

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2021Open to Public
Inspection**A For the 2021 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"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TRUMAN HEARTLAND COMMUNITY FOUNDATION		D Employer identification number 43-1482136
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	4200 LITTLE BLUE PARKWAY	STE 34	816-836-8189
	City or town, state or province, country, and ZIP or foreign postal code INDEPENDENCE, MO 64131		G Gross receipts \$ 25,872,676.
F Name and address of principal officer: PHILLIP HANSON SAME AS C ABOVE			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.THCF.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 IMROVE THE LIVES OF EASTERN JACKSON COUNTY MISSOURI.		
	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	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	311
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 8,141,442.	Current Year 22,600,546.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,645,920.	2,339,129.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	764,590.	831,414.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,551,952.	25,771,089.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,268,653.	5,214,489.
	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)	631,157.	635,906.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 191,013.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	910,532.	906,391.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,810,342.	6,756,786.
19 Revenue less expenses. Subtract line 18 from line 12	3,741,610.	19,014,303.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 61,120,063.	End of Year 85,851,190.
	21 Total liabilities (Part X, line 26)	12,243,669.	14,409,600.
	22 Net assets or fund balances. Subtract line 21 from line 20	48,876,394.	71,441,590.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	PHILLIP HANSON, PRESIDENT / CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JONATHAN P MCKINZIE	JONATHAN P MCKINZIE	11/15/22		P01326474
	Firm's name ▶ EMERICK & COMPANY, PC	Firm's EIN ▶			
	Firm's address ▶ 4520 MADISON AVE, STE G KANSAS CITY, MO 64111		Phone no. 816-531-2822		

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:**THE FOUNDATION'S PRIMARY EXEMPT PURPOSE IS TO IMPROVE THE LIVES OF EASTERN JACKSON COUNTY MISSOURI.****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 ☒ **X** 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 ☒ **X** 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 \$ **6,159,346.** including grants of \$ **5,214,489.**) (Revenue \$ **751,137.**)

FOR NEARLY 40 YEARS, TRUMAN HEARTLAND COMMUNITY FOUNDATION HAS DEMONSTRATED THE EFFECT OF PRIVATE GIVING FOR THE PUBLIC GOOD IN EASTERN JACKSON COUNTY AND SURROUNDING COMMUNITIES. ALTHOUGH 2021 PRESENTED MANY CHALLENGES DUE TO THE CONTINUING WAVES OF COVID-19, OUR COMMUNITIES DEMONSTRATED A LEVEL OF GENEROSITY THAT WARRANTS CELEBRATION. GRANTS MADE FROM ALL FUNDS, INCLUDING DONOR ADVISED FUNDS, SCHOLARSHIPS, AND THE ANNUAL COMMUNITY GRANTS PROGRAM, REACHED AN ALL-TIME HIGH OF \$5.9 MILLION. THERE ARE NOW MORE THAN 800 FUNDS, INCLUDING A RECORD 64 NEW FUNDS ESTABLISHED IN 2021, HELD AT THCF.

THE ANNUAL GRANTS COMMITTEE, INCLUDING REPRESENTATIVES FROM THE FOUR ADVISORY BOARDS AND YOUTH ADVISORY COUNCIL, AWARDED 61 GRANTS TO

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

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

4e Total program service expenses **6,159,346.**Form **990** (2021)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	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	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	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	32	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	33 X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 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	36	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	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 16	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 11		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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)?	4a		X
b If "Yes," enter the name of the foreign country			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a	X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
If "Yes," complete Form 6069.			

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

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	26			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		26		
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?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
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?			7a	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?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	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?	10a	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?	10b	X
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	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	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on 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?	16a	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?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **BRIDGT STOPPLMAN - 816-836-8189**
4200 LITTLE BLUE PARKWAY, STE 340, INDEPENDENCE, MO 64131

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) PHILLIP J. HANSON PRESIDENT/CEO	40.00			X				158,500.	0.	6,340.
(2) BRIDGET STOPPELMAN CFO	40.00			X				89,484.	0.	3,720.
(3) STEVE POTTER CHAIR	2.00	X		X				0.	0.	0.
(4) KAREN SCHULER VICE CHAIR	2.00	X		X				0.	0.	0.
(5) MELANIE MOENTMAN PAST CHAIR	2.00	X		X				0.	0.	0.
(6) JEFF WALTERS TREASURER	2.00	X		X				0.	0.	0.
(7) LYNETTE WHEELER SECRETARY	2.00	X		X				0.	0.	0.
(8) MICHELE CRUMBAUGH DIRECTOR	2.00	X						0.	0.	0.
(9) LINDA GERDING DIRECTOR	2.00	X						0.	0.	0.
(10) CLIFFORD D. JONES DIRECTOR	2.00	X						0.	0.	0.
(11) MIKE KELLY DIRECTOR	2.00	X						0.	0.	0.
(12) BRET KOLMAN DIRECTOR	2.00	X						0.	0.	0.
(13) DAVE MAYTA DIRECTOR	2.00	X						0.	0.	0.
(14) TRACEY MERSHON DIRECTOR	2.00	X						0.	0.	0.
(15) DR. THOMAS MEYER DIRECTOR	2.00	X						0.	0.	0.
(16) ROSALIE NEWKIRK DIRECTOR	2.00	X						0.	0.	0.
(17) STEVE NOLL DIRECTOR	2.00	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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) ROCHELLE PARKER DIRECTOR	2.00	X						0.	0.	0.
(19) BRANDYCE PARKS DIRECTOR	2.00	X						0.	0.	0.
(20) RANDY RHOADS DIRECTOR	2.00	X						0.	0.	0.
(21) MERIDETH ROSE DIRECTOR	2.00	X						0.	0.	0.
(22) STAN SALVA DIRECTOR	2.00	X						0.	0.	0.
(23) BETH SILVERSTEIN DIRECTOR	2.00	X						0.	0.	0.
(24) TERRI STEELE DIRECTOR	2.00	X						0.	0.	0.
(25) ALLAN THOMPSON DIRECTOR	2.00	X						0.	0.	0.
(26) MONTIE TRIPP DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								247,984.	0.	10,060.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								247,984.	0.	10,060.

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

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		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

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
NONE		

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**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2021)

