The Harry S. Truman Library Institute
Form 990
Tax Year 2008

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2008, or fiscal year beginning 10/01 , 2008, and ending 09/30 , 20 09

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions.**

OMB No. 1545-1878

2008

Name of exempt organization: THE HARRY S. TRUMAN LIBRARY INSTITUTE

Employer identification number: 43-6042632

Name and title of officer: WILLIAM C. NELSON, CHAIRMAN & PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a **Form 990** check here ▶	X	**b** **Total revenue,** if any (Form 990, line 12)	**1b**	1,580,633.
2a **Form 990-EZ** check here ▶		**b** **Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a **Form 1120-POL** check here ▶		**b** **Total tax** (Form 1120-POL, line 22)	**3b**	
4a **Form 990-PF** check here ▶		**b** **Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a **Form 8868** check here ▶		**b** **Balance Due** (Form 8868, line 3c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** an indication of any refund offset, **(c)** the reason for any delay in processing the return or refund, and **(d)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize BKD, LLP (**ERO firm name**) to enter my PIN 8 6 3 2 8 (**Enter five numbers, but do not enter all zeros**) as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 4 3 0 3 2 5 4 4 0 1 6 (**do not enter all zeros**)

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ Date ▶

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . ▶ X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print		
File by the extended due date for filing the return. See instructions.	Name of Exempt Organization THE HARRY S. TRUMAN LIBRARY INSTITUTE	**Employer identification number** 43-6042632
	Number, street, and room or suite no. If a P.O. box, see instructions. 500 WEST US HIGHWAY 24	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. INDEPENDENCE, MO 64050-1798	

Check type of return to be filed (File a separate application for each return):

X Form 990	Form 990-PF	Form 1041-A	Form 6069
Form 990-BL	Form 990-T (sec. 401(a) or 408(a) trust)	Form 4720	Form 8870
Form 990-EZ	Form 990-T (trust other than above)	Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ LISA SULLIVAN

  Telephone No. ▶ 816 268-8248 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box . . . ▶ ☐ . If it is for part of the group, check this box . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 08/15/2010 .

5 For calendar year ______ , or other tax year beginning 10/01/2008 , and ending 09/30/2009 .

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**8a**	$ NONE
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	**8b**	$ NONE
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**8c**	$ NONE

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ Date ▶

BKD, LLP
120 WEST 12TH STREET, SUITE 1200
KANSAS CITY, MO 64105-1936

Form **8868** (Rev. April 2009) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing *(e-file)*. Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	**Employer identification number**
	THE HARRY S. TRUMAN LIBRARY INSTITUTE	43-6042632
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 500 WEST US HIGHWAY 24	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. INDEPENDENCE, MO 64050-1798	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ ADMINISTRATION OFFICE

Telephone No. ▶ 816 268-8200 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ________ . If this is for the whole group, check this box . ▶ [ ] . If it is for part of the group, check this box . . ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15 ,2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [ ] calendar year ______ or

▶ [X] tax year beginning 10/01 , 2008 , and ending 09/30 , 2009 .

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ NONE
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$ NONE
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

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Form **990** | **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10/01 **, 2008, and ending** 09/30 **, 20**09

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Termination [ ] Amended return [ ] Application pending	Please use IRS label or print or type. See Specific Instructions.
C Name of organization	THE HARRY S. TRUMAN LIBRARY INSTITUTE
Doing Business As	
Number and street (or P.O. box if mail is not delivered to street address) / Room/suite	500 WEST US HIGHWAY 24
City or town, state or country, and ZIP + 4	INDEPENDENCE, MO 64050-1798
D Employer identification number	43-6042632
E Telephone number	(816)268-8248
G Gross receipts $	10,431,967.
F Name and address of principal officer:	WILLIAM C NELSON 500 W US HWY 24 INDEPENDENCE, MO 64050
H(a) Is this a group return for affiliates?	[ ] Yes [X] No
H(b) Are all affiliates included?	[ ] Yes [ ] No — If "No," attach a list. (see instructions)
I Tax-exempt status:	[X] 501(c) (03) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527
J Website: ▶	WWW.TRUMANLIBRARY.ORG
H(c) Group exemption number ▶	
K Type of organization:	[X] Corporation [ ] Trust [ ] Association [ ] Other ▶
L Year of formation:	1957
M State of legal domicile:	MO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	29
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29
5	Total number of employees (Part V, line 2a)	5	11
6	Total number of volunteers (estimate if necessary)	6	29
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE
b	Net unrelated business taxable income from Form 990-T, line 34	7b	NONE

		Prior Year	Current Year
Revenue			
8	Contribution and grants (Part VIII, line 1h)	917,809.	1,887,960.
9	Program service revenue (Part VIII, line 2g)	302,389.	74,114.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,330,565.	-676,124.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-18,124.	294,683.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,532,639.	1,580,633.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	55,049.	67,520.
14	Benefits paid to or for members (Part IX, column (A), line 4)		NONE
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	646,317.	616,464.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		NONE
b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 270,387.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	762,854.	2,084,888.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,464,220.	2,768,872.
19	Revenue less expenses. Subtract line 18 from line 12	1,068,419.	-1,188,239.
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
20	Total assets (Part X, line 16)	8,200,031.	7,816,077.
21	Total liabilities (Part X, line 26)	NONE	NONE
22	Net assets or fund balances. Subtract line 21 from line 20	8,200,031.	7,816,077.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ Type or print name and title

Paid Preparer's Use Only		
Preparer's signature ▶	Date	Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	BKD, LLP 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246	EIN ▶ — Phone no. ▶ 816 221-6300

May the IRS discuss this return with the preparer shown above? (See instructions) [X] Yes [ ] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2008)

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Part III **Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission:
SEE SCHEDULE O

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,421,125. including grants of $ NONE) (Revenue $ NONE)
SEE SCHEDULE O

4b (Code:) (Expenses $ 389,663. including grants of $ 67,520.) (Revenue $ 114,064.)
SEE SCHEDULE O

4c (Code:) (Expenses $ 183,371. including grants of $ NONE) (Revenue $ NONE)
SEE SCHEDULE O

4d Other program services. (Describe in Schedule O.)
(Expenses $ 297,978. including grants of $ NONE) (Revenue $ NONE)

4e Total program service expenses ▶ $ 2,292,137. *(Must equal Part IX, Line 25, column (B).)*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11		X
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16	X	
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
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? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

		Line	Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	25		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	NONE		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			X
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, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and 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			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

			Yes	No
1a	Enter the number of voting members of the governing body	1a 29		
b	Enter the number of voting members that are independent	1b 29		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a	The organization's CEO, Executive Director, or top management official?	15a		
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ LISA SULLIVAN 500 W US HWY 24 INDEPENDENCE, MO 64050
816-268-8248

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- 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 the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

[X] Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
SEE SCHEDULE J-2										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total . . . . . . ▶								111,441.	NONE	22,719.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
JE DUNN CONSTRUCTION KC, MO 64106	CONSTRUCTION	1,190,807.

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 1

Part VIII Statement of Revenue

43-6042632

			(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 232,544.				
	c Fundraising events	1c 60,800.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 804,133.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 790,483.				
	g Noncash contributions included in lines 1a-1f: $ 17,021.					
	h **Total.** Add lines 1a-1f	▶	1,887,960.			
Program Service Revenue		Business Code				
	2a WHITE HOUSE DECISION CENTER REVENUE	900099	62,072.	62,072.		
	b EXHIBITION SURCHARGE FEE	900099	12,042.	12,042.		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶	74,114.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	154,536.			154,536.
	4 Income from investment of tax-exempt bond proceeds	▶	NONE			
	5 Royalties	▶	NONE			
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶	NONE			
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	(i) 7,945,237.				
	b Less: cost or other basis and sales expenses	(i) 8,775,897.				
	c Gain or (loss)	(i) -830,660.				
	d Net gain or (loss)	▶	-830,660.			-830,660.
	8a Gross income from fundraising events (not including $ 60,800. of contributions reported on line 1c). See Part IV, line 18.	a 330,170.				
	b Less: direct expenses	b 75,437.				
	c Net income or (loss) from fundraising events	▶	254,733.			254,733.
	9a Gross income from gaming activities. See Part IV, line 19.	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶	NONE			
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶	NONE			
	Miscellaneous Revenue	Business Code				
	11a MISC INCOME	900099	39,950.			39,950.
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶	39,950.			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	1,580,633.	74,114.	NONE	-381,441.

