   |   |                                       | Training                           |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

**u Attach to Form 990.**

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **TRUMAN HEARTLAND COMMUNITY  
FOUNDATION**

Employer identification number  
**43-1482136**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1   | (a) Name and address of organization or government                                     | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | Union Station Kansas City<br>30 West Pershing Road, Suite 850<br>Kansas City, MO 64108 | 43-1890025 | 501(C)                          | 6,322                    |                                   |   |                                       | general support                    |
| (2) | United Inner City Services<br>2008 E 12th Street<br>Kansas City, MO 64108              | 44-0646347 | 501(C)                          | 6,000                    |                                   |   |                                       | Child-Centered Creat               |
| (3) | United Methodist Committee on relief<br>458 Ponce DeLeon Ave NE<br>Atlanta, GA 30308   | 82-1449602 | 501(C)                          | 6,322                    |                                   |   |                                       | general support                    |
| (4) | Urban Neighborhood Initiative<br>2300 Main St. Ste. 180<br>Kansas City, MO 64108-2772  | 45-4879810 | 501(C)                          | 10,000                   |                                   |   |                                       | general support                    |
| (5) | Victorian Society of the Vaile Mans<br>P.O. Box 316<br>Independence, MO 64051-0316     | 43-1384217 | 501(C)                          | 10,000                   |                                   |   |                                       | operating expenses                 |
| (6) | Western Colorado University Found<br>P O Box 1264<br>Gunnison, CO 81230                | 84-0709935 | 501(C)                          | 36,328                   |                                   |   |                                       | Geiman Fellows exp                 |
| (7) | Western Colorado University Found<br>P O Box 1264<br>Gunnison, CO 81230                | 84-0709935 | 501(C)                          | 31,006                   |                                   |   |                                       | expenses                           |
| (8) | Woods Chapel Community of Christ Ch<br>PO Box 7085<br>Lees Summit, MO 64064-7085       |            | 501(c)                          | 7,500                    |                                   |   |                                       | CoC WrldHeadqtrTithe               |
| (9) | Woods Chapel Community of Christ Ch<br>PO Box 7085<br>Lees Summit, MO 64064-7085       |            | 501(c)                          | 7,500                    |                                   |   |                                       | tithing                            |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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

Schedule I (Form 990) (2019)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

**u** Attach to Form 990.

**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **TRUMAN HEARTLAND COMMUNITY  
FOUNDATION**

Employer identification number  
**43-1482136**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1   | (a) Name and address of organization or government                  | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | Woolly Mammoth Theatre Co<br>641D Street NW<br>Washington, DC 20004 | 52-1242900 | 501(C)                          | 5,500                    |                                   |   |                                       | general support                    |
| (2) | World Revival Church<br>9900 View High Dr<br>Kansas City, MO 64134  | 43-1118190 | 501(C)                          | 7,500                    |                                   |   |                                       | general support                    |
| (3) |   |            |                                 |                          |                                   |   |                                       |                                    |
| (4) |   |            |                                 |                          |                                   |   |                                       |                                    |
| (5) |   |            |                                 |                          |                                   |   |                                       |                                    |
| (6) |   |            |                                 |                          |                                   |   |                                       |                                    |
| (7) |   |            |                                 |                          |                                   |   |                                       |                                    |
| (8) |   |            |                                 |                          |                                   |   |                                       |                                    |
| (9) |   |            |                                 |                          |                                   |   |                                       |                                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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

Schedule I (Form 990) (2019)



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 Scholarships                  | 214                      | 319,054                  |                                  |   |                                       |
| 2                               |                          |                          |                                  |   |                                       |
| 3                               |                          |                          |                                  |   |                                       |
| 4                               |                          |                          |                                  |   |                                       |
| 5                               |                          |                          |                                  |   |                                       |
| 6                               |                          |                          |                                  |   |                                       |
| 7                               |                          |                          |                                  |   |                                       |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

See Schedule I Supplemental Information Worksheet

Name of the organization **TRUMAN HEARTLAND COMMUNITY  
FOUNDATION**

Employer identification number

**43-1482136**

**Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds**

Awards are presented at our Annual Grants Awards Luncheon in November.