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	162,636.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	22,437,910.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 5,616,619.			
	h	Total. Add lines 1a-1f		22,600,546.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,587,992.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real (ii) Personal				
b		Less: rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less: cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)		751,137.	751,137.		
8 a		Gross income from fundraising events (not including \$ 162,636. of contributions reported on line 1c). See Part IV, line 18		121,260.			
b		Less: direct expenses		101,587.			
c		Net income or (loss) from fundraising events		19,673.			19,673.
9 a		Gross income from gaming activities. See Part IV, line 19					
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	ADMINISTRATION INCOME	Business Code	811,741.			811,741.
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		811,741.			
	12	Total revenue. See instructions		25,771,089.	751,137.	0.	2,419,406.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,714,309.	4,714,309.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	500,180.	500,180.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	259,045.	76,297.	114,181.	68,567.
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	294,087.	128,577.	85,374.	80,136.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	45,422.	17,099.	19,087.	9,236.
10 Payroll taxes	37,352.	13,835.	13,475.	10,042.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	27,077.	2,764.	24,313.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	665,444.	665,444.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	43,543.	6,436.	22,550.	14,557.
13 Office expenses	11,419.	1,120.	10,019.	280.
14 Information technology	54,118.	5,875.	48,149.	94.
15 Royalties				
16 Occupancy	24,813.		24,813.	
17 Travel	1,444.	361.	722.	361.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,235.		7,235.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,703.		9,703.	
23 Insurance	11,413.	626.	10,333.	454.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OFFICE REPAIRS & MAINTENANCE	14,357.	7,179.	3,589.	3,589.
b PRINTING & POSTAGE	13,879.	4,249.	7,480.	2,150.
c ADMINISTRATIVE FEES	13,505.	11,220.	1,647.	638.
d TELEPHONE	8,441.	3,775.	3,757.	909.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,756,786.	6,159,346.	406,427.	191,013.
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 ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,533,043.	1	1,316,798.
	2 Savings and temporary cash investments	4,546,474.	2	3,831,878.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	264,330.	4	197,687.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	13,484.	9	5,260.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 396,760.		
	b Less: accumulated depreciation	10b 133,253.		
		15,268.	10c	263,507.
	11 Investments - publicly traded securities	54,747,464.	11	80,236,060.
	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 33)	61,120,063.	16	85,851,190.	
Liabilities	17 Accounts payable and accrued expenses	47,030.	17	67,668.
	18 Grants payable		18	
	19 Deferred revenue		19	3,111.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	12,196,639.	25	14,338,821.
	26 Total liabilities. Add lines 17 through 25	12,243,669.	26	14,409,600.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	46,231,867.	27	68,914,647.
	28 Net assets with donor restrictions	2,644,527.	28	2,526,943.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	48,876,394.	32	71,441,590.
	33 Total liabilities and net assets/fund balances	61,120,063.	33	85,851,190.

Form 990 (2021)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,771,089.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,756,786.
3	Revenue less expenses. Subtract line 2 from line 1	3	19,014,303.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	48,876,394.
5	Net unrealized gains (losses) on investments	5	3,474,197.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	76,696.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	71,441,590.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <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 on 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
b 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	
c 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 on 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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

TRUMAN HEARTLAND COMMUNITY FOUNDATION

Employer identification number

43-1482136

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,908,104.	7,061,948.	8,806,222.	8,141,442.	22,600,546.	52,518,262.
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	5,908,104.	7,061,948.	8,806,222.	8,141,442.	22,600,546.	52,518,262.
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)						13,474,518.
6 Public support. Subtract line 5 from line 4.						39,043,744.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	5,908,104.	7,061,948.	8,806,222.	8,141,442.	22,600,546.	52,518,262.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,083,811.	1,660,997.	1,215,116.	1,058,126.	1,587,992.	6,606,042.
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 VI.)	518,067.	570,049.	634,331.	760,211.	811,741.	3,294,399.
11 Total support. Add lines 7 through 10						62,418,703.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	62.55 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	70.11 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990) 2021

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Part VI

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

Schedule A**Identification of Excess Contributions
Included on Part II, Line 5****2021****** Do Not File ********* Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
MICHAEL MCGRAW	10,150,000.	8,901,626.
MONTIE AND MARGORIE TRIPP	2,268,798.	1,020,424.
RAINBOW CENTER	1,431,000.	182,626.
MRS MARIE MICKELSON	1,565,572.	317,198.
ESTATE OF KENNETH KARCHER	1,789,563.	541,189.
MRS BERNICE HILDENBRAND	1,618,978.	370,604.
WILLA L FANCHER AND MARTHA A TAGGART ESTATE	2,762,599.	1,514,225.
NORMAN AND MARY ANNE DAVIDSON ESTATE	1,875,000.	626,626.
Total Excess Contributions to Schedule A, Part II, Line 5		13,474,518.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

TRUMAN HEARTLAND COMMUNITY FOUNDATION

Employer identification number

43-1482136

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	283	511
2 Aggregate value of contributions to (during year)	16,987,668.	8,278,325.
3 Aggregate value of grants from (during year)	3,340,679.	3,548,587.
4 Aggregate value at end of year	36,668,406.	84,069,502.
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" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ 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 7/25/06, 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?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?
- 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" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB 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 FASB 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) Revenue included on 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 FASB ASC 958 relating to these items:
- a Revenue included on 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 make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	33,920,194.	28,353,148.	20,205,898.	22,228,731.	17,773,218.
b Contributions	5,247,247.	4,690,243.	6,144,648.	1,216,434.	3,325,273.
c Net investment earnings, gains, and losses	4,872,272.	3,615,351.	3,752,293.	-1,452,340.	2,832,312.
d Grants or scholarships	1,299,068.	2,405,319.	1,425,549.	1,485,446.	1,411,984.
e Other expenditures for facilities and programs	1,112.	2,329.	172.	1,320.	424.
f Administrative expenses	498,518.	330,900.	323,970.	300,161.	289,664.
g End of year balance	42,241,015.	33,920,194.	28,353,148.	20,205,898.	22,228,731.

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

a Board designated or quasi-endowment ☒ 91.0000 %

b Permanent endowment ☒ 1.0000 %

c Term endowment ☒ 8.0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		256,000.		256,000.
b Buildings				
c Leasehold improvements		93,601.	93,601.	0.
d Equipment		47,159.	39,652.	7,507.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				263,507.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

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

(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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY FUNDS	13,708,918.
(3) LIABILITIES UNDER SPLIT-INTEREST	
(4) AGREEMENTS	629,903.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	14,338,821.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... ☐

Schedule D (Form 990) 2021

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

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

1	Total revenue, gains, and other support per audited financial statements	1	29,480,857.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	3,474,197.
b	Donated services and use of facilities	2b	57,288.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	76,696.
e	Add lines 2a through 2d	2e	3,608,181.
3	Subtract line 2e from line 1	3	25,872,676.
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	-101,587.
c	Add lines 4a and 4b	4c	-101,587.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	25,771,089.

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

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

1	Total expenses and losses per audited financial statements	1	6,915,661.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	57,288.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	101,587.
e	Add lines 2a through 2d	2e	158,875.
3	Subtract line 2e from line 1	3	6,756,786.
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	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,756,786.

Part XIII Supplemental Information.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS

GAIN ON BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUSTS

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

Part XIII	Supplemental Information <i>(continued)</i>
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Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

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" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ **No**

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
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" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA - THCF (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	283,896.			283,896.
	2 Less: Contributions	162,636.			162,636.
	3 Gross income (line 1 minus line 2)	121,260.			121,260.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,750.			1,750.
	7 Food and beverages	54,145.			54,145.
	8 Entertainment	1,600.			1,600.
	9 Other direct expenses	35,560.			35,560.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				93,055.
	11 Net income summary. Subtract line 10 from line 3, column (d)				28,205.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	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. Subtract line 7 from line 1, column (d)				

