

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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) 4200 LITTLE BLUE PARKWAY Room/suite 340 City, town or post office, state, and ZIP code INDEPENDENCE MO 64057	D Employer identification number 43-1482136 E Telephone number 816-836-8189 G Gross receipts \$ 4,064,964
---	--	---

F Name and address of principal officer: PHILLIP J HANSON 4200 LITTLE BLUE PARKWAY SUITE 340 INDEPENDENCE MO 64057	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
---	---

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

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

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION'S PRIMARY EXEMPT PURPOSE IS TO IMPROVE THE LIVES OF PEOPLE LIVING IN EASTERN JACKSON COUNTY, MO.		
	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)	3	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	200
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,090,513	2,610,153
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	930	300,984
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	409,542	1,016,053
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,801,039	381,344
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,092,814	4,328,500
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	361,675	375,958
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 114,925	543,808	472,115
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,998,297	5,176,573
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,998,297	5,176,573	
19 Revenue less expenses. Subtract line 18 from line 12	-197,258	-1,168,093	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	27,529,375	27,875,910
	22 Net assets or fund balances. Subtract line 21 from line 20	10,944,339	11,285,577
		16,585,036	16,590,333

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 J. HANSON	Date _____
	Type or print name and title PRESIDENT & CEO	

Paid Preparer Use Only	Print/Type preparer's name BEVERLY POWELL CPA LLC	Preparer's signature BEVERLY POWELL CPA LLC	Date 11/12/13	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00623829	
	Firm's name ▶ BEVERLY POWELL CPA LLC	Firm's EIN ▶ _____				
	Firm's address ▶ 115 E. WALNUT STREET 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 to any question 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 \$ **4,811,108** including grants of \$ **4,328,500**) (Revenue \$)

CONTRIBUTIONS ARE MADE TO PROVIDE BENEFITS TO THE RESIDENTS OF EASTERN JACKSON COUNTY, MISSOURI.

**Statement of Program Services Accomplishments
2012 Highlights**

"Thirty years of purposeful giving, made possible by YOU". This statement captures the theme of 2012 - which celebrated our donors, volunteers and board leadership.

FINANCIAL POSITION: In 2012 our pooled assets had a 12.7% return on investment enabling us to fund thousands of dollars in grants and scholarships. In all, total grants from all funds equaled \$2.8 million,

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ **4,811,108**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		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)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. 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 to any question 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		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	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?	X	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	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 in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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 **MO**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: **TRUMAN HEARTLAND COMMUNITY FOUND 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 to any question in this Part VII

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHERRI LOZANO	2.00									
DIRECTOR	0.00	X					0	0	0	
(2) BRAD CONSTANCE	2.00									
DIRECTOR	0.00	X					0	0	0	
(3) BRENDA WEST	2.00									
DIRECTOR	0.00	X					0	0	0	
(4) CHUCK FOUDREE	2.00									
VICE-CHAIR/DIRECTOR	0.00	X		X			0	0	0	
(5) DOUG HAMMER	2.00									
SECRETARY/DIRECTOR	0.00	X		X			0	0	0	
(6) DR FREDERICK HAHN	2.00									
DIRECTOR	0.00	X					0	0	0	
(7) DR STEVEN SILVERSTEIN	2.00									
DIRECTOR	0.00	X					0	0	0	
(8) EILEEN WIER	2.00									
DIRECTOR	0.00	X					0	0	0	
(9) JIM PRYDE	2.00									
DIRECTOR	0.00	X					0	0	0	
(10) JOY HOBICK	2.00									
DIRECTOR	0.00	X					0	0	0	
(11) BARBARA KOIRTYOHANN	2.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) MARTHA COCKERELL	2.00									
TREASURER/DIRECTOR	0.00	X		X			0	0	0	
(13) HELEN HATRIDGE	2.00									
DIRECTOR	0.00	X					0	0	0	
(14) SHIRLEY WURTH	2.00									
DIRECTOR	0.00	X					0	0	0	
(15) RANDALL FERGUSON	2.00									
DIRECTOR	0.00	X					0	0	0	
(16) CINDY CAVANAH	2.00									
DIRECTOR	0.00	X					0	0	0	
(17) RICHARD KREHER	2.00									
DIRECTOR	0.00	X					0	0	0	
(18) JEFF QUIBELL	2.00									
DIRECTOR	0.00	X					0	0	0	
(19) RON BRUCH	2.00									
CHAIRMAN/DIRECTOR	0.00	X		X			0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A							188,800		1,967	
d Total (add lines 1b and 1c)							188,800		1,967	

