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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011		D Employer identification number 43-1482136	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TRUMAN HEARTLAND COMMUNITY FOUNDATION Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 4200 LITTLE BLUE PARKWAY ROOM/SUITE 340 City or town, state or country, and ZIP + 4 INDEPENDENCE, MO 64057		E Telephone number (816) 836-8189
		G Gross receipts \$ 4,477,391	
F Name and address of principal officer PHILLIP J HANSON 4200 LITTLE BLUE PARKWAY SUITE 340 INDEPENDENCE, MO 64057		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.THCF.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1982	M State of legal domicile MO

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE FOUNDATION'S PRIMARY EXEMPT PURPOSE IS TO IMPROVE THE LIVES OF PEOPLE LIVING IN EASTERN JACKSON COUNTY, MO 		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	200
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,997,123	Current Year 3,090,513
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	333,061	300,984
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	369,313	409,542
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,699,497	3,801,039
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,757,035
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		370,446	361,675
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) <u>137,718</u>			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		476,757	543,808
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		3,604,238	3,998,297
19 Revenue less expenses Subtract line 18 from line 12		95,259	-197,258
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	28,412,895	27,529,375
	21 Total liabilities (Part X, line 26)	11,719,721	10,944,339
	22 Net assets or fund balances Subtract line 21 from line 20	16,693,174	16,585,036

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	<div>*****</div> <div>Signature of officer</div>		<div>2012-11-14</div> <div>Date</div>	
	<div>PHILLIP J HANSON PRESIDENT & CEO</div> <div>Type or print name and title</div>			
Paid Preparer's Use Only	<div>Preparer's signature</div> <div>BEVERLY POWELL</div>	<div>Date</div> <div>2012-11-14</div>	<div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div>	<div>Preparer's taxpayer identification number (see instructions)</div>
	<div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div>BEVERLY POWELL CPA LLC</div> <div>115 E WALNUT STREET</div> <div>INDEPENDENCE, MO 64050</div>			<div>EIN</div>
				<div>Phone no</div> <div>(816) 833-0078</div>
<div>May the IRS discuss this return with the preparer shown above? (see instructions)</div> <div><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div>				



















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

[illegible]

4e	Total program service expenses	\$ 3,622,853
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Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	Yes
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> 	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> 	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance									
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>									
					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .				1a	26			
b	Enter the number of Forms W-2G included in 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			
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	6			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).						2b			Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?						3a			
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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 or securities account)?				4a			No	
b If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.									
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?						5a			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?						5b		No	
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?				6a	Yes			
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?						6b			Yes
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			Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?						7b	Yes		No
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?						7c			
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		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?						7f		No	
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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?						8			
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?						9a		No	
b Did the organization make a distribution to a donor, donor advisor, or related person?						9b		No	
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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.						13a			
b Enter the aggregate 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 aggregate amount of reserves on hand						13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?						14a		No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O						14b			

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	28		
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	25		
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	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
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	No
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	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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	Yes
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	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
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	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
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	MO
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	
	TRUMAN HEARTLAND COMMUNITY FOUND 4200 LITTLE BLUE PARKWAY STE 340 INDEPENDENCE, MO 64057 (816) 836-8189	

Part VII

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

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALLEN LEFKO DIRECTOR	2 00	X						0	0	0
(2) BRAD CONSTANCE DIRECTOR	2 00	X						0	0	0
(3) BRENDA WEST DIRECTOR	2 00	X						0	0	0
(4) CHUCK FOUDREE DIRECTOR	2 00	X						0	0	0
(5) DOUG HAMMER SECRETARY/DI	2 00	X		X				0	0	0
(6) DR FREDERICK HAHN DIRECTOR	2 00	X						0	0	0
(7) DR STEVEN SILVERSTEIN DIRECTOR	2 00	X						0	0	0
(8) EILEEN WIER DIRECTOR	2 00	X						0	0	0
(9) JIM PRYDE CHAIRMAN/DIR	2 00	X		X				0	0	0
(10) JOY HOBICK DIRECTOR	2 00	X						0	0	0
(11) JUDY NESS DIRECTOR	2 00	X						0	0	0
(12) MARTHA COCKERELL TREASURER/DI	2 00	X		X				0	0	0
(13) JIM KOENEMAN DIRECTOR	2 00	X						0	0	0
(14) SHIRLEY WURTH DIRECTOR	2 00	X						0	0	0
(15) RANDALL FERGUSON DIRECTOR	2 00	X						0	0	0
(16) REV SHERRI E WOOD-POWE DIRECTOR	2 00	X						0	0	0
(17) RICHARD KREHER DIRECTOR	2 00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JEFF QUIBELL DIRECTOR	2 00	X						0	0	0
(19) RON BRUCH VICE-CHAIR/D	2 00	X		X				0	0	0
(20) ELEANOR FRASIER DIRECTOR	2 00	X						0	0	0
(21) VICKI DIGBY CHAIRMAN/DIR	2 00	X						0	0	0
(22) WILLIAM ESRY DIRECTOR	2 00	X						0	0	0
(23) ROBERT HEPTING DIRECTOR	2 00	X						0	0	0
(24) MIKE MCGRAW DIRECTOR	2 00	X						0	0	0
(25) DR JOSEPH SEABROOKS DIRECTOR	2 00	X						0	0	0
(26) DAVID JETER DIRECTOR	2 00	X						0	0	0
(27) JUDY FORRESTER DIRECTOR	2 00	X						0	0	0
(28) RON FINKE DIRECTOR	2 00	X						0	0	0
(29) PHILLIP HANSON PRESIDENT/CE	40 00			X				113,300	0	480
(30) BEVERLY POWELL CFO	40 00			X				70,000	0	2,571
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								183,300		3,051

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

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	176,088			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,914,425			
	g	Noncash contributions included in lines 1a-1f \$ 433,340					
	h	Total. Add lines 1a-1f		3,090,513			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		662,193		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)			-361,209	-361,209	
8a		Gross income from fundraising events (not including \$ 176,088 of contributions reported on line 1c) See Part IV, line 18					
b		Less direct expenses	a	62,757			
c		Net income or (loss) from fundraising events . .	b	54,243	8,514		8,514
9a		Gross income from gaming activities See Part IV, line 19					
b		Less direct expenses					
c		Net income or (loss) from gaming activities . .					
10a		Gross sales of inventory, less returns and allowances					
b		Less cost of goods sold					
c		Net income or (loss) from sales of inventory . .					
		Miscellaneous Revenue	Business Code				
11a		ADMINISTRATION INCOME		398,373			398,373
b	MISCELLANEOUS INCOME		2,655			2,655	
c							
d	All other revenue						
e	Total. Add lines 11a-11d		401,028				
12	Total revenue. See Instructions		3,801,039	-361,209		1,071,735	

