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

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning **and ending**

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

C Name of organization
TRUMAN HEARTLAND COMMUNITY FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
4200 LITTLE BLUE PARKWAY STE 34

City or town, state or province, country, and ZIP or foreign postal code
INDEPENDENCE, MO 64057

F Name and address of principal officer: PHILLIP HANSON
SAME AS C ABOVE

D Employer identification number
43-1482136

E Telephone number
816-836-8189

G Gross receipts $ 15,078,395.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

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

J Website: WWW.THCF.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1982 **M** State of legal domicile: MO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION'S PRIMARY EXEMPT PURPOSE IS TO IMPROVE THE LIVES OF EASTERN JACKSON COUNTY MISSOURI.

2 Check this box ☐ 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	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	9
6	Total number of volunteers (estimate if necessary)	6	434
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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	10,564,211.	10,628,099.
9	Program service revenue (Part VIII, line 2g)	907,639.	1,046,439.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,101,369.	3,304,167.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-17,615.	-2,822.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,555,604.	14,975,883.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,795,205.	6,820,214.
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)	836,443.	836,657.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 214,184.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	960,213.	1,092,745.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,591,861.	8,749,616.
19	Revenue less expenses. Subtract line 18 from line 12	5,963,743.	6,226,267.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	91,642,743.	104,786,163.
21	Total liabilities (Part X, line 26)	20,092,675.	21,900,728.
22	Net assets or fund balances. Subtract line 21 from line 20	71,550,068.	82,885,435.

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

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
JONATHAN MCKINZIE		11/12/25	☐	P01326474

Firm's name EMERICK AND 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 Accomplishments

Check 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 $ 7,985,659. including grants of $ 6,820,214.) (Revenue $ 1,046,439.)
TRUMAN HEARTLAND COMMUNITY FOUNDATION (THCF), WITH $104.7 MILLION IN ASSETS, HAS BEEN A KEY PLAYER IN PROMOTING PRIVATE GIVING FOR THE PUBLIC GOOD IN SUBURBAN EASTERN JACKSON, CASS, AND LAFAYETTE COUNTY COMMUNITIES FOR MORE THAN 40 YEARS. ONCE AGAIN THE FOUNDATION SAW A RECORD AMOUNT OF GENEROSITY THROUGH DONOR ADVISED FUND (DAF) GRANTS, COMPETITIVE GRANTS, AND SCHOLARSHIP FUNDS. IN 2024, THE TOTAL GRANTS AND SCHOLARSHIP PAYMENTS FROM ALL FUNDS TOTALED NEARLY $9 MILLION, MARKING A $1.6 MILLION INCREASE FROM THE PREVIOUS YEAR.

IN 2024, THCF ACHIEVED A NEW RECORD IN SCHOLARSHIPS WITH AWARDS OF $828,000 TO 334 STUDENTS IN OUR COMMUNITY FROM 169 SCHOLARSHIP FUNDS. SCHOLARSHIPS ALLOW STUDENTS FROM ALL WALKS OF LIFE TO PURSUE HIGHER

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 7,985,659.

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? 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? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	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? *If "Yes," complete Schedule D, Part VII*	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? *If "Yes," complete Schedule D, Part VIII*	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? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	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)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	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? *If "Yes," complete Schedule F, Parts I and IV*	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? *If "Yes," complete Schedule F, Parts II and IV*	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? *If "Yes," complete Schedule F, Parts III and IV*	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? *If "Yes," complete Schedule G, Part I.* See instructions	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? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	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? *If "Yes," complete Schedule I, Parts I and II*	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 noncash 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? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	13		
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** 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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		X
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
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? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
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? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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 X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	27		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	27		
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.

X Own website X Another's website X Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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

BRIDGET STOPPLMAN - 816-836-8189

4200 LITTLE BLUE PARKWAY, STE 340, INDEPENDENCE, MO 64057

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) 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				174,402.	0.	13,207.
(2) BRIDGET STOPPELMAN CFO	40.00			X				110,900.	0.	5,717.
(3) TERRI STEELE DIRECTOR	3.00	X						0.	0.	0.
(4) RITCHIE MOMON DIRECTOR	3.00	X						0.	0.	0.
(5) STEVE NOLL DIRECTOR	3.00	X						0.	0.	0.
(6) STAN SALVA DIRECTOR	3.00	X						0.	0.	0.
(7) DR. BETH SAVIDGE DIRECTOR	3.00	X						0.	0.	0.
(8) R. DYAN ZIMMERMAN DIRECTOR	3.00	X						0.	0.	0.
(9) MICHELE CRUMBAUGH DIRECTOR	3.00	X						0.	0.	0.
(10) MERIDETH ROSE DIRECTOR	3.00	X						0.	0.	0.
(11) LINDA GERDING DIRECTOR	3.00	X						0.	0.	0.
(12) LIESL HAYS DIRECTOR	3.00	X						0.	0.	0.
(13) JOE MULLINS DIRECTOR	3.00	X						0.	0.	0.
(14) DAVE TURNER DIRECTOR	3.00	X						0.	0.	0.
(15) DR. THOMAS MEYER SECRETARY	3.00	X		X				0.	0.	0.
(16) DR. JASON SNODGRASS DIRECTOR	3.00	X						0.	0.	0.
(17) DR. BETH ROSEMERGEY DIRECTOR	3.00	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) BETH SILVERSTEIN DIRECTOR	3.00	X						0.	0.	0.
(19) ALLAN THOMPSON DIRECTOR	3.00	X						0.	0.	0.
(20) ROCHELLE PARKER VICE CHAIR	3.00	X		X				0.	0.	0.
(21) BRET KOLMAN TREASURER	3.00	X		X				0.	0.	0.
(22) KAREN SCHULER DIRECTOR	3.00	X		X				0.	0.	0.
(23) LYNETTE WHEELER CHAIR	3.00	X		X				0.	0.	0.
(24) JEFF WALTERS PAST CHAIR	3.00	X		X				0.	0.	0.
(25) ADAM KLIETHERMES DIRECTOR	3.00	X						0.	0.	0.
(26) KIM ROAM DIRECTOR	3.00	X						0.	0.	0.
1b Subtotal								285,302.	0.	18,924.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								285,302.	0.	18,924.

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 2

		Yes	No
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*	3		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*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

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

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 (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(27) BRIDGETTE SHAFFER DIRECTOR	3.00	X						0.	0.	0.
(28) DEREK SCHOENEBERG DIRECTOR	3.00	X						0.	0.	0.
(29) JOVANNA ROHS DIRECTOR	3.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

432201
04-01-24

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	198,259.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,429,840.				
	g Noncash contributions included in lines 1a-1f	1g	$ 7,460,000.				
	h **Total.** Add lines 1a-1f			10,628,099.			
Program Service Revenue		Business Code					
	2a INCOME FROM SERVICES	900099		1,046,439.	1,046,439.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			1,046,439.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,515,717.			2515717.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	788,450.				
	b Less: cost or other basis and sales expenses	7b	0.				
	c Gain or (loss)	7c	788,450.				
	d Net gain or (loss)			788,450.			788,450.
	8a Gross income from fundraising events (not including $ 198,259. of contributions reported on line 1c). See Part IV, line 18	8a	99,690.				
	b Less: direct expenses	8b	102,512.				
	c Net income or (loss) from fundraising events			-2,822.			-2,822.
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d						
	12 **Total revenue.** See instructions			14,975,883.	1,046,439.	0.	3301345.