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) ELEANOR FRASIER	2.00									
DIRECTOR	0.00	X					0	0	0	
(13) VICKI DIGBY	2.00									
DIRECTOR	0.00	X					0	0	0	
(14) WILLIAM ESRY	2.00									
DIRECTOR	0.00	X					0	0	0	
(15) ROBERT HEPTING	2.00									
DIRECTOR	0.00	X					0	0	0	
(16) MIKE MCGRAW	2.00									
DIRECTOR	0.00	X					0	0	0	
(17) DR JOSEPH SEABROOKS	2.00									
DIRECTOR	0.00	X					0	0	0	
(18) DAVID JETER	2.00									
DIRECTOR	0.00	X					0	0	0	
(19) JUDY FORRESTER	2.00									
DIRECTOR	0.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
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		
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		

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) RON FINKE DIRECTOR	2.00 0.00	<input checked="" type="checkbox"/>						0	0	0
(13) PHILLIP HANSON PRESIDENT/CEO	40.00 0.00			<input checked="" type="checkbox"/>				116,700	0	480
(14) BEVERLY POWELL CFO	40.00 0.00			<input checked="" type="checkbox"/>				72,100	0	1,487
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total								188,800		1,967
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	178,960				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,431,193				
	g Noncash contributions included in lines 1a-1f: \$		224,997				
	h Total. Add lines 1a-1f		2,610,153				
Program Service Revenue	2a MISCELLANEOUS	Busn. Code	930			930	
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		930				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		799,895			799,895	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	216,158			
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)			216,158			
	d Net gain or (loss)			216,158	216,158		
	8a Gross income from fundraising events (not including \$ 178,960 of contributions reported on line 1c). See Part IV, line 18	a		86,700			
		b Less: direct expenses		56,484			
c Net income or (loss) from fundraising events			30,216			30,216	
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code					
11a ADMINISTRATION INCOME			343,755			343,755	
b MISCELLANEOUS INCOME			7,373			7,373	
c							
d All other revenue							
e Total. Add lines 11a-11d			351,128				
12 Total revenue. See instructions.			4,008,480	216,158	0	1,182,169	

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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	4,139,059	4,139,059		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	189,441	189,441		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	337,153	121,867	127,390	87,896
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	13,724	6,267	4,249	3,208
10 Payroll taxes	25,081	9,066	9,476	6,539
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	7,700		7,700	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	6,000	3,000	3,000	
12 Advertising and promotion				
13 Office expenses	24,052	8,087	13,517	2,448
14 Information technology	30,145	9,726	14,850	5,569
15 Royalties				
16 Occupancy	21,735		21,735	
17 Travel	3,210	803	1,605	802
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,182		9,182	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,525		16,525	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ADMINISTRATIVE FEES	302,298	302,298		
b MARKETING/RECRUITING EXPE	20,893	10,421	4,573	5,899
c EQUIPMENT RENTAL/MAINTENA	7,048	3,524	1,762	1,762
d DUES & MEMBERSHIPS	6,582		6,582	
e All other expenses	16,745	7,549	8,394	802
25 Total functional expenses. Add lines 1 through 24e	5,176,573	4,811,108	250,540	114,925
26 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 to any question in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	436,515	1	376,219
	2	Savings and temporary cash investments	4,823,560	2	4,430,180
	3	Pledges and grants receivable, net	281,761	3	240,803
	4	Accounts receivable, net	346	4	315
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	9,248	9	6,754
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 301,623		
	b	Less: accumulated depreciation	10b 26,066	10c	275,557
	11	Investments—publicly traded securities	21,690,128	11	22,546,082
	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	Total assets. Add lines 1 through 15 (must equal line 34)	27,529,375	16	27,875,910	
Liabilities	17	Accounts payable and accrued expenses	23,698	17	18,791
	18	Grants payable		18	
	19	Deferred revenue		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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	10,920,641	25	11,266,786
	26	Total liabilities. Add lines 17 through 25	10,944,339	26	11,285,577
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	13,259,192	27	13,414,531
	28	Temporarily restricted net assets	3,325,844	28	3,175,802
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	16,585,036	33	16,590,333	
34	Total liabilities and net assets/fund balances	27,529,375	34	27,875,910	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,008,480
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,176,573
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,168,093
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,585,036
5	Net unrealized gains (losses) on investments	5	1,421,780
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-248,390
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,590,333

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,931,954	2,626,005	2,997,123	3,090,513	2,610,153	13,255,748
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,931,954	2,626,005	2,997,123	3,090,513	2,610,153	13,255,748
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						633,673
6 Public support. Subtract line 5 from line 4.						12,622,075

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	1,931,954	2,626,005	2,997,123	3,090,513	2,610,153	13,255,748
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	405,771	604,924	622,924	605,149	799,895	3,038,663
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,567	160	13,007	2,655	438,758	456,147
11 Total support. Add lines 7 through 10						16,750,558

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	75.35 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	79.23 %

16a **33 1/3% support test—2012.** 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—2011.** 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—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2012. 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—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part II, Line 10 - Other Income Detail