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

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

Part IV		Supplemental Information (continued)
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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY P.O. BOX 22478 OKLAHOMA CITY, OK 73123	13-1788491	501C3	24,253.	0.			GENERAL SUPPORT
AMERICAN HEART ASSOCIATION PO BOX 840692 DALLAS, TX 75284	135613797	501C3	5,400.	0.			GENERAL SUPPORT
AMERICAN RED CROSS P.O. BOX 37839 BOONE, IA 50037	53-0196605	501C3	26,753.	0.			GENERAL SUPPORT
ANGEL FLIGHT CENTRAL, INC. CHARLES B. WHEELER DOWNTOWN AIRPORT10 RICHARDS ROAD - KANSAS CITY, MO 64116	43-1699607	501C3	5,250.	0.			GENERAL SUPPORT
ART FOR REFUGEES IN TRANSITION 100 BANK STREET, SUITE 5G NEW YORK, NY 10014	20-0052487	501C3	14,000.	0.			GENERAL SUPPORT
ASCENSION LUTHERAN CHURCH 4900 BLUE RIDGE BLVD. KANSAS CITY, MO 64133		501C3	12,000.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **159.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **16.**

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BANK OF AMERICA CHARITABLE GIFT FUND - 100 FEDERAL STREET, MA1 - BOSTON, MA 02110	04-6010342		5,861.	0.			GENERAL SUPPORT
BLUE SPRINGS CHRISTIAN CHURCH 7920 SOUTH 7 HIGHWAY BLUE SPRINGS, MO 64014	51-0158895	501C3	9,000.	0.			GENERAL SUPPORT
BLUE SPRINGS HISTORICAL SOCIETY PO BOX 762 BLUE SPRINGS, MO 64013	43-1108906	501C3	10,101.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUBS OF GREATER KANSAS CITY - NANCY & GORDON BEAHAM LEGACY CENTER 4001 BLUE PARKWAY, STE. 102 - KANSAS CITY,	43-6072065	501C3	8,100.	0.			GENERAL SUPPORT
BRIGHTSTONE, INC. PO BOX 682966 FRANKLIN, TN 37068	62-1783260	501C3	160,000.	0.			GENERAL SUPPORT
BURNETT MUSIC FOUNDATION PO BOX 47 LEAVENWORTH, KS 66048	84-4613845	501C3	7,000.	0.			GENERAL SUPPORT
BUTLER R-5 EDUCATIONAL FOUNDATION 420 S. FULTON BUTLER, MO 64730	20-5291832	501C3	10,800.	0.			GENERAL SUPPORT
BY THE HAND CLUB FOR KIDS PO BOX 10043 CHICAGO, IL 60610	20-3144284	501C3	100,000.	0.			GENERAL SUPPORT
CALLED TO GREATNESS P.O. BOX 266 LAWRENCE, KS 66044	41-2177036	501C3	5,400.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANCER ACTION, INC. 10520 BARKLEY ST., SUITE 100 OVERLAND PARK, KS 66212	48-0650257	501C3	6,500.	0.			GENERAL SUPPORT
CASS COUNTY HISTORICAL SOCIETY 400 E. MECHANIC HARRISONVILLE, MO 64701	23-7357777	501C3	21,652.	0.			GENERAL SUPPORT
CENTRAL BAPTIST SEMINARY 6601 MONTICELLO RD SHAWNEE, KS 66226	48-0547725	501C3	32,953.	0.			GENERAL SUPPORT
CHILD ABUSE PREVENTION ASSOCIATION 503 E. 23RD STREET INDEPENDENCE, MO 64055	43-1067711	501C3	7,850.	0.			GENERAL SUPPORT
CHILDREN'S MERCY HOSPITALS & CLINICS - RESOURCE DEVELOPMENT 2401 GILLHAM ROAD - KANSAS CITY, MO 64108	440605373	501C3	132,809.	0.			GENERAL SUPPORT
CHRISTIAN CHURCH OF GREATER KANSAS CITY - 9401 JOHNSON DRIVE - MERRIAM, KS 66203	44-0558472	501C3	9,420.	0.			GENERAL SUPPORT
CHURCH OF THE HARVEST 14841 S. BLACKBOB ROAD OLATHE, KS 66062	48-1210696	501C3	18,000.	0.			GENERAL SUPPORT
CITY OF INDEPENDENCE - FINANCE DEPARTMENT - 111 E. MAPLE - INDEPENDENCE, MO 64050	44-6000190		9,454.	0.			GENERAL SUPPORT
CITY OF LEE'S SUMMIT - ADMINISTRATION - 220 SE GREEN STREET - LEES SUMMIT, MO 64063	44-6000208		14,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY UNION MISSION 1100 E. 11TH KANSAS CITY, MO 64106	44-6005481	501C3	14,865.	0.			GENERAL SUPPORT
COLDWATER OF LEE'S SUMMIT 838 SW BLUE PKWY LEES SUMMIT, MO 64063	13-4306668	501C3	9,275.	0.			GENERAL SUPPORT
COLLEGE OF THE OZARKS PO BOX 17 POINT LOOKOUT, MO 65726	44-0556862	501C3	24,414.	0.			GENERAL SUPPORT
COMMUNITY BIBLE STUDY 790 STOUT ROAD COLORADO SPRINGS, CO 80921	51-0233462	501C3	10,000.	0.			GENERAL SUPPORT
COMMUNITY OF CHRIST 1001 W. WALNUT INDEPENDENCE, MO 64050	44-0552038	501C3	10,000.	0.			GENERAL SUPPORT
COMMUNITY SERVICES LEAGUE 404 NORTH NOLAND ROAD INDEPENDENCE, MO 64050	43-0976396	501C3	174,850.	0.			GENERAL SUPPORT
COOPERATING SCHOOL DISTRICTS OF GREATER KANSAS CITY - 3444 BROADWAY, STE. 401 - KANSAS CITY, MO 64111	16-1693718	501C3	7,001.	0.			GENERAL SUPPORT
COOPERATIVE BAPTIST FELLOWSHIP (CBF OF MISSOURI) - P.O. BOX 679 - LIBERTY, MO 64069	43-1583837	501C3	32,953.	0.			GENERAL SUPPORT
CORPORATE COPY PRINT 111 S MAIN INDEPENDENCE, MO 64050	43-1775551		5,003.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COURAGEOUS LIFE CHURCH 17310 E US HWY 40 INDEPENDENCE, MO 64055	45-5011117	501C3	10,000.	0.			GENERAL SUPPORT
CRECER FOUNDATION P.O. BOX 399 DESOTO, KS 66018	20-5197207	501C3	15,000.	0.			GENERAL SUPPORT
CROSSLINE CHURCH 23331 MOULTON PARKWAY LAGUNA HILLS, CA 92653	73-1721664	501C3	22,750.	0.			GENERAL SUPPORT
DRUMM FARM CENTER FOR CHILDREN, INC. - 3210 S LEE'S SUMMIT RD. - INDEPENDENCE, MO 64055	44-0569643	501C3	37,663.	0.			GENERAL SUPPORT
EMMAUS HOMES 3731 MUELLER ROAD ST. CHARLES, MO 63301	43-0653309	501C3	7,700.	0.			GENERAL SUPPORT
ENGLEWOOD ARTS 10901 E. WINNER ROAD INDEPENDENCE, MO 64052	84-3106613	501C3	252,300.	0.			GENERAL SUPPORT
EQUITABLE FINANCIAL LIFE INSURANCE CO. - PO BOX 1047 - CHARLOTTE, NC 28201			6,322.	0.			GENERAL SUPPORT
FEEDING AMERICA 161 N CLARK ST STE 700 CHICAGO, IL 60601	36-3673599	501C3	45,000.	0.			GENERAL SUPPORT
FELLOWSHIP BIBLE CHURCH 1210 FRANKLIN ROAD BRENTWOOD, TN 37027	62-1660360	501C3	394,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD KANSAS CITY, MO 64129	44-0610626	501C3	10,000.	0.			GENERAL SUPPORT