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	5,992,033.	5,992,033.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	828,181.	828,181.		
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	318,025.	125,454.	121,793.	70,778.
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	394,476.	158,190.	147,823.	88,463.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	73,274.	23,188.	36,596.	13,490.
10 Payroll taxes	50,882.	16,102.	25,413.	9,367.
11 Fees for services (nonemployees):				
a Management				
b Legal	553.		553.	
c Accounting	19,359.	33.	19,326.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	804,110.	804,110.		
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	58,201.	6,903.	29,312.	21,986.
13 Office expenses	18,941.	1,627.	17,151.	163.
14 Information technology	63,790.	5,480.	57,762.	548.
15 Royalties				
16 Occupancy	25,025.		25,025.	
17 Travel	3,955.	989.	1,977.	989.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,841.		14,841.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,211.		6,211.	
23 Insurance	16,131.	586.	15,215.	330.
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 PRINTING & POSTAGE	20,722.	3,282.	15,396.	2,044.
b OFFICE REPAIRS & MAINTE	19,931.	9,965.	4,983.	4,983.
c BANK FEES	12,164.	5,488.	6,432.	244.
d TELEPHONE	8,811.	4,048.	3,964.	799.
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	8,749,616.	7,985,659.	549,773.	214,184.
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 Sheet

Check 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	732,524.	1	2,062,480.
	2	Savings and temporary cash investments	9,916,780.	2	7,537,758.
	3	Pledges and grants receivable, net	145,171.	3	85,279.
	4	Accounts receivable, net	5,627.	4	1,912.
	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	24,123.	9	20,107.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 830,521.			
	b	Less: accumulated depreciation — 10b: 152,591.	682,486.	10c	677,930.
	11	Investments - publicly traded securities	80,136,032.	11	94,400,697.
	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)	91,642,743.	16	104,786,163.
Liabilities	17	Accounts payable and accrued expenses	74,490.	17	120,095.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to 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	20,018,185.	25	21,780,633.
	26	**Total liabilities.** Add lines 17 through 25	20,092,675.	26	21,900,728.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	69,085,779.	27	80,592,002.
	28	Net assets with donor restrictions	2,464,289.	28	2,293,433.
		Organizations that do not follow FASB ASC 958, check here ☐ **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	71,550,068.	32	82,885,435.
	33	Total liabilities and net assets/fund balances	91,642,743.	33	104,786,163.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,975,883.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,749,616.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,226,267.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	71,550,068.
5	Net unrealized gains (losses) on investments	5	5,090,558.
6	Donated services and use of facilities	6	-59,892.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	78,434.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	82,885,435.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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

2024

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8141442.	22600546.	8647762.	10564211.	10628099.	60582060.
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	8141442.	22600546.	8647762.	10564211.	10628099.	60582060.
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)						13824680.
6 **Public support.** Subtract line 5 from line 4.						46757380.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	8141442.	22600546.	8647762.	10564211.	10628099.	60582060.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1058126.	1587992.	1222985.	1535124.	2515717.	7919944.
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.)						
11 **Total support.** Add lines 7 through 10						68502004.

12 Gross receipts from related activities, etc. (see instructions) 12 2,429,501.

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 68.26 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 15 68.48 %

16a **33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** 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 - 2023.** 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

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 ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

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

			Yes	No
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 (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**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 - *provide details in* **Part VI**)	**5**	
6 Other distributions (describe in **Part VI**). 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 (*provide details in* **Part VI**). See instructions.	**8**	
9 Distributable amount for 2024 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-2024**	**(iii) Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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 C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number (EIN)
TRUMAN HEARTLAND COMMUNITY FOUNDATION	43-1482136

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures ..... $
3 Volunteer hours for political campaign activities .....

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

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

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:
not over $500,000	20% of the amount on line 1e.
over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures				0.	
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		5,000.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			5,000.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D (Form 990) (Rev. December 2024)
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

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		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] 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? [X] Yes [ ] 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 on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

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

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

Complete if the organization answered "Yes" 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
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

		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 in 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	42,349,873.	37,339,050.	42,241,015.	33,920,194.	28,353,148.
b Contributions	4,831,490.	3,665,670.	3,451,746.	5,247,247.	4,690,243.
c Net investment earnings, gains, and losses	3,977,624.	3,379,781.	-6,168,173.	4,872,272.	3,615,351.
d Grants or scholarships	1,773,158.	1,572,054.	1,754,484.	1,299,068.	2,405,319.
e Other expenditures for facilities and programs			1,134.	1,112.	2,329.
f Administrative expenses	549,773.	462,574.	429,920.	498,518.	330,900.
g End of year balance	48,836,056.	42,349,873.	37,339,050.	42,241,015.	33,920,194.

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

a Board designated or quasi-endowment 90.0000 %
b Permanent endowment 1.0000 %
c Term endowment 9.0000 %

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:

	Yes	No
(i) Unrelated organizations? 3a(i)		X
(ii) Related organizations? 3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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		674,000.		674,000.
b Buildings				
c Leasehold improvements		93,601.	93,601.	0.
d Equipment		62,920.	58,990.	3,930.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				677,930.

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, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))*	

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	21,472,639.
(3) LIABILITIES UNDER SPLIT-INTEREST AGREEMENTS	307,994.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	21,780,633.

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	20,247,387.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	5,090,558.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	78,434.		
e	Add lines 2a through 2d			2e	5,168,992.
3	Subtract line 2e from line 1			3	15,078,395.
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	-102,512.		
c	Add lines 4a and 4b			4c	-102,512.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	14,975,883.

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	8,912,020.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	59,892.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	102,512.		
e	Add lines 2a through 2d			2e	162,404.
3	Subtract line 2e from line 1			3	8,749,616.
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	8,749,616.

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 *(continued)*

SCHEDULE G (Form 990)

(Rev. December 2024)

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

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 nongovernment 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? Yes	**(iii)** No	**(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
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 GALA - THCF (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	297,949.			297,949.
	2 Less: Contributions	198,259.			198,259.
	3 Gross income (line 1 minus line 2)	99,690.			99,690.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	65,522.			65,522.
	7 Food and beverages	5,772.			5,772.
	8 Entertainment	18,250.			18,250.
	9 Other direct expenses	12,968.			12,968.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				102,512.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-2,822.

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ 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 the 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)*

SCHEDULE I (Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

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? ..... [X] 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
ABUNDANT LIFE CHURCH 304 SW PERSELS RD LEES SUMMIT, MO 64081	43-1730709	501(C)3	0.	19,300.			GENERAL SUPPORT
ALZHEIMER'S ASSOCIATION HEART OF AMERICA CHAPTER 8001 CONSER STE 240 - OVERLAND PARK, KS 66204	13-3039601	501(C)3	0.	15,668.			GENERAL SUPPORT
AMERICAN CANCER SOCIETY PO BOX 22478 OKLAHOMA CITY, OK 73123-1478	13-1788491	501(C)3	0.	24,723.			GENERAL SUPPORT
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 50037-0839	53-0196605	501(C)3	0.	32,023.			GENERAL SUPPORT
ANGEL FLIGHT CENTRAL, INC. 10 NW RICHARDS RD CHARLES B WHEELER DOWNTOWN AIRPORT - KANSAS CITY, MO 64116	43-1699607	501(C)3	0.	6,206.			GENERAL SUPPORT
ASCENSION LUTHERAN CHURCH 4900 BLUE RIDGE BLVD KANSAS CITY, MO 64133-2598		501(C)3	0.	12,000.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 220.

3 Enter total number of other organizations listed in the line 1 table ..... 245.

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
AVILA UNIVERSITY 11901 WORNALL RD BUSINESS OFFICE KANSAS CITY, MO 64145-1698	44-0617326	501(C)3	0.	10,500.			GENERAL SUPPORT
BENEDICTINE COLLEGE 1020 N 2ND ST ATCHISON, KS 66002-1499	48-0777079	501(C)3	0.	7,000.			GENERAL SUPPORT
BIKEWALKKC 1106 E 30TH ST STE G KANSAS CITY, MO 64109-1507	45-3832438	501(C)3	0.	8,000.			GENERAL SUPPORT
BISHOP SULLIVAN CENTER, INC. 6435 E TRUMAN RD KANSAS CITY, MO 64126-2635	43-1750848	501(C)3	0.	10,300.			GENERAL SUPPORT
BLUE RIDGE PRESBYTERIAN CHURCH PO BOX 16536 KANSAS CITY, MO 64133-0536		501(C)3	0.	8,000.			GENERAL SUPPORT
BLUE SPRINGS CHRISTIAN CHURCH 7920 S 7 HWY BLUE SPRINGS, MO 64014-5704	51-0158895	501(C)3	0.	8,000.			GENERAL SUPPORT
BLUE SPRINGS CITY THEATRE PO BOX 1358 BLUE SPRINGS, MO 64013-1358	86-1132813	501(C)3	0.	9,000.			GENERAL SUPPORT
BOYS & GIRLS CLUBS OF GREATER KANSAS CITY - 4001 MARTIN LUTHER KING JR PARKWAY, SUITE 102 - KANSAS CITY, MO 64130	43-6072065	501(C)3	0.	25,200.			GENERAL SUPPORT
BRIGHTSTONE, INC. PO BOX 682966 FRANKLIN, TN 37068-2966	62-1783260	501(C)3	0.	305,000.			GENERAL SUPPORT