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) but are not required to complete columns (B), (C), and (D)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,879,535	2,879,535		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	213,279	213,279		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	324,792	83,434	134,078	107,280
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	12,933	5,442	4,641	2,850
10	Payroll taxes	23,950	6,152	9,887	7,911
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,190		1,190	
c	Accounting	7,300		7,300	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	57,044	57,044		
g	Other	6,865	3,000	3,865	
12	Advertising and promotion				
13	Office expenses	18,296	5,750	9,923	2,623
14	Information technology	22,928	6,875	11,333	4,720
15	Royalties				
16	Occupancy	10,249		10,249	
17	Travel	4,189		3,142	1,047
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,365		13,365	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,840		6,840	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	ADMINISTRATIVE FEES	342,608	342,608		
b	MARKETING/RECRUITING EXPE	18,926	7,138	3,288	8,500
c	EQUIPMENT RENTAL/MAINTENA	7,153	3,577	1,788	1,788
d	DUES & MEMBERSHIPS	6,777		6,777	
e					
f	All other expenses	20,078	9,019	10,060	999
25	Total functional expenses. Add lines 1 through 24f	3,998,297	3,622,853	237,726	137,718
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			517,365	1	436,515
	2	Savings and temporary cash investments			4,730,675	2	4,823,560
	3	Pledges and grants receivable, net			351,051	3	281,761
	4	Accounts receivable, net			938	4	346
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	9,248
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	297,358			
	b	Less: accumulated depreciation	10b	9,541	337,227	10c	287,817
	11	Investments—publicly traded securities			22,475,639	11	21,690,128
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			28,412,895	16	27,529,375
Liabilities	17	Accounts payable and accrued expenses			13,829	17	23,698
	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	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			11,705,892	25	10,920,641
	26	Total liabilities. Add lines 17 through 25			11,719,721	26	10,944,339
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			13,282,915	27	13,259,192
	28	Temporarily restricted net assets			3,410,259	28	3,325,844
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			16,693,174	33	16,585,036
	34	Total liabilities and net assets/fund balances			28,412,895	34	27,529,375

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,801,039
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,998,297
3	Revenue less expenses Subtract line 2 from line 1	3	-197,258
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,693,174
5	Other changes in net assets or fund balances (explain in Schedule O)	5	89,120
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	16,585,036

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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 in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2011

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 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,279,560	1,931,954	2,626,005	2,997,123	3,090,513	11,925,155
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,279,560	1,931,954	2,626,005	2,997,123	3,090,513	11,925,155
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)						
6 Public Support. Subtract line 5 from line 4						11,925,155

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,279,560	1,931,954	2,626,005	2,997,123	3,090,513	11,925,155
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	869,601	405,771	604,924	622,924	605,149	3,108,369
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	430	1,567	160	13,007	2,655	17,819
11 Total support (Add lines 7 through 10)						15,051,343

12 Gross receipts from related activities, etc (See instructions)

12

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	79 230 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	56 820 %

16a 33 1/3% support test—2011. 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—2010. If the organization did not check the 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—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

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

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

TRUMAN HEARTLAND COMMUNITY FOUNDATION

Employer identification number

43-1482136

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	123	612
2 Aggregate contributions to (during year)	980,795	3,090,513
3 Aggregate grants from (during year)	816,552	3,092,814
4 Aggregate value at end of year	3,716,591	25,981,602
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06

Held at the End of the Year

2a

2b

2c

2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

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

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

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

► \$ _____

b Assets included in Form 990, Part X

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	8,032,997	6,988,365	5,413,435	7,907,067
b	Contributions	1,206,353	617,582	875,130	339,171
c	Investment earnings or losses	157,582	1,032,303	1,302,639	-2,258,976
d	Grants or scholarships	426,125	380,783	399,990	391,854
e	Other expenditures for facilities and programs	323,887	128,119	128,091	96,248
f	Administrative expenses	136,646	96,351	74,758	85,724
g	End of year balance	8,504,721	8,032,997	6,988,365	5,413,435

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 58 670 %

b

Permanent endowment ▶ 2 220 %

c

Term endowment ▶ 39 110 %

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

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

☐ Yes

☐ No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		185,000		185,000
b Buildings				
c Leasehold improvements				
d Equipment		112,358	9,541	102,817
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				287,817

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,801,039
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,998,297
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-197,258
4	Net unrealized gains (losses) on investments	4	-58,299
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	35,987
9	Total adjustments (net) Add lines 4 - 8	9	-22,312
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-219,570

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	1,968,150
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-58,299
b	Donated services and use of facilities	2b	40,125
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-1,814,715
e	Add lines 2a through 2d	2e	-1,832,889
3	Subtract line 2e from line 1	3	3,801,039
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,801,039

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	2,187,720
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	40,125
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	-1,850,702
e	Add lines 2a through 2d	2e	-1,810,577
3	Subtract line 2e from line 1	3	3,998,297
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,998,297

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS - 73,462 INCOME RELATED TO AGENCY FUNDS -1,818,414 RELEASED FROM TEMPORARILY RESTRICTED NET ASSETS 185,360 LOSS ON BENEFICIAL INTEREST IN CHARITABLE REM TRUSTS -105,398 FUNDRAISING EXPENSES OFFSET AGAINST INCOME 54,243 INVESTMENT MANAGEMENT FEES NETTED AGAINST DIVIDENDS -57,044 INVESTMENT MANAGEMENT FEES NETTED AGAINST DIVIDENDS 57,044 EXPENSES RELATED TO AGENCY FUNDS 1,847,901 FUNDRAISING EXPENSES OFFSET AGAINST INCOME - 54,243
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS - 73,462 INCOME RELATED TO AGENCY FUNDS -1,818,414 RELEASED FROM TEMPORARILY RESTRICTED NET ASSETS 185,360 LOSS ON BENEFICIAL INTEREST IN CHARITABLE REM TRUSTS -105,398 FUNDRAISING EXPENSES OFFSET AGAINST INCOME 54,243 INVESTMENT MANAGEMENT FEES NETTED AGAINST DIVIDENDS -57,044
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	INVESTMENT MANAGEMENT FEES NETTED AGAINST DIVIDENDS -57,044 EXPENSES RELATED TO AGENCY FUNDS -1,847,901 FUNDRAISING EXPENSES OFFSET AGAINST INCOME 54,243

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
TRUMAN HEARTLAND COMMUNITY
FOUNDATION

Employer identification number

43-1482136

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

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

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

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

MO

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>GALA - THCF</u> (event type)	<u>SCOPES FOR HOPE</u> (event type)	<u>(total number)</u>	(Add col (a) through col (c))
Revenue	1	Gross receipts	153,010	82,190	235,200
	2	Less Charitable contributions	116,060	58,228	174,288
	3	Gross income (line 1 minus line 2)	36,950	23,962	60,912
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	18,019		18,019
	7	Food and beverages	26,550		26,550
	8	Entertainment			
	9	Other direct expenses	9,058		9,058
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			
					(53,627)
					7,285

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			
					()

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

- 11

Does the organization operate 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 operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

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

c

If "Yes," enter name and address

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
TRUMAN HEARTLAND COMMUNITY
FOUNDATION