FRED ARBANAS GOLF CLUB 11100 VIEW HIGH DRIVE LEES SUMMIT, MO 64134			9,610.	0.			GENERAL SUPPORT
GATEHOUSE MEDIA MISSOURI HOLDINGS II, INC. - PO BOX 631339 - CINCINNATI, OH 45263			5,818.	0.			GENERAL SUPPORT
GATEWAY CHURCH OF BLUE SPRINGS 5600 SW WOODS CHAPEL ROAD BLUE SPRINGS, MO 64015	36-4514694	501C3	72,800.	0.			GENERAL SUPPORT
GIVE SAFE WATER PO BOX 8833 KANSAS CITY, MO 64114	46-4821379	501C3	10,000.	0.			GENERAL SUPPORT
GOSPEL PARK CHURCH OF JESUS CHRIST RESTORATION BRANCH - 3205 S ELIZABETH AVE - INDEPENDENCE, MO 64057		501C3	6,000.	0.			GENERAL SUPPORT
GRACELAND UNIVERSITY FINANCIAL AID SERVICES CAMPUS BOX 5800, 1 UNIVERSITY PLACE - LAMONI, IA 5014	42-0707114	501C3	30,474.	0.			GENERAL SUPPORT
GRACELAND UNIVERSITY-INDEPENDENCE 1401 WEST TRUMAN ROAD INDEPENDENCE, MO 64050	42-0707114	501C3	13,741.	0.			GENERAL SUPPORT
GRACE ORTHODOX PRESBYTERIAN CHURCH 2381 CEDAR LANE VIENNA, VA 22180		501C3	26,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACEWORKS MINISTRIES 104 SOUTHEAST PARKWAY FRANKLIN, TN 37064	62-1584204	501C3	10,000.	0.			GENERAL SUPPORT
GRAIN VALLEY R-5 SCHOOL DISTRICT 31606 NE PINK HILL RD GRAIN VALLEY, MO 64029	446004947	501C3	78,506.	0.			GENERAL SUPPORT
GUIDESTONE FINANCIAL RESOURCES OF THE SOUTHERN BAPTIST CONVENTION - 5005 LYNDON B. JOHNSON FWY, SUITE 2200 - DALLAS, TX 75244	75-0939949	501C3	32,953.	0.			GENERAL SUPPORT
HARRAH'S KANSAS CITY HOSPITALITY ACCOUNTING PO BOX 96118 LAS VEGAS, NV 89193			7,500.	0.			GENERAL SUPPORT
HARRISONVILLE ANIMAL SHELTER P.O. BOX 367 HARRISONVILLE, MO 64701	44-6000184	501C3	25,814.	0.			GENERAL SUPPORT
HARRISONVILLE MINISTERIAL ALLIANCE - SHEPHERD'S STAFF FOOD PANTRY - 1311 SANDERS STREET - HARRISONVILLE, MO 64701	43-1800881	501C3	23,653.	0.			GENERAL SUPPORT
HARTSOOK P. O. BOX 410046 KANSAS CITY, MO 64141			26,314.	0.			GENERAL SUPPORT
HARVESTERS 3801 TOPPING AVENUE KANSAS CITY, MO 64129	43-1208665	501C3	35,154.	0.			GENERAL SUPPORT
HILLCREST TRANSITIONAL HOUSING OF MIDAMERICA - PO BOX 901924 - KANSAS CITY, MO 64190	20-3093292	501C3	77,811.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLSDALE COLLEGE 33 E COLLEGE ST HILLSDALE, MI 49242	38-1374230	501C3	27,164.	0.			GENERAL SUPPORT
HOPE HOUSE, INC. P. O. BOX 577 LEES SUMMIT, MO 64063	43-1265685	501C3	18,303.	0.			GENERAL SUPPORT
HOPE NETWORK OF RAYTOWN 10500 EAST 350 HIGHWAY RAYTOWN, MO 64138	26-0240331	501C3	6,250.	0.			GENERAL SUPPORT
HUMPHREY, FARRINGTON & MCCLAIN P.C. - 221 WEST LEXINGTON AVENUE - INDEPENDENCE, MO 64050	43-1186056		6,405.	0.			GENERAL SUPPORT
INDEPENDENCE POLICE DEPT. CHARITABLE FOUNDATION, INC. - 223 N MEMORIAL DRIVE - INDEPENDENCE, MO 64050	85-0520849	501C3	27,211.	0.			GENERAL SUPPORT
INDEPENDENCE SCHOOL DIST. FOUNDATION - 201 N. FOREST AVENUE - INDEPENDENCE, MO 64050	43-1831303	501C3	9,712.	0.			GENERAL SUPPORT
INDEPENDENCE SQUARE ASSOCIATION 108 S. LIBERTY ST. INDEPENDENCE, MO 64050	43-1656837	501C3	11,924.	0.			GENERAL SUPPORT
INDIANA UNIVERSITY FOUNDATION SHOWALTER HOUSE 1500 STATE RD 46 BY BLOOMINGTON, IN 47408	35-6018940	501C3	16,500.	0.			GENERAL SUPPORT
INTERNATIONAL JUSTICE MISSION PO BOX 96961 WASHINGTON, DC 20090	54-1722887	501C3	15,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON COUNTY HISTORICAL SOCIETY P. O. BOX 4241 INDEPENDENCE, MO 64051	44-0651562	501C3	34,674.	0.			GENERAL SUPPORT
JOHN KNOX VILLAGE FOUNDATION 400 NW MURRAY RD LEES SUMMIT, MO 64081	43-1304714	501C3	7,000.	0.			GENERAL SUPPORT
JOURNEY BIBLE CHURCH INC 13700 W 151ST ST OLATHE, KS 66062	48-0928553	501C3	6,000.	0.			GENERAL SUPPORT
JOURNEY CHURCH INTERNATIONAL 1601 SW STATE ROUTE 150 LEES SUMMIT, MO 64082		501C3	15,000.	0.			GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF MIDDLE AMERICA, INC. - PO BOX 801686 - KANSAS CITY, MO 64180	44-0604809	501C3	10,000.	0.			GENERAL SUPPORT
KANSAS CITY FREE EYE CLINIC 705 VIRGINIA AVE KANSAS CITY, MO 64106	27-0704299	501C3	5,500.	0.			GENERAL SUPPORT
KANSAS CITY HOSPICE HOUSE 12000 WORNALL ROAD KANSAS CITY, MO 64145	43-1724085	501C3	28,474.	0.			GENERAL SUPPORT
KANSAS CITY METROPOLITAN LIBRARY AND INFORMATION NETWORK DBA MID-AMERICA LI - 15624 E. US HIWAY 24 - INDEPENDENCE, MO 64050	43-1214124	501C3	30,000.	0.			GENERAL SUPPORT
KANSAS CITY PET PROJECT 7077 ELMWOOD AVE. KANSAS CITY, MO 64132	45-3067615	501C3	14,258.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KANSAS CITY SCHOLARS, INC. 8080 WARD PARKWAY, SUITE 402 KANSAS CITY, MO 64114	81-3287932	501C3	38,606.	0.			GENERAL SUPPORT
KANSAS CITY SYMPHONY 1644 WYANDOTTE ST KANSAS CITY, MO 64108	43-1297475	501C3	5,200.	0.			GENERAL SUPPORT
KANSAS UNIVERSITY ALUMNI ASSOCIATION - ADAMS ALUMNI CENTER 1266 OREAD AVE - LAWRENCE, KS 66045	48-0291250	501C3	28,474.	0.			GENERAL SUPPORT
KCPT - PUBLIC TELEVISION 125 E. 31ST STREET KANSAS CITY, MO 64108	23-7114952	501C3	16,582.	0.			GENERAL SUPPORT
KNOX PRESBYTERIAN CHURCH 9595 W 95TH ST OVERLAND PARK, KS 66212	48-0686721	501C3	6,600.	0.			GENERAL SUPPORT
LEE'S SUMMIT ACADEMY 601 NW LIBBY LN LEES SUMMIT, MO 64063	43-1118190	501C3	9,000.	0.			GENERAL SUPPORT
LEE'S SUMMIT CHRISTIAN CHURCH 800 NE TUDOR RD. LEES SUMMIT, MO 64086	44-0642460	501C3	285,032.	0.			GENERAL SUPPORT
LEE'S SUMMIT SOCIAL SERVICES 108 S E 4TH STREET LEES SUMMIT, MO 64063	43-1604974	501C3	5,750.	0.			GENERAL SUPPORT