However, before organizations receive their community foundation funding, a signed and returned Grant Agreement Form must be received by Truman Heartland Community Foundation. This governing document outlines the limits and conditions of funding, under which the grant has been authorized.

**Reporting Requirements**

**Interim Report**

Organizations interested in applying for an additional year of funding, must submit an interim report describing meaningful outcomes. This report must accompany the letter of interest for the additional year of funding.

**Final Report**

All recipient organizations, must submit a written final report to THCF at the conclusion of the program funded, or twelve months from the date of the award. The report should include the following:

1. Expenditure of Grant Funds Received
2. Outcomes and Accomplishments made possible through funding
3. For organizations having received multiple-year funding, please include baseline data and improvements in program delivery made as a result of outcomes monitoring.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
u Attach to Form 990.

uGo to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

**TRUMAN HEARTLAND COMMUNITY  
FOUNDATION**

Employer identification number  
**43-1482136**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

|           | Yes | No       |
|-----------|-----|----------|
| <b>1a</b> |     |          |
| <b>1b</b> |     |          |
| <b>2</b>  |     |          |
| <b>3</b>  |     |          |
| <b>4a</b> |     | <b>X</b> |
| <b>4b</b> |     | <b>X</b> |
| <b>4c</b> |     | <b>X</b> |
| <b>5a</b> |     | <b>X</b> |
| <b>5b</b> |     | <b>X</b> |
| <b>6a</b> |     | <b>X</b> |
| <b>6b</b> |     | <b>X</b> |
| <b>7</b>  |     | <b>X</b> |
| <b>8</b>  |     | <b>X</b> |
| <b>9</b>  |     |          |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Table with columns: (A) Name and Title, (B) Breakdown of W-2 and/or 1099-MISC compensation (sub-columns: (i) Base compensation, (ii) Bonus & incentive compensation, (iii) Other reportable compensation), (C) Retirement and other deferred compensation, (D) Nontaxable benefits, (E) Total of columns (B)(i)-(D), (F) Compensation in column (B) reported as deferred on prior Form 990. Row 1: PHILLIP HANSON, PRESIDENT/CEO, 151,448, 0, 0, 6,595, 0, 158,043, 0.

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- Attach to Form 990.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**TRUMAN HEARTLAND COMMUNITY  
FOUNDATION**

Employer identification number

**43-1482136**

**Part I Types of Property**

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art — Works of art   |                               |  |  |  |
| 2 Art — Historical treasures                                       |                               |  |  |  |
| 3 Art — Fractional interests                                       |                               |  |  |  |
| 4 Books and publications   |                               |  |  |  |
| 5 Clothing and household<br>goods                                  |                               |  |  |  |
| 6 Cars and other vehicles  |                               |  |  |  |
| 7 Boats and planes   |                               |  |  |  |
| 8 Intellectual property  |                               |  |  |  |
| 9 Securities — Publicly traded                                     | <b>X</b>                      | <b>106</b>   | <b>2,604,522</b>   | <b>FAIR MARKET VALUE</b>                                     |
| 10 Securities — Closely held stock                                 |                               |  |  |  |
| 11 Securities — Partnership, LLC,<br>or trust interests            |                               |  |  |  |
| 12 Securities — Miscellaneous                                      |                               |  |  |  |
| 13 Qualified conservation<br>contribution — Historic<br>structures |                               |  |  |  |
| 14 Qualified conservation<br>contribution — Other                  |                               |  |  |  |
| 15 Real estate — Residential                                       |                               |  |  |  |
| 16 Real estate — Commercial  |                               |  |  |  |
| 17 Real estate — Other   |                               |  |  |  |
| 18 Collectibles  |                               |  |  |  |
| 19 Food inventory  |                               |  |  |  |
| 20 Drugs and medical supplies                                      |                               |  |  |  |
| 21 Taxidermy   |                               |  |  |  |
| 22 Historical artifacts  |                               |  |  |  |
| 23 Scientific specimens  |                               |  |  |  |
| 24 Archeological artifacts   |                               |  |  |  |
| 25 Other <input type="checkbox"/> ( )                              |                               |  |  |  |
| 26 Other <input type="checkbox"/> ( )                              |                               |  |  |  |
| 27 Other <input type="checkbox"/> ( )                              |                               |  |  |  |
| 28 Other <input type="checkbox"/> ( )                              |                               |  |  |  |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