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	59,052.	59,052.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	8,468.	8,468.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	126,507.	63,618.	19,740.	43,149.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	251,126.	126,286.	39,186.	85,654.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	33,611.	16,902.	5,245.	11,464.
9 Other employee benefits	55,140.	27,729.	8,604.	18,807.
10 Payroll taxes	150,080.	75,472.	23,419.	51,189.
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	4,780.		4,780.	
c Accounting	18,595.		18,595.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	36,706.		36,706.	
g Other	3,642.		3,642.	
12 Advertising and promotion	135,649.	91,587.		44,062.
13 Office expenses	22,008.		22,008.	
14 Information technology	92,053.	92,053.		
15 Royalties	NONE			
16 Occupancy	NONE			
17 Travel	NONE			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	63,250.	51,764.	11,486.	
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	NONE			
23 Insurance	5,680.		5,680.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CAPITAL IMPROVEMENTS	1,428,538.	1,428,538.		
b PUBLIC PROGRAMS	89,702.	89,702.		
c EXHIBITS	81,393.	81,393.		
d SUMMER TEACHER INSTITUTE	36,618.	36,618.		
e WHITE HOUSE DECISION CENTER	19,612.	19,612.		
f All other expenses	46,662.	23,343.	7,257.	16,062.
25 **Total functional expenses.** Add lines 1 through 24f	2,768,872.	2,292,137.	206,348.	270,387.
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2. 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) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	1,020,482.	2	236,279.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	7,411.	4	NONE
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. 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 sales or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost basis 10a			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D. 10b		10c	
	11	Investments - publicly traded securities	7,172,138.	11	7,579,798.
	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)	8,200,031.	16	7,816,077.
Liabilities	17	Accounts payable and accrued expenses	NONE	17	NONE
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow 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		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	NONE	26	NONE
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	4,824,185.	27	3,998,679.
	28	Temporarily restricted net assets	398,506.	28	565,098.
	29	Permanently restricted net assets	2,977,340.	29	3,252,300.
		Organizations that do not follow SFAS 117, check here ▶ [ ] 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	8,200,031.	33	7,816,077.
	34	Total liabilities and net assets/fund balances	8,200,031.	34	7,816,077.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [ ] Accrual [X] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization
THE HARRY S. TRUMAN LIBRARY INSTITUTE

Employer identification number
43-6042632

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: (Please check only **one** organization.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
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 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [ ] An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
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?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the organizations the organization supports.

(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? Yes	No	**(v)** Did you notify the organization in col. **(i)** of your support? Yes	No	**(vi)** Is the organization in col. **(i)** organized in the U.S.? Yes	No	**(vii)** Amount of support
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,018,192.	1,151,248.	1,648,487.	1,183,675.	1,887,960.	6,889,562.
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 1-3	1,018,192.	1,151,248.	1,648,487.	1,183,675.	1,887,960.	6,889,562.
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)						1,269,904.
6 **Public support.** Subtract line 5 from line 4.						5,619,658.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1,018,192.	1,151,248.	1,648,487.	1,183,675.	1,887,960.	6,889,562.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	223,860.	244,215.	300,393.	256,567.	154,536.	1,179,571.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	9,457.	226,207.	43,215.	19,332.	39,950.	338,161.
11 **Total support.** Add lines 7 through 10						8,407,294.

12 Gross receipts from related activities, etc. (See instructions.) . . . 12 390,403.

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 2008 (line 6, column (f) divided by line 11, column (f)) . . . 14 66.84 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . 15 75.79 %

16a **33 1/3% support test - 2008.** 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 . . . ▶ ☒ X

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2008.** 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 "fact-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 - 2007.** 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 organzation meets the "facts-and-circumstances"" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** 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 - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
MISCELLANEOUS REVENUE	9,457.	226,207.	43,215.	19,332.	39,950.	338,161.
TOTALS	9,457.	226,207.	43,215.	19,332.	39,950.	338,161.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization
THE HARRY S. TRUMAN LIBRARY INSTITUTE

Employer identification number
43-6042632

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ **Yes** ☐ **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 other impermissible private benefit? ☐ **Yes** ☐ **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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically importantly land area
☐ Preservation of certified historic structure

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.

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	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, violations, and enforcement of the conservation easements it holds? ☐ **Yes** ☐ **No**

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 ▶ $ ____________

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 Trust, Escrow and Custodial Arrangements. Complete if 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if 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	4,520,581.				
b Contributions	276,254.				
c Investment earnings or losses	171,169.				
d Grants or scholarships					
e Other expenditures for facilities and programs	90,682.				
f Administrative expenses					
g End of year balance	4,877,322.				

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ 22.2578 %

b Permanent endowment ▶ 66.6821 %

c Term endowment ▶ 11.0601 %

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

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

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

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

Description of investment	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Depreciation	**(d)** Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col. (B) line 12.)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col. (B) line 13.)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col. (B) line 15.)* ▶	

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

(a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) should equal Form 990, Part X, col. (B) line 25.)* ▶	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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	

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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	

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.

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE INSTITUTE HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PRESERVE AND ENHANCE THE PURCHASING POWER OF THE ENDOWMENT. ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED ENDOWMENT FUNDS THE INSTITUTE MUST HOLD IN PERPETUITY OR FOR DONOR-SPECIFIED PERIODS, AS WELL AS THOSE OF BOARD-DESIGNATED ENDOWMENT FUNDS. UNDER THE INSTITUTE'S POLICIES, ENDOWMENT ASSETS ARE INVESTED IN A MANNER THAT IS INTENDED TO PRODUCE A MODERATE RETURN WHILE ASSUMING A MINIMAL LEVEL OF INVESTMENT RISK. THE INSTITUTE EXPECTS ITS ENDOWMENT FUNDS TO PROVIDE AN AVERAGE RATE OF RETURN OF NO LESS THAN THE RATE OF INFLATION AS MEASURED BY THE CONSUMER PRICE INDEX PLUS 4%. ACTUAL RETURNS IN ANY GIVEN YEAR MAY VARY FROM THIS AMOUNT.

THE INSTITUTE HAS A POLICY (THE SPENDING POLICY) OF APPROPRIATING FOR EXPENDITURE EACH YEAR THE REALIZED EARNINGS AND INTEREST INCOME FOR THE BOARD DESIGNATED ENDOWMENTS. THE POLICY ALLOWS UP TO 5% OF BOARD-DESIGNATED ENDOWMENT NET ASSETS TO BE EXPENDED ON AN ANNUAL BASIS. THE INVESTMENT INCOME FROM THE BOARD DESIGNATED ENDOWMENT IS UNRESTRICTED AND MAY BE FULLY EXPENDED AS NEEDED WITH PRIOR APPROVAL BY THE BOARD. DONOR-RESTRICTED ENDOWMENTS ARE EXPENDED IN ACCORDANCE WITH THE DONOR AGREEMENTS.

KEMPTON ENDOWMENT:

PER THE TERMS OF GRETA KEMPTON'S 1991 WILL, 25% OF HER ESTATE GIFT WAS USED BY THE INSTITUTE FOR ITS GENERAL PURPOSES. THE REMAINING 75% CORPUS IS HELD IN A PERMANENTLY RESTRICTED ENDOWMENT FUND WITH THE INCOME THERE

Part XIV Supplemental Information *(continued)*

FROM TO BE USED BY THE INSTITUTE FOR ITS GENERAL PURPOSES. THE UNRESTRICTED INVESTMENT INCOME CAN BE EXPENDED DURING THE FISCAL YEAR FOR PURPOSES DEEMED APPROPRIATE AND NECESSARY BY THE INSTITUTE'S BUDGET, FINANCE AND INVESTMENT COMMITTEE.

JOHNSTON ENDOWMENT: TERMS STATE THAT THE CORPUS IS PERMANENTLY RESTRICTED. INVESTMENT INCOME IS TEMPORARILY RESTRICTED TO SUBSIDIZE EXPENSES ASSOCIATED WITH THE ANNUAL "HOWARD AND VIRGINIA BENNETT FORUM ON THE PRESIDENCY." ADDITIONALLY, INVESTMENT INCOME CAN BE EXPENDED TO SUPPORT AN ANNUAL ARCHIVAL RESEARCH INTERNSHIP.