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
BURNETT MUSIC FOUNDATION PO BOX 47 LEAVENWORTH, KS 66048-0047	84-4613845	501(C)3	0.	10,000.			GENERAL SUPPORT
BY THE HAND CLUB FOR KIDS PO BOX 10043 CHICAGO, IL 60610-0043	20-3144284	501(C)3	0.	50,000.			GENERAL SUPPORT
CALLED TO GREATNESS PO BOX 266 LAWRENCE, KS 66044-0266	41-2177036	501(C)3	0.	5,400.			GENERAL SUPPORT
CAMP ENCOURAGE 4025 CENTRAL KANSAS CITY, MO 64111	26-0797076	501(C)3	0.	5,500.			GENERAL SUPPORT
CANCER ACTION, INC. 7010 W 107TH ST STE 110 OVERLAND PARK, KS 66212-1837	48-0650257	501(C)3	0.	5,600.			GENERAL SUPPORT
CARE INTERNATIONAL PO BOX 1870 MERRIFIELD, VA 22116-8070	13-1685039	501(C)3	0.	15,000.			GENERAL SUPPORT
CASS COMMUNITY HEALTH FOUNDATION 2316 E MEYER BLVD KANSAS CITY, MO 64132-1136	43-1349495	501(C)3	0.	12,000.			GENERAL SUPPORT
CASS COUNTY HISTORICAL SOCIETY 400 E MECHANIC ST HARRISONVILLE, MO 64701-2428	23-7357777	501(C)3	0.	63,662.			GENERAL SUPPORT
CAVE SPRING ASSOCIATION 8701 E GREGORY BLVD RAYTOWN, MO 64133-6351	51-0189082	501(C)3	0.	6,164.			GENERAL SUPPORT

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
CENTRAL UNITED METHODIST CHURCH 5144 OAK ST, KANSAS CITY, MO 64112-2714 - KANSAS CITY, MO 64112-2714		501(C)3	0.	9,900.			GENERAL SUPPORT
CHILDREN'S MERCY HOSPITALS & CLINICS - 2401 GILLHAM RD DEPARTMENT OF PHILANTHROPY - KANSAS CITY, MO 64108-4619	44-0605373	501(C)3	0.	32,918.			GENERAL SUPPORT
CHRISTIAN CHURCH OF GREATER KANSAS CITY - 9401 JOHNSON DR - MERRIAM, KS 66203-3141	44-0558472	501(C)3	0.	9,880.			GENERAL SUPPORT
CHURCH OF THE ASCENSION 9510 W 127TH ST OVERLAND PARK, KS 66213-3200		501(C)3	0.	9,000.			GENERAL SUPPORT
CHURCH OF THE HARVEST 14841 S BLACKBOB RD OLATHE, KS 66062-2637	48-1210696	501(C)3	0.	18,000.			GENERAL SUPPORT
CITIZENS CIVIC AND CULTURAL COMMITTEE - PO BOX 1019 C/O SERMON CENTER - INDEPENDENCE, MO 64051-0519	43-1190763	501(C)3	0.	20,784.			GENERAL SUPPORT
CITY OF INDEPENDENCE - FINANCE DEPARTMENT - 111 E MAPLE AVE - INDEPENDENCE, MO 64050-3066	44-6000190		0.	40,672.			GENERAL SUPPORT
CITY UNION MISSION 1100 E 11TH ST KANSAS CITY, MO 64106-3095	44-6005481	501(C)3	0.	19,500.			GENERAL SUPPORT
CLINTON METHODIST CHURCH 601 S 4TH ST CLINTON, MO 64735-2917	44-0590276	501(C)3	0.	12,000.			GENERAL SUPPORT

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
COE COLLEGE 1220 1ST AVE NE FINANCIAL AID CEDAR RAPIDS, IA 52402-5092		501(C)3	0.	10,500.			GENERAL SUPPORT
COLDWATER OF LEE'S SUMMIT 838 SW BLUE PKWY LEES SUMMIT, MO 64063-3805	13-4306668	501(C)3	0.	8,275.			GENERAL SUPPORT
COLLEGE OF THE OZARKS PO BOX 17 POINT LOOKOUT, MO 65726-0017	44-0556862	501(C)3	0.	46,590.			GENERAL SUPPORT
COLORADO CHRISTIAN UNIVERSITY 8787 W ALAMEDA AVE LAKEWOOD, CO 80226-2824	84-0442429	501(C)3	0.	6,000.			GENERAL SUPPORT
COMMUNITY SERVICES LEAGUE 404 N NOLAND RD INDEPENDENCE, MO 64050	43-0976396	501(C)3	0.	347,750.			GENERAL SUPPORT
CONCORDIA UNIVERSITY 800 N COLUMBIA AVE RM S SEWARD, NE 68434-1594	47-0378777	501(C)3	0.	12,000.			GENERAL SUPPORT
CORNERSTONE HOMESCHOOL ENRICHMENT INC. - 25320 W 247TH ST - PAOLA, KS 66071-5571	87-2434586	501(C)3	0.	10,000.			GENERAL SUPPORT
COURAGEOUS LIFE CHURCH 17310 E US HIGHWAY 40 INDEPENDENCE, MO 64055-5338	45-5011117	501(C)3	0.	10,000.			GENERAL SUPPORT
CRECER FOUNDATION PO BOX 399 DE SOTO, KS 66018-0399	20-5197207	501(C)3	0.	15,000.			GENERAL SUPPORT

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
CROSSLINE CHURCH 23331 MOULTON PKWY LAGUNA HILLS, CA 92653-1210	73-1721664	501(C)3	0.	10,000.			GENERAL SUPPORT
DEVELOPING POTENTIAL 251 NW EXECUTIVE WAY STE 200 LEES SUMMIT, MO 64063-1889	43-1661167	501(C)3	0.	11,319.			GENERAL SUPPORT
DOCTORS WITHOUT BORDERS PO BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)3	0.	7,900.			GENERAL SUPPORT
DORDT UNIVERSITY 700 7TH ST NE SIOUX CENTER, IA 51250-1671	42-0772559	501(C)3	0.	7,500.			GENERAL SUPPORT
DRUMM FARM CENTER FOR CHILDREN, INC. - 3210 S LEES SUMMIT RD - INDEPENDENCE, MO 64055-1998	44-0569643	501(C)3	0.	36,387.			GENERAL SUPPORT
DRURY UNIVERSITY 900 N BENTON AVE BURHAM HALL, ROOM SPRINGFIELD, MO 65802-3712	44-0552049	501(C)3	0.	6,500.			GENERAL SUPPORT
EMMAUS HOMES 3731 MUELLER RD SAINT CHARLES, MO 63301-8315	43-0653309	501(C)3	0.	7,892.			GENERAL SUPPORT
ENGLEWOOD ARTS 10901 E WINNER RD INDEPENDENCE, MO 64052-3755	84-3106613	501(C)3	0.	71,638.			GENERAL SUPPORT
FEEDING AMERICA 161 N CLARK ST STE 700, CHICAGO, IL 60601-3389 - CHICAGO, IL 60601-3389	36-3673599	501(C)3	0.	13,500.			GENERAL SUPPORT

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

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FELLOWSHIP BIBLE CHURCH 1210 FRANKLIN RD, BRENTWOOD, TN 37027-6510 - BRENTWOOD, TN 37027-6510	62-1660360	501(C)3	0.	113,000.			GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS RD, KANSAS CITY, MO 64129-1680 - KANSAS CITY, MO 64129-1680	44-0610626	501(C)3	0.	12,000.			GENERAL SUPPORT
FIRST BAPTIST CHURCH OF INDEPENDENCE - 500 W TRUMAN RD, INDEPENDENCE, MO 64050-2695 - INDEPENDENCE, MO 64050-2695	04-0556855	501(C)3	0.	5,759.			GENERAL SUPPORT
FIRST CHRISTIAN CHURCH OF INDEPENDENCE - 125 S PLEASANT ST, INDEPENDENCE, MO 64050-3600 - INDEPENDENCE, MO 64050-3600	44-0593006	501(C)3	0.	5,628.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH OF LEE'S SUMMIT - 1625 NW OBRIEN RD, LEES SUMMIT, MO 64081-1556 - LEES SUMMIT, MO 64081-1556	44-0665111	501(C)3	0.	7,100.			GENERAL SUPPORT
FORT HAYS STATE UNIVERSITY FOUNDATION - PO BOX 1060, HAYS, KS 67601-1060 - HAYS, KS 67601-1060	48-6108086	501(C)3	0.	5,628.			GENERAL SUPPORT
FRANKTOWN OPEN HEARTS 320 MAIN ST STE 200, FRANKLIN, TN 37064-2677 - FRANKLIN, TN 37064-2677	20-2862970	501(C)3	0.	10,000.			GENERAL SUPPORT
GATEHOUSE MEDIA MISSOURI HOLDINGS II, INC. - PO BOX 631339, CINCINNATI, OH 45263-1339 - CINCINNATI, OH 45263-1339		501(C)3	0.	13,207.			GENERAL SUPPORT
GATEWAY CHURCH OF BLUE SPRINGS 5600 SW WOODS CHAPEL RD, BLUE SPRINGS, MO 64015-7138 - BLUE SPRINGS, MO 6401	36-4514694	501(C)3	0.	150,300.			GENERAL SUPPORT