LEE'S SUMMIT SYMPHONY ORCHESTRA P. O. BOX 352 LEES SUMMIT, MO 64063	27-0055476	501C3	8,850.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEE UNIVERSITY- FUNDRAISING 1120 N. OCOEE ST. CLEVELAND, TN 37311	62-0502739	501C3	20,000.	0.			GENERAL SUPPORT
LEGACY CHRISTIAN CHURCH 10150 ANTIOCH RD OVERLAND PARK, KS 66212		501C3	12,000.	0.			GENERAL SUPPORT
LINCOLN NATIONAL LIFE INSURANCE CO. - P. O. BOX 7719 - PHILADELPHIA, PA 19170	350472300		73,217.	0.			GENERAL SUPPORT
LINCOLN NATIONAL LIFE INSURANCE COMPANY - P. O. BOX 7247 0439 - PHILADELPHIA, PA 19170	35-0472300		7,000.	0.			GENERAL SUPPORT
LUCILLE'S 1913 5512 LABRANCH HOUSTON, TX 77004	85-2070701	501C3	6,000.	0.			GENERAL SUPPORT
LUTHERAN HIGH SCHOOL ASSOCIATION 5401 LUCAS AND HUNT RD ST. LOUIS, MO 63121	43-0662478	501C3	25,000.	0.			GENERAL SUPPORT
MARIAN HOPE 14820 E. 42ND STREET INDEPENDENCE, MO 64055	42-1622474	501C3	6,000.	0.			GENERAL SUPPORT
MBCH CHILDREN AND FAMILY MINISTRIES - 11300 ST. CHARLES ROCK ROAD - BRIDGETON, MO 63044	431948009	501C3	13,158.	0.			GENERAL SUPPORT
MEALS ON WHEELS CO TRINITY EPISCOPAL CHURCH 409 N. INDEPENDENCE, MO 64050	43-1083396	501C3	20,795.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF LEE'S SUMMIT, INC. - P.O. BOX 1393 - LEES SUMMIT, MO 64063	43-1886433	501C3	5,800.	0.			GENERAL SUPPORT
METROPOLITAN COMMUNITY COLLEGE KC FOUNDATION - 3200 BROADWAY - KANSAS CITY, MO 64111	51-0181875	501C3	17,000.	0.			GENERAL SUPPORT
MID-CONTINENT PUBLIC LIBRARY 15616 E. 24 HIGHWAY INDEPENDENCE, MO 64050	44-6000522	501C3	5,800.	0.			GENERAL SUPPORT
MIDWEST INNOCENCE PROJECT 3619 BROADWAY BLVD, SUITE 2 KANSAS CITY, MO 64111	43-1914499	501C3	6,000.	0.			GENERAL SUPPORT
MISSION AVIATION FELLOWSHIP PO BOX 47 NAMPA, ID 83653	95-1920983	501C3	12,000.	0.			GENERAL SUPPORT
MISSION ROAD COMMUNITY OF CHRIST 7842 MISSION ROAD PRAIRIE VILLAGE, KS 66208		501C3	113,895.	0.			GENERAL SUPPORT
MISSION SOUTHSIDE 514 S KANSAS AVE OLATHE, KS 66061	27-3655778	501C3	10,000.	0.			GENERAL SUPPORT
MISSOURI PARK AND RECREATION ASSOCIATION - 2018 WILLIAM ST. - JEFFERSON CITY, MO 65109	43-1239865	501C3	9,645.	0.			GENERAL SUPPORT
MOTHER'S REFUGE 14400 E. 42ND ST. S., STE. 220 INDEPENDENCE, MO 64055	43-1454628	501C3	27,650.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSIC/ARTS INSTITUTE 1010 S. PEARL INDEPENDENCE, MO 64050	43-1245831	501C3	35,769.	0.			GENERAL SUPPORT
NATIONAL MULTIPLE SCLEROSIS SOCIETY MID-AMERICA - 2020 W 89TH STREET, SUIT 100 - LEAWOOD, KS 66206	13-5661935	501C3	5,500.	0.			GENERAL SUPPORT
NATIVITY OF THE BLESSED VIRGIN MARY CATHOLIC CHURCH - W10137 570TH AVE. - RIVER FALLS, WI 54022	39-0806877	501C3	8,000.	0.			GENERAL SUPPORT
OPERATION BREAKTHROUGH 3039 TROOST KANSAS CITY, MO 64109	43-0971560	501C3	7,875.	0.			GENERAL SUPPORT
ORDINARY HERO FOUNDATION, INC. PO BOX 1945 BRENTWOOD, TN 37024	27-1778360	501C3	21,000.	0.			GENERAL SUPPORT
PB&J CATERING 10220 W 87TH STREET OVERLAND PARK, KS 66212			16,826.	0.			GENERAL SUPPORT
PISGAH BAPTIST CHURCH 112 PISGAH DR. EXCELSIOR SPRINGS, MO 64024		501C3	5,255.	0.			GENERAL SUPPORT
PLAY TO LEARN MINISTRIES 101 NE R.D. MIZE ROAD BLUE SPRINGS, MO 64014	61-1714726	501C3	14,540.	0.			GENERAL SUPPORT
PRESBYTERIAN CHURCH IN AMERICA FOUNDATION, INC. - 1700 NORTH BROWN ROAD, SUITE 103 - LAWRENCEVILLE, GA 30043	58-1412526	501C3	50,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRO DEO YOUTH CENTER 214 NE CHIPMAN ROAD LEES SUMMIT, MO 64063	27-1834872	501C3	11,000.	0.			GENERAL SUPPORT
PROJECT GROWS PO BOX 781 STAUNTON, VA 24402	46-1070735	501C3	52,000.	0.			GENERAL SUPPORT
PROTECTIVE LIFE INSURANCE COMPANY PO BOX 2606 BIRMINGHAM, AL 35202			235,000.	0.			LIFE INSURANCE PAYMENT
PUPPETRY ARTS INSTITUTE 11025 E. WINNER RD. INDEPENDENCE, MO 64052	43-1891966	501C3	6,000.	0.			GENERAL SUPPORT
RAYMORE-PECULIAR PUBLIC SCHOOL FOUNDATION - P. O. BOX 789 - PECULIAR, MO 64078	43-1597516	501C3	8,000.	0.			GENERAL SUPPORT
RAYTOWN ARTS COUNCIL PO BOX 9524 RAYTOWN, MO 64133	43-1724324	501C3	8,170.	0.			GENERAL SUPPORT
RAYTOWN CHRISTIAN CHURCH 6108 BLUE RIDGE BOULEVARD RAYTOWN, MO 64133	44-0590264	501C3	5,200.	0.			GENERAL SUPPORT
RAYTOWN EDUCATIONAL FOUNDATION 10750 E 350 HIGHWAY RAYTOWN, MO 64138	43-1667551	501C3	29,989.	0.			GENERAL SUPPORT
RAYTOWN EMERGENCY ASSISTANCE PROGRAM - REAP - 9300 E. 75TH STREET - RAYTOWN, MO 64138	43-1294275	501C3	6,740.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAYTOWN VOLUNTEERS IN POLICE SERVICE - P.O.BOX 18695 - RAYTOWN, MO 64133	82-3006792	501C3	17,542.	0.			GENERAL SUPPORT
REACH OUT AND READ KANSAS CITY KU MEDICAL CENTER 3901 RAINBOW BLVD., MS 1501 - KANSAS CITY, KS 66160	48-0547734	501C3	10,000.	0.			GENERAL SUPPORT
REDEEMER PRESBYTERIAN CHURCH INC 9333 W 159TH ST OVERLAND PARK, KS 66221	48-1138076	501C3	5,600.	0.			GENERAL SUPPORT
RESTART, INC. 918 E. 9TH STREET KANSAS CITY, MO 64106	43-1349378	501C3	22,780.	0.			GENERAL SUPPORT
RESTORATION HOUSE OF GREATER KANSAS CITY - 25713 S STATE ROUTE K - HARRISONVILLE, MO 64701	27-4837279	501C3	26,550.	0.			GENERAL SUPPORT
REVIVE CHURCH 9900 VIEW HIGH DR KANSAS CITY, MO 64134	43-1118190	501C3	6,800.	0.			GENERAL SUPPORT
RISE FOUNDATION 2657 KIPLING STREET PALO ALTO, CA 94306	916542513	501C3	14,500.	0.			GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES - KC - 2502 CHERRY STREET - KANSAS CITY, MO 64108	43-1190760	501C3	8,100.	0.			GENERAL SUPPORT