THE BOARD-DESIGNATED ENDOWMENT FUND, WHICH RESULTS FROM AN INTERNAL DESIGNATION, IS NOT DONOR-RESTRICTED AND IS CLASSIFIED AS UNRESTRICTED NET ASSETS. THESE ASSETS MAY BE EARMARKED FOR FUTURE PROGRAMS, PURCHASE OR CONSTRUCTION OF FIXED ASSETS, CONTINGENCIES OR OTHER USES AS DETERMINED BY THE INSTITUTE'S EXECUTIVE COMMITTEE OR BOARD OF DIRECTORS WITH PRIOR RECOMMENDATION FROM THE BUDGET, FINANCE AND INVESTMENT COMMITTEE. INVESTMENT INCOME FROM THIS FUND IS ALSO UNRESTRICTED AND MAY BE FULLY EXPENDED AS NEEDED WITH PRIOR APPROVAL BY THE BUDGET, FINANCE AND INVESTMENT COMMITTEE. SPECIAL EXCEPTIONS TO THIS POLICY TO ALLOW FURTHER REDUCTION OF THE PRINCIPAL WILL BE APPROVED BY A FORMAL VOTE OF THE INSTITUTE'S BOARD OF DIRECTORS.

TRUMAN HEARTLAND COMMUNITY FOUNDATION ENDOWMENT: ESTABLISHED ON THE OCCASION OF THE TRUMAN PRESIDENTIAL MUSEUM & LIBRARY 50TH ANNIVERSARY OF SERVICE. THE ENDOWMENT'S BEGINNING PRINCIPAL VALUE WAS $25,000; NET INCOME FROM THE ENDOWMENT IS AVAILABLE ANNUALLY TO THE HARRY S. TRUMAN

Part XIV Supplemental Information *(continued)*

LIBRARY INSTITUTE IN SUPPORT OF ITS EDUCATION PROGRAMS.

LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48

SCHEDULE D, PART X

IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) STAFF POSITION NO. FIN 48-3, THE INSTITUTE HAS ELECTED TO DEFER THE EFFECTIVE DATE OF FASB INTERPRETATION NO. 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, UNTIL ITS FISCAL YEAR ENDED SEPTEMBER 30, 2010. THE INSTITUTE HAS CONTINUED TO ACCOUNT FOR ANY UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH LITERATURE THAT WAS AUTHORITATIVE IMMEDIATELY PRIOR TO THE EFFECTIVE DATE OF FIN 48, SUCH AS FASB STATEMENT NO. 109, ACCOUNTING FOR INCOME TAXES AND FASB STATEMENT NO. 5, ACCOUNTING FOR CONTINGENCIES. AT SEPTEMBER 30, 2009, THE INSTITUTE IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS.

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

THE HARRY S. TRUMAN LIBRARY INSTITUTE

Employer identification number

43-6042632

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . [X] **Yes** [ ] **No**

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees or agents in region	**(d)** Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures in region
Totals . . . . ▶					

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ __________

3 Enter total number of other organizations or entities . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
RESEARCH GRANT	EUROPE/ICELAND/GREENLAND	5	8,468.	CASH			

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

PROCESS FOR MONITORING THE USE OF GRANTS OUTSIDE THE U.S.

SCHEDULE F, PART I, LINE 2

AS PART OF OUR MISSION, TRUMAN LIBRARY INSTITUTE GRANTS & AWARDS ARE GIVEN FOR THE PURPOSE OF SUPPORTING SCHOLARSHIP BASED ON SOME ASPECT OF THE LIFE AND CAREER OF HARRY S. TRUMAN OR OF THE PUBLIC AND FOREIGN POLICY ISSUES WHICH WERE PROMINENT DURING THE TRUMAN ADMINISTRATION. SELECTION IS MADE BY THE INSTITUTE'S COMMITTEE ON RESEARCH, SCHOLARSHIP AND ACADEMIC RELATIONS. FUNDING DECISIONS, VIA AN APPLICATION PROCESS, ARE BASED ON QUALITY, ORIGINALITY, SIGNIFICANCE OF THE PROJECT AND ITS RELATIONSHIP TO THE EXSITING TRUMAN HISTORIOGRAPHY, AND TWO LETTERS OF REFERENCE. RESEARCH GRANTS REQUIRE TRAVEL TO THE TRUMAN LIBRARY FOR STUDY OF ITS ARCHIVAL COLLECTIONS. ONE-TIME PAYMENTS ARE DISPERSED DIRECTLY AND PAYABLE TO THE AWARDEE UPON COMPLETION OF THE RESEARCH TRIP AND DO NOT REQUIRE ANY FURTHER MONITORING.

DECISIONS REGARDING SELECTION OF DISSERTATION YEAR FELLOWSHIP AND SCHOLAR'S AWARD WINNERS ARE MADE VIA A SIMILAR APPLICATION PROCESS. THESE AWARDS ARE DISPERSED DIRECTLY AND PAYABLE TO THE AWARDEE IN TWO INSTALLMENTS. AWARDEES ARE REQUIRED TO SUBMIT A PROGRESS REPORT ON THE WORK DONE NO LATER THAN SIX MONTHS FROM ISSUANCE OF THE SECOND INSTALLMENT. THESE AWARDEES AGREE TO THE STIPULATION TO PROVIDE THE TRUMAN LIBRARY WITH COPIES OF ANY PUBLICATION RESULTING FROM RESEARCH SUPPORTED BY ONE OF ITS GRANTS OR AWARDS.

THE HARRY S. TRUMAN BOOK AWARD IS GIVEN IN RECOGNITION OF THE BEST BOOK PUBLISHED WITHIN A TWO-YEAR PERIOD THAT DEALS PRIMARILY AND SUBSTANTIALLY WITH THE LIFE AND CAREER OF HARRY S. TRUMAN OR OF THE PUBLIC AND FOREIGN

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

POLICY ISSUES WHICH WERE PROMINENT DURING THE TRUMAN ADMINISTRATION.
PUBLISHERS ARE REQUIRED TO SUBMIT FIVE COPIES OF AN APPROPRIATE ENTRY TO
THE COMMITTEE ON RESEARCH, SCHOLARSHIP AND ACADEMIC RELATIONS FOR
EVALUATION AND AWARD SELECTION. AWARDS ARE GIVEN IN EVEN-NUMBERED YEARS.
ONE-TIME PAYMENTS ARE DISPERSED DIRECTLY AND PAYABLE TO THE AWARDEE AND
REQUIRE NO FURTHER MONITORING.

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047
2008
Open To Public Inspection

Name of the organization: THE HARRY S. TRUMAN LIBRARY INSTITUTE
Employer identification number: 43-6042632

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 ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ 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 of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total . . . . . ▶						

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

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

		(a) Event #1 WILD HARRY (event type)	(b) Event #2 (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col. (a) through col. (c))
Revenue	1 Gross receipts	390,970.			390,970.
	2 Less: Charitable contributions	60,800.			60,800.
	3 Gross revenue (line 1 minus line 2)	330,170.			330,170.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	75,437.			75,437.
	8 Direct expense summary. Add lines 4 through 7 in column (d) ▶				(75,437.)
	9 Net income summary. Combine lines 3 and 8 in column (d) ▶				254,733.

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	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ 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) ▶				

			Yes	No
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?	9a		
b	If "No," Explain: ________			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain: ________			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

				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 event books and records: Name ▶ ____________ Address ▶ ____________				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**			
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?	**17a**			
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 ▶ $				

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: THE HARRY S. TRUMAN LIBRARY INSTITUTE

Employer identification number: 43-6042632

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on 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 . . . . ▶ [ ]

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

2 Enter total number of section 501(c)(3) and government organizations . . . . ▶

3 Enter total number of other organizations . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on 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
RESEARCH/SCHLORSHIP GRANTS	24	59,052.			

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

PROCESS FOR MONITORING THE USE OF GRANTS IN THE U.S.

SCHEDULE I, PART I, LINE 2

AS PART OF OUR MISSION, TRUMAN LIBRARY INSTITUTE GRANTS & AWARDS ARE GIVEN FOR THE PURPOSE OF SUPPORTING SCHOLARSHIP BASED ON SOME ASPECT OF THE LIFE AND CAREER OF HARRY S. TRUMAN OR OF THE PUBLIC AND FOREIGN POLICY ISSUES WHICH WERE PROMINENT DURING THE TRUMAN ADMINISTRATION. SELECTION IS MADE BY THE INSTITUTE'S COMMITTEE ON RESEARCH, SCHOLARSHIP AND ACADEMIC RELATIONS. FUNDING DECISIONS, VIA AN APPLICATION PROCESS, ARE BASED ON QUALITY, ORIGINALITY, SIGNIFICANCE OF THE PROJECT AND ITS RELATIONSHIP TO THE EXSITING TRUMAN HISTORIOGRAPHY, AND TWO LETTERS OF

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on 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

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

REFERENCE. RESEARCH GRANTS REQUIRE TRAVEL TO THE TRUMAN LIBRARY FOR STUDY OF ITS ARCHIVAL COLLECTIONS. ONE-TIME PAYMENTS ARE DISPERSED DIRECTLY AND PAYABLE TO THE AWARDEE UPON COMPLETION OF THE RESEARCH TRIP AND DO NOT REQUIRE ANY FURTHER MONITORING.