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GILDA'S CLUB KANSAS CITY 21 W 43RD ST, KANSAS CITY, MO 64111 KANSAS CITY, MO 64111	20-0493511	501(C)3	0.	5,094.			GENERAL SUPPORT
GIVING THE BASICS, INC. 927 S 7TH ST, KANSAS CITY, KS 66105 KANSAS CITY, KS 66105	45-3069975	501(C)3	0.	6,500.			GENERAL SUPPORT
GRACE ORTHODOX PRESBYTERIAN CHURCH 2381 CEDAR LN, VIENNA, VA 22180-521 VIENNA, VA 22180-5210		501(C)3	0.	30,000.			GENERAL SUPPORT
GRACE PRESBYTERIAN CHURCH OF THE NORTH SHORE - 440 RIDGE AVE, WINNETKA, IL 60093-2519 - WINNETKA, IL 60093-2519	36-4416196	501(C)3	0.	50,000.			GENERAL SUPPORT
GRACEWORKS MINISTRIES 104 SE PARKWAY STE 800, FRANKLIN, TN 37064-3983 - FRANKLIN, TN 37064-3983	62-1584204	501(C)3	0.	15,000.			GENERAL SUPPORT
GRAIN VALLEY R-5 SCHOOL DISTRICT PO BOX 304, GRAIN VALLEY, MO 64029-0304 - GRAIN VALLEY, MO 64029-0304	44-6004947	501(C)3	0.	66,332.			GENERAL SUPPORT
GREATER KANSAS CITY COMMUNITY FOUNDATION - 1055 BROADWAY BLVD STE 130, KANSAS CITY, MO 64105-1595 - KANSAS CITY, MO	43-1152398	501(C)3	0.	51,582.			GENERAL SUPPORT
HARRISONVILLE ANIMAL SHELTER PO BOX 367, HARRISONVILLE, MO 64701-0367 - HARRISONVILLE, MO 64701-0367	44-6000184	501(C)3	0.	24,523.			GENERAL SUPPORT
HARRISONVILLE MINISTERIAL ALLIANCE - SHEPHERD'S STAFF FOOD PANTRY - PO BOX 262, HARRISONVILLE, MO 64701-0262 - HARRISONVILLE, MO	43-1800881	501(C)3	0.	24,523.			GENERAL SUPPORT

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HARRY S. TRUMAN LIBRARY INSTITUTE 5151 TROOST AVE STE 300, KANSAS CITY, MO 64110-2524 - KANSAS CITY, MO 64110-	43-6042632	501(C)3	0.	8,994.			GENERAL SUPPORT
HARVESTERS 3801 TOPPING AVE, KANSAS CITY, MO 64129-1744 - KANSAS CITY, MO 64129-1744	43-1208665	501(C)3	0.	65,522.			GENERAL SUPPORT
HEALTHED CONNECT 1401 W TRUMAN RD, INDEPENDENCE, MO 64050-3434 - INDEPENDENCE, MO 64050-3434	27-1115162	501(C)3	0.	9,990.			GENERAL SUPPORT
HILLCREST TRANSITIONAL HOUSING PO BOX 901924, KANSAS CITY, MO 64190-1924 - KANSAS CITY, MO 64190-1924	20-3093292	501(C)3	0.	64,516.			GENERAL SUPPORT
HILLSDALE COLLEGE 33 E COLLEGE ST, HILLSDALE, MI 49242-1298 - HILLSDALE, MI 49242-1298	38-1374230	501(C)3	0.	39,340.			GENERAL SUPPORT
HISTORICAL SOCIETY OF LEE'S SUMMIT PO BOX 835, LEES SUMMIT, MO 64063-0835 - LEES SUMMIT, MO 64063-0835	30-0073355	501(C)3	0.	5,369.			GENERAL SUPPORT
HOPEBUILDERS HOME REPAIR 11184 ANTIOCH RD # 324, OVERLAND PARK, KS 66210-2420 - OVERLAND PARK, KS 662	48-1248881	501(C)3	0.	11,000.			GENERAL SUPPORT
HOPE HOUSE, INC. PO BOX 577, LEE'S SUMMIT, MO 64063 LEE'S SUMMIT, MO 64063	43-1265685	501(C)3	0.	64,880.			GENERAL SUPPORT
HOPE NETWORK OF RAYTOWN 10500 E 350 HWY, RAYTOWN, MO 64138-1811 - RAYTOWN, MO 64138-1811	26-0240331	501(C)3	0.	10,000.			GENERAL SUPPORT

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HORSEPOWER EXPERIENTIAL LEARNING PROGRAM - PO BOX 15, LONE JACK, MO 64070-0015 - LONE JACK, MO 64070-0015	46-4444309	501(C)3	0.	13,000.			GENERAL SUPPORT
INDEPENDENCE MEALS ON WHEELS C/O TRINITY EPISCOPAL CHURCH 409 N. LIBERTY, INDEPENDENCE, MO 64050 - INDEPE	43-1083396	501(C)3	0.	24,000.			GENERAL SUPPORT
INDEPENDENCE SCHOOL DIST. FOUNDATION - 201 N FOREST AVE STE 30, INDEPENDENCE, MO 64050-2697 - INDEPENDENCE, MO 64050-2697	43-1831303	501(C)3	0.	154,300.			GENERAL SUPPORT
INDEPENDENCE SCHOOL DISTRICT 201 N FOREST AVE STE 30, INDEPENDENCE, MO 64050-2697 - INDEPENDENCE, MO 6405	44-6003031	501(C)3	0.	6,396.			GENERAL SUPPORT
JACKSON COUNTY HISTORICAL SOCIETY PO BOX 4241, INDEPENDENCE, MO 64051-4241 - INDEPENDENCE, MO 64051-4241	44-0651562	501(C)3	0.	54,977.			GENERAL SUPPORT
JOHN MAXWELL LEADERSHIP FOUNDATION INC - 2050 SUGARLOAF CIR, DULUTH, GA 30097-4084 - DULUTH, GA 30097-4084	82-1614152	501(C)3	0.	12,000.			GENERAL SUPPORT
JOURNEY BIBLE CHURCH INC 13700 W 151ST ST, OLATHE, KS 66062- OLATHE, KS 66062-9703	48-0928553	501(C)3	0.	80,000.			GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF MIDDLE AMERICA, INC. - PO BOX 801686, KANSAS CITY, MO 64180-1686 - KANSAS CITY, MO 64180-1686	44-0604809	501(C)3	0.	15,715.			GENERAL SUPPORT
JUNIOR SERVICE LEAGUE OF INDEPENDENCE - 3122 S CRYSLER AVE, INDEPENDENCE, MO 64055-2331 - INDEPENDENCE, MO 64055-2331	43-6050228	501(C)3	0.	12,868.			GENERAL SUPPORT

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KANSAS CITY FREE EYE CLINIC 705 VIRGINIA AVE, KANSAS CITY, MO 64106-1744 - KANSAS CITY, MO 64106-1744	27-0704299	501(C)3	0.	5,500.			GENERAL SUPPORT
KANSAS CITY PET PROJECT 7077 ELMWOOD AVE, KANSAS CITY, MO 64132-1614 - KANSAS CITY, MO 64132-1614	45-3067615	501(C)3	0.	14,518.			GENERAL SUPPORT
KANSAS CITY STEPPINGSTONE 5100 NOLAND RD, KANSAS CITY, MO 64133-2610 - KANSAS CITY, MO 64133-2610	43-0654856	501(C)3	0.	21,565.			GENERAL SUPPORT
KANSAS CITY SYMPHONY 1644 WYANDOTTE ST, KANSAS CITY, MO 64108-1224 - KANSAS CITY, MO 64108-1224	43-1297475	501(C)3	0.	5,100.			GENERAL SUPPORT
KANSAS CITY UNIVERSITY - OFFICE OF PHILANTHROPY AND ALUMNI RELATIONS - 1750 INDEPENDENCE AVE, KANSAS CITY, MO 64106-1453 - KANSAS CITY,	44-0545280	501(C)3	0.	7,500.			GENERAL SUPPORT
KANSAS STATE UNIVERSITY 1601 VATTIER ST, MANHATTAN, KS 66506-2504 - MANHATTAN, KS 66506-2504			0.	6,500.			GENERAL SUPPORT
KCPT - PUBLIC TELEVISION 125 E 31ST ST, KANSAS CITY, MO 64108-3299 - KANSAS CITY, MO 64108-3299	23-7114952	501(C)3	0.	20,157.			GENERAL SUPPORT
KCUR - 89.3 FM 4825 TROOST AVE STE 202, KANSAS CITY, MO 64110-2030 - KANSAS CITY, MO 64110-	43-6003859		0.	6,672.			GENERAL SUPPORT
KIRKSVILLE FIRST UNITED METHODIST CHURCH - 300 E WASHINGTON ST, KIRKSVILLE, MO 63501-3074 - KIRKSVILLE, MO 63501-3074		501(C)3	0.	6,000.			GENERAL SUPPORT