**29**

|   | Yes      | No       |
|---|----------|----------|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? |          | <b>X</b> |
| b If "Yes," describe the arrangement in Part II.  |          |          |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   | <b>X</b> |          |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  | <b>X</b> |          |
| b If "Yes," describe in Part II.  |          |          |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |          |          |

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**Part I, Line 32b - Third Party Used to Process Noncash Contributions**

**PUBLICLY TRADED SECURITIES ARE SOLD BY INVESTMENT BROKERS AS REQUIRED BY LAW.**

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

⌵ Attach to Form 990 or 990-EZ.

⌵ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

|                          |  |   |
|--------------------------|--|---|
| Name of the organization | <b>TRUMAN HEARTLAND COMMUNITY<br/>FOUNDATION</b> | Employer identification number<br><b>43-1482136</b> |
|--------------------------|--|---|

Form 990, Part I, Line 6

BOARD MEMBERS ARE VOLUNTEERS.

ADVISORY BOARD MEMBERS ARE VOLUNTEERS.

ALL COMMITTEES OF THE ORGANIZATION ARE STAFFED BY VOLUNTEERS - DEVELOPMENT,  
NEEDS ASSESSMENT, FINANCE, INVESTMENT, HUMAN RESOURCES, GRANTS,  
SCHOLARSHIPS, GALA (FUND-RAISING EVENT), AUDIT, AND YOUTH ADVISORY COUNCIL.  
THE STAFF OF 9 SERVE AS LIASONS TO THE VARIOUS COMMITTEES.

Form 990, Part III, Line 4a - First Accomplishment

Truman Heartland Community Foundation

Statement of Program Services Accomplishments

2019 Highlights

Truman Heartland Community Foundation has demonstrated the effect of  
private giving for the public good for more than 37 years in Eastern  
Jackson County and surrounding communities. This past year was very  
productive with contributions totaling \$9 million. Grants made from all  
funds, including donor advised funds, scholarships and the annual community  
grants program reached \$4.8 million. There are now more than 700 funds  
including 49 new funds established in 2019.

The annual Community Grants Committee, including representatives from the  
four Advisory Boards and Youth Advisory Council, awarded 51 grants to  
nonprofit organizations pertaining to health and welfare, arts and culture,  
community betterment, education, and Missouri wildlife conservation



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totaling \$306,954. Scholarships were awarded to 214 individuals, including high school seniors, undergraduate, graduate and technical students, totaling \$319,054 to support continuing education. The 124 scholarship funds were funded through donors' dedication and giving.

The Heartland Legacy Society, comprised of individuals who through their estate plans choose to leave a lasting legacy of philanthropy, grew by 15, bringing the total membership to 165. Their thoughtful planning and generosity will continue to benefit our community into the future.

The new community initiative, Job Skills for New Careers, aims to help improve the economic status of families in Eastern Jackson County and break the cycle of poverty by providing a pathway to higher paying, in-demand careers through job skills training, financial coaching and mentorship. The result of hundreds of conversations with fund holders and months of research, Job Skills for New Careers is a collaboration with four key organizations: Community Services League, Herndon Career Center, Mid-Continent Public Library and University of Central Missouri. Using each organization's unique assets, applicants will receive free training in fields that pay living wages and are in high demand in the region, including healthcare, information technology and skilled industrial trades.