DECISIONS REGARDING SELECTION OF DISSERTATION YEAR FELLOWSHIP AND SCHOLAR'S AWARD WINNERS ARE MADE VIA A SIMILAR APPLICATION PROCESS. THESE AWARDS ARE DISPERSED DIRECTLY AND PAYABLE TO THE AWARDEE IN TWO INSTALLMENTS. AWARDEES ARE REQUIRED TO SUBMIT A PROGRESS REPORT ON THE WORK DONE NO LATER THAN SIX MONTHS FROM ISSUANCE OF THE SECOND

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on 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

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

INSTALLMENT. THESE AWARDEES AGREE TO THE STIPULATION TO PROVIDE THE TRUMAN LIBRARY WITH COPIES OF ANY PUBLICATION RESULTING FROM RESEARCH SUPPORTED BY ONE OF ITS GRANTS OR AWARDS.

THE HARRY S. TRUMAN BOOK AWARD IS GIVEN IN RECOGNITION OF THE BEST BOOK PUBLISHED WITHIN A TWO-YEAR PERIOD THAT DEALS PRIMARILY AND SUBSTANTIALLY WITH THE LIFE AND CAREER OF HARRY S. TRUMAN OR OF THE PUBLIC AND FOREIGN POLICY ISSUES WHICH WERE PROMINENT DURING THE TRUMAN ADMINISTRATION. PUBLISHERS ARE REQUIRED TO SUBMIT FIVE COPIES OF AN APPROPRIATE ENTRY TO THE COMMITTEE ON RESEARCH, SCHOLARSHIP AND ACADEMIC RELATIONS FOR

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on 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

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

EVALUATION AND AWARD SELECTION. AWARDS ARE GIVEN IN EVEN-NUMBERED YEARS.

ONE-TIME PAYMENTS ARE DISPERSED DIRECTLY AND PAYABLE TO THE AWARDEE AND

REQUIRE NO FURTHER MONITORING.

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the Organization: THE HARRY S. TRUMAN LIBRARY INSTITUTE

Employer Identification number: 43-6042632

Part I **Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
CAROL ANDERSON DIRECTOR	1.	X						NONE	NONE	NONE
CLIFTON TRUMAN DANIEL HONORARY CO-CHAIR	1.	X						NONE	NONE	NONE
MICHAEL J DEVINE EX OFFICIO DIRECTOR	1.	X						NONE	NONE	NONE
JOHN A DILLINGHAM DIRECTOR	1.	X						NONE	NONE	NONE
CHARLES M FOUDREE DIRECTOR	1.	X						NONE	NONE	NONE
SAM F HAMRA DIRECTOR	1.	X						NONE	NONE	NONE
MARY E HUNKELER VICE CHAIR	1.	X		X				NONE	NONE	NONE
HERBERT M KOHN SECRETARY	1.	X		X				NONE	NONE	NONE
ALLEN L LEFKO DIRECTOR	1.	X						NONE	NONE	NONE
THOMAS R MCGEE JR DIRECTOR	1.	X						NONE	NONE	NONE
JOHN P MCMEEL DIRECTOR	1.	X						NONE	NONE	NONE
LARRY L MCMULLEN DIRECTOR	1.	X						NONE	NONE	NONE
WILSON D MISCAMBLE DIRECTOR	1.	X						NONE	NONE	NONE
WILLIAM C NELSON CHAIRMAN & PRESIDENT	1.	X		X				NONE	NONE	NONE
ROGER A NOVAK TREASURER	1.	X		X				NONE	NONE	NONE
JAMES B NUTTER JR DIRECTOR	1.	X						NONE	NONE	NONE
CAPPY P POWELL DIRECTOR	1.	X						NONE	NONE	NONE
PAGE BRANTON REED DIRECTOR	1.	X						NONE	NONE	NONE
JOHN J SHERMAN VICE CHAIR	1.	X		X				NONE	NONE	NONE
BETH K SMITH DIRECTOR	1.	X						NONE	NONE	NONE
ELIZABETH T SOLBERG DIRECTOR	1.	X						NONE	NONE	NONE

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

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SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the Organization	Employer Identification number
THE HARRY S. TRUMAN LIBRARY INSTITUTE	43-6042632

Part I **Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
CHARLES S SOLSAND DIRECTOR	1.	X						NONE	NONE	NONE
MAURICE A WATSON DIRECTOR	1.	X						NONE	NONE	NONE
CLYDE F WENDEL DIRECTOR	1.	X						NONE	NONE	NONE
ALAN L ATTERBURY DIRECTOR	1.	X						NONE	NONE	NONE
KIRK W CARPENTER DIRECTOR	1.	X						NONE	NONE	NONE
MARY C JOHNSTON DIRECTOR	1.	X						NONE	NONE	NONE
KENNETH B MCCLAIN DIRECTOR	1.	X						NONE	NONE	NONE
JAMES W SYMINGTON DIRECTOR	1.	X						NONE	NONE	NONE
MORGAN ALEX BURDEN EXECUTIVE DIRECTOR	40.					X		111,441.	NONE	22,719.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
THE HARRY S. TRUMAN LIBRARY INSTITUTE	43-6042632

ORGANIZATION'S MISSION

FORM 990, PART III, LINE 1

THE HARRY S. TRUMAN LIBRARY INSTITUTE (INSTITUTE) IS THE 501(C)(3) NON-PROFIT PARTNER OF THE HARRY S. TRUMAN LIBRARY AND MUSEUM, (LIBRARY) ONE OF OUR NATION'S 13 PRESIDENTIAL LIBRARIES, DEDICATED TO PRESERVING THE ENDURING LEGACY OF AMERICA'S 33RD PRESIDENT AND TO ENRICHING THE PUBLIC'S UNDERSTANDING OF HISTORY, THE PRESIDENCY, PUBLIC POLICY, AND CITIZENSHIP. THE INSTITUTE PROVIDES FUNDING AND SUPPORT FOR THE LIBRARY'S EXHIBITIONS, EDUCATION PROGRAMS, AND PUBLIC CONFERENCES/SYMPOSIUMS. THE LIBRARY, OVERSEEN BY THE NATIONAL ARCHIVES AND RECORDS ADMINISTRATION, RECEIVES FUNDING THROUGH THE FEDERAL BUDGET TO STORE AND KEEP SAFE THE DOCUMENTS AND ARTIFACTS OF THE PRESIDENT AS WELL AS MAINTAINING THE PHYSICAL STRUCTURE OF THE PRESIDENTIAL LIBRARY. THE LIBRARY IS THE CORPUS OF HARRY TRUMAN'S LIFE AND LEADERSHIP, THE INSTITUTE IS THE ANIMATING SPIRIT. IT IS BECAUSE OF PRIVATE SUPPORT AND LEADERSHIP THAT THE TRUMAN LIBRARY HAS BECOME MORE THAN AN ARCHIVE; IT IS A DYNAMIC CENTER FOR LEARNING - A CLASSROOM FOR DEMOCRACY - THROUGH WHICH CITIZENS OF ALL AGES MAY GAIN A COMMON UNDERSTANDING OF AMERICA'S PAST IN ORDER TO ENVISION A COMMON FUTURE.

Name of the organization: THE HARRY S. TRUMAN LIBRARY INSTITUTE

Employer identification number: 43-6042632

PRESIDENTIAL OFFICE

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

FROM THE TIME THE TRUMAN LIBRARY OPENED IN 1957, HARRY TRUMAN MAINTAINED AN OFFICE HERE, OFTEN WORKING FIVE TO SIX DAYS A WEEK. HERE, HE WROTE HIS MEMOIRS, ARTICLES, LETTERS, AND MET WITH PRESIDENTS HOOVER, EISENHOWER, KENNEDY, AND JOHNSON, AND WITH OTHER NOTABLE AMERICANS LIKE JACK BENNY, GINGER ROGERS, ROBERT KENNEDY, THOMAS HART BENTON, DEAN ACHESON, AND EARL WARREN.