Employer identification number
43-1482136

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

3

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

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	212	213,279			

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	AWARDS ARE PRESENTED AT OUR ANNUAL GRANTS AWARDS LUNCHEON IN NOVEMBER HOWEVER, BEFORE ORGANIZATIONS RECEIVE THEIR COMMUNITY FOUNDATION FUNDING, A SIGNED AND RETURNED GRANT AGREEMENT FORM MUST BE RECEIVED BY TRUMAN HEARTLAND COMMUNITY FOUNDATION THIS GOVERNING DOCUMENT OUTLINES THE LIMITS AND CONDITIONS OF FUNDING, UNDER WHICH THE GRANT HAS BEEN AUTHORIZED REPORTING REQUIREMENTS INTERIM REPORT ORGANIZATIONS INTERESTED IN APPLYING FOR AN ADDITIONAL YEAR OF FUNDING, MUST SUBMIT AN INTERIM REPORT DESCRIBING MEANINGFUL OUTCOMES THIS REPORT MUST ACCOMPANY THE LETTER OF INTEREST FOR THE ADDITIONAL YEAR OF FUNDING FINAL REPORT ALL RECIPIENT ORGANIZATIONS, MUST SUBMIT A WRITTEN FINAL REPORT TO THCF AT THE CONCLUSION OF THE PROGRAM FUNDED, OR TWELVE MONTHS FROM THE DATE OF THE AWARD THE REPORT SHOULD INCLUDE THE FOLLOWING 1 EXPENDITURE OF GRANT FUNDS RECEIVED 2 OUTCOMES AND ACCOMPLISHMENTS MADE POSSIBLE THROUGH FUNDING 3 FOR ORGANIZATIONS HAVING RECEIVED MULTIPLE-YEAR FUNDING, PLEASE INCLUDE BASELINE DATA AND IMPROVEMENTS IN PROGRAM DELIVERY MADE AS A RESULT OF OUTCOMES MONITORING

Software ID:
Software Version:
EIN: 43-1482136
Name: TRUMAN HEARTLAND COMMUNITY
FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALPHA-ONE FOUNDATION INC 2937 SW 27TH AVENUE MIAMI, FL 331333772	65-0585415	501	20,000				SUPPORT OF ALPHA-1 R
BINGHAM WAGGONER HISTORICAL SOCIETYP O BOX 1163 INDEPENDENCE,MO 64051	43-1179443	501	15,909				FUNDING TO HELP W/CO

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE SPRINGS SCHOOL DISTRICT1801 NW VESPER BLUE SPRINGS,MO 640153219	44-6004932	501	5,650				COMBAT GRANT FOR EJC
BLUE SPRINGS SCHOOL DISTRICT1801 NW VESPER BLUE SPRINGS,MO 640153219	44-6004932	501	5,169				COMBAT GRANT FOR B S

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE SPRINGS SCHOOL DISTRICT 1801 NW VESPER BLUE SPRINGS,MO 640153219	44-6004932	501	11,505				REIMBURSE EXPENSES F
BLUE SPRINGS SCHOOL OF ECONOMICS PO BOX 433 BLUE SPRINGS,MO 64013	43-1581206	501	15,000				TO COVER START-UP EX

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S MERCY HOSPITALS & CLINIC RESOURCE DEVELOPMENT RESOURCE DEVELOPMENT 2401 GILLHAM ROAD KANSAS CITY,MO 64108	44-0605373	501	10,000				CHILDREN'S MERCY EAS
CITY OF BLUE SPRINGS903 W MAIN ST BLUE SPRINGS,MO 64015	44-6000139	501	5,676				FINAL DISTRIBUTION A

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY THEATRE INC 201 N DODGION INDEPENDENCE,MO 64050	43- 1378221	501	13,000				SUPPORT PROJECTED EX
COMMUNITY SERVICES LEAGUE 404 NORTH NOLAND RD INDEPENDENCE,MO 64050	43- 0976396	501	6,000				FEBRUARY GRANT FOR U

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SERVICES LEAGUE 404 NORTH NOLAND RD INDEPENDENCE,MO 64050	43-0976396	501	30,000				EXPENSES RELATED TO
COMMUNITY SERVICES LEAGUE 404 NORTH NOLAND RD INDEPENDENCE,MO 64050	43-0976396	501	6,000				UTILITY ASSISTANCE F

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SERVICES LEAGUE 404 NORTH NOLAND RD INDEPENDENCE,MO 64050	43-0976396	501	6,000				MONTHLY GRANT FROM T
COMMUNITY SERVICES LEAGUE 404 NORTH NOLAND RD INDEPENDENCE,MO 64050	43-0976396	501	6,000				MONTHLY GRANT FROM C

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SERVICES LEAGUE 404 NORTH NOLAND RD INDEPENDENCE,MO 64050	43-0976396	501	9,102				WORK EXPRESS TECHNOL
COMMUNITY SERVICES LEAGUE 404 NORTH NOLAND RD INDEPENDENCE,MO 64050	43-0976396	501	6,000				JANUARY GRANT FROM I

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SERVICES LEAGUE 404 NORTH NOLAND RD INDEPENDENCE, MO 64050	43-0976396	501	6,000				APRIL - MONTHLY GRAN
DRUMM CENTER FOR CHILDREN INC3210 LEES SUMMIT RD INDEPENDENCE, MO 64055	44-0569643	501	8,000				SUPPORT CAMPAIGN TO

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRUMM CENTER FOR CHILDREN INC3210 LEES SUMMIT RD INDEPENDENCE,MO 64055	44-0569643	501	20,000				SWINNEY CAMPAIGN FUN
DRUMM FARM FOUNDATION3210 LEES SUMMIT ROAD INDEPENDENCE,MO 64055	43-1679248	501	62,310				PROGRESS PMT ON AIA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRUMM FARM FOUNDATION3210 LEES SUMMIT ROAD INDEPENDENCE,MO 64055	43-1679248	501	38,383				FUNDING FOR CONTRACT
DRUMM FARM FOUNDATION3210 LEES SUMMIT ROAD INDEPENDENCE,MO 64055	43-1679248	501	13,470				PAY FOR RERSTORATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRUMM FARM FOUNDATION3210 LEES SUMMIT ROAD INDEPENDENCE,MO 64055	43-1679248	501	45,968				PROGRESS PAYMENT FOR
DRUMM FARM FOUNDATION3210 LEES SUMMIT ROAD INDEPENDENCE,MO 64055	43-1679248	501	62,673				TOWARD RESTORATION W

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST BAPTIST CHURCH OF OAK GROVE400 SE 14TH STREET P O BOX 129 OAK GROVE, MO 64075	44-0601679	501	100,000				ROOF LOAN AND YOUTH
FIRST PRESBYTERIAN CHURCH OF LEE'S 1625 NW OBRIEN RD LEES SUMMIT, MO 64081	44-0665111	501	31,500				GRANT TO PURCHASE VA

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF SUGAR CREEK606 N STERLING SUGAR CREEK, MO 64054	43-1714283	501	6,000				GRANT FOR OPERATIONS
GRAIN VALLEY R-5 SCHOOL DISTRICTP O BOX 304 GRAIN VALLEY, MO 640290719	44-6004947	501	13,450				CLASS OF 2011 GVHS S

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRISONVILLE MINISTERIAL ALLIANCE PO BOX 262 HARRISONVILLE, MO 64701	43-1800881	501	10,000				SUPPORT OF OPERATING
HARRISONVILLE PUBLIC SCHOOL FOUNDAT 3550 NE RALPH POWELL ROAD LEES SUMMIT, MO 64064	43-1548179	501	10,000				SUPPORT OF THE BACKP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRY S TRUMAN LIBRARY INSTITUTE 500 WEST US 24 HWY INDEPENDENCE,MO 64050	43-6042632	501	13,000				1ST INSTALLMENT FOR
HOPE HAVEN OF CASS COUNTYPO BOX 754 HARRISONVILLE,MO 64701	43-1596092	501	10,000				TO SUPPORT OPERATING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE HAVEN OF CASS COUNTYPO BOX 754 HARRISONVILLE, MO 64701	43-1596092	501	10,000				TO SUPPORT OPERATING
HOPE HOUSE INCP O BOX 577 LEES SUMMIT, MO 64063	43-1265685	501	38,320				GRANT OF 2011 NET IN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE HOUSE INC P O BOX 577 LEES SUMMIT, MO 64063	43- 1265685	501	76,741				CLOSE CAPITAL CAMPAI
HOPE HOUSE INC P O BOX 577 LEES SUMMIT, MO 64063	43- 1265685	501	5,800				CAPITAL CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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INDEPENDENCE SCHOOL DISTRICT FOUNDA201 N FOREST AVENUE INDEPENDENCE, MO 64050	43-1831303	501	7,522				REIMBURSE ISD FOUNDA
INDEPENDENCE SCHOOL DISTRICT FOUNDA201 N FOREST AVENUE INDEPENDENCE, MO 64050	43-1831303	501	6,663				CARGO FOR KIDS BACKP