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KNOX PRESBYTERIAN CHURCH 9595 W 95TH ST, OVERLAND PARK, KS 66212-5063 - OVERLAND PARK, KS 66212-5063	48-0686721	501(C)3	0.	7,200.			GENERAL SUPPORT
LEE'S SUMMIT ACADEMY 601 NW LIBBY LN, LEES SUMMIT, MO 64063-1858 - LEES SUMMIT, MO 64063-1858	43-1118190	501(C)3	0.	9,000.			GENERAL SUPPORT
LEE'S SUMMIT JAZZ ORCHESTRA 210 SW MARKET ST, LEES SUMMIT, MO 64063-2314 - LEES SUMMIT, MO 64063-2314	84-2677227	501(C)3	0.	8,500.			GENERAL SUPPORT
LEE'S SUMMIT R-7 SCHOOL DISTRICT 301 NE TUDOR RD, LEES SUMMIT, MO 64086-5702 - LEES SUMMIT, MO 64086-5702		501(C)3	0.	9,211.			GENERAL SUPPORT
LEE'S SUMMIT SYMPHONY PO BOX 352, LEE'S SUMMIT, MO 64063-0352 - LEE'S SUMMIT, MO 64063-0352	27-0055476	501(C)3	0.	9,500.			GENERAL SUPPORT
LEE UNIVERSITY- FUNDRAISING 1120 N OCOEE ST, CLEVELAND, TN 37311-4475 - CLEVELAND, TN 37311-4475	62-0502739	501(C)3	0.	20,000.			GENERAL SUPPORT
LEGACY CHRISTIAN CHURCH 10150 ANTIOCH RD, OVERLAND PARK, KS 66212-4285 - OVERLAND PARK, KS 66212-428		501(C)3	0.	6,000.			GENERAL SUPPORT
LIBERTY UNIVERSITY - FINANCIAL AID 1971 UNIVERSITY BLVD, LYNCHBURG, VA 24515-0002 - LYNCHBURG, VA 24515-0002	54-0946734	501(C)3	0.	7,900.			GENERAL SUPPORT
LINCOLN NATIONAL LIFE INSURANCE CO. - PO BOX 7719, PHILADELPHIA, PA 19101-7719 - PHILADELPHIA, PA 19101-7719	35-0472300	501(C)3	0.	94,300.			GENERAL SUPPORT

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LUTHERAN HIGH SCHOOL ASSOCIATION 5401 LUCAS AND HUNT RD, SAINT LOUIS, MO 63121-1503 - SAINT LOUIS, MO 63121-1	43-0662478	501(C)3	0.	10,000.			GENERAL SUPPORT
MARIAN HOPE 14820 E 42ND ST S, INDEPENDENCE, MO INDEPENDENCE, MO 64055	42-1622474	501(C)3	0.	13,000.			GENERAL SUPPORT
MARTIN LUTHER LUTHERAN CHURCH 1200 SW BLUE PKWY, LEES SUMMIT, MO 64063-1886 - LEES SUMMIT, MO 64063-1886	43-1310801	501(C)3	0.	13,200.			GENERAL SUPPORT
MARYVILLE UNIVERSITY 650 MARYVILLE UNIVERSITY DR, SAINT LOUIS, MO 63141-7299 - SAINT LOUIS, MO 63		501(C)3	0.	17,000.			GENERAL SUPPORT
MBCH CHILDREN AND FAMILY MINISTRIES - 11300 SAINT CHARLES ROCK RD, BRIDGETON, MO 63044-2721 - BRIDGETON, MO 63044-2721	43-1948009	501(C)3	0.	14,442.			GENERAL SUPPORT
MEALS ON WHEELS OF LEE'S SUMMIT, INC. - P.O. BOX 1393, LEE'S SUMMIT, MO 64063-0362 - LEE'S SUMMIT, MO 64063-0362	43-1886433	501(C)3	0.	6,000.			GENERAL SUPPORT
METROPOLITAN COMMUNITY COLLEGE - BLUE RIVER - 20301 E 78 HWY, INDEPENDENCE, MO 64057-2053 - INDEPENDENCE, MO 64057-2053	43-0813703	501(C)3	0.	5,709.			GENERAL SUPPORT
METROPOLITAN COMMUNITY COLLEGE FOUNDATION - 3200 BROADWAY BLVD, KANSAS CITY, MO 64111-2429 - KANSAS CITY, MO 64111-2429	51-0181875	501(C)3	0.	22,000.			GENERAL SUPPORT
METROPOLITAN ORGANIZATION TO COUNTER SEXUAL ASSAULT - 3100 BROADWAY BLVD STE 400, KANSAS CITY, MO 64111-2591 - KANSAS CITY,	43-1061620	501(C)3	0.	6,000.			GENERAL SUPPORT

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MISSION AVIATION FELLOWSHIP PO BOX 47, NAMPA, ID 83653-0047 NAMPA, ID 83653-0047	95-1920983	501(C)3	0.	12,000.			GENERAL SUPPORT
MISSOURI SOUTHERN STATE UNIVERSITY 3950 NEWMAN RD FINANCIAL AID - HEARNES HALL, JOPLIN, MO 64801-1595 - JOPLIN,	43-0907114		0.	5,960.			GENERAL SUPPORT
MISSOURI STATE UNIVERSITY OFFICE OF STUDENT FINANCIAL 901 S NATIONAL AVE, SPRINGFIELD, MO 65897-0001 -	43-1234200		0.	23,730.			GENERAL SUPPORT
MISSOURI UNIVERSITY OF SCIENCE & TECHNOLOGY - G-1 PARKER HALL 300TH W 13 ATTN: STUDENT FINANCIAL ASSISTANCE, ROLLA, MO 65 - ROLLA,			0.	8,000.			GENERAL SUPPORT
MISSOURI WESTERN STATE UNIVERSITY 4525 DOWNS DR # 103, SAINT JOSEPH, MO 64507-2294 - SAINT JOSEPH, MO 64507-22	23-7035423	501(C)3	0.	9,230.			GENERAL SUPPORT
MOTHER'S REFUGE 14400 E 42ND ST S STE 220, INDEPENDENCE, MO 64055-4871 - INDEPENDENCE, MO 64	43-1454628	501(C)3	0.	27,100.			GENERAL SUPPORT
MS ACHIEVEMENT CENTER AT KUMED 3599 RAINBOW BLVD, KANSAS CITY, KS 66103-2078 - KANSAS CITY, KS 66103-2078	43-1747002		0.	20,000.			GENERAL SUPPORT
MUSIC ARTS INSTITUTE 1010 S PEARL ST, INDEPENDENCE, MO 64050-4533 - INDEPENDENCE, MO 64050-4533	43-1245831	501(C)3	0.	64,744.			GENERAL SUPPORT
NORTH CENTRAL MISSOURI COLLEGE 1301 MAIN ST, TRENTON, MO 64683-1824 - TRENTON, MO 64683-1824	43-1423040		0.	30,500.			GENERAL SUPPORT