MR. TRUMAN WAS A VORACIOUS READER AND KEPT MUCH OF HIS PERSONAL LIBRARY IN HIS OFFICE. NUMBERING ABOUT 500 VOLUMES, THE WORKS CONTRIBUTED TO HIS GENERAL EDUCATION AND TO THE MOLDING OF HIS POLITICAL VIEWS. TO A LARGELY SELF-EDUCATED MAN LIKE HARRY TRUMAN, BOOKS WERE HIS WINDOWS TO THE WORLD, AND IT WAS HERE IN HIS OFFICE THAT HE KEPT MANY OF HIS MOST CHERISHED WORKS. THE OFFICE ALSO DISPLAYS MANY OF MR. TRUMAN'S PERSONAL TREASURES AND OTHER MEMENTOS. THE 56 ITEMS ON HIS CLUTTERED DESK INCLUDE THE SMALL PHOTOGRAPH OF BESS WALLACE THAT SHE GAVE HIM IN 1917 BEFORE HE SET OFF FOR HIS ARMY SERVICE IN FRANCE DURING THE FIRST WORLD WAR. A SMALL STONE AND A BLOCK OF WOOD ARE SOUVENIRS OF THE WHITE HOUSE RENOVATION THAT TOOK PLACE DURING HIS PRESIDENCY. THE ORIGINAL MOCKUP OF THE PRESIDENTIAL FLAG, REDESIGNED IN 1945 AT THE DIRECTION OF PRESIDENT TRUMAN, IS DISPLAYED ON ONE WALL. THE OFFICE DESK ITSELF IS THE ONE PRESIDENT TRUMAN USED IN HIS PRIVATE STUDY IN THE WHITE HOUSE.

FOLLOWING MR. TRUMAN'S DEATH IN 1972, THE OFFICE BECAME AN EXHIBIT THAT COULD BE VIEWED BY THE VISITING PUBLIC THROUGH AN OUTSIDE WINDOW. BUT THE CUMULATIVE EFFECTS OF MORE THAN 30 YEARS OF EXCESS EXPOSURE TO DAYLIGHT

Name of the organization: THE HARRY S. TRUMAN LIBRARY INSTITUTE

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AND FLUCTUATIONS IN TEMPERATURE AND HUMIDITY TOOK A SERIOUS TOLL ON THE CONTENTS OF TRUMAN'S OFFICE. THE ULTRAVIOLET RAYS FROM SUNLIGHT DRAMATICALLY FADED MANY OF THE OBJECTS IN THE ROOM. SILVER OBJECTS ON THE PRESIDENT'S DESK WERE TARNISHED FROM THE ROOM'S CLIMATE FLUCTUATIONS. MOLD GROWTH WAS EVIDENT ON SOME OF THE LEATHER-BOUND BOOKS. MANY OTHER BOOKS IN THE OFFICE AGED PREMATURELY FROM LIGHT EXPOSURE AND CLIMATE FLUCTUATIONS.

THE TRUMAN WORKING OFFICE CAPITAL PROJECT CONSISTED OF THREE MAJOR COMPONENTS: 1) TO UNDERTAKE CONSERVATION TREATMENT ON THE HISTORICAL MATERIALS DISPLAYED WITHIN THE OFFICE, 2) TO INSURE THE FUTURE PROTECTION OF THE OFFICE AND ITS CONTENTS WITH BETTER CLIMATE CONTROL SYSTEMS AND THE ELIMINATION OF HARMFUL ULTRAVIOLET RAYS FROM SUNLIGHT, AND 3) TO CREATE AN EXHIBIT PAVILION THAT WILL HOUSE ENGAGING INTERPRETIVE EXHIBITS EMPHASIZING THE PRECEDENTS MR. TRUMAN SET FOR HIS LIBRARY AND FOR THE ENTIRE PRESIDENTIAL LIBRARY SYSTEM. THE RIBBON-CUTTING CEREMONY FOR THE NEW TRUMAN WORKING OFFICE PAVILION AND THE REDEDICATION OF THE OFFICE EXHIBIT TOOK PLACE MAY 7, 2009.

Name of the organization: THE HARRY S. TRUMAN LIBRARY INSTITUTE

Employer identification number: 43-6042632

EDUCATIONAL SERVICES

FORM 990, PART III, LINE 4B PROGRAM SERVICE ACCOMPLISHMENTS

THE TEACHING OF HISTORY MATTERS. TRUMAN BIOGRAPHER DAVID MCCULLOUGH HAS SAID, "HISTORY IS A GUIDE TO NAVIGATION IN PERILOUS TIMES." AND YET, NATIONAL ASSESSMENT OF EDUCATIONAL PROGRESS IN U.S. HISTORY AND CIVICS SHOWED THAT AMERICAN STUDENTS ARE FAILING TO GRASP THE SIGNIFICANCE OF PEOPLE, PLACES AND EVENTS OF HISTORY. THE TRUMAN LIBRARY INSTITUTE WILL CONTINUE TO SUPPORT AND ENCOURAGE THE EFFECTIVE TEACHING OF HISTORY-THE FUTURE OF OUR DEMOCRACY DEPENDS ON IT. THE PROGRAMS OFFERED BY THE TRUMAN LIBRARY INSTITUTE ARE GROUNDED IN PEDAGOGY, DESIGNED TO MEET NATIONAL ACADEMIC STANDARDS, AND SERVE AS THE STANDARD FOR OUR NATION'S PRESIDENTIAL LIBRARIES.

THE TRUMAN LIBRARY INSTITUTE'S FLAGSHIP PROGRAM IS THE WHITE HOUSE DECISION CENTER, PROVIDING STUDENTS AN OPPORTUNITY TO STEP INTO A RECREATION OF THE WEST WING AND INTO THE SHOES OF PRESIDENT TRUMAN, HIS CABINET MEMBERS AND ADVISERS, AND MEMBERS OF THE MEDIA. IT WAS PRAISED IN THE NEW YORK TIMES AS A MODEL FOR ALL PRESIDENTIAL LIBRARIES. DESIGNED AS A HANDS-ON HISTORY LAB, THE WHDC STRENGTHENS STUDENT SKILLS IN INFORMATION GATHERING AND ANALYSIS, PROBLEM SOLVING, DECISION MAKING, LEADERSHIP, AND COMMUNICATION, WHILE DEEPENING KNOWLEDGE OF HISTORY AND GOVERNMENT.

IN ADDITION, THE TRUMAN LIBRARY INSTITUTE PLACES A MAJOR EMPHASIS ON PROVIDING EDUCATIONAL SERVICES TO STUDENTS AND TEACHERS WORLD-WIDE. THROUGH THE INSTITUTE'S OUTREACH EFFORTS WE INTRODUCE AND CIRCULATE EDUCATIONAL PROGRAMS AND RESOURCES. THESE RESOURCES CONSIST OF BOOKS,

Name of the organization: THE HARRY S. TRUMAN LIBRARY INSTITUTE

Employer identification number: 43-6042632

ACTIVITY KITS, VIDEOS, DVDS, CLASSROOM DECISION-MAKING ACTIVITIES, AS WELL AS THE TRUMAN LIBRARY'S MOST POPULAR PROGRAM - THE TRUMAN FOOTLOCKER. ADDITIONALLY, THE INSTITUTE PROVIDES FUNDING AND SCHOLARSHIPS FOR MUSEUM TOURS, OUTREACH PROGRAMS AND OTHER EDUCATIONAL RESOURCES FOR SCHOOLS.

THE INSTITUTE PROVIDES EDUCATOR WORKSHOPS, CONFERENCES AND IN-SERVICES THROUGHOUT THE YEAR TO TEACHERS GATHERED TO GAIN NEW EXPERTISE AND A WEALTH OF CLASSROOM RESOURCES. PRESENTERS INCLUDED EDUCATORS FROM THE TRUMAN AND OTHER PRESIDENTIAL LIBRARIES AS WELL AS FACULTY FROM UNIVERSITIES ACROSS THE COUNTRY. THE NATIONALLY RECOGNIZED EDUCATION STAFF FREQUENTLY IS INVITED TO PRESENT PROGRAMS ON TRUMAN-ERA HISTORY AND THE TEACHING OF SOCIAL STUDIES. FOR THE PAST 6 YEARS, A WEEK LONG SUMMER INSTITUTE IS OFFERED TO EDUCATORS FROM ACROSS THE COUNTRY ATTEND AND FOCUS ON A SELECTED THEME. HIGH SCHOOL EDUCATORS SPEND THE WEEK WITH SCHOLARS, HISTORIANS, AND EYEWITNESSES TO HISTORY IN ORDER TO DEEPEN THEIR UNDERSTANDING OF THE RELATED TRUMAN ERA RELATED SUBJECT.