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON COUNTY FREE HEALTH CLINIC D17611 E US 24 HIWAY SUITE 103 INDEPENDENCE, MO 64056	45- 0539496	501	20,000				GRANT TO SUPPORT OPE
JACKSON COUNTY FREE HEALTH CLINIC D17611 E US 24 HIWAY SUITE 103 INDEPENDENCE, MO 64056	45- 0539496	501	15,000				FUNDING FOR STIPEND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON COUNTY FREE HEALTH CLINIC D17611 E US 24 HIWAY SUITE 103 INDEPENDENCE,MO 64056	45- 0539496	501	20,000				GRANT TO SUPPORT OPE
JACKSON COUNTY FREE HEALTH CLINIC D17611 E US 24 HIWAY SUITE 103 INDEPENDENCE,MO 64056	45- 0539496	501	20,000				GRANT TO SUPPORT OPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON COUNTY FREE HEALTH CLINIC D17611 E US 24 HIWAY SUITE 103 INDEPENDENCE,MO 64056	45- 0539496	501	20,000				GRANT TO SUPPORT OPE
JACKSON COUNTY FREE HEALTH CLINIC D17611 E US 24 HIWAY SUITE 103 INDEPENDENCE,MO 64056	45- 0539496	501	20,000				GRANT TO SUPPORT OPE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON COUNTY GENEALOGICAL SOCIETY1111 W PACIFIC PO BOX 1133 INDEPENDENCE, MO 64051	43-1207156	501	7,899				DISTRIBUTION OF ALL
JACKSON COUNTY HEALTH DEPARTMENT313 S LIBERTY INDEPENDENCE, MO 64050	44-0661018	501	15,150				FUNDING AGMT FOR JCF

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON COUNTY HEALTH DEPARTMENT313 S LIBERTY INDEPENDENCE, MO 64050	44-0661018	501	15,150				MEDICAL DIRECTOR COM
JACKSON COUNTY HEALTH DEPARTMENT313 S LIBERTY INDEPENDENCE, MO 64050	44-0661018	501	15,150				4TH QTR PMT - FUNDIN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON COUNTY HISTORICAL SOCIETY300 N OSAGE P O BOX 4241 INDEPENDENCE,MO 64051	44-0651562	501	18,500				NET INCOME FOR 1859
JOBONE1085 S YUMA INDEPENDENCE,MO 64056	43-0922133	501	25,000				DISTRIBUTION FOR OPE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KANSAS CITY FIRE BRIGADE INC30 WEST PERSHING SUITE 750 KANSAS CITY, MO 64108	43-1502787	501	20,000				OPERATING SUPPORT
LEE'S SUMMIT ECONOMIC DEVELOPMENT218 SE MAIN STREET PO BOX 710 LEES SUMMIT, MO 64063	27-3907101	501	8,950				DEVELOPMT DIR 01/11

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEE'S SUMMIT ECONOMIC DEVELOPMENT218 SE MAIN STREET PO BOX 710 LEES SUMMIT,MO 64063	27-3907101	501	10,500				FUNDING FOR CAMPAIGN
LEE'S SUMMIT MUNICIPAL BUILDING & E ENCORE FOR ARNOLD HALL ENCORE FOR ARNOLD HALL PO BOX 1106 LEES SUMMIT,MO 64063	27-3907101	501	14,500				GRANT TO PROVIDE FOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MESSIAH LUTHERAN CHURCHSCHOOL613 S MAIN INDEPENDENCE, MO 64050	44-0605370	501	15,000				OPER RESERVE FD TO P
MID-CONTINENT PUBLIC LIBRARY 15616 E 24 HIGHWAY INDEPENDENCE, MO 64050	44-6000522	501	16,543				REIMBURSE INSTALLATI

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOURI 4-H FOUNDATION819 CLARK HALL - UMC COLUMBIA,MO 65211	43- 6044367	501	8,000				REIMBURSEMENT FOR 8
MISSOURI 4-H FOUNDATION819 CLARK HALL - UMC COLUMBIA,MO 65211	43- 6044367	501	7,000				JC 4-H FOUND FUNDING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
READING REACHES INC 9717 HARVARD AVENUE KANSAS CITY,MO 64134	43-1876877	501	9,000				GRANT TO PURCHASE DI
READING REACHES INC 9717 HARVARD AVENUE KANSAS CITY,MO 64134	43-1876877	501	37,000				GRANT TO PURCHASE DI

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SECOND PRESBYTERIAN CHURCH318 E 55TH ST KANSAS CITY,MO 64113	44-0545831	501	8,400				CAPITAL CAMPAIGN AND
ST JOHN LALANDE CATHOLIC SCHOOL 801 NWRD MIZE RD BLUE SPRINGS,MO 64015	44-0597564	501	6,703				FINAL DISTRIBUTION T

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MARY'S DIOCESAN HIGH SCHOOL622 NORTH MAIN STREET INDEPENDENCE,MO 64050	43-0894266	501	9,199				SUPPORT FOR UNCOLLEC
TRUMAN MEDICAL CENTER CHARITABLE FO 2310 HOLMES SUITE 735 KANSAS CITY,MO 64108	43-1194064	501	120,000				GRANT TO CREATE "GRA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRANTEES UNDER 50004200 LITTLE BLUE PARKWAY INDEPENDENCE,MO 64057			822,109				VASRIOUS
CHAMBERS GINA TOTAL9408 NW 78TH STREET WEATHERBY LAKE, MO 64152			5,004				CONSULTING SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CURRICULUM DESIGNERS TOTAL 26 ALLENDALE DRIVE RYE,NY 10580	13-3866127		6,682				CONSULT FEES FOR KC
DEVELOPING MINDS IN TOTAL 2911 LOCH LOMOND DR SW PO BOX 82880 CONYERS,GA 30013	65-1182215		5,328				DR MARCIA TATE 8/29/