MISCELLANEOUS INCOME \$ **17,389**

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2012

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	116	488
2 Aggregate contributions to (during year)	445,309	2,610,153
3 Aggregate grants from (during year)	608,765	4,328,500
4 Aggregate value at end of year	4,070,049	27,857,122
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part 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? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,504,721	8,032,998	6,988,366	5,413,436	7,907,067
b Contributions	631,157	1,206,353	617,582	875,130	339,171
c Net investment earnings, gains, and losses	1,194,196	157,582	1,032,303	1,302,639	-2,258,976
d Grants or scholarships	389,024	426,125	380,783	399,990	391,854
e Other expenditures for facilities and programs	435,934	329,441	128,119	128,091	96,248
f Administrative expenses	141,310	136,646	96,351	74,758	85,724
g End of year balance	9,363,806	8,504,721	8,032,998	6,988,366	5,413,436

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

- a** Board designated or quasi-endowment ▶ **63.86 %**
 - b** Permanent endowment ▶ **2.22 %**
 - c** Temporarily restricted endowment ▶ **33.92 %**
- The percentages in 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" to 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. 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		89,900		89,900
b Buildings		95,100	3,458	91,642
c Leasehold improvements				
d Equipment		116,623	22,608	94,015
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ **275,557**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	▶	

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	▶

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) AGENCY FUNDS	9,657,119	
(3) LIAB UNDER SPLIT-INT AGREEMENTS	1,557,059	
(4) LIABILITY FOR LIFE ESTATE RESERVED	52,608	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	11,266,786	▶

2. FIN 48 (ASC 740) Footnote. 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 FIN 48 (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

1	Total revenue, gains, and other support per audited financial statements	1	3,522,519
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,421,780
b	Donated services and use of facilities	2b	44,720
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-1,952,461
e	Add lines 2a through 2d	2e	-485,961
3	Subtract line 2e from line 1	3	4,008,480
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	4,008,480

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

1	Total expenses and losses per audited financial statements	1	3,606,278
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	-1,615,015
e	Add lines 2a through 2d	2e	-1,570,295
3	Subtract line 2e from line 1	3	5,176,573
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	5,176,573

Part XIII Supplemental Information

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

Part V, Line 4 - Intended Uses for Endowment Funds

FUNDS WILL BE USED TO CARRY ON THE PURPOSES OF THE COMMUNITY FOUNDATION AND OTHER CHARITIES FOR WHICH FUNDS ARE DESIGNATED IN THE COMING YEARS.

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

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	\$	-47,389
INCOME RELATED TO AGENCY FUNDS	\$	-2,066,545
RELEASED FROM TEMPORARILY RESTRICTED NET ASSETS	\$	214,077
LOSS ON BENEFICIAL INTEREST IN CHARITABLE REM TRUSTS	\$	-111,207
FUNDRAISING EXPENSES OFFSET AGAINST INCOME	\$	56,484
LOSS ON VALUE OF LIFE ESTATE RESERVED	\$	2,119

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

EXPENSES RELATED TO AGENCY FUNDS	\$	-1,671,499
FUNDRAISING EXPENSES OFFSET AGAINST INCOME	\$	56,484

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization

**TRUMAN HEARTLAND COMMUNITY
FOUNDATION**

Employer identification number

43-1482136

Part I

Fundraising Activities. Complete if the organization answered "Yes" to 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 ten 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							
Total							

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.

Part II Fundraising Events. Complete if the organization answered "Yes" to 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> (event type)	<u>SCOPES FOR HOPE</u> (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	167,833	94,487	262,320
	2	Less: Contributions	112,625	65,335	177,960
	3	Gross income (line 1 minus line 2)	55,208	29,152	84,360
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	5,685		5,685
	7	Food and beverages	40,717		40,717
	8	Entertainment			
	9	Other direct expenses	9,358		9,358
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				28,600

Part III Gaming. Complete if the organization answered "Yes" to 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))	
Revenue	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 % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate 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: _____

**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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2012

**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Angus Foundation 3201 Frederick Ave Saint Joseph MO 64506-2912	36-3084945	501(C)	39,874				Operating Support
(2)	Blue River Community College 20301 E. 78 Highway Independence MO 64057	43-0813703	501(c)	25,000				Police Utility Vehic
(3)	Blue Springs School District 1801 NW Vesper Blue Springs MO 64015	44-6004932	501(c)	11,505				Salary Exp & Fringe
(4)	Cameron R-1 School District 423 North Chestnut Cameron MO 64429	44-6001375		13,000				Refund workshops ove
(5)	Cass County Historical Society 1104 N. Commercial Harrisonville MO 64701	23-7357777	501(c)	5,753				General support
(6)	Cass County Historical Society 1104 N. Commercial Harrisonville MO 64701	23-7357777	501(c)	5,753				support operations
(7)	Child Abuse Prevention Association 503 E. 23rd Street Independence MO 64055	43-1067711	501(C)	10,000				Emer grant cover pay
(8)	Children's Mercy Hospitals & Clinic 2401 Gillham Road Kansas City MO 64108	44-0605373	501(c)	25,000				capital campaign
(9)	Children's Mercy Hospitals & Clinic 2401 Gillham Road Kansas City MO 64108	44-0605373	501(c)	10,000				capital campaign