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NORTHWEST COMMUNITIES DEVELOPMENT CORPORATION - 217 S CEDAR AVE, INDEPENDENCE, MO 64053-1423 - INDEPENDENCE, MO 64053-1423	43-1822719	501(C)3	0.	68,700.			GENERAL SUPPORT
NORTHWEST MISSOURI STATE UNIVERSITY - 800 UNIVERSITY DR 273 ADMIN BLDG.-FINANCIAL AID OFFICE, MARYVILLE, MO 64468- - MARYVILLE,	23-7165025		0.	31,150.			GENERAL SUPPORT
OATS, INC. 7760 W RODEN CT HOME OFFICE: 2501 MAGUIRE BLVD., COLUMBIA, MO 65202-8756 - C	43-1016961	501(C)3	0.	11,000.			GENERAL SUPPORT
OLD MISSION UNITED METHODIST CHURCH - 5519 STATE PARK RD, FAIRWAY, KS 66205-2699 - FAIRWAY, KS 66205-2699		501(C)3	0.	35,400.			GENERAL SUPPORT
OPERATION SMILE, INC. 3641 FACULTY BLVD, VIRGINIA BEACH, VA 23453-8000 - VIRGINIA BEACH, VA 23453-	54-1460147	501(C)3	0.	7,609.			GENERAL SUPPORT
ORDINARY HERO FOUNDATION, INC. PO BOX 1945, BRENTWOOD, TN 37024-1945 - BRENTWOOD, TN 37024-1945	27-1778360	501(C)3	0.	20,000.			GENERAL SUPPORT
PAWSPERITY 5805 TROOST AVE, KANSAS CITY, MO 64110-3143 - KANSAS CITY, MO 64110-3143	46-4112524	501(C)3	0.	10,000.			GENERAL SUPPORT
PISGAH BAPTIST CHURCH 112 PISGAH DR, EXCELSIOR SPRINGS, MO 64024-2825 - EXCELSIOR SPRINGS, MO 6402		501(C)3	0.	5,768.			GENERAL SUPPORT
POWELL GARDENS 1609 NW US HIGHWAY 50, KINGSVILLE, MO 64061-9000 - KINGSVILLE, MO 64061-9000	43-1483357	501(C)3	0.	8,700.			GENERAL SUPPORT

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PRO DEO YOUTH CENTER 214 NE CHIPMAN ROAD, LEE'S SUMMIT, LEE'S SUMMIT, MO 64063	27-1834872	501(C)3	0.	13,500.			GENERAL SUPPORT
PROTECTIVE LIFE INSURANCE COMPANY PO BOX 2606, BIRMINGHAM, AL 35202-2606 - BIRMINGHAM, AL 35202-2606		501(C)3	0.	235,000.			GENERAL SUPPORT
PUPPETRY ARTS INSTITUTE 11025 E. WINNER RD., INDEPENDENCE, INDEPENDENCE, MO 64052	43-1891966	501(C)3	0.	21,500.			GENERAL SUPPORT
RAYTOWN EDUCATIONAL FOUNDATION 10750 E 350 HWY, RAYTOWN, MO 64138-1872 - RAYTOWN, MO 64138-1872	43-1667551	501(C)3	0.	29,472.			GENERAL SUPPORT
RAYTOWN QUALITY SCHOOLS 6608 RAYTOWN RD ATTN: RACHEL JOHNSTON, RAYTOWN, MO 64133-5240 - RAYTOWN, MO	44-6004129	501(C)3	0.	6,190.			GENERAL SUPPORT
REACH OUT AND READ KANSAS CITY KU MEDICAL CENTER 3901 RAINBOW BLVD., MS 1501, KANSAS CITY, KS 66160 - KANSA	48-0547734	501(C)3	0.	10,000.			GENERAL SUPPORT
REDEEMER PRESBYTERIAN CHURCH INC 9333 W 159TH ST, OVERLAND PARK, KS 66221-9524 - OVERLAND PARK, KS 66221-9524	48-1138076	501(C)3	0.	9,350.			GENERAL SUPPORT
RENDED HEART PO BOX 321, GRANDVIEW, MO 64030-0321 - GRANDVIEW, MO 64030-0321	35-2632412	501(C)3	0.	5,200.			GENERAL SUPPORT
RESOURCE HEALTH 1260 NE WINDSOR DR, LEES SUMMIT, MO 64086-5594 - LEES SUMMIT, MO 64086-5594	43-1808105	501(C)3	0.	212,500.			GENERAL SUPPORT

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RESTART, INC. 918 E 9TH ST, KANSAS CITY, MO 64106-3009 - KANSAS CITY, MO 64106-3009	43-1349378	501(C)3	0.	23,552.			GENERAL SUPPORT
RESTORATION HOUSE OF GREATER KANSAS CITY AKA REHOPE - 25713 S STATE ROUTE K, HARRISONVILLE, MO 64701-9183 - HARRISONVILLE, MO	27-4837279	501(C)3	0.	20,815.			GENERAL SUPPORT
REVIVE CHURCH 9900 VIEW HIGH DR, KANSAS CITY, MO 64134-2445 - KANSAS CITY, MO 64134-2445	43-1118190	501(C)3	0.	7,600.			GENERAL SUPPORT
RISE FOUNDATION 2657 KIPLING ST, PALO ALTO, CA 94306-2426 - PALO ALTO, CA 94306-2426	91-6542513	501(C)3	0.	7,000.			GENERAL SUPPORT
ROCKHURST UNIVERSITY 1100 ROCKHURST RD OFFICE OF FINANCIAL AID, KANSAS CITY, MO 64110-2561 - KANS	44-0545813	501(C)3	0.	18,000.			GENERAL SUPPORT
ROTARY CLUB OF INDEPENDENCE PO BOX 176, INDEPENDENCE, MO 64051-0176 - INDEPENDENCE, MO 64051-0176	43-6052948	501(C)3	0.	6,000.			GENERAL SUPPORT
SALVATION ARMY - INDEPENDENCE 14700 E. TRUMAN ROAD, INDEPENDENCE, MO 64050 - INDEPENDENCE, MO 64050	44-0545998	501(C)3	0.	7,681.			GENERAL SUPPORT
SAMARITANS PURSE PO BOX 3000, BOONE, NC 28607-3000 BOONE, NC 28607-3000	58-1437002	501(C)3	0.	30,131.			GENERAL SUPPORT
SHOW-ME LIVE EVENT PRODUCTION 4501 BLUE RIDGE CUT OFF, KANSAS CITY, MO 64133-1403 - KANSAS CITY, MO 64133-	43-1386650	501(C)3	0.	12,908.			GENERAL SUPPORT

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
SLEEP IN HEAVENLY PEACE, INC - MO - KANSAS CITY, SE - 8818 S CORN RD, OAK GROVE, MO 64075-7265 - OAK GROVE, MO 64075-7265	46-4346568	501(C)3	0.	11,400.			GENERAL SUPPORT
SOCIETY FOR THE STUDY OF AMPHIBIANS AND REPTILES - PO BOX 376 , RODEO, NM 88056-0376 - RODEO, NM 88056-0376	48-0939873	501(C)3	0.	108,778.			GENERAL SUPPORT
SOCIETY FOR THE STUDY OF AMPHIBIANS AND REPTILES - PO BOX 376 , RODEO, NM 88056-0376 - RODEO, NM 88056-0376	48-0939873	501(C)3	0.	19,300.			GENERAL SUPPORT
SOUTH ORANGE PERFORMING ARTS CENTER - SOPAC - 1 SOPAC WAY, SOUTH ORANGE, NJ 07079-4402 - SOUTH ORANGE, NJ 07079-4402	32-0074004	501(C)3	0.	7,000.			GENERAL SUPPORT
SPECIAL OLYMPICS MISSOURI 305 SPECIAL OLYMPICS DR, JEFFERSON CITY, MO 65101-2398 - JEFFERSON CITY, MO	23-7328374	501(C)3	0.	5,200.			GENERAL SUPPORT
STATE FAIR COMMUNITY COLLEGE 3201 W 16TH ST FINANCIAL AID OFFICE- HOPKINS BUILDING R, SEDALIA, MO 65301-2	43-1408945		0.	18,500.			GENERAL SUPPORT
STERLING COLLEGE 125 W COOPER ST, STERLING, KS 67579-2500 - STERLING, KS 67579-2500	48-0543728	501(C)3	0.	5,150.			GENERAL SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 SAINT JUDE PL, MEMPHIS, TN 38105-1905 - MEMPHIS, TN 38105-1905	35-1044585	501(C)3	0.	44,397.			GENERAL SUPPORT
ST. MARK'S CATHOLIC CHURCH 3736 S LEES SUMMIT RD, INDEPENDENCE, MO 64055-6759 - INDEPENDENCE, MO 64055-	43-0835155	501(C)3	0.	21,086.			GENERAL SUPPORT