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEINEMANN PROFESSION361 HANOVER ST PORTSMOUTH,NH 038013912	06- 1154537		8,500				E KEENE FOR AREA TEA
HEINEMANN PROFESSION361 HANOVER ST PORTSMOUTH,NH 038013912	06- 1154537		8,500				E KEENE FOR AREA TEA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN NATIONAL LIFP O BOX 7247-7719 PHILADELPHIA, PA 191707719	35-0472300		6,000				POLICY PREMIUMS
LINCOLN NATIONAL LIFP O BOX 7247-7719 PHILADELPHIA, PA 191707719	35-0472300		100,000				POLICY PREMIUMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LINCOLN NATIONAL LIFP O BOX 7247-7719 PHILADELPHIA, PA 191707719	35-0472300		11,000				POLICY PREMIUMS
LINCOLN NATIONAL LIFP O BOX 7247-7719 PHILADELPHIA, PA 191707719	35-0472300		39,500				POLICY PREMIUMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN NATIONAL LIFP O BOX 7247-7719 PHILADELPHIA, PA 191707719	35-0472300		14,775				POLICY PREMIUMS
LINCOLN NATIONAL LIFP O BOX 7247-7719 PHILADELPHIA, PA 191707719	35-0472300		27,150				POLICY PREMIUMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LINCOLN NATIONAL LIFP O BOX 7247-7719 PHILADELPHIA, PA 191707719	35-0472300		8,132				POLICY PREMIUMS
LINCOLN NATIONAL LIFP O BOX 7247-7719 PHILADELPHIA, PA 191707719	35-0472300		50,800				POLICY PREMIUMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN NATIONAL LIFP O BOX 7247-7719 PHILADELPHIA, PA 191707719	35-0472300		6,500				POLICY PREMIUMS
LINCOLN NATIONAL LIFP O BOX 7247-7719 PHILADELPHIA, PA 191707719	35-0472300		17,975				POLICY PREMIUMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LINCOLN NATIONAL LIFP O BOX 7247-7719 PHILADELPHIA, PA 191707719	35-0472300		21,325				POLICY PREMIUMS
MARZANO RESEARCH LABATTN PROFESSIONAL DEVELOPMENT 555 N MORTON STREET BLOOMINGTON, IN 47404	26-2730032		20,800				CONTRACT DEPOSIT FOR

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARZANO RESEARCH LABATTN PROFESSIONAL DEVELOPMENT 555 N MORTON STREET BLOOMINGTON, IN 47404	26-2730032		27,734				BEA MCGARVEY-AREA TE
MARZANO RESEARCH LABATTN PROFESSIONAL DEVELOPMENT 555 N MORTON STREET BLOOMINGTON, IN 47404	26-2730032		27,734				BEA MCGARVEY-AREA TE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARZANO RESEARCH LABATTN PROFESSIONAL DEVELOPMENT 555 N MORTON STREET BLOOMINGTON, IN 47404	26-2730032		19,067				FOSTERING & SUPPORTI
MARZANO RESEARCH LABATTN PROFESSIONAL DEVELOPMENT 555 N MORTON STREET BLOOMINGTON, IN 47404	26-2730032		50,266				SESSION 4-FORMATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARZANO RESEARCH LABATTN PROFESSIONAL DEVELOPMENT 555 N MORTON STREET BLOOMINGTON, IN 47404	26-2730032		19,067				SESSION 2 FOSTERING/
MILLER DEBBIE47 SPYGLASS DRIVE LITTLETON, CO 80123	86-1118323		7,671				CONSULTING FEES SEPT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILLER DEBBIE47 SPYGLASS DRIVE LITTLETON, CO 80123	86- 1118323		7,339				CONSULTING FEES 5-10
PICKERING DEBRA7009 S CURTICE ST LITTLETON, CO 80120			5,699				11/18/10 CONSULTING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICKERING DEBRA 7009 S CURTICE ST LITTLETON,CO 80120			6,061				10/28/10 CONSULTING
TOVANI GROUP TOTAL7033 S ONEIDA CIRCLE CENTENNIAL,CO 80112	20-0121957		7,976				10/28/10 CONSULTING

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MISSOU TOTAL 1106 W MAIN ST BLUE SPRINGS, MO 64015	44-0602985		15,900				4-H COUNCIL FACILITY
ZIPCO CONTRACTING INC 4110 N CORRINGTON AVENUE KANSAS CITY, MO 64117	20-0512827		5,500				DOWNSPOUTS & DOOR AD

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
TRUMAN HEARTLAND COMMUNITY FOUNDATION

Employer identification number
43-1482136

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV

Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) LITTLE BLUE HOLDINGS LLC	DIRECTORS	35,808	SPACE DONATED TO FDN		No
(2) LITTLE BLUE HOLDINGS LLC	DIRECTORS	93,601	LEASE IMP PD BY FDTN		No
(3) BLUE RIDGE WEALTH MANAGEMENT	DIRECTORS	8,244	INV FEES PD BY FDTN		No
(4)			@ BELOW MARKET RATE		No

Part V

Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
TRUMAN HEARTLAND COMMUNITY
FOUNDATION

Employer identification number
43-1482136

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	23	343,067	
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	X	1	90,273	
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

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

Part III

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS	SCHEDULE M, PAGE 1, PART I, LINE 32B	PUBLICLY TRADED SECURITIES ARE SOLD BY INVESTMENT BROKERS AS REQUIRED BY LAW

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization TRUMAN HEARTLAND COMMUNITY FOUNDATION	Employer identification number 43-1482136
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Identifier	Return Reference	Explanation
EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS	FORM 990, PAGE 1, PART I, LINE 6	BOARD MEMBERS ARE VOLUNTEERS ADVISORY BOARD MEMBERS ARE VOLUNTEERS ALL COMMITTEES OF THE ORGANIZATION ARE STAFFED BY VOLUNTEERS - DEVELOPMENT, NEEDS ASSESSMENT, FINANCE, INVESTMENT, HUMAN RESOURCES, GRANTS, SCHOLARSHIPS, GALA (FUND-RAISING EVENT), AUDIT, AND YOUTH ADVISORY COUNCIL THE STAFF OF 6 SERVE AS LIASONS TO THE VARIOUS COMMITTEES