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

3 Enter total number of other organizations listed in the line 1 table

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

**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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2012

**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Children's Mercy Hospitals & Clinic 2401 Gillham Road Kansas City MO 64108	44-0605373	501(C)	10,000				capital campaign
(2)	Children's Mercy Hospitals & Clinic 2401 Gillham Road Kansas City MO 64108	44-0605373	501(C)	50,000				support Liver Care C
(3)	Community Services League 404 North Noland Rd Independence MO 64050	43-0976396	501(C)	6,000				utility assist. Prog
(4)	Community Services League 404 North Noland Rd Independence MO 64050	43-0976396	501(C)	7,368				utility assist. Prog
(5)	Community Services League 404 North Noland Rd Independence MO 64050	43-0976396	501(C)	5,293				capital campaign
(6)	Community Services League 404 North Noland Rd Independence MO 64050	43-0976396	501(C)	10,037				Capital Campaign
(7)	Community Services League 404 North Noland Rd Independence MO 64050	43-0976396	501(C)	50,000				General support
(8)	Community Services League 404 North Noland Rd Independence MO 64050	43-0976396	501(C)	42,000				Emer Assist fund
(9)	Drumm Farm Center for Children, Inc 3210 Lee's Summit Rd. Independence MO 64055	44-0569643	501(C)	10,000				capital campaign

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

3 Enter total number of other organizations listed in the line 1 table

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

**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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2012

**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Drumm Farm Center for Children, Inc 3210 Lee's Summit Rd. Independence MO 64055	44-0569643	501(c)	21,566				capital campaign
(2)	Drumm Farm Center for Children, Inc 3210 Lee's Summit Rd. Independence MO 64055	44-0569643	501(c)	64,000				Swinney Capital Camp
(3)	Drumm Farm Center for Children, Inc 3210 Lee's Summit Rd. Independence MO 64055	44-0569643	501(c)	30,379				capital campaign
(4)	First Baptist Church of Oak Grove 400 SE 14th Street Oak Grove MO 64075	44-0601679	501(c)	20,000				Youth Building Fund
(5)	First Bible Baptist Church 1441 SE. Adams Dairy Parkway Blue Springs MO 64014-3457	43-1779555		6,000				Support Zambia Missi
(6)	Friends of Sugar Creek 606 N. Sterling Sugar Creek MO 64054	43-1714283	501(C)	6,000				General support
(7)	Friends of Sugar Creek 606 N. Sterling Sugar Creek MO 64054	43-1714283	501(C)	6,000				insurance Museum Bld
(8)	Gift of Life 6405 Metcalf Ave, Suite 109 Overland Park KS 66202	48-1198979	501(c)	20,000				General support
(9)	Gift of Life 6405 Metcalf Ave, Suite 109 Overland Park KS 66202	48-1198979	501(c)	8,000				General support

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

3 Enter total number of other organizations listed in the line 1 table

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

**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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2012

**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Gift of Life 6405 Metcalf Ave, Suite 109 Overland Park KS 66202	48-1198979	501(C)	15,000				General support
(2)	Gift of Life 6405 Metcalf Ave, Suite 109 Overland Park KS 66202	48-1198979	501(C)	15,000				General support
(3)	Grain Valley R-5 School District P. O. Box 304 Grain Valley MO 64029-0719	44-6004947	501(C)	12,965				IPad purchase, share
(4)	Grain Valley R-5 School District P. O. Box 304 Grain Valley MO 64029-0719	44-6004947	501(C)	9,810				scholarships 2012 GV
(5)	Harry S. Truman Library Institute 500 West U.S. 24 Hwy. Independence MO 64050	43-6042632	501(C)	13,000				Tracing the Trumans
(6)	Hillcrest Transitional Housing - EJ 401 North Spring Independence MO 64051	43-1836391	501(C)	25,000				General support
(7)	Hillcrest Transitional Housing - EJ 401 North Spring Independence MO 64051	43-1836391	501(C)	10,000				General support
(8)	Hillcrest Transitional Housing - EJ 401 North Spring Independence MO 64051	43-1836391	501(C)	50,000				General support
(9)	Hope Haven of Cass County P.O. Box 754 Harrisonville MO 64701	43-1596092	501(C)	10,000				General support