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. MARY'S CATHOLIC CHURCH - HIGGINSVILLE - 401 W BROADWAY ST, HIGGINSVILLE, MO 64037-1946 - HIGGINSVILLE, MO 64037-1946		501(C)3	0.	10,000.			GENERAL SUPPORT
ST. MICHAEL THE ARCHANGEL CATHOLIC HIGH SCHOOL - 2901 NW LEES SUMMIT RD, LEES SUMMIT, MO 64064-2203 - LEES SUMMIT, MO 64064-2203	46-2522212	501(C)3	0.	7,317.			GENERAL SUPPORT
ST. PATRICK CATHOLIC CHURCH 1086 N 94TH ST, KANSAS CITY, KS 66112-1514 - KANSAS CITY, KS 66112-1514		501(C)3	0.	9,500.			GENERAL SUPPORT
ST. PETERS' CATHOLIC CHURCH 815 E MEYER BLVD, KANSAS CITY, MO 64131-1116 - KANSAS CITY, MO 64131-1116	44-0546198	501(C)3	0.	10,000.			GENERAL SUPPORT
ST. ROBERT BELLARMINE CATHOLIC CHURCH - 4313 SW STATE ROUTE 7, BLUE SPRINGS, MO 64014-5701 - BLUE SPRINGS, MO 64014-5701		501(C)3	0.	13,000.			GENERAL SUPPORT
STUDENT MOBILIZATION INC. PO BOX 567, CONWAY, AR 72033-0567 CONWAY, AR 72033-0567	71-0629392	501(C)3	0.	13,500.			GENERAL SUPPORT
SUMMIT WOODS BAPTIST CHURCH 2501 SE SHENANDOAH DR, LEES SUMMIT, MO 64063-3603 - LEES SUMMIT, MO 64063-36	43-1810675	501(C)3	0.	10,100.			GENERAL SUPPORT
THE CEDARVILLE UNIVERSITY 251 N MAIN ST, CEDARVILLE, OH 45314-8564 - CEDARVILLE, OH 45314-8564	31-0536647	501(C)3	0.	7,000.			GENERAL SUPPORT
THE CONFERENCE OF RESTORATION ELDERS - 3929 BUCKNER TARSNEY RD, SIBLEY, MO 64088 - SIBLEY, MO 64088	43-1618008	501(C)3	0.	53,408.			GENERAL SUPPORT

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
THE CZECH AND SLOVAK CLUB OF GREATER KANSAS CITY - 4026 N RIVER BLVD, SUGAR CREEK, MO 64050-1031 - SUGAR CREEK, MO 64050-1031	48-0102637	501(C)3	0.	16,000.			GENERAL SUPPORT
THE GATHERING BAPTIST CHURCH 4505 S NOLAND RD, INDEPENDENCE, MO 64055-4744 - INDEPENDENCE, MO 64055-4744	82-4947942	501(C)3	0.	22,800.			GENERAL SUPPORT
THE PARK CHURCH OF CHRIST 10600 E 96TH ST, TULSA, OK 74133-51 TULSA, OK 74133-5141		501(C)3	0.	6,000.			GENERAL SUPPORT
THE RIDGE: A COMMUNITY CHURCH 5055 BLUE RIDGE BLVD, KANSAS CITY, MO 64133-2547 - KANSAS CITY, MO 64133-254	44-6012597	501(C)3	0.	6,050.			GENERAL SUPPORT
THE SALVATION ARMY 3637 BROADWAY BLVD, KANSAS CITY, MO 64111-2503 - KANSAS CITY, MO 64111-2503	44-0545998	501(C)3	0.	16,868.			GENERAL SUPPORT
THE SUMMIT CHURCH (LEE'S SUMMIT UNITED METHODIST CHURCH) - 3381 NW CHIPMAN RD, LEES SUMMIT, MO 64081-1804 - LEES SUMMIT, MO	44-0579859	501(C)3	0.	25,400.			GENERAL SUPPORT
TRUMAN HERITAGE HABITAT FOR HUMANITY, INC. - 505 N DODGION AVE, INDEPENDENCE, MO 64050 - INDEPENDENCE, MO 64050	43-1532266	501(C)3	0.	30,950.			GENERAL SUPPORT
TRUMAN STATE UNIVERSITY 100 E NORMAL AVE 103 MCCLAIN HALL, KIRKSVILLE, MO 63501-4221 - KIRKSVILLE, M	43-6005833		0.	15,000.			GENERAL SUPPORT
UNBOUND NORTH TEXAS 5049 TRAIL LAKE DR, FORT WORTH, TX 76133-2070 - FORT WORTH, TX 76133-2070	83-1628641	501(C)3	0.	15,000.			GENERAL SUPPORT

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
UNITED METHODIST CHURCH OF THE RESURRECTION - 13720 ROE BLVD, LEAWOOD, KS 66224-3588 - LEAWOOD, KS 66224-3588	48-1107898	501(C)3	0.	21,000.			GENERAL SUPPORT
UNITED WAY OF GREATER KANSAS CITY 4801 MAIN ST STE 425, KANSAS CITY, MO 64112-8700 - KANSAS CITY, MO 64112-870	44-0545812	501(C)3	0.	7,000.			GENERAL SUPPORT
UNIVERSITY HEALTH CHARITABLE FOUNDATION - 2310 HOLMES STE 735, KANSAS CITY, MO 64108-2602 - KANSAS CITY, MO 64108-2602	43-1194064	501(C)3	0.	11,800.			GENERAL SUPPORT
UNIVERSITY OF CENTRAL MISSOURI PO BOX 800 1100 WARD EDWARDS BLDG., WARRENSBURG, MO 64093-5299 - WARRENSBURG			0.	62,692.			GENERAL SUPPORT
UNIVERSITY OF DELAWARE STUDENT SERVICES BUILDING 30 LOVETT AVE RM 112, NEWARK, DE 19716-6221 - NEWA	51-6000297		0.	11,500.			GENERAL SUPPORT
UNIVERSITY OF KANSAS FINANCIAL AID & SCHOLARSHIPS CTR 1502 IOWA ST, LAWRENCE, KS 66045-7576 - LAW	48-1124839		0.	11,500.			GENERAL SUPPORT
UNIVERSITY OF MISSOURI - COLUMBIA STUDENT FINANCIAL AID 11 JESSE HALL, COLUMBIA, MO 65211-1600 - COLUMBIA, MO	43-6003859		0.	75,400.			GENERAL SUPPORT
UNIVERSITY OF MISSOURI - COLUMBIA FOUNDATION - MIZZOU GIFT PROCESSING 407 REYNOLDS ALUMNI CTR, COLUMBIA, MO 65211-0001 -	43-6003859	501(C)3	0.	13,685.			GENERAL SUPPORT
UNIVERSITY OF MISSOURI - KANSAS CITY - FINANCIAL AID & SCHOLARSHIPS 5115 OAK ST ADMN CTR 101, KANSAS CITY, MO 64112 -	43-6003859		0.	58,380.			GENERAL SUPPORT

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
US FUND FOR UNICEF 125 MAIDEN LN FL 11, NEW YORK, NY 10038-4999 - NEW YORK, NY 10038-4999	13-1760110	501(C)3	0.	5,500.			GENERAL SUPPORT
VICTORIAN SOCIETY OF THE VAILE MANSION - PO BOX 316, INDEPENDENCE, MO 64051-0316 - INDEPENDENCE, MO 64051-0316	43-1384217	501(C)3	0.	8,000.			GENERAL SUPPORT
VISITING NURSE ASSOCIATION CORPORATION AKA VNA HOME HEALTH & HOSPICE - 1300 E 104TH ST STE 300, KANSAS CITY, MO 64131-4511 -	43-1337104	501(C)3	0.	10,000.			GENERAL SUPPORT
WARD PARKWAY PRESBYTERIAN CHURCH 7406 WARD PKWY, KANSAS CITY, MO 64114-1599 - KANSAS CITY, MO 64114-1599	44-0569657	501(C)3	0.	25,000.			GENERAL SUPPORT
WASHBURN UNIVERSITY ALUMNI ASSOCIATION AND FOUNDATION - 1729 SW MACVICAR AVE, TOPEKA, KS 66604-3128 - TOPEKA, KS 66604-3128	48-6105561	501(C)3	0.	6,000.			GENERAL SUPPORT
WAYSIDE WAIFS, INC. 3901 MARTHA TRUMAN RD, KANSAS CITY, MO 64137-2808 - KANSAS CITY, MO 64137-28	44-0605374	501(C)3	0.	83,189.			GENERAL SUPPORT
WHITE HORSE INC. 13230 EVENING CREEK DR S STE 220 STE 220-222, SAN DIEGO, CA 92128-4107 - SAN	27-0565982	501(C)3	0.	10,000.			GENERAL SUPPORT
WILLIAM CHRISMAN HIGH SCHOOL BOOSTER CLUB - 1223 N NOLAND RD, INDEPENDENCE, MO 64050-1947 - INDEPENDENCE, MO 64050-1947	36-4680380	501(C)3	0.	17,500.			GENERAL SUPPORT
WILLIAM JEWELL COLLEGE 500 COLLEGE HL FINANCIAL AID - CAMPUS BOX 2005, LIBERTY, MO 64068-1896 - LIB	44-0545914	501(C)3	0.	16,500.			GENERAL SUPPORT