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	<p>BLUE RIDGE BANK AND TRUST BUILDING A CONSOLIDATED, PROFESSIONAL OFFICE IS IMPORTANT TO THE CONFIDENCE OUR STAKEHOLDERS PLACE IN THE COMMUNITY FOUNDATION OUR NEW LOCATION HAS BEEN A GREAT, CENTRALLY-LOCATED FACILITY POSITIONING US TO BETTER SERVE OUR DONORS NATIONAL ACCREDITATION ON NOVEMBER 9, 2011, WE BECAME CERTIFIED BY THE NATIONAL STANDARDS BOARD FOR MEETING THE NATIONAL STANDARDS OF THE US COMMUNITY FOUNDATIONS THIS CERTIFICATION RECOGNIZES THAT THCF HAS MET 41 OF THE MOST RIGOROUS STANDARDS IN PHILANTHROPY IN THE COUNTRY IT ALSO AFFIRMS OUR COMMITMENT TO OPERATIONAL QUALITY, DONOR SERVICE, HONORING DONOR INTENT, AND ACCOUNTABILITY - A MARK OF CONFIDENCE, AND AN IMPORTANT BLUEPRINT OUR DONOR FAMILY CAN BE PROUD OF HEARTLAND LEGACY SOCIETY ALSO IN NOVEMBER, THCF WELCOMED 85 FOUNDING MEMBERS TO THE HEARTLAND LEGACY SOCIETY AT OUR ANNUAL COMMUNITY GRANT LUNCHEON THIS SPECIAL SOCIETY WAS CREATED IN 2011, ANOTHER IMPORTANT BLUEPRINT, TO HONOR AND RECOGNIZE THOSE DONORS WHO DESIGNATED THE COMMUNITY FOUNDATION (OR A FUND AT THE COMMUNITY FOUNDATION) AS A BENEFICIARY IN THEIR ESTATE PLANNING DOCUMENTS DONORS WHO MAKE THIS TYPE OF COMMITMENT ARE ENSURING THEIR CHARITABLE INTERESTS WILL BE SUPPORTED FOR YEARS TO COME GRANTS AND SCHOLARSHIPS IN 2011, MORE THAN 3 MILLION DOLLARS WERE DISTRIBUTED TO CHARITABLE ORGANIZATIONS IN THE AREAS OF ARTS & HUMANITIES, COMMUNITY DEVELOPMENT, EDUCATION, FAITH-BASED PROGRAMS, AND HEALTH & WELFARE DURING NATIONAL PHILANTHROPY WEEK, THE GRANTS COMMITTEE AWARDED 166,252 TO 40 NONPROFITS IN SUPPORT OF PROGRAMS IN THE EASTERN JACKSON COUNTY REGION TRUMAN HEARTLAND COMMUNITY FOUNDATION PARTNERS WITH NONPROFITS THAT SHARE OUR VISION AND PASSION FOR IMPROVING HEARTLAND COMMUNITIES SCHOLARSHIP FUNDS ARE AN IMPORTANT PART OF OUR COMMUNITY FOUNDATION FAMILY SOME SCHOLARSHIPS HAVE BEEN ESTABLISHED TO HONOR THE MEMORY OF A LOVED ONE WHILE OTHERS HAVE BEEN CREATED TO SUPPORT A PARTICULAR CHARITABLE INTEREST BOTH PROVIDE MEANINGFUL SUPPORT TO STUDENTS THROUGHOUT THE REGION IN OUR 29TH YEAR, MORE THAN 150 DONORS HAVE ESTABLISHED SCHOLARSHIP FUNDS AT THCF TO SUPPORT STUDENTS PURSUING A VARIETY OF EDUCATIONAL DISCIPLINES BY YEAR END, NEARLY 140,000 WAS AWARDED IN SCHOLARSHIPS TO AREA STUDENTS TOAST TO OUR TOWNS - GALA THE GALA COMMITTEE, CHAIRED BY JOY HOBICK AND JUDY FORRESTER, PLANNED THE BLACK-TIE EVENT AT THE INDEPENDENCE EVENTS CENTER WITH 700 GUESTS IN ATTENDANCE, IT WAS BY ALL MEASURES A GOOD SUCCESS ONCE AGAIN THE FOUNDATION WAS IN THE SPOTLIGHT WITH AN OPPORTUNITY TO SHOWCASE OUR WORK AND TO INTRODUCE THOSE WONDERFUL PEOPLE WHO THROUGH THEIR COMMITMENT TO COMMUNITY IMPROVEMENT EARN OUR RECOGNITION AS "OUTSTANDING CITIZENS" THE COMMITTEE SURPASSED ITS GOAL AND GENERATED NEARLY 104,000 IN PROCEEDS FOR USE BY THE FOUNDATION IN MEETING OPERATING EXPENSES NEW INITIATIVE THE COMMUNITY FOUNDATION ESTABLISHED A LOCAL COMMUNITY FOR ALL AGES COALITION IN AN EFFORT TO ADDRESS THE ISSUES FACING OUR COMMUNITY AS THE POPULATION CONTINUES MATURING OUR COMMUNITY FOR ALL AGES COALITION IS BRINGING TOGETHER OVER 50 PEOPLE FROM ALL AREAS OF EASTERN JACKSON COUNTY TO CREATE A PLAN OF ACTION FOR OUR COMMUNITY ADVISORY BOARDS THCF EXPANDED ITS REACH AND OPPORTUNITIES TO BETTER SERVE OUR DONORS BY CREATING FOUR ADVISORY BOARDS ACTIVE AND FUNCTIONING IN BLUE SPRINGS, INDEPENDENCE/SUGAR CREEK, LEE'S SUMMIT AND RAYTOWN YOUTH ADVISORY COUNCIL THE YOUTH ADVISORY COUNCIL (YAC) WAS FORMED IN 1998 AS A PROGRAM OF THCF TO INVOLVE YOUNG LEADERS IN CHANGING THE FUTURE THROUGH THE POWER OF PHILANTHROPY YAC HAS GROWN TO A COUNCIL OF 105 STUDENT LEADERS FROM 12 AREA HIGH SCHOOLS, COMMITTED TO IMPROVING THE LIVES OF CHILDREN AND YOUNG PEOPLE ACROSS THE KC COMMUNITY YAC AWARDED 1500 IN GRANTS FROM THEIR ENDOWMENT AS PART OF THE FOUNDATION'S ANNUAL COMMUNITY GRANTS PROGRAM</p>

Identifier	Return Reference	Explanation
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	BLUE RIDGE BANK & TRUST BLUE RIDGE BANK & TRUST DIRECTOR DIRECTOR BUSINESS

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	TRUMAN HEARTLAND COMMUNITY FOUNDATION POLICY REVIEW OF 990 TRUMAN HEARTLAND COMMUNITY FOUNDATION IS COMMITTED TO PROVIDING ACCURATE AND TIMELY INFORMATION TO THE INTERNAL REVENUE SERVICE IN THE ANNUAL FILING OF THE REQUIRED FORM 990 PRIOR TO THE FILING OF THE 990, A COPY OF THE ENTIRE 990 WILL BE PROVIDED TO THE BOARD OF DIRECTORS BY EMAIL THE FINANCE COMMITTEE WILL REVIEW THE EXECUTIVE SUMMARY OF THE 990 BEFORE THE FILING OF THE FORM RESULTS OF THAT REVIEW WILL BE SUBMITTED TO THE ENTIRE BOARD OF DIRECTORS SHOULD ANY MATERIAL DISCREPANCIES OR ERRORS BE NOTED DURING THE REVIEW, THE 990 WILL BE CORRECTED PRIOR TO FILING