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

3 Enter total number of other organizations listed in the line 1 table

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

**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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2012

**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Hope House, Inc. P. O. Box 577 Lee's Summit MO 64063	43-1265685	501(C)	40,645				General support
(2)	Hope House, Inc. P. O. Box 577 Lee's Summit MO 64063	43-1265685	501(C)	10,000				Guardian Program
(3)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	289,694				Transfer assets to F
(4)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	78,823				Transfer assets to F
(5)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	110,965				Transfer assets to F
(6)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	26,766				Transfer assets to F
(7)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	9,512				Transfer assets to F
(8)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	6,092				Transfer assets to F
(9)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	19,322				Transfer assets to F

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

3 Enter total number of other organizations listed in the line 1 table

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

**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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2012

**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	16,991				Transfer assets to F
(2)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	10,361				Transfer assets to F
(3)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	195,045				Transfer assets to F
(4)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	7,148				Transfer assets to F
(5)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	6,060				Transfer assets to F
(6)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	12,371				Transfer assets to F
(7)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	8,673				Transfer assets to F
(8)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	9,264				Transfer assets to F
(9)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	10,003				Transfer assets to F

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

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

**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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2012

**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	14,937				Transfer assets to F
(2)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	14,860				Transfer assets to F
(3)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	7,678				Transfer assets to F
(4)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	7,204				Transfer assets to F
(5)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	6,937				Transfer assets to F
(6)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	6,125				Transfer assets to F
(7)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	8,487				Transfer assets to F
(8)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	11,748				Transfer assets to F
(9)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	16,784				Transfer assets to F

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

3 Enter total number of other organizations listed in the line 1 table

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

**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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2012

**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	14,479				Transfer assets to F
(2)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	7,540				Transfer assets to F
(3)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	8,695				Transfer assets to F
(4)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	33,989				Transfer assets to F
(5)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	17,447				Transfer assets to F
(6)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	20,986				Transfer assets to F
(7)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	5,059				Transfer assets to F
(8)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	12,015				Transfer assets to F
(9)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	9,464				Transfer assets to F

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

3 Enter total number of other organizations listed in the line 1 table

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

**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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2012

**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	23,471				Transfer assets to F
(2)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	11,917				Transfer assets to F
(3)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	20,817				Transfer assets to F
(4)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	20,272				Transfer assets to F
(5)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	27,427				Transfer assets to F
(6)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	6,806				Transfer assets to F
(7)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	139,667				Transfer assets to F
(8)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	13,707				Transfer assets to F
(9)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	6,740				Transfer assets to F

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

3 Enter total number of other organizations listed in the line 1 table

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

**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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2012

**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	10,701				Transfer assets to F
(2)	Independence School District 201 N. Forest Avenue Independence MO 64050	43-1363739	501(c)	7,375				Transfer assets to F
(3)	Independence School District Founda 201 N. Forest Avenue Independence MO 64050	43-1831303	501(c)	10,913				Education
(4)	Independence School District Founda 201 N. Forest Avenue Independence MO 64050	43-1831303	501(c)	52,494				Education
(5)	Independence School District Founda 201 N. Forest Avenue Independence MO 64050	43-1831303	501(c)	24,572				Education
(6)	Independence School District Founda 201 N. Forest Avenue Independence MO 64050	43-1831303	501(c)	16,577				Education
(7)	Independence School District Founda 201 N. Forest Avenue Independence MO 64050	43-1831303	501(c)	12,823				Education
(8)	Independence School District Founda 201 N. Forest Avenue Independence MO 64050	43-1831303	501(c)	7,172				Education
(9)	Independence School District Founda 201 N. Forest Avenue Independence MO 64050	43-1831303	501(c)	21,044				Education

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

3 Enter total number of other organizations listed in the line 1 table ▶

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

**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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2012

**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Independence School District Founda 201 N. Forest Avenue Independence MO 64050	43-1831303	501(c)	13,943				Education
(2)	Independence School District Founda 201 N. Forest Avenue Independence MO 64050	43-1831303	501(c)	8,900				2011 & 12 scholarshi
(3)	Independence School District Founda 201 N. Forest Avenue Independence MO 64050	43-1831303	501(c)	10,500				2011 & 12 scholarshi
(4)	International African Missions Mini 990 Manitou Road HILTON NY 14468	20-0773582	501(c)	15,240				8 portable dental un
(5)	International Center for Leadership 1587 Route 146 Rexford NY 12148	14-1766373		49,500				Team licenses for Ne
(6)	Jackson County Free Health Clinic 17611 E. US 24 Hiway, Suite 103 INDEPENDENCE MO 64056	45-0539496	501(c)	20,000				General support
(7)	Jackson County Free Health Clinic 17611 E. US 24 Hiway, Suite 103 INDEPENDENCE MO 64056	45-0539496	501(c)	20,000				General support
(8)	Jackson County Free Health Clinic 17611 E. US 24 Hiway, Suite 103 INDEPENDENCE MO 64056	45-0539496	501(c)	20,000				General support
(9)	Jackson County Free Health Clinic 17611 E. US 24 Hiway, Suite 103 INDEPENDENCE MO 64056	45-0539496	501(c)	20,000				General support