SALVATION ARMY - INDEPENDENCE 14700 E. TRUMAN ROAD INDEPENDENCE, MO 64050	44-0545998	501C3	14,113.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY OF KANSAS AND WESTERN MISSOURI - 3637 BROADWAY - KANSAS CITY, MO 64111	44-0545998	501C3	7,850.	0.			GENERAL SUPPORT
SHOW-ME PRESENTATION RESOURCES 4501 BLUE RIDGE CUTOFF KANSAS CITY, MO 64133	43-1386650		10,760.	0.			GENERAL SUPPORT
SLEEP IN HEAVENLY PEACE - MO-KC SE CHAPTER - 8818 S CORN RD - OAK GROVE, MO 64075	46-4346568	501C3	9,000.	0.			GENERAL SUPPORT
SOCIETY FOR THE STUDY OF AMPHIBIANS AND REPTILES - 12615 ROCKFORD ROAD - PLYMOUTH, MN 55441	48-0939873	501C3	23,550.	0.			GENERAL SUPPORT
ST. BRIDGET CATHOLIC CHURCH 2103 LEXINGTON RD PLEASANT HILL, MO 64080	77-0603959	501C3	8,000.	0.			GENERAL SUPPORT
ST. CYRIL'S CATHOLIC CHURCH 11401 CHICAGO AVENUE SUGAR CREEK, MO 64054		501C3	5,100.	0.			GENERAL SUPPORT
STEPPINGSTONE-EVANGELICAL CHILDREN'S HOME - 5100 NOLAND ROAD - KANSAS CITY, MO 64133	43-0654856	501C3	20,760.	0.			GENERAL SUPPORT
ST. JOHN LALANDE CATHOLIC CHURCH 805 NW. R.D. MIZE RD. BLUE SPRINGS, MO 64015	44-0597564	501C3	5,050.	0.			GENERAL SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	35-1044585	501C3	33,174.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. MARK'S CATHOLIC CHURCH 3736 LEE'S SUMMIT ROAD INDEPENDENCE, MO 64055	43-0835155	501C3	17,000.	0.			GENERAL SUPPORT
ST. MARY'S CATHOLIC CHURCH - HIGGINSVILLE - 401 W BROADWAY - HIGGINSVILLE, MO 64037		501C3	10,000.	0.			GENERAL SUPPORT
ST. PETERS' CATHOLIC CHURCH 815 E. MEYER BOULEVARD KANSAS CITY, MO 64131	44-0546198	501C3	10,580.	0.			GENERAL SUPPORT
ST. ROBERT BELLARMINE CATHOLIC CHURCH - 4313 SW STATE ROUTE 7 - BLUE SPRINGS, MO 64014		501C3	9,000.	0.			GENERAL SUPPORT
STUDENT MOBILIZATION INC. PO BOX 567 CONWAY, AR 72033	71-0629392	501C3	9,050.	0.			GENERAL SUPPORT
SUBURBAN BALANCE 316 NE LAKES EDGE CIR LEES SUMMIT, MO 64064	90-0805670	501C3	11,000.	0.			GENERAL SUPPORT
SUMMIT CHRISTIAN ACADEMY 1450 SW JEFFERSON ST LEES SUMMIT, MO 64081	43-1554054	501C3	10,500.	0.			GENERAL SUPPORT
SUMMIT WOODS BAPTIST CHURCH 2501 SE SHENANDOAH DR. LEES SUMMIT, MO 64063	43-1810675	501C3	9,600.	0.			GENERAL SUPPORT
SUPPORTING KIDS FOUNDATION PO BOX 15171 LENEXA, KS 66285	27-2386653	501C3	25,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SYMETRA LIFE INSURANCE PO BOX 34815 SEATTLE, WA 98124			295,000.	0.			LIFE INSURANCE PAYMENT
TANG MATH, LLC PO BOX 777850 HENDERSON, NV 89077	84-2024498	501C3	13,500.	0.			GENERAL SUPPORT
THE GATHERING BAPTIST CHURCH 4505 S. NOLAND INDEPENDENCE, MO 64055	82-4947942	501C3	25,400.	0.			GENERAL SUPPORT
THE GLOBAL ORPHAN PROJECT, INC. 3161 WYANDOTTE ST KANSAS CITY, MO 64111	81-6079539	501C3	10,000.	0.			GENERAL SUPPORT
THE LITERACY LAB 4049 PENNSYLVANIA AVE, SUITE 300 KANSAS CITY, MO 64111	27-1777117	501C3	11,000.	0.			GENERAL SUPPORT
THE NOAH WORCESTER DERMATOLOGICAL SOCIETY - 8365 KEYSTONE CROSSING, SUITE 107 - INDIANAPOLIS, IN 46240	31-6041372	501C3	25,000.	0.			GENERAL SUPPORT
THE RIDGE: A COMMUNITY CHURCH 5055 BLUE RIDGE BLVD. KANSAS CITY, MO 64133	44-6012597	501C3	6,120.	0.			GENERAL SUPPORT
THE SUMMIT CHURCH (LEE'S SUMMIT UNITED METHODIST CHURCH) - 3381 NW CHIPMAN ROAD - LEES SUMMIT, MO 64081	44-0579859	501C3	8,400.	0.			GENERAL SUPPORT
THE WASHINGTON CHORUS 3220 N STREET NW #230 WASHINGTON, DC 20007	52-6054269	501C3	26,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TNC COMMUNITY 12404 E. U.S. HIGHWAY 40 INDEPENDENCE, MO 64055	44-0608429	501C3	12,000.	0.			GENERAL SUPPORT
TRUMAN STATE UNIVERSITY FOUNDATION 100 EAST NORMAL MCCLAIN HALL 205 KIRKSVILLE, MO 63501	43-1381504	501C3	5,100.	0.			GENERAL SUPPORT
TUNNEL TO TOWERS 2361 HYLAN BOULEVARD STATEN ISLAND, NY 10306	02-0554654	501C3	6,000.	0.			GENERAL SUPPORT
UNITED INNER CITY SERVICES 2008 E 12TH STREET KANSAS CITY, MO 64108	44-0646347	501C3	6,000.	0.			GENERAL SUPPORT
UNITED WE 2100 CENTRAL STREET, SUITE 11E KANSAS CITY, MO 64108	43-1584928	501C3	11,000.	0.			GENERAL SUPPORT
UNIVERSITY HEALTH CHARITABLE FOUNDATION - 2310 HOLMES, SUITE 735 - KANSAS CITY, MO 64108	43-1194064	501C3	17,000.	0.			GENERAL SUPPORT
UNIVERSITY OF CENTRAL MISSOURI ALUMNI FOUNDATION - SMISER ALUMNI CENTER PO BOX 800 - WARRENSBURG, MO 64093	43-1181566	501C3	15,500.	0.			GENERAL SUPPORT
UNIVERSITY OF MISSOURI EXTENSION JACKSON COUNTY - 605 SW US HIGHWAY 40 #313 - BLUE SPRINGS, MO 64014	44-0602985	501C3	13,000.	0.			GENERAL SUPPORT
VETERANS COMMUNITY PROJECT 8900 TROOST AVENUE KANSAS CITY, MO 64131	47-4960735	501C3	6,200.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VICTORIAN SOCIETY OF THE VAILE MANSION - P.O. BOX 316 - INDEPENDENCE, MO 64051	43-1384217	501C3	6,300.	0.			GENERAL SUPPORT
VISITING NURSE ASSOCIATION CORPORATION - 1500 MEADOW LAKE PARKWAY - KANSAS CITY, MO 64114	43-1337104	501C3	9,000.	0.			GENERAL SUPPORT
WASHBURN UNIVERSITY ALUMNI ASSOCIATION AND FOUNDATION - 1729 MACVICAR AVENUE - TOPEKA, KS 66604	48-6105561	501C3	36,000.	0.			GENERAL SUPPORT
WHITE HORSE INC. 13230 EVENING CREEK DR S, STE. 220 - SAN DIEGO, CA 92128	27-0565982	501C3	25,000.	0.			GENERAL SUPPORT
WILLIAM CHRISMAN HIGH SCHOOL BOOSTER CLUB - 1223 N NOLAND RD - INDEPENDENCE, MO 64050	36-4680380	501C3	6,280.	0.			GENERAL SUPPORT
WOODS CHAPEL UNITED METHODIST CHURCH - 4725 NE LAKEWOOD WAY - LEES SUMMIT, MO 64064	43-1149705	501C3	23,500.	0.			GENERAL SUPPORT
ZARACHEMLA BRANCH 502 SW 17TH STREET BLUE SPRINGS, MO 64015		501C3	28,474.	0.			GENERAL SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	271	500,180.	0.		