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
WILLIAM WOODS UNIVERSITY 1 UNIVERSITY AVE STUDENT FINANCIAL AID SERVICES, FULTON, MO 65251-1098 - FUL	43-0654876	501(C)3	0.	10,000.			GENERAL SUPPORT
WON BY ONE TO JAMAICA 296 TREASURE LK, DUBOIS, PA 15801-9 DUBOIS, PA 15801-9007	04-3645323	501(C)3	0.	5,200.			GENERAL SUPPORT
WOODS CHAPEL COMMUNITY OF CHRIST CHURCH - PO BOX 7085, LEES SUMMIT, MO 64064-7085 - LEES SUMMIT, MO 64064-7085		501(C)3	0.	5,900.			GENERAL SUPPORT
WOODS CHAPEL UNITED METHODIST CHURCH - 4725 NE LAKEWOOD WAY, LEES SUMMIT, MO 64064-1985 - LEES SUMMIT, MO 64064-1985	43-1149705	501(C)3	0.	109,100.			GENERAL SUPPORT
YOUNG LIFE PO BOX 5184, HARLAN, IA 51593-0684 HARLAN, IA 51593-0684	84-0385934	501(C)3	0.	7,250.			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	461	828,181.	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:
ALL GRANTS DISTRIBUTED BY TRUMAN HEARTLAND COMMUNITY FOUNDATION TO ANY ORGANIZATION MUST GO THROUGH "CHARITY CHECK". CHARITY CHECK PROVIDED BY CANDID, ASSURES THAT ALL ORGANIZATIONS THAT RECEIVE A GRANT ARE IN GOOD STANDING WITH THE IRS.
IN THE COMPETITIVE GRANTS PROCESS, ORGANIZATIONS MUST SUBMIT A GRANT APPLICATION. ONCE A GRANT AWARD HAS BEEN DECIDED AND APPROVED, A SIGNED GRANT AGREEMENT MUST BE RETURNED TO TRUMAN HEARTLAND COMMUNITY FOUNDATION. THIS GOVERNING DOCUMENT OUTLINES THE LIMITS AND CONDITIONS OF FUNDING UNDER WHICH THE GRANT HAS BEEN AUTHORIZED.

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 RESULTS FROM FUNDED PROGRAM/PROJECT/OPERATIONS.

Part IV Supplemental Information

ANY PREVIOUS AGENCY GRANTEE APPLYING FOR FUTURE FUNDING IS ASKED TO SUBMIT A FINAL REPORT FROM THEIR MOST RECENT PREVIOUS GRANT, DETAILING ITS OUTCOMES AND EXPENDITURES.

SCHEDULE J (Form 990)

(Rev. December 2024)

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

Open to Public Inspection

Name of the organization

TRUMAN HEARTLAND COMMUNITY FOUNDATION

Employer identification number

43-1482136

Part I Questions Regarding Compensation

		Yes	No
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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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 **1b**		
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? **2**		
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. ☒ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ 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? **4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement? **4c**		X
	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? **5a**		X
b	Any related organization? **5b**		X
	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? **6a**		X
b	Any related organization? **6b**		X
	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 **7**		X
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 **8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PHILLIP J. HANSON	(i)	174,402.	0.	0.	8,085.	5,122.	187,609.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(ii)							

Part III **Supplemental Information**

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2024

Open to Public Inspection

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	76	7,460,000.	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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE M, PART I, LINE 32B:
THE ORGANIZATION HAS HIRED A REAL ESTATE AGENT TO SALE THE CONTRIBUTED REAL ESTATE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
EDUCATION AND, ULTIMATELY ACHIEVE THEIR CAREER GOALS. WE TAKE GREAT PRIDE IN CONNECTING CHARITABLE INDIVIDUALS IN OUR COMMUNITY WHO HAVE A PASSION FOR EDUCATION WITH STUDENTS TO ASSIST THEM IN ACHIEVING THEIR EDUCATIONAL DREAMS. SINCE THE PROGRAM BEGAN IN 1982, MORE THAN $7.5 MILLION IN SCHOLARSHIPS HAVE BEEN AWARDED TO STUDENTS.

THE FOUNDATION'S GRANTS COMMITTEE AWARDED 64 COMPETITIVE GRANTS TOTALING $516,719 TO NONPROFIT ORGANIZATIONS IN IMPACT AREAS SUCH AS HEALTH AND WELFARE; ARTS, CULTURE, AND HISTORIC PRESERVATION; COMMUNITY BETTERMENT; ADULT/NON-TRADITIONAL AND CHILDREN'S EDUCATION; AND MISSOURI WILDLIFE CONSERVATION IN 2024. OF THE TOTAL, $432,156 CAME FROM ENDOWED FUNDS HELD AT THE FOUNDATION, WHILE $84,565 WAS MADE AVAILABLE THROUGH THE FOUNDATION'S "FILL THE GAP" CAMPAIGN, WHICH ALLOWS CURRENT FUNDHOLDERS AND OTHER PARTNERS TO MAKE ADDITIONAL FUNDS AVAILABLE TO THOSE ORGANIZATIONS NOT FULLY FUNDED BY THE COMPETITIVE GRANTS PROCESS.

THE JELLEY FUND HAS GROWN FROM A SUBSTANTIAL ENDOWED GIFT OF $1.6 MILLION TO A $3.1 MILLION FUND IN ELEVEN YEARS. DESPITE DISBURSING MORE THAN $1 MILLION IN GRANTS, THE FUND CONTINUES TO IMPACT THE LIVES OF NUMEROUS LOCAL CHILDREN THROUGH SUPPORT FOR INNOVATIVE PROGRAMS AND PROJECTS AIMED AT ASSISTING UNDERSERVED YOUTH.

IN 2024, THE FOUNDATION LAUNCHED OUR AFFORDABLE HOUSING INITIATIVE. AT ITS SEPTEMBER MEETING THE BOARD OF DIRECTORS ADOPTED THE RECOMMENDATIONS OF THE AFFORDABLE HOUSING COMMITTEE THAT INCLUDED THE CREATION OF THE COMMUNITY FIRST LOAN FUND TO PROVIDE FINANCING TO CREATE AFFORDABLE HOUSING.

THE THCF YOUTH ADVISORY COUNCIL (YAC) COMPRISES OVER 70 STUDENTS FROM 11 LOCAL HIGH SCHOOLS. THE COUNCIL PROVIDES STUDENTS WITH HANDS-ON EXPERIENCE IN FUNDRAISING, GRANTMAKING, AND VOLUNTEERISM. IN 2024, THE ANNUAL FUNDRAISER, "COSMIC CARING-CHANGING THE UNIVERSE," SUCCESSFULLY RAISED FUNDS FOR THE YAC ENDOWMENT FUND, REACHING A BALANCE OF OVER $120,000 FOR THE FIRST TIME. THE STUDENTS AWARDED THREE GRANTS TO LOCAL NONPROFITS FROM THEIR FUND TOTALING $4,089. THE STUDENTS ALSO ORGANIZED A "FILL THOSE TRUCKS" FOOD DRIVE, WHICH COLLECTED NON-PERISHABLE FOOD ITEMS TO BENEFIT SEVERAL LOCAL NONPROFITS.

THCF REMAINS COMMITTED TO PROMOTING PRIVATE GIVING FOR THE PUBLIC GOOD.

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

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

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 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 DEVELOPVED.

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 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

Name of the organization: TRUMAN HEARTLAND COMMUNITY FOUNDATION

Employer identification number: 43-1482136

REMAINDER TRUST 78,434.

SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

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

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 4200 LITTLE BLUE PARKWAY STE 340 INDEPENDENCE, MO 64057	REAL ESTATE	MISSOURI		674,000.	TRUMAN HEARTLAND COMMUNITY FOUNDATION

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	(g) No

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

Schedule R (Form 990) (Rev. 1-2025)

LHA 432161 10-23-24

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

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

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

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

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

			Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
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.

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

Part VII Supplemental Information

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