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

3 Enter total number of other organizations listed in the line 1 table

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

**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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2012

**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Jackson County Free Health Clinic 17611 E. US 24 Hiway, Suite 103 INDEPENDENCE MO 64056	45-0539496	501(c)	20,000				General support
(2)	Jackson County Free Health Clinic 17611 E. US 24 Hiway, Suite 103 INDEPENDENCE MO 64056	45-0539496	501(c)	20,000				General support
(3)	Jackson County Free Health Clinic 17611 E. US 24 Hiway, Suite 103 INDEPENDENCE MO 64056	45-0539496	501(c)	20,000				General support
(4)	Jackson County Free Health Clinic 17611 E. US 24 Hiway, Suite 103 INDEPENDENCE MO 64056	45-0539496	501(c)	20,000				General support
(5)	Jackson County Free Health Clinic 17611 E. US 24 Hiway, Suite 103 INDEPENDENCE MO 64056	45-0539496	501(c)	20,000				General support
(6)	Jackson County Health Department 313 S. Liberty INDEPENDENCE MO 64050	44-0661018	501(c)	15,150				Medical Director
(7)	Jackson County Health Department 313 S. Liberty INDEPENDENCE MO 64050	44-0661018	501(c)	15,150				Medical Director
(8)	Jackson County Health Department 313 S. Liberty INDEPENDENCE MO 64050	44-0661018	501(c)	7,575				Medical Director
(9)	Jackson County Health Department 313 S. Liberty INDEPENDENCE MO 64050	44-0661018	501(c)	15,150				Medical Director

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

3 Enter total number of other organizations listed in the line 1 table

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

**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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2012

**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Jackson County Health Department 313 S. Liberty INDEPENDENCE MO 64050	44-0661018	501(C)	15,150				Medical Director
(2)	Jackson County Historical Society P. O. Box 4241 INDEPENDENCE MO 64051	44-0651562	501(C)	19,300				Support of 1859 Jail
(3)	JobOne 1085 S. Yuma INDEPENDENCE MO 64056	43-0922133	501(C)	43,000				General support
(4)	JobOne 1085 S. Yuma INDEPENDENCE MO 64056	43-0922133	501(C)	6,000				Business Expansion P
(5)	Junior Service League of Independen 3122 South Cryslar INDEPENDENCE MO 64055	43-6050228	501(C)	12,584				Capital Improvements
(6)	Kansas City Hospice 9221 Ward Parkway, Suite 100 Kansas City MO 64114	43-1209344	501(C)	200,000				Grant to cover payro
(7)	Lee's Summit Social Services 108 S E 4th Street Lee's Summit MO 64063	43-1604974	501(C)	14,560				purchase of van.
(8)	Lincoln National Insurance Company P. O. Box 7247-0439 Philadelphia PA 19170-0439	35-0472300		6,500				Insurance Premium
(9)	Lincoln National Insurance Company P. O. Box 7247-0439 Philadelphia PA 19170-0439	35-0472300	501(C)	30,400				Insurance Premium

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

3 Enter total number of other organizations listed in the line 1 table

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

**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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2012

**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Lincoln National Insurance Company P. O. Box 7247-0439 Philadelphia PA 19170-0439	35-0472300	501(C)	15,000				Insurance Premium
(2)	Lincoln National Insurance Company P. O. Box 7247-0439 Philadelphia PA 19170-0439	35-0472300	501(C)	7,500				Insurance Premium
(3)	Mental Health Association of the He 739 Minnesota Avenue Kansas City KS 66101	48-1185409	501(C)	5,383				General support
(4)	Mental Health Association of the He 739 Minnesota Avenue Kansas City KS 66101	48-1185409	501(C)	5,383				WASA Program employe
(5)	Mental Health Association of the He 739 Minnesota Avenue Kansas City KS 66101	48-1185409	501(C)	5,419				General support
(6)	Missouri 4-H Foundation 1110 S. College Avenue Columbia MO 65211	43-6044367	501(C)	7,000				\$1,000 awards in Fal
(7)	Raytown Educational Foundation 10750 E. 350 Highway Raytown MO 64138	43-1667551	501(C)	35,000				Incentive Prog Rayto
(8)	Special Neighbors, Inc. 3675 S. Noland Road, Suite 110 Independence MO 64055	43-1154462	501(C)	40,000				General support
(9)	Special Neighbors, Inc. 3675 S. Noland Road, Suite 110 Independence MO 64055	43-1154462	501(C)	80,000				General support