Part IV **Supplemental Information.** 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.

ORGANIZATIONS INTERESTED IN APPLYING FOR ADDITIONAL YEAR OF FUNDING, MUST

Part IV Supplemental Information

SUBMIT AN INTERIM REPORT DESCRIBING MEANINGFUL OUTCOMES. THIS REPORT MUST ACCOMPANY THE LETTER OF INTEREST FOR THE THE ADDITIONAL YEAR OF FUNDING.

ALL RECIPIENT ORGANIZATIONS, MUST SUBMIT A WRITTEN FINAL REPORT TO TRUMAN HEARTLAND COMMUNITY FOUNDATION 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, INCLUDE BASELINE DATA AND IMPROVEMENTS IN PROGRAM DELIVERY AS A RESULT OF OUTCOMES MONITORING.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

TRUMAN HEARTLAND COMMUNITY FOUNDATION

Employer identification number

43-1482136

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
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For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

[illegible]

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

[illegible]

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public
Inspection

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

Name of the organization

TRUMAN HEARTLAND COMMUNITY FOUNDATION

Employer identification number

43-1482136

Part I Types of Property

	(a) 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	162	5,616,619.	FAIR MARKET VALUE
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 V, Donee Acknowledgement

29

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

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

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

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 didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2021

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

TRUMAN HEARTLAND COMMUNITY FOUNDATION

Employer identification number

43-1482136

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

NONPROFIT ORGANIZATIONS PERTAINING TO HEALTH AND WELFARE, ARTS AND
CULTURE, COMMUNITY BETTERMENT, EDUCATION, AND MISSOURI WILDLIFE

CONSERVATION TOTALING \$427,323. SCHOLARSHIPS TOTALING 343 WERE AWARDED
TO 241 INDIVIDUALS, INCLUDING HIGH SCHOOL SENIORS, UNDERGRADUATE,
GRADUATE, AND TECHNICAL STUDENTS, TOTALING \$536,192 TO SUPPORT
CONTINUING EDUCATION. THE 126 SCHOLARSHIP FUNDS WERE CREATED THROUGH
DONORS' DEDICATION AND GIVING.

THE HEARTLAND LEGACY SOCIETY GREW TO NEARLY 180 MEMBERS IN 2021.

THROUGH CAREFUL PLANNING, MEMBERS OF THIS SPECIAL GROUP HAVE MADE
PROVISIONS IN THEIR ESTATE TO BENEFIT CHARITY. RATHER THAN MAKING A
ONE-TIME FINAL GIFT TO CHARITY, LEGACY SOCIETY MEMBERS PLAN FOR FUTURE
CONTRIBUTIONS TO BE ADDED TO AN EXISTING DAF OR TO ESTABLISH A NEW FUND
FROM THE LEGACY GIFT. OUR MEMBERS FIND COMFORT IN KNOWING THEY WILL
LEAVE BEHIND A LEGACY OF THOUGHTFUL PHILANTHROPY THAT WILL CONTINUE FOR
YEARS TO COME.