The THCF Youth Advisory Council (YAC) includes 160 students from 11 local schools. Together, they learn about philanthropy and gain hands-on experience in fundraising, grantmaking and volunteerism. In 2019, they collected 40,000 items during their annual food drive for local pantries and organized a fundraising event to support the growth of their own

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endowment fund. The YAC students are active participants of the Community Grants Committee and support various organizations utilizing their endowment.

The Toast to our Towns Gala Committee, chaired by Judy Forrester and Candy White, planned the annual black-tie event at the Sheraton Crown Center Hotel. With more than 750 guests in attendance, it was a great success. Once again, the event showcased the Foundation's work in the community and introduced sponsors and guests to the wonderful group of honorees and outstanding citizens who through their commitment to community improvement were receiving recognition. The committee surpassed its goal and generated more than \$189,000 in proceeds for use by the Foundation in for operating expenses.

Form 990, Part VI, Line 9 - Officers Who Cannot Be Reached

CLIFFORD JONES

4721 S CLIFF AVENUE STE 204

INDEPENDENCE, MO 64055-6938

HELEN HATRIDGE

717 SW WINTERGARDEN DRIVE

LEES SUMMIT, MO 64081

TRACEY MERSHON

10015 WINDSOR DRIVE

LEES SUMMIT, MO 64063

Name of the organization

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ELEANOR FRASIER

1304 NW 5TH TERRACE

BLUE SPRINGS, MO 64014

MONTIE TRIPP

37508 HUDSON ROAD

OAK GROVE, MO 64075

CANDY WHITE

1025 SW SUMMIT FALLS DR

LEE'S SUMMIT, MO 64081

KAREN SCHULER

537 NE VICTORIA COURT

LEES SUMMIT, MO 64086

MICHELE CRUMBAUGH

908 LAKE DRIVE CT

INDEPENDENCE, MO 64055

STEVE NOLL

4500 W 71ST TERR

PRARIE VILLAGE, KS 66208

BRAD SPEAKS

16312 E COGAN DRIVE

INDEPENDENCE, MO 64055

Name of the organization

Employer identification number

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JULIA HAMPTON

26 SE 3RD STREET

LEE'S SUMMIT, MO 64063

BRET KOLMAN

19600 E 39TH ST

INDEPENDENCE, MO 64057

RANDY RHOADS

1060 NW HIGH POINT DRIVE

LEE'S SUMMIT, MO 64081

DYAN ZIMMERMAN

601 NW JEFFERSON ST

BLUE SPRINGS, MO 64014

MELANIE MOENTMANN

2701 BERRY AVE

INDEPENDENCE, MO 64057

JEFF WALTERS

4200 LITTLE BLUE PARKWAY

INDEPENDENCE, MO 64057

CINDY CAVANAH

416 NW POPLAR ST

Name of the organization

Employer identification number

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LEE'S SUMMIT, MO 64064

LINDA GERDING

1298 SW HEARTWOOD DRIVE

LEE'S SUMMIT, MO 64081

DAVID JETER

4404 HICKORY LANE

BLUE SPRINGS, MO 64015

BARBARA KOIRTYOHANN

412 NE THORNBERRY PLACE

LEE'S SUMMIT, MO 64064

JOHN MCEVOY

2215 N MCBRIDE AVE

SUGAR CREEK, MO 64050

STEVE POTTER

15616 E 24 HIGHWAY

INDEPENDENCE, MO 64050

STAN SALVA

4026 N RIVER BLVD

SUGAR CREEK, MO 64050

STEVE SHELTON

Name of the organization

Employer identification number

TRUMAN HEARTLAND COMMUNITY

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12308 E 63RD STREET

KANSAS CITY, MO 64133

ALLAN THOMPSON

7823 RIDGEWAY AVE

RAYTOWN, MO 64138

LYNETTE WHEELER

7900 LEE'S SUMMIT ROAD

KANSAS CITY, MO 64139

JUDY FORRESTER

17611 E 48TH TERR CT S

INDEPENDENCE, MO 64055

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

TRUMAN HEARTLAND COMMUNITY FOUNDATION

POLICY

Review of 990

Truman Heartland Community Foundation is committed to providing accurate and timely information to the Internal Revenue Service in the annual filing of the required form 990.