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

3 Enter total number of other organizations listed in the line 1 table

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

**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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2012

**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Special Neighbors, Inc. 3675 S. Noland Road, Suite 110 Independence MO 64055	43-1154462	501(C)	60,000				General support
(2)	Special Neighbors, Inc. 3675 S. Noland Road, Suite 110 Independence MO 64055	43-1154462	501(C)	50,000				General support
(3)	Urich Community Historical Society 4601 College Blvd., Ste 200 Leawood KS 66211	43-1268204		5,008				Transfer assets
(4)	Creative Smarts, Inc. 18 Hilliard Street Cambridge MA 02138	27-3456805		6,200				9/27/12 Svcs for Wor
(5)	Holiday Inn Kansas City 9103 E. 39th St. Kansas City MO 64133	27-5427680		5,712				Banquet Chgs 2/27/12
(6)	Lincoln Financial Insurance P. O. Box 7247-0439 Philadelphia PA 19170-0439	35-0472300		7,750				Insurance Premium
(7)	Lincoln National Insurance Company P. O. Box 7247-0439 Philadelphia PA 19170-0439	35-0472300		10,843				Insurance Premium
(8)	Lincoln National Life Insurance Co. P. O. Box 7719 Philadelphia PA 19170-7719	35-0472300		50,800				Insurance Premium
(9)	Lincoln National Life Insurance Co. P. O. Box 7719 Philadelphia PA 19170-7719	35-0472300		100,000				Insurance Premium

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

3 Enter total number of other organizations listed in the line 1 table

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

**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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2012

**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Lincoln National Life Insurance Co. P. O. Box 7719 Philadelphia PA 19170-7719	35-0472300		11,000				Insurance Premium
(2)	Lincoln National Life Insurance Co. P. O. Box 7719 Philadelphia PA 19170-7719	35-0472300		30,400				Insurance Premium
(3)	Lincoln National Life Insurance Co. P. O. Box 7719 Philadelphia PA 19170-7719	35-0472300		6,000				Insurance Premium
(4)	Marzano Research Laboratory 555 N. Morton Street Bloomington IN 47404	26-2730032		27,733				Educator Training
(5)	Marzano Research Laboratory 555 N. Morton Street Bloomington IN 47404	26-2730032		14,300				Educator Training
(6)	Marzano Research Laboratory, LLC 555 N. Morton Street Bloomington IN 47404	26-2730032		19,067				Educator Training
(7)	Tovani Group 7033 S. Oneida Circle Centennial CO 80112	20-0121957		7,200				Literacy Workshops
(8)	All Under \$5,000 4200 Little Blue Parkway Suite 340 INDEPENDENCE MO 64057	43-1482136	501c3	250,570				various
(9)								

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

3 Enter total number of other organizations listed in the line 1 table

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

43-1482136

TRUMAN HEARTLAND COMMUNITY

Schedule I (Form 990) (2012)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Scholarships	173	189,441			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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,

43-1482136

TRUMAN HEARTLAND COMMUNITY

Schedule I (Form 990) (2012)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2012

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

**TRUMAN HEARTLAND COMMUNITY
FOUNDATION**

Employer identification number

43-1482136

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

**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.

Name of the organization

**TRUMAN HEARTLAND COMMUNITY
FOUNDATION**

Employer identification number

43-1482136

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	13	224,997	
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation 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 ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a	X	

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not 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.** Complete this part to 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

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete 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.

OMB No. 1545-0047

2012Open to Public
Inspection**TRUMAN HEARTLAND COMMUNITY
FOUNDATION**Employer identification number
43-1482136

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 6 SERVE AS LIASONS TO THE VARIOUS COMMITTEES.

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

including donor advised funds, scholarships and our annual community grants
process.

SCHOLARSHIPS and GRANTS

In scholarships, \$172,225 was awarded from 69 scholarship funds to 157
students ranging from high school seniors to undergraduate and graduate
students pursuing high education degrees, including technical schools.
Our donors' dedication to education is witnessed through these funds.

During National Philanthropy Week, the Grants Committee awarded \$180,000 to
47 nonprofits in support of programs in the eastern Jackson County region.
Truman Heartland Community Foundation partners with nonprofits that share
our vision and passion for improving heartland communities. The annual
grants process awards grants from endowments that donors have entrusted to
the Board to administer. The Grants committee includes representatives
from our Board and Advisory Boards with input from the Youth Advisory
Council (YAC).

Name of the organization

TRUMAN HEARTLAND COMMUNITY

Employer identification number

43-1482136

We believe connections to our youth will enable this foundation to stay strong for years to come. Our Youth Advisory Council is an active group of 122 youth from 11 different high schools who also raised \$4,500 through their 3rd annual Skate for Change event.