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	<p>TRUMAN HEARTLAND COMMUNITY FOUNDATION POLICY CONFLICT OF INTEREST INTRODUCTION WHAT IS A C ONFLICT OF INTEREST? THE LAW REQUIRES INDIVIDUALS WHO MANAGE AND GOVERN FOUNDATIONS ("FIDUCIARIES") TO EXERCISE DUE CARE IN ADMINISTERING THE CHARITY'S AFFAIRS THIS REQUIREMENT IS KNOWN AS THE DUTY OF CARE THE LAW ALSO PROHIBITS FIDUCIARIES FROM USING THEIR POSITION T O OBTAIN PERSONAL GAIN FOR THEMSELVES OR OTHERS AT THE CHARITY'S EXPENSE THIS REQUIREMENT IS KNOWN AS THE DUTY OF LOYALTY PAYING CAREFUL ATTENTION TO TRANSACTIONS WHERE THERE MAY BE A CONFLICT OF INTEREST ENSURES THAT A FIDUCIARY DOES NOT BREACH HIS OR HER DUTIES OF C ARE AND LOYALTY TO THE ORGANIZATION IT CAN ALSO HELP INSTILL PUBLIC TRUST BY DEMONSTRATING THAT FIDUCIARIES ARE COMMITTED TO MANAGING AN ORGANIZATION WITH THE UTMOST INTEGRITY AND GOOD FAITH AND IN THE BEST INTEREST OF THE ORGANIZATION AND ITS CHARITABLE MISSION CONFLICTS OF INTEREST OCCUR IN OUR EVERYDAY LIVES WHEN MULTIPLE LOYALTIES PULL US TOWARD OPPOSITE COURSES OF ACTION IN THE CONTEXT OF CHARITIES, A CONFLICT OF INTEREST MAY OCCUR WHEN PERSONAL INTERESTS PREVENT AN INDIVIDUAL FROM MAKING AN IMPARTIAL DECISION THAT IS IN THE BEST INTEREST OF THE CHARITY APPLICABLE LEGAL STANDARDS AND PROHIBITIONS DIFFER DEPENDING ON WHETHER THE CHARITY INVOLVED IS A PUBLIC CHARITY OR A PRIVATE FOUNDATION, WHETHER THE TRANSACTION IS FINANCIAL OR NON-FINANCIAL IN NATURE, WHETHER STATE OR FEDERAL LAW IS MOST PERTINENT AND WHETHER THE CHARITY IS ORGANIZED AS A TRUST OR A CORPORATION A WRITTEN CONFLICT OF INTEREST POLICY THAT IS ENFORCED PROVIDES SAFEGUARDS TO PREVENT TRANSACTIONS THAT MAY VIOLATE THE LAW OR A FIDUCIARY'S DUTY OF LOYALTY A WRITTEN POLICY CAN ALSO HELP BOARDS SPOT TRANSACTIONS THAT GIVE THE APPEARANCE OF A CONFLICT OF INTEREST BEFORE THEY OCCUR</p> <p>ARTICLE I PURPOSE IRS PROVISION THE PURPOSE OF THE CONFLICT OF INTEREST POLICY IS TO PROTECT THIS TAX-EXEMPT ORGANIZATION'S (ORGANIZATION) INTEREST WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF AN OFFICER OR DIRECTOR OF THE ORGANIZATION OR MIGHT RESULT IN A POSSIBLE EXCESS BENEFIT TRANSACTION THIS POLICY IS INTENDED TO SUPPLEMENT BUT NOT REPLACE ANY APPLICABLE STATE AND FEDERAL LAWS GOVERNING CONFLICT OF INTEREST APPLICABLE TO NON-PROFIT AND CHARITABLE ORGANIZATIONS</p> <p>ARTICLE II DEFINITIONS 1 INTERESTED PERSON ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST, AS DEFINED BELOW, IS AN INTERESTED PERSON 2 FINANCIAL INTEREST A PERSON HAS A FINANCIAL INTEREST IF THE PERSON HAS, DIRECTLY OR INDIRECTLY, THROUGH BUSINESS, INVESTMENT OR FAMILY A AN OWNERSHIP OR INVESTMENT INTEREST IN ANY ENTITY WITH WHICH THE ORGANIZATION HAS A TRANSACTION OR ARRANGEMENT B A COMPENSATION ARRANGEMENT WITH THE ORGANIZATION OR WITH ANY ENTITY OR INDIVIDUAL WITH WHICH THE ORGANIZATION HAS A TRANSACTION OR ARRANGEMENT, OR C A POTENTIAL OWNERSHIP OR INVESTMENT INTEREST IN, OR COMPENSATION ARRANGEMENT WITH, ANY ENTITY OR INDIVIDUAL WITH WHICH THE ORGANIZATION IS NEGOTIATING A TRANSACTION OR ARRANGEMENT COMPENSATION INCLUDES DIRECT AND INDIRECT REMUNERATION AS WELL AS GIFTS OR FAVORS THAT ARE NOT INSUBSTANTIAL A FINANCIAL INTEREST IS NOT NECESSARILY A CONFLICT OF INTEREST UNDER ARTICLE III, SECTION 2, A PERSON WHO HAS A FINANCIAL INTEREST MAY HAVE A CONFLICT OF INTEREST ONLY IF THE APPROPRIATE GOVERNING BOARD OR COMMITTEE DECIDES THAT A CONFLICT OF INTEREST EXISTS</p> <p>ARTICLE III PROCEDURES 1 DUTY TO DISCLOSE IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT 2 DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS 3 PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST A AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE GOVERNING BOARD OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST B THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT C AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT</p>

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	<p>NT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST D IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NO T PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONAB LE IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT 4 VIOLATIONS OF THE CONFLICTS OF INTEREST POL ICY A IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT A MEMBER HA S FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED F AILURE TO DISCLOSE B IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INV ESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAK E APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION ARTICLE IV RECORDS OF PROCEEDINGS THE MINUTES OF THE GOVERNING BOARD AND ALL COMMITTEES WITH BOARD DELEGATED POWERS SHALL CONTAIN A THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FINANCIAL INT EREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE FIN ANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE GOVERNING BOARD'S OR COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED B THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELAT ING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERN ATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONN ECTION WITH THE PROCEEDINGS ARTICLE V COMPENSATION A A VOTING MEMBER OF THE GOVERNING BO ARD WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM THE ORGANIZATION FOR SERVICES IS PRECLUDED FROM VOTING ON MATTERS PERTAINING TO THAT MEMBER'S COMPENSATION B A VOTING M EMBER OF ANY COMMITTEE WHOSE JURISDICTION INCLUDES COMPENSATION MATTERS AND WHO RECEIVES C OMPENSATION, DIRECTLY OR INDIRECTLY, FROM THE ORGANIZATION FOR SERVICES IS PRECLUDED FROM VOTING ON MATTERS PERTAINING TO THAT MEMBER'S COMPENSATION C NO VOTING MEMBER OF THE GOVE RNING BOARD OR ANY COMMITTEE WHOSE JURISDICTION INCLUDES COMPENSATION MATTERS AND WHO RECE IVES COMPENSATION DIRECTLY OR INDIRECTLY, FROM THE ORGANIZATION, EITHER INDIVIDUALLY OR CO LLECTIVELY, IS PROHIBITED FROM PROVIDING INFORMATION TO ANY COMMITTEE REGARDING COMPENSATI ON ARTICLE VI ANNUAL STATEMENTS EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUC H PERSON A HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, B HAS READ AND UNDERS TANDS THE POLICY, C HAS AGREED TO COMPLY WITH THE POLICY, AND D UNDERSTANDS THE ORGANIZATI ON IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARI LY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES ARTICLE VII PER IODIC REVIEWS TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE P URPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX- EXEMPT STATUS, PER IODIC REVIEWS SHALL BE CONDUCTED THE PERIODIC REVIEWS SHALL, AT A MINIMUM, INCLUDE THE FO LLOWING SUBJECTS A WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED O N COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM'S LENGTH BARGAINING B WHETHER PARTN ERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS CONFORM TO THE ORG ANIZATION'S WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAY M ENTS FOR GOODS AND SERVICES, FURTHER CHA</p>