Prior to the filing of the 990, a copy of the entire 990 will be provided to the Board of Directors by email. The Finance Committee will review the executive summary of the 990 before the filing of the form. Results of that review will be submitted to the entire Board of Directors.

Should any material discrepancies or errors be noted during the review, the

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990 will be corrected prior to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

TRUMAN HEARTLAND COMMUNITY FOUNDATION

POLICY

Conflict of Interest

INTRODUCTION

What Is a Conflict of Interest?

The law requires individuals who manage and govern foundations ("fiduciaries") to exercise due care in administering the charity's affairs. This requirement is known as the duty of care. The law also prohibits fiduciaries from using their position to obtain personal gain for themselves or others at the charity's expense. This requirement is known as the duty of loyalty. Paying careful attention to transactions where there may be a conflict of interest ensures that a fiduciary does not breach his or her duties of care and loyalty to the organization. It can also help instill public trust by demonstrating that fiduciaries are committed to managing an organization with the utmost integrity and good faith and in the best interest of the organization and its charitable mission.

Conflicts of interest occur in our everyday lives when multiple loyalties pull us toward opposite courses of action. In the context of charities, a conflict of interest may occur when personal interests prevent an individual from making an impartial decision that is in the best interest of the charity. Applicable legal standards and prohibitions differ depending on whether the charity involved is a public charity or a private foundation, whether the transaction is financial or non-financial in

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nature, whether state or federal law is most pertinent and whether the charity is organized as a trust or a corporation.

A written conflict of interest policy that is enforced provides safeguards to prevent transactions that may violate the law or a fiduciary's duty of loyalty. A written policy can also help boards spot transactions that give the appearance of a conflict of interest before they occur.

#### ARTICLE I: Purpose

##### IRS Provision:

The purpose of the conflict of interest policy is to protect this tax-exempt organization's (Organization) interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of the Organization or might result in a possible excess benefit transaction. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to non-profit and charitable organizations.

#### ARTICLE II: Definitions

##### 1. Interested Person

Any director, principal officer, or member of a committee with board delegated powers, who has a direct or indirect financial interest, as defined below, is an interested person.

##### 2. Financial Interest

A person has a financial interest if the person has, directly or indirectly, through business, investment or family:

a. An ownership or investment interest in any entity with which the Organization has a transaction or arrangement.

b. A compensation arrangement with the Organization or with any entity or individual with which the Organization has a transaction or arrangement, or



Name of the organization

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c. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Organization is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

A financial interest is not necessarily a conflict of interest. Under Article III, Section 2, a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

#### ARTICLE III: Procedures

##### 1. Duty to Disclose

In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees with governing board delegated powers considering the proposed transaction or arrangement.

##### 2. Determining Whether a Conflict of Interest Exists

After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

##### 3. Procedures for Addressing the Conflict of Interest

a. An interested person may make a presentation at the governing board or committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on the transaction or arrangement involving the possible conflict of interest.

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b.The chairperson of the governing board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.

c.After exercising due diligence, the governing board or committee shall determine whether the Organization can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.

d.If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the governing board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the Organization's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination it shall make its decision as to whether to enter into the transaction or arrangement.