Community For All Ages Coalition: created as part of an initiative started in 2011, this coalition now boasts more than 55 members who are committed to addressing issues and needs facing our aging community. Real progress is underway with the development of the new "Care Connection" website in partnership with Mid-Continent Public Library. The website set to launch in 2013 will provide easy access to information on services available to eastern Jackson County seniors, their families and those who wish to volunteer.

TOAST TO OUR TOWNS - GALA

The Gala Committee, Chaired by Judy Forrester, planned the "Celebrating Three Decades" black-tie event at the Marriot Hotel in downtown Kansas City. With 650 guests in attendance, it was a good success. Once again the foundation was in the spotlight with an opportunity to showcase our work and to introduce those wonderful people who through their commitment to community improvement earn our recognition as "Outstanding Citizens".

The committee surpassed its goal and generated nearly \$112,000 in proceeds for use by the foundation in meeting operating expenses.

Form 990, Part VI, Line 2 - Related Party Information Among Officers

BLUE RIDGE BANK & TRUST

BLUE RIDGE BANK & TRUST

DIRECTOR

DIRECTOR

Name of the organization

TRUMAN HEARTLAND COMMUNITY

Employer identification number

43-1482136

BUSINESS

BLUE RIDGE BANK & TRUST

BLUE RIDGE BANK & TRUST

OFFICER WIFE

DIRECTOR

BUSINESS

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 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

Name of the organization

TRUMAN HEARTLAND COMMUNITY

Employer identification number

43-1482136

("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 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

Name of the organization

TRUMAN HEARTLAND COMMUNITY

Employer identification number

43-1482136

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

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.

Name of the organization

TRUMAN HEARTLAND COMMUNITY

Employer identification number

43-1482136

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.

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

Name of the organization

TRUMAN HEARTLAND COMMUNITY

Employer identification number

43-1482136

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:

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

Name of the organization

TRUMAN HEARTLAND COMMUNITY

Employer identification number

43-1482136

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:

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

Name of the organization

TRUMAN HEARTLAND COMMUNITY

Employer identification number

43-1482136

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

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

Name of the organization

TRUMAN HEARTLAND COMMUNITY

Employer identification number

43-1482136

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 Directors. The Committee will recommend executive compensation packages to the Board of Directors for approval. 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.

Name of the organization

TRUMAN HEARTLAND COMMUNITY

Employer identification number

43-1482136

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

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

Name of the organization

TRUMAN HEARTLAND COMMUNITY

Employer identification number

43-1482136

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
the annual report.

(Annual Report is 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

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

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	\$	-47,389
INCOME RELATED TO AGENCY FUNDS	\$	-2,066,545
RELEASED FROM TEMPORARILY RESTRICTED NET ASSETS	\$	214,077
LOSS ON BENEFICIAL INTEREST IN CHARITABLE REM TRUSTS	\$	-111,207
FUNDRAISING EXPENSES OFFSET AGAINST INCOME	\$	56,484
LOSS ON VALUE OF LIFE ESTATE RESERVED	\$	2,119
EXPENSES RELATED TO AGENCY FUNDS	\$	1,671,499

Name of the organization

TRUMAN HEARTLAND COMMUNITY

Employer identification number

43-1482136

FUNDRAISING EXPENSES OFFSET AGAINST INCOME

\$ -56,484

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

RECLASSIFICATION OF AGENCY FUNDS

\$ 89,056

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

**TRUMAN HEARTLAND COMMUNITY
FOUNDATION**

Employer identification number

43-1482136

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) THCF REAL ESTATE LLC 300 N OSAGE INDEPENDENCE MO 64050 43-1482136	REAL EST	MO			TRUMAN HEA
(2)					
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) 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" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		
b Gift, grant, or capital contribution to related organization(s)		
c Gift, grant, or capital contribution from related organization(s)		
d Loans or loan guarantees to or for related organization(s)		
e Loans or loan guarantees by related organization(s)		
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		
h Purchase of assets from related organization(s)		
i Exchange of assets with related organization(s)		
j Lease of facilities, equipment, or other assets to related organization(s)		
k Lease of facilities, equipment, or other assets from related organization(s)		
l Performance of services or membership or fundraising solicitations for related organization(s)		
m Performance of services or membership or fundraising solicitations by related organization(s)		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		
o Sharing of paid employees with related organization(s)		
p Reimbursement paid to related organization(s) for expenses		
q Reimbursement paid by related organization(s) for expenses		
r Other transfer of cash or property to related organization(s)		
s Other transfer of cash or property from related organization(s)		

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

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2012

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Attachment Sequence No. **179**

Name(s) shown on return **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	500,000
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	2,000,000
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 2011 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 do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not 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	1,765
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	10,816

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	3,666
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 type="checkbox"/>	

Section B—Assets Placed in Service During 2012 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		1,614	5.0	MQ	200DB	273
c 7-year property		149	7.0	MQ	200DB	5
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	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. 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	16,525
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.

Form **4562** (2012)