THANKS TO MORE THAN \$125,000 IN FUNDHOLDER CONTRIBUTIONS, THE JOB
SKILLS FOR NEW CAREERS INITIATIVE IMPROVED THE ECONOMIC STATUS OF 94
EASTERN JACKSON COUNTY PARTICIPANTS BY PROVIDING THEM WITH A PATHWAY TO
HIGHER-PAYING, IN-DEMAND CAREERS THROUGH JOB SKILLS TRAINING, FINANCIAL
COACHING, AND MENTORSHIP. JOB SKILLS FOR NEW CAREERS IS A COLLABORATION
OF FOUR KEY ORGANIZATIONS: COMMUNITY SERVICES LEAGUE, KC SCHOLARS,
MID-CONTINENT PUBLIC LIBRARY, AND THE UNIVERSITY OF CENTRAL MISSOURI.

BY UTILIZING EACH ORGANIZATION'S UNIQUE ASSETS, APPLICANTS RECEIVED

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization

TRUMAN HEARTLAND COMMUNITY FOUNDATION

Employer identification number

43-1482136

FREE TRAINING IN FIELDS THAT PAY LIVING WAGES AND CONTINUE TO BE IN HIGH DEMAND IN OUR REGION, INCLUDING HEALTHCARE AND SKILLED INDUSTRIAL TRADES.

THE THCF YOUTH ADVISORY COUNCIL (YAC) INCLUDED 60 STUDENTS FROM 12 LOCAL HIGH SCHOOLS. IN YAC, OUR "SCHOOL OF PHILANTHROPY," STUDENTS LEARN ABOUT PHILANTHROPY AND GAIN HANDS-ON EXPERIENCE IN FUNDRAISING, GRANTMAKING, AND VOLUNTEERISM. YAC HOSTED ITS ANNUAL FUNDRAISER IN MARCH 2021, A DRIVE-IN MOVIE EVENT, "WHEELS AND REELS." THE PROCEEDS FROM THE FUNDRAISER BENEFITTED THE YAC ENDOWMENT FUND TO INCREASE YAC'S GRANTMAKING TO AREA NONPROFITS AS PART OF THE FOUNDATION'S ANNUAL GRANTS PROGRAM. IN APRIL 2021, YAC HELD ITS ANNUAL "FILL THOSE TRUCKS" FOOD DRIVE, BENEFITTING COMMUNITY SERVICES LEAGUE, LEE'S SUMMIT SOCIAL SERVICES, AND RAYTOWN EMERGENCY ASSISTANCE PROGRAM. THE AGENCIES RECEIVED MULTIPLE BOX TRUCK LOADS OF PANTRY STAPLES TO SUPPORT THEIR FOOD-INSECURE CLIENTELE. IN NOVEMBER 2021, YAC PARTICIPATED IN A GROUP VOLUNTEERING ACTIVITY WITH SLEEP IN HEAVENLY PEACE, AN AGENCY WHOSE MISSION IS TO BUILD BEDS FOR CHILDREN IN THE COMMUNITY IN NEED. YAC WAS ABLE TO BUILD 40 BEDS THAT DAY, THE SUPPLIES FOR WHICH WERE PURCHASED WITH GRANT FUNDING PROVIDED BY YAC IN NOVEMBER 2019 (THE BUILD DAY WAS DELAYED BY COVID-19).

THE TOAST TO OUR TOWNS GALA COMMITTEE, CHAIRED BY LINDA GERDING, WAS EXCITED TO HAVE A LIVE GALA EVENT AGAIN IN 2021. DRESSED TO THE NINES AND WEARING OUR MASKS, WE GATHERED TO CELEBRATE THE EXTRAORDINARY PEOPLE WHO HAVE DEDICATED THEMSELVES TO EASTERN JACKSON COUNTY AND THE SURROUNDING COMMUNITIES. THIS YEAR'S EVENT SHOW CASED THE FOUNDATION'S WORK IN THE COMMUNITY, HIGHLIGHTING THOSE INDIVIDUALS AND BUSINESSES

Name of the organization

TRUMAN HEARTLAND COMMUNITY FOUNDATION

Employer identification number

43-1482136

MAKING SIGNIFICANT COMMUNITY CONTRIBUTIONS. IN SPECIAL RECOGNITION OF THE VALENT EFFORTS OF ALL OUR HEALTHCARE WORKERS DURING THE PANDEMIC, THCF HONORED SIX LOCAL HEALTHCARE HEROES WITH HEARTLAND SERVICE AWARDS FOR THEIR EFFORTS TO KEEP OUR COMMUNITIES HEALTHY AND SAFE. EARNINGS GOALS FOR THE GALA FAR EXCEEDED EXPECTATIONS IN 2021, AND THE PROCEEDS WERE USED FOR GENERAL OPERATING EXPENSES.

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

DUE TO THE TIMING OF FILING, A COPY OF THE 990 WILL BE SENT TO THE BOARD FOR REVIEW AFTER FILING HAS BEEN COMPLETED. AN AMENDMENT WILL BE FILED, IF NECESSARY.

TYPICAL POLICY AND PROCEDURE FOR THE 990 REVIEW INCLUDES A COPY OF THE ENTIRE 990 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, SECTION B, LINE 12C:

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRM SUCH PERSON:

- A. HAS RECEIVED A COPY OF THE CONFLICT 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

Name of the organization

TRUMAN HEARTLAND COMMUNITY FOUNDATION

Employer identification number

43-1482136

ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

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

TRUMAN HEARTLAND COMMUNITY FOUNDATION 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, AND FRINGE BENEFITS PROVIDED.

ANNUALLY, THE PERSONNEL COMMITTEE WILL REVIEW COMPENSATION AND BENEFITS OF EACH EMPLOYEE USING THE GUIDELINES DEVELOPED. THE COMMITTEE WILL BE COMPRISED OF INDEPENDENT BOARD OF DIRECTORS. THE COMMITTEE WILL RECOMMEND EXECUTIVE COMPENSATION PACKAGES TO THE BOARD OF DIRECTORS FOR APPROVAL. 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.

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

TRUMAN HEARTLAND COMMUNITY FOUNDATION IS COMMITTED TO PROVIDING READY PUBLIC ACCESS TO IMPORTANT FOUNDATION DOCUMENTS. THE FOLLOWING DOCUMENTS

Name of the organization

TRUMAN HEARTLAND COMMUNITY FOUNDATION

Employer identification number

43-1482136

ARE AVAILABLE IN THE FOUNDATION OFFICE DURING NORMAL WORKING HOURS: TAX FORM 990, 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 INCLUDED IN THE ANNUAL REPORT. (ALSO AVAILABLE ON THE FOUNDATION WEBSITE).

PUBLIC AVAILABILITY OF THE FOREGOING 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, AND ADMINISTRATIVE FEES SCHEDULE.

THE ANNUAL REPORTS ARE ON THE FOUNDATION WEBSITE AND INCLUDE YEAR END UNAUDITED FINANCIAL INFORMATION. IN ADDITION, THE 990S ARE ALSO AVAILABLE ON THE WEBSITE. LETTERHEAD AND WEBSITE WILL LIST THE CURRENT MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS AND CHARITABLE

REMAINDER TRUST

76,696.

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

TRUMAN HEARTLAND COMMUNITY FOUNDATION

Employer identification number
43-1482136

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on 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
THCF REAL ESTATE LLC - 47-1272132	REAL ESTATE	MISSOURI		256,000.	TRUMAN HEARTLAND COMMUNITY FOUNDATION
4200 LITTLE BLUE PARKWAY STE 340					
INDEPENDENCE, MO 64057					

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

(a) 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

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

Schedule R (Form 990) 2021

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related 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" on Form 990, Part IV, line 37.

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

[illegible]

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