4. Violations of the Conflicts of Interest Policy

a.If the governing board or committee has reasonable cause to believe that a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.

b.If, after hearing the member's response and after making further investigation as warranted by the circumstances, the governing board or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

ARTICLE IV: Records of Proceedings

The minutes of the governing board and all committees with board delegated powers shall contain:

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a. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.

b. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

#### ARTICLE V: Compensation

a. A voting member of the governing board who receives compensation, directly or indirectly, from the Organization for services is precluded from voting on matters pertaining to that member's compensation.

b. A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Organization for services is precluded from voting on matters pertaining to that member's compensation.

c. No voting member of the governing board or any committee whose jurisdiction includes compensation matters and who receives compensation directly or indirectly, from the Organization, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

#### ARTICLE VI: Annual Statements

Each director, principal officer and member of a committee with governing board delegated powers shall annually sign a statement which affirms such person:

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- a. Has received a copy of the conflicts of interest policy,
- b. Has read and understands the policy,
- c. Has agreed to comply with the policy, and
- d. Understands the Organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

#### ARTICLE VII: Periodic Reviews

To ensure the Organization operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

- a. Whether compensation arrangements and benefits are reasonable, based on competent survey information, and the result of arm's length bargaining.
- b. Whether partnerships, joint ventures, and arrangements with management organizations conform to the Organization's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.

#### ARTICLE VIII: Use of Outside Experts

When conducting the periodic reviews as provided for in Article VII, the Organization may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the governing board of its responsibility for ensuring periodic reviews are conducted.

#### Appendix A

##### Summary of Excess Benefit Transaction

##### Regulations ("Intermediate Sanctions"):

##### Section 4958 of the Internal Revenue Code

Name of the organization

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The Internal Revenue Code and Treasury Regulations prohibit public charities from providing "excessive" (More than fair market value) economic benefits to "disqualified persons." The Regulations set forth procedures, or "rebuttable presumption" rules that, if followed, provide a presumption of reason.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

TRUMAN HEARTLAND COMMUNITY FOUNDATION POLICY

Compensation

Truman Heartland Community Foundation (Organization) understands that it works within the context of a broader marketplace, which includes not only other nonprofits, but also for-profit and government entities. While operating in this marketplace, it is the Foundation's goal to attract and retain qualified, skilled employees. To this end, the Foundation will conduct a marketplace survey of comparable wages, using comparable job descriptions from the national and local marketplace approximately every year. Using these marketplace comparisons, midpoints and salary ranges will be developed.

The Foundation will develop compensation and benefit guidelines as to:

Source of marketplace comparisons

Types of compensation

Executive Compensation policy, including prohibition of loans

Fringe Benefits provided

Annually, the Personnel Committee will review compensation and benefits of each employee using the guidelines developed. The Committee will be comprised of independent Board of Directors. The Committee will recommend executive compensation packages to the Board of Directors for approval.

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Compensation will be approved by the Board of Directors. The process and results will be documented and retained permanently as indicated in the Document and Retention Policy.

Expense Reimbursement Plan

The Foundation will reimburse expenses incurred by employees using an accountable plan. All expenses to be reimbursed will be supported by a copy of the receipt for out of pocket expenses. Mileage will be reimbursed for authorized travel only upon written documentation of miles traveled and purpose of travel.

Employment Agreements

Any employment agreements entered into between the Foundation and an employee will reflect the total compensation for the services to be rendered.

Overtime

The Foundation understands that from time to time it is necessary to work overtime to complete work within certain deadlines. Typically, overtime is voluntary; however, there could be situations where it would be mandatory. Overtime is defined as time worked over 40 hours in a workweek (our workweek is defined as Sunday through Saturday). Hours worked do not include sick time, vacation, emergency day, optional holidays, or Foundation recognized holidays. When a non-exempt employee works overtime, it is reported on their time allocation form and paid at 1½ times their regular rate in the following paycheck. Overtime pay is allowable for nonexempt employees only when pre-approved by the employee's supervisor.