STUDENTS SERVED IN THE TRUMAN LIBRARY INSTITUTE'S EDUCATION PROGRAMS ARE BETWEEN THE AGES OF 6 AND 19, THE EDUCATORS' RANGE FROM 22 TO 64 YEARS. THE MAJORITY OF STUDENTS AND TEACHERS ARE FROM THE GREATER METROPOLITAN KANSAS CITY AREA. HOWEVER, STUDENTS FROM ACROSS MISSOURI AND KANSAS, AND AS FAR AWAY AS CHICAGO AND OKLAHOMA CITY, PARTICIPATE IN THE WHITE HOUSE DECISION CENTER PROGRAM.

DURING THE 2008/09 SCHOOL YEAR 20,616 STUDENTS AND TEACHERS PARTICIPATED IN THE EDUCATION PROGRAMS OF THE TRUMAN LIBRARY AND 1.95 MILLION INDIVIDUALS ACCESSED TRUMAN RESOURCES AND INFORMATION VIA THE WEBSITE,

Name of the organization: THE HARRY S. TRUMAN LIBRARY INSTITUTE
Employer identification number: 43-6042632

WWW.TRUMANLIBRARY.ORG. MORE SPECIFICALLY, DURING THE 2008-09 SCHOOL YEAR:

8,601 STUDENTS PARTICIPATED IN THE LIBRARY'S GUIDED MUSEUM TOUR PROGRAM, 5,499 STUDENTS UTILIZED THE WHITE HOUSE DECISION CENTER, 1,775 STUDENTS LEARNED ABOUT HARRY TRUMAN USING TRUMAN FOOTLOCKERS, 403 STUDENTS PRESENTED AT NATIONAL HISTORY DAY COMPETITIONS, 2,695 PACKAGED CURRICULUM KITS WERE DELIVERED TO TEACHERS, AND 3,997 TEACHERS ATTENDED EDUCATOR WORKSHOPS.

THE TRUMAN LIBRARY INSTITUTE'S GRANTS & AWARDS PROGRAM IS COEVAL WITH THE INSTITUTE ITSELF. THE INSTITUTE'S ARTICLES OF INCORPORATION, WHICH CAME INTO EFFECT ON MAY 29, 1957, DECLARES THAT THE ORGANIZATION'S PURPOSE IS TO "ENCOURAGE, FOSTER AND ASSIST THE GROWTH AND DEVELOPMENT OF THE HARRY S. TRUMAN LIBRARY AS A NATIONAL CENTER FOR STUDY AND RESEARCH," AND IDENTIFIES AS ONE OF ITS ACTIVITIES THE AWARDING OF "FELLOWSHIPS, GRANTS, AND OTHER DESIRABLE OR NECESSARY FORMS OF ASSISTANCE TO PERSONS WISHING TO DO RESEARCH AT THE…LIBRARY." THE INSTITUTE BOARD FIRST AUTHORIZED THE AWARDING OF RESEARCH GRANTS AT ITS MEETING IN MARCH 1959, TWO MONTHS BEFORE THE TRUMAN LIBRARY OPENED THE FIRST SEGMENT OF PRESIDENT TRUMAN'S PAPERS.

IN THE MANY YEARS BETWEEN THAT TIME AND THIS, THE INSTITUTE HAS AWARDED MORE THAN 1,200 GRANTS AND AWARDS, TOTALING OVER $2.2 MILLION. WHILE NO SATISFYING ATTEMPT HAS BEEN MADE TO QUANTIFY THE AMOUNT OR PERCENTAGE OF SCHOLARSHIP ON HARRY S. TRUMAN AND THE TRUMAN PRESIDENCY WHICH OWES AT LEAST PART OF ITS EXISTENCE TO SUPPORT PROVIDED BY A TRUMAN LIBRARY

Name of the organization: THE HARRY S. TRUMAN LIBRARY INSTITUTE

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INSTITUTE GRANT, NO ONE CLOSE TO THE DAILY OPERATION OF THE TRUMAN LIBRARY CAN DOUBT THAT THE INSTITUTE'S GRANTS HAVE BROUGHT A GREAT MANY PRODUCTIVE SCHOLARS TO THE TRUMAN LIBRARY. HARRY S. TRUMAN IS ONE OF THE MOST STUDIED AND WRITTEN ABOUT PEOPLE IN THE WORLD'S HISTORY, AND THE INSTITUTE'S GRANTS AND AWARDS PROGRAM IS ONE IMPORTANT REASON WHY THIS IS SO.

DURING TAX YEAR 2008, THE GRANTS & AWARDS PROGRAM DISBURSED $67,520 BENEFITING 24 STUDENTS AND SCHOLARS.

Name of the organization: THE HARRY S. TRUMAN LIBRARY INSTITUTE

Employer identification number: 43-6042632

PUBLIC OUTREACH PROGRAMS

FORM 990, PART III, LINE 4C PROGRAM SERVICE ACCOMPLISHMENTS

THE HARRY S. TRUMAN LIBRARY INSTITUTE PROVIDES FUNDING AND SUPPORT FOR THE LIBRARY'S PUBLIC OUTREACH PROGRAMS, CONFERENCES AND EXHIBITIONS. TENS OF THOUSANDS OF PEOPLE WERE REACHED THROUGH LIVE AUDIENCE EXPERIENCE, WEB CASTS, AND TELEVISION AND RADIO RE-BROADCASTS. 2009 WAS A PARTICULARLY SPECIAL AND EVENTFUL YEAR BECAUSE IT MARKED THE 125TH ANNIVERSARY OF THE BIRTH OF HARRY S. TRUMAN IN LAMAR, MISSOURI, ON MAY 8, 1884.

PUBLIC PROGRAMS INCLUDED:

OCTOBER 5, 2008 - HOWARD & VIRGINIA BENNETT FORUM ON THE PRESIDENCY PANEL DISCUSSION ON "THE MEDIA AND THE PRESIDENCY" WITH SCOTT SIMON AND TED SORENSON

JANUARY 20, 2009 - FREE MUSEUM ADMISSION FOR A LIVE BROADCAST OF THE HISTORIC INAUGURATION OF PRESIDENT BARACK OBAMA

FEBRUARY 13, 2009 - COMMEMORATION OF BESS TRUMAN'S 124TH BIRTHDAY, "FABULOUS FIRST LADIES" FEATURING PATRICIA KRIDER, DIRECTOR, NATIONAL FIRST LADIES LIBRARY

APRIL 23, 2009 - "WILD ABOUT HARRY" GALA DINNER PROGRAM FEATURED NOTED ABC TELEVISION NEWS ANALYST COKIE ROBERTS AS THE KEYNOTE SPEAKER

MAY 7, 2009 - WALT BODINE RADIO BROADCAST WITH TRUMAN GRANDSON CLIFTON TRUMAN DANIEL AND MATTHEW ALGEO, AUTHOR OF HARRY TRUMAN'S EXCELLENT ADVENTURE

Name of the organization: THE HARRY S. TRUMAN LIBRARY INSTITUTE

Employer identification number: 43-6042632

MAY 7, 2009 - TRUMAN LIBRARY INSTITUTE "TOASTING TRUMAN" CHAMPAGNE RECEPTION AND REDEDICATION OF THE TRUMAN WORKING OFFICE

MAY 8, 2009 - TRUMAN LIBRARY COURTYARD, THE PRESIDENT'S OFFICIAL WREATH LAYING CEREMONY HONORING THE BIRTH OF PRESIDENT TRUMAN

MAY 9, 2009 - TRUMAN LIBRARY PREMIERE OF HATS OFF TO HARRY! CHILDREN'S PUPPET SHOW

MAY 15-17, 2009 - TRUMAN LEGACY SYMPOSIUM ON "HARRY S. TRUMAN AND CONGRESS: A CONFLICTED LEGACY WITH FORMER U.S. SENATOR GEORGE MCGOVERN, LITTLE WHITE HOUSE, KEY WEST, FLORIDA

JUNE 25, 2009 - THE TRUMAN LIBRARY INSTITUTE AND TEMPLE, CONGREGATION B'NAI JEHUDAH CO-HOSTED THE KANSAS CITY PREMIERE OF A ONE-ACT PLAY ABOUT EDDIE JACOBSON, HARRY TRUMAN, AND THE FRIENDSHIP THAT CHANGED THE WORLD

JULY 27, 2009 - FREEDOM TO SERVE FORUM, WITH JUAN WILLIAMS, COMMEMORATING THE 61ST ANNIVERSARY OF PRESIDENT TRUMAN'S EXECUTIVE ORDER 9981 ESTABLISHING FAIR AND EQUAL TREATMENT WITHIN THE U.S. ARMED FORCES

SEPTEMBER 12, 2009 - TRUMAN LIBRARY'S VIETNAM VETERANS APPRECIATION EVENT WITH MISSOURI CONGRESSMAN EMANUEL CLEAVER, II.