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	<p>TRUMAN HEARTLAND COMMUNITY FOUNDATION POLICY</p> <p>COMPENSATION TRUMAN HEARTLAND COMMUNITY FOUNDATION (ORGANIZATION) UNDERSTANDS THAT IT WORKS WITHIN THE CONTEXT OF A BROADER MARKETPLACE, WHICH INCLUDES NOT ONLY OTHER NONPROFITS, BUT ALSO FOR-PROFIT AND GOVERNMENT ENTITIES WHILE OPERATING IN THIS MARKETPLACE, IT IS THE FOUNDATION'S GOAL TO ATTRACT AND RETAIN QUALIFIED, SKILLED EMPLOYEES TO THIS END, THE FOUNDATION WILL CONDUCT A MARKETPLACE SURVEY OF COMPARABLE WAGES, USING COMPARABLE JOB DESCRIPTIONS FROM THE NATIONAL AND LOCAL MARKETPLACE APPROXIMATELY EVERY YEAR USING THESE MARKETPLACE COMPARISONS, MIDPOINTS AND SALARY RANGES WILL BE DEVELOPED THE FOUNDATION WILL DEVELOP COMPENSATION AND BENEFIT GUIDELINES AS TO SOURCE OF MARKETPLACE COMPARISONS TYPES OF COMPENSATION EXECUTIVE COMPENSATION POLICY, INCLUDING PROHIBITION OF LOANS FRINGE BENEFITS PROVIDED ANNUALLY, THE PERSONNEL COMMITTEE WILL REVIEW COMPENSATION AND BENEFITS OF EACH EMPLOYEE USING THE GUIDELINES DEVELOPED THE COMMITTEE WILL BE COMPRISED OF INDEPENDENT BOARD 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</p> <p>EXPENSE REIMBURSEMENT PLAN THE FOUNDATION WILL REIMBURSE EXPENSES INCURRED BY EMPLOYEES USING AN ACCOUNTABLE PLAN ALL EXPENSES TO BE REIMBURSED WILL BE SUPPORTED BY A COPY OF THE RECEIPT FOR OUT OF POCKET EXPENSES MILEAGE WILL BE REIMBURSED FOR AUTHORIZED TRAVEL ONLY UPON WRITTEN DOCUMENTATION OF MILES TRAVELED AND PURPOSE OF TRAVEL</p> <p>EMPLOYMENT AGREEMENTS ANY EMPLOYMENT AGREEMENTS ENTERED INTO BETWEEN THE FOUNDATION AND AN EMPLOYEE WILL REFLECT THE TOTAL COMPENSATION FOR THE SERVICES TO BE RENDERED</p> <p>OVERTIME THE FOUNDATION UNDERSTANDS THAT FROM TIME TO TIME IT IS NECESSARY TO WORK OVERTIME TO COMPLETE WORK WITHIN CERTAIN DEADLINES TYPICALLY, OVERTIME IS VOLUNTARY, HOWEVER, THERE COULD BE SITUATIONS WHERE IT WOULD BE MANDATORY OVERTIME IS DEFINED AS TIME WORKED OVER 40 HOURS IN A WORKWEEK (OUR WORKWEEK IS DEFINED AS SUNDAY THROUGH SATURDAY) HOURS WORKED DO NOT INCLUDE SICK TIME, VACATION, EMERGENCY DAY, OPTIONAL HOLIDAYS, OR FOUNDATION RECOGNIZED HOLIDAYS WHEN A NON-EXEMPT EMPLOYEE WORKS OVERTIME, IT IS REPORTED ON THEIR TIME ALLOCATION FORM AND PAID AT 1 TIMES THEIR REGULAR RATE IN THE FOLLOWING PAY CHECK</p> <p>OVERTIME PAY IS ALLOWABLE FOR NONEXEMPT EMPLOYEES ONLY WHEN PRE-APPROVED BY THE EMPLOYEE'S SUPERVISOR</p>

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	SEE POLICY IN PART 15A

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	TRUMAN HEARTLAND COMMUNITY FOUNDATION POLICY PUBLIC DISCLOSURE POLICY TRUMAN HEARTLAND COMMUNITY FOUNDATION IS COMMITTED TO PROVIDING READY PUBLIC ACCESS TO IMPORTANT FOUNDATION DOCUMENTS THE FOLLOWING DOCUMENTS ARE AVAILABLE IN THE FOUNDATION OFFICE DURING NORMAL WORKING HOURS TAX FORM 990 TAX FORM 990-T (IF FILED) TAX FORM 1023 ARTICLES OF INCORPORATION CORPORATE BY LAWS CONFLICT OF INTEREST POLICY ANNUAL REPORT - FINANCIAL STATEMENTS FOR THE PRIOR YEAR ARE INCLUDED THE ANNUAL REPORT (ANNUAL REPORT IS ALSO AVAILABLE ON THE FOUNDATION WEBSITE) PUBLIC AVAILABILITY OF THE FORGOING DOCUMENTS WILL BE NOTED ON THE WEBSITE OF THE FOUNDATION AND IN THE ANNUAL REPORT UPON REQUEST, THE FOLLOWING WILL BE PROVIDED TO CURRENT AND PROSPECTIVE FUND HOLDERS CURRENT INVESTMENT POLICY INVESTMENT PERFORMANCE REPORTS CURRENT ROSTER OF INVESTMENT COMMITTEE MEMBERS INVESTMENT MANAGER FEES SCHEDULE ADMINISTRATIVE FEES SCHEDULE LETTERHEAD AND WEBSITE WILL LIST CURRENT MEMBERS OF THE BOARD OF DIRECTORS

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

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 of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) THCF REAL ESTATE LLC 300 N OSAGE INDEPENDENCE, MO 64050 43-1482136	REAL EST	MO			TRUMAN HEA RTLAND 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 organization	
						Yes	No

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?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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 (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment
Sequence No 179

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return TRUMAN HEARTLAND COMMUNITY FOUNDATION	Business or activity to which this form relates INDIRECT DEPRECIATION	Identifying number 43-1482136
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Part I Election To Expense Certain Property Under Section 179

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

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13		

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

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	6,167

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

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	673
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	6,840
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost	
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

Additional Data

Software ID:

Software Version:

EIN: 43-1482136

Name: TRUMAN HEARTLAND COMMUNITY FOUNDATION

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALLEN LEFKO DIRECTOR	2 00	X						0	0	0
BRAD CONSTANCE DIRECTOR	2 00	X						0	0	0
BRENDA WEST DIRECTOR	2 00	X						0	0	0
CHUCK FOUDREE DIRECTOR	2 00	X						0	0	0
DOUG HAMMER SECRETARY/DI	2 00	X		X				0	0	0
DR FREDERICK HAHN DIRECTOR	2 00	X						0	0	0
DR STEVEN SILVERSTEIN DIRECTOR	2 00	X						0	0	0
EILEEN WIER DIRECTOR	2 00	X						0	0	0
JIM PRYDE CHAIRMAN/DIR	2 00	X		X				0	0	0
JOY HOBICK DIRECTOR	2 00	X						0	0	0
JUDY NESS DIRECTOR	2 00	X						0	0	0
MARTHA COCKERELL TREASURER/DI	2 00	X		X				0	0	0
JIM KOENEMAN DIRECTOR	2 00	X						0	0	0
SHIRLEY WURTH DIRECTOR	2 00	X						0	0	0
RANDALL FERGUSON DIRECTOR	2 00	X						0	0	0
REV SHERRI E WOOD-POWE DIRECTOR	2 00	X						0	0	0
RICHARD KREHER DIRECTOR	2 00	X						0	0	0
JEFF QUIBELL DIRECTOR	2 00	X						0	0	0
RON BRUCH VICE-CHAIR/D	2 00	X		X				0	0	0
ELEANOR FRASIER DIRECTOR	2 00	X						0	0	0
VICKI DIGBY CHAIRMAN/DIR	2 00	X						0	0	0
WILLIAM ESRY DIRECTOR	2 00	X						0	0	0
ROBERT HEPTING DIRECTOR	2 00	X						0	0	0
MIKE MCGRAW DIRECTOR	2 00	X						0	0	0
DR JOSEPH SEABROOKS DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID JETER DIRECTOR	2 00	X						0	0	0
JUDY FORRESTER DIRECTOR	2 00	X						0	0	0
RON FINKE DIRECTOR	2 00	X						0	0	0
PHILLIP HANSON PRESIDENT/CE	40 00			X				113,300	0	480
BEVERLY POWELL CFO	40 00			X				70,000	0	2,571