Form 990, Part VI, Line 15b - Compensation Process for Officers

SEE POLICY IN PART 15A

Name of the organization

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## Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

## TRUMAN HEARTLAND COMMUNITY FOUNDATION POLICY

## Public Disclosure Policy

Truman Heartland Community Foundation is committed to providing ready public access to important Foundation documents.

The following documents are available in the Foundation office during normal working hours:

Tax Form 990 (also available on the Foundation website)

Tax Form 990-T (if filed)

Tax Form 1023

Articles of Incorporation

Corporate By Laws

Conflict of Interest Policy

Annual Report - Financial Statements for the prior year are included in the annual report. (also available on the Foundation website)

Public availability of the forgoing documents will be noted on the website of the Foundation and in the annual report.

Upon request, the following will be provided to current and prospective fund holders:

Current Investment Policy

Investment performance reports

Current roster of investment committee members

Investment manager fees schedule

Administrative fees schedule

The annual reports are on the website and include year end unaudited financial information. In addition, the 990s are also on the website.

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Letterhead and website will list current members of the Board of Directors

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

|  |    |                 |
|--|----|-----------------|
| CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS         | \$ | -32,991         |
| FUNDRAISING EXPENSES OFFSET AGAINST INCOME           | \$ | 198,349         |
| GAIN ON BENEFICIAL INTEREST IN CHARITABLE REM TRUSTS | \$ | 156,780         |
| INCOME RELATED TO AGENCY FUNDS                       | \$ | -1,453,993      |
| UNLOCATED INCOME DIFF FROM AUDIT                     | \$ | 85              |
| EXPENSES RELATED TO AGENCY FUNDS                     | \$ | 1,193,364       |
| FUNDRAISING EXPENSES OFFSET AGAINST INCOME           | \$ | -198,349        |
| DEPRECIATION DIFFERENCE                              | \$ | -1,829          |
| UNLOCATED EXPENSE DIFF PER AUDIT                     | \$ | 85              |
| ROUNDING DIFFERENCE                                  | \$ | -7              |
| Book / Tax Depreciation Difference                   | \$ | -1,829          |
| <b>Total</b>   | \$ | <b>-140,335</b> |



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
u Attach to Form 990.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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**43-1482136**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                                       | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) <b>THCF REAL ESTATE LLC<br/>4200 LITTLE BLUE PARKWAY STE 340 47-1272132<br/>INDEPENDENCE MO 64057</b> | <b>REAL EST</b>         | <b>MO</b>  | <b>114,360</b>      | <b>457</b>                | <b>TRUMAN HEA</b>                |
| (2)   |                         |  |                     |                           |                                  |
| (3)   |                         |  |                     |                           |                                  |
| (4)   |                         |  |                     |                           |                                  |
| (5)   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| (1)   |                         |  |                            |   |                                  |  |    |
| (2)   |                         |  |                            |   |                                  |  |    |
| (3)   |                         |  |                            |   |                                  |  |    |
| (4)   |                         |  |                            |   |                                  |  |    |
| (5)   |                         |  |                            |   |                                  |  |    |

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate alloc.? |    | (i)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|---------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                             | No |  | Yes                                 | No |                             |
| (1)<br>.....  |                         |  |                                  |  |                              |                                    |                                 |    |  |                                     |    |                             |
| (2)<br>.....  |                         |  |                                  |  |                              |                                    |                                 |    |  |                                     |    |                             |
| (3)<br>.....  |                         |  |                                  |  |                              |                                    |                                 |    |  |                                     |    |                             |
| (4)<br>.....  |                         |  |                                  |  |                              |                                    |                                 |    |  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1)<br>.....  |                         |  |                                  |  |                              |                                    |                             |  |    |
| (2)<br>.....  |                         |  |                                  |  |                              |                                    |                             |  |    |
| (3)<br>.....  |                         |  |                                  |  |                              |                                    |                             |  |    |
| (4)<br>.....  |                         |  |                                  |  |                              |                                    |                             |  |    |