EXHIBITIONS:

MEMORIES OF WORLD WAR II: PULITZER PRIZE WINNING PHOTOGRAPHS FROM THE

Name of the organization: THE HARRY S. TRUMAN LIBRARY INSTITUTE

Employer identification number: 43-6042632

ARCHIVES OF THE ASSOCIATED PRESS, NOVEMBER 11, 2008 - JANUARY 11, 2009, FEATURED 126 PHOTOS FROM ALL THEATERS OF WARS AND THE HOME FRONT. THE IMAGES SHOWED A RANGED OF MOMENTS FROM THE POIGNANT TO THE POWERFUL. THE EXHIBITION'S OBJECTIVE WAS TO BRING BACK THE IMMENSE SCOPE AS WELL AS THE INDIVIDUAL TRAGEDY AND CHALLENGE OF WORLD WAR II, AND TO CREATE A PHOTOGRAPHIC RECORD THAT ALLOWS A YOUNGER GENERATION TO BETTER UNDERSTAND THE SACRIFICES MADE BY MEN, WOMEN, AND CHILDREN IN ALL THE NATIONS TOUCHED BY WAR. THE EXHIBITION ATTRACTED NEARLY 8,000 MUSEUM VISITORS.

SCHOOL HOUSE TO THE WHITE HOUSE: THE EDUCATION OF THE PRESIDENTS, FEBRUARY 7 - AUGUST 30, 2009, FOCUSED ON THE EARLY EDUCATION OF AMERICAN PRESIDENTS FROM HERBERT HOOVER THROUGH GEORGE W. BUSH. THE FAMILY-FRIENDLY, MULTIMEDIA EXHIBIT WAS DESIGNED TO ENGAGE VISITORS OF EVERY AGE AND INTEREST. MORE THAN 150 DOCUMENTS, ARTIFACTS, PHOTOS AND FILMS FROM THE NATIONAL ARCHIVES COLLECTIONS REVEALED FASCINATING DETAILS ABOUT THE CHILDREN WHO WOULD GROW UP TO LEAD OUR NATION. DURING ITS RUN, THE EXHIBIT WAS VIEWED BY 50,467 VISITORS; 3,203 OF THESE WERE STUDENTS.

TRUMAN 125: A LIFE IN PHOTOGRAPHS, MAY 8 - OCTOBER 8, 2009, FEATURED 125 IMAGES, MANY OF WHICH HAD NEVER BEFORE BEEN DISPLAYED, THAT HAD BEEN CULLED FROM THE TRUMAN LIBRARY'S COLLECTION OF MORE THAN 100,000 PHOTOGRAPHS. THE EXHIBITION HELPED VISITORS BETTER UNDERSTAND THE 19TH-CENTURY FARM BOY WHO BECAME A 20TH-CENTURY GIANT. A HISTORICAL LENS DEMONSTRATED THE MOST IMPORTANT CHAPTERS OF HARRY TRUMAN'S LIFE, FROM HIS HUMBLE BEGINNINGS TO HIS COURTSHIP OF BESS WALLACE, HIS UNEXPECTED RISE TO THE PRESIDENCY, AND HIS RETURN TO INDEPENDENCE, MISSOURI. ATTENDANCE WAS 44,692.

Name of the organization: THE HARRY S. TRUMAN LIBRARY INSTITUTE

Employer identification number: 43-6042632

AUDITED FINANCIAL STATEMENTS

FORM 990, PART IV, LINE 12 & PART XI, LINE 2B & 2C

THE FINANCIAL STATEMENTS WERE AUDITED, HOWEVER, THE FINANCIAL STATEMENTS WERE PREPARED ON THE MODIFIED CASH BASIS OF ACCOUNTING, WHICH IS A COMPREHENSIVE BASIS OF ACCOUNTING OTHER THAN ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA.

THE ORGANIZATION DOES HAVE A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

Name of the organization: THE HARRY S. TRUMAN LIBRARY INSTITUTE

Employer identification number: 43-6042632

FORM 990 REVIEW PROCESS

FORM 990, PART VI, SECTION A, LINE 10

AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE 990. THE 990 IS THEN REVIEWED BY THE ORGANIZATION'S BUDGET, FINANCE, AND INVESTMENT COMMITTEE AND ALSO ALL ACCOUNTING PERSONNEL. ANY QUESTIONS AND CONCERNS THE ORGANIZATION'S BUDGET, FINANCE, AND INVESTMENT COMMITTEE AND ACCOUNTING PERSONNEL HAVE ARE ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS THAT NEED TO BE MADE ARE MADE. THE FINAL FORM 990 WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO ALL VOTING MEMBERS OF THE BOARD PRIOR TO FILING THE 990.

Name of the organization: THE HARRY S. TRUMAN LIBRARY INSTITUTE

Employer identification number: 43-6042632

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12C

AT THE TIME OF HIRE OR ELECTION (IN THE CASE OF DIRECTORS) AND ANNUALLY THEREAFTER, THE OFFICERS, DIRECTORS, AND KEY EMPLOYEES SHALL PROVIDE THE APPLICABLE CONFLICT OF INTEREST DISCLOSURES WHICH SHALL BE COMPLETED TO IDENTIFY ANY RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES IN WHICH IT IS BELIEVED A CONFLICT MAY ARISE. IF A CONFLICT ARISES, THE OFFICER, DIRECTOR, OR KEY EMPLOYEE ABSTAINS FROM THE VOTE OF THE CONFLICTED TRANSACTION. AN APPROPRIATE REPORT SHALL BE SUBMITTED TO THE BOARD'S EXECUTIVE COMMITTEE CONCERNING ANY CONFLICT OF INTEREST DISCLOSED FOR MONITORING.

Name of the organization: THE HARRY S. TRUMAN LIBRARY INSTITUTE

Employer identification number: 43-6042632

COMPENSATION REVIEW

FORM 990, PART VI, SECTION B, LINE 15A & 15B

DURRING THE YEAR THE INSTITUTE DID NOT COMPENSATE ANY OFFICER OR DIRECTOR, TOP MANAGEMENT OFFICIAL, OR KEY EMPLOYEES. FOR THE FISCAL YEAR ENDING SEPTEMBER 2010, THE BOARD OF DIRECTORS APPROVED THE COMPENSATION OF THE EXECUTIVE DIRECTOR.

Name of the organization	Employer identification number
THE HARRY S. TRUMAN LIBRARY INSTITUTE	43-6042632

AVAILABILITY OF DOCUMENTS

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization: THE HARRY S. TRUMAN LIBRARY INSTITUTE

Employer identification number: 43-6042632

ACCOUNTING METHOD USED TO PREPARE FORM 990

FORM 990, PART XI, LINE 1

THE ACCOUNTING METHOD USED TO PREPARE THE FORM 990 IS THE MODIFIED CASH BASIS OF ACCOUNTING. THIS IS THE SAME METHOD IN WHICH THE FINANCIAL STATEMENTS OF THE ORGANIZATION ARE PREPARED.

Form **990-T** | **Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e)) | OMB No. 1545-0687 | **2008**

Department of the Treasury
Internal Revenue Service

For calendar year 2008 or other tax year beginning 10/01, 2008, and ending 09/30, 2009. ▶ See separate instructions.

Open to Public Inspection for 501(c)(3) Organizations Only

A [ ] Check box if address changed

Name of organization ([ ] Check box if name changed and see instructions.)
THE HARRY S. TRUMAN LIBRARY INSTITUTE

D Employer identification number (Employees' trust, see instructions for Block D on page 9.)
43-6042632

B Exempt under section
[X] 501(C)(3)
[ ] 408(e) [ ] 220(e)
[ ] 408A [ ] 530(a)
[ ] 529(a)

Print or Type

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.
500 WEST US HIGHWAY 24

E Unrelated business activity codes (See instructions for Block E on page 9.)