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|  | Yes | No |
|--|-----|----|
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity ..... | 1a  |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....   | 1b  |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....   | 1c  |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....  | 1d  |    |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   | 1e  |    |
| <b>f</b> Dividends from related organization(s) .....  | 1f  |    |
| <b>g</b> Sale of assets to related organization(s) .....   | 1g  |    |
| <b>h</b> Purchase of assets from related organization(s) .....   | 1h  |    |
| <b>i</b> Exchange of assets with related organization(s) .....   | 1i  |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....  | 1j  |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....  | 1k  |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....                              | 1l  |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....                               | 1m  |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....                               | 1n  |    |
| <b>o</b> Sharing of paid employees with related organization(s) .....  | 1o  |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....  | 1p  |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....  | 1q  |    |
| <b>r</b> Other transfer of cash or property to related organization(s) .....   | 1r  |    |
| <b>s</b> Other transfer of cash or property from related organization(s) .....   | 1s  |    |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1)                                 |                               |                        |  |
| (2)                                 |                               |                        |  |
| (3)                                 |                               |                        |  |
| (4)                                 |                               |                        |  |
| (5)                                 |                               |                        |  |
| (6)                                 |                               |                        |  |

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (8)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (9)<br>.....                            |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (10)<br>.....                           |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (11)<br>.....                           |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |

**Part VII**

**Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See Instructions.

Area with horizontal dotted lines for supplemental information.

**Depreciation and Amortization**  
(Including Information on Listed Property)

u Attach to your tax return.

u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

**TRUMAN HEARTLAND COMMUNITY  
FOUNDATION**

Identifying number  
**43-1482136**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount (see instructions)   | 1                            | <b>1,020,000</b> |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)  | 3                            | <b>2,550,000</b> |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8  | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2018 Form 4562   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions                       | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11  | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12   | 13                           |                  |

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

|    |  |    |               |
|----|--|----|---------------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 |               |
| 15 | Property subject to section 168(f)(1) election   | 15 |               |
| 16 | Other depreciation (including ACRS)  | 16 | <b>13,383</b> |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

|    |   |    |              |
|----|---|----|--------------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2019  | 17 | <b>1,063</b> |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> |    |              |

**Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System**

|     | (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|-----|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a | 3-year property                |                                      |  |                     |                |            |                            |
| b   | 5-year property                |                                      |  |                     |                |            |                            |
| c   | 7-year property                |                                      |  |                     |                |            |                            |
| d   | 10-year property               |                                      |  |                     |                |            |                            |
| e   | 15-year property               |                                      |  |                     |                |            |                            |
| f   | 20-year property               |                                      |  |                     |                |            |                            |
| g   | 25-year property               |                                      |  | 25 yrs.             |                | S/L        |                            |
| h   | Residential rental property    |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
| i   | Nonresidential real property   |                                      |  | 39 yrs.             | MM             | S/L        |                            |

**Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

|     |            |  |  |         |    |     |  |
|-----|------------|--|--|---------|----|-----|--|
| 20a | Class life |  |  |         |    | S/L |  |
| b   | 12-year    |  |  | 12 yrs. |    | S/L |  |
| c   | 30-year    |  |  | 30 yrs. | MM | S/L |  |
| d   | 40-year    |  |  | 40 yrs. | MM | S/L |  |

**Part IV Summary (See instructions.)**

|    |   |    |               |
|----|---|----|---------------|
| 21 | Listed property. Enter amount from line 28  | 21 |               |
| 22 | <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | <b>14,446</b> |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs   | 23 |               |

For Paperwork Reduction Act Notice, see separate instructions.

Year Ended: December 31, 2019

43-1482136

TRUMAN HEARTLAND COMMUNITY  
FOUNDATION  
4200 LITTLE BLUE PARKWAY SUITE 340  
INDEPENDENCE, MO 64057

**Electing out of Bonus Depreciation Allowance  
for 5-Year Property**

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible 5-year depreciable property placed in service during the tax year.