City or town, state, and ZIP code
INDEPENDENCE, MO 64050-1798

C Book value of all assets at end of year
7,816,077.

F Group exemption number (See instructions for Block F on page 9.) ▶

G Check organization type ▶ [X] 501(c) corporation [ ] 501(c) trust [ ] 401(a) trust [ ] Other trust

H Describe the organization's primary unrelated business activity. ▶

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ [ ] Yes [X] No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ LISA SULLIVAN Telephone number ▶ 816-268-8248

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances ... c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See page 11 of the instructions; attach schedule.)	12			
13	**Total.** Combine lines 3 through 12	13			

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		14	NONE
15	Salaries and wages		15	
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule)		18	
19	Taxes and licenses		19	
20	Charitable contributions (See page 13 of the instructions for limitation rules.)		20	
21	Depreciation (attach Form 4562)	21 NONE		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	NONE
23	Depletion		23	
24	Contributions to deferred compensation plans		24	
25	Employee benefit programs		25	
26	Excess exempt expenses (Schedule I)		26	
27	Excess readership costs (Schedule J)		27	
28	Other deductions (attach schedule)		28	
29	**Total deductions.** Add lines 14 through 28		29	NONE
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	NONE
31	Net operating loss deduction (limited to the amount on line 30)		31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	NONE
33	Specific deduction (Generally $1,000, but see line 33 instructions for exceptions.)		33	
34	**Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	NONE

Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See instructions** and:		
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) (2) (3)		
b	Enter organization's share of: (1) Additional 5% tax (not more than $11,750)		
	(2) Additional 3% tax (not more than $100,000)		
c	Income tax on the amount on line 34 ▶	35c	NONE
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation on page 16. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	36	
37	**Proxy tax.** See page 16 of the instructions ▶	37	
38	Alternative minimum tax	38	
39	**Total.** Add lines 37 and 38 to line 35c or 36, whichever applies	39	NONE

Part IV Tax and Payments

40a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a			
b	Other credits (see page 17 of the instructions)	40b			
c	General business credit. Attached Form 3800	40c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d			
e	**Total credits.** Add lines 40a through 40d			40e	
41	Subtract line 40e from line 39			41	NONE
42	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			42	
43	**Total tax.** Add lines 41 and 42			43	NONE
44a	Payments: A 2007 overpayment credited to 2008	44a			
b	2008 estimated tax payments	44b			
c	Tax deposited with Form 8868	44c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	44d			
e	Backup withholding (see instructions)	44e			
f	Other credits and payments: ☐ Form 2439 ____ ☐ Form 4136 ____ ☐ Other ____ Total ▶	44f			
45	**Total payments.** Add lines 44a through 44f			45	
46	Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached ▶ ☐			46	
47	**Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed ▶			47	NONE
48	**Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶			48	NONE
49	Enter the amount of line 48 you want: **Credited to 2009 estimated tax** ▶ **Refunded** ▶			49	NONE

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

		Yes	No
1	At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	**Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No: X
b	Other costs (attach schedule)	4b					
5	**Total.** Add lines 1 through 4b	5					

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ▶ Date Title ▶

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

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ☐	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶	BKD, LLP	EIN	44-0160260
	1201 WALNUT, SUITE 1700	Phone no.	816 221-6300
	KANSAS CITY, MO 64106-2246		

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Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions on page 19)

1 Description of property

(1)
(2)
(3)
(4)

2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) . . . ▶
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶		

Schedule E - Unrelated Debt-Financed Income (see instructions on page 19)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property: (a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 . . . . . ▶				

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations: 3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals . . . . . ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals . . . . ▶	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals . . . . ▶	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) . . ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) **Totals from Part I**						
Totals, Part II (lines 1-5) . . . . ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I line 11, col. (B).				Enter here and on page 1, Part II, line 27.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
STMT 4		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14 . . . . ▶			NONE

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SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
CAROL ANDERSON 500 WEST US HIGHWAY 24 INDEPENDENCE, MO 64050-1798	DIRECTOR	NONE	NONE
CLIFTON TRUMAN DANIEL 500 WEST US HIGHWAY 24 INDEPENDENCE, MO 64050-1798	HONORARY CO-CHAIR	NONE	NONE
MICHAEL J DEVINE 500 WEST US HIGHWAY 24 INDEPENDENCE, MO 64050-1798	EX OFFICIO DIRECTOR	NONE	NONE
JOHN A DILLINGHAM 500 WEST US HIGHWAY 24 INDEPENDENCE, MO 64050-1798	DIRECTOR	NONE	NONE
CHARLES M FOUDREE 500 WEST US HIGHWAY 24 INDEPENDENCE, MO 64050-1798	DIRECTOR	NONE	NONE
SAM F HAMRA 500 WEST US HIGHWAY 24 INDEPENDENCE, MO 64050-1798	DIRECTOR	NONE	NONE
MARY E HUNKELER 500 WEST US HIGHWAY 24 INDEPENDENCE, MO 64050-1798	VICE CHAIR	NONE	NONE
HERBERT M KOHN 500 WEST US HIGHWAY 24	SECRETARY	NONE	NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
INDEPENDENCE, MO 64050-1798			
ALLEN L LEFKO 500 WEST US HIGHWAY 24 INDEPENDENCE, MO 64050-1798	DIRECTOR	NONE	NONE
THOMAS R MCGEE JR 500 WEST US HIGHWAY 24 INDEPENDENCE, MO 64050-1798	DIRECTOR	NONE	NONE
JOHN P MCMEEL 500 WEST US HIGHWAY 24 INDEPENDENCE, MO 64050-1798	DIRECTOR	NONE	NONE
LARRY L MCMULLEN 500 WEST US HIGHWAY 24 INDEPENDENCE, MO 64050-1798	DIRECTOR	NONE	NONE
WILSON D MISCAMBLE 500 WEST US HIGHWAY 24 INDEPENDENCE, MO 64050-1798	DIRECTOR	NONE	NONE
WILLIAM C NELSON 500 WEST US HIGHWAY 24 INDEPENDENCE, MO 64050-1798	CHAIRMAN & PRESIDENT	NONE	NONE
ROGER A NOVAK 500 WEST US HIGHWAY 24 INDEPENDENCE, MO 64050-1798	TREASURER	NONE	NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
JAMES B NUTTER JR 500 WEST US HIGHWAY 24 INDEPENDENCE, MO 64050-1798	DIRECTOR	NONE	NONE
CAPPY P POWELL 500 WEST US HIGHWAY 24 INDEPENDENCE, MO 64050-1798	DIRECTOR	NONE	NONE
PAGE BRANTON REED 500 WEST US HIGHWAY 24 INDEPENDENCE, MO 64050-1798	DIRECTOR	NONE	NONE
JOHN J SHERMAN 500 WEST US HIGHWAY 24 INDEPENDENCE, MO 64050-1798	VICE CHAIR	NONE	NONE
BETH K SMITH 500 WEST US HIGHWAY 24 INDEPENDENCE, MO 64050-1798	DIRECTOR	NONE	NONE
ELIZABETH T SOLBERG 500 WEST US HIGHWAY 24 INDEPENDENCE, MO 64050-1798	DIRECTOR	NONE	NONE
CHARLES S SOLSAND 500 WEST US HIGHWAY 24 INDEPENDENCE, MO 64050-1798	DIRECTOR	NONE	NONE
MAURICE A WATSON 500 WEST US HIGHWAY 24	DIRECTOR	NONE	NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
INDEPENDENCE, MO 64050-1798			
CLYDE F WENDEL 500 WEST US HIGHWAY 24 INDEPENDENCE, MO 64050-1798	DIRECTOR	NONE	NONE
ALAN L ATTERBURY 500 WEST US HIGHWAY 24 INDEPENDENCE, MO 64050-1798	DIRECTOR	NONE	NONE
KIRK W CARPENTER 500 WEST US HIGHWAY 24 INDEPENDENCE, MO 64050-1798	DIRECTOR	NONE	NONE
MARY C JOHNSTON 500 WEST US HIGHWAY 24 INDEPENDENCE, MO 64050-1798	DIRECTOR	NONE	NONE
KENNETH B MCCLAIN 500 WEST US HIGHWAY 24 INDEPENDENCE, MO 64050-1798	DIRECTOR	NONE	NONE
JAMES W SYMINGTON 500 WEST US HIGHWAY 24 INDEPENDENCE, MO 64050-1798	DIRECTOR	NONE	NONE
TOTAL COMPENSATION			NONE