

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning OCT 1, 2021, and ending SEP 30, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879TE for the latest information.

Name of filer	THE HARRY S. TRUMAN LIBRARY INSTITUTE NATIONAL AND INTERNATIONAL AFFAIRS	EIN or SSN	43-6042632
Name and title of officer or person subject to tax	THOMAS R WILLARD TREASURER		

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	3,123,926.
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize RUBINBROWN LLP to enter my PIN 42632
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax

Date ▶ 2/27/23

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

43380463105

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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 ▶ RUBINBROWN LLP Date ▶ _____

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

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2021)

102521 01-11-22

14500224 132842 20149.0000

2021.05050 THE HARRY S. TRUMAN LIBRA 20149.01

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **OCT 1, 2021** and ending **SEP 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE HARRY S. TRUMAN LIBRARY INSTITUTE NATIONAL AND INTERNATIONAL AFFAIRS Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5151 TROOST AVENUE 300 City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY, MO 64110 F Name and address of principal officer: CLYDE F WENDEL SAME AS C ABOVE	D Employer identification number 43-6042632 E Telephone number 816-400-1212 G Gross receipts \$ 14,142,799. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
J Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1957		M State of legal domicile: MO
J Website: ▶ WWW.TRUMANLIBRARYINSTITUTE.ORG		

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO PRESERVE AND PROMOTE THE ENDURING LEGACY OF HARRY S. TRUMAN, AMERICA'S 33RD PRESIDENT.			
	2	Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	32	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31	
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	11	
	6	Total number of volunteers (estimate if necessary)	6	33	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9		Program service revenue (Part VIII, line 2g)	9,009,211.	3,033,440.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,057.	12,041.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,195,775.	200,934.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-1,943.	-122,489.	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,205,100.	3,123,926.	
14		Benefits paid to or for members (Part IX, column (A), line 4)	31,000.	109,589.	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
Expenses		16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,005,780.	1,086,206.
		b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 849,761.	149,675.	248,000.
		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,398,000.	1,828,202.
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,584,455.	3,271,997.
	19	Revenue less expenses. Subtract line 18 from line 12	7,620,645.	-148,071.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21	Total liabilities (Part X, line 26)	16,489,738.	16,879,903.	
	22	Net assets or fund balances. Subtract line 21 from line 20	0.	328,130.	
			16,489,738.	16,551,773.	

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 THOMAS R WILLARD, TREASURER	Date
	Type or print name and title	
Paid Preparer	Print/Type preparer's name MATTHEW C. HALL	Preparer's signature
Use Only	Firm's name ▶ RUBINBROWN LLP	Date
	Firm's address ▶ 1200 MAIN STREET, SUITE 1000 KANSAS CITY, MO 64105	Check if self-employed <input type="checkbox"/> PTIN P01573021
		Firm's EIN ▶ 43-0765316
		Phone no. 816-472-1122

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

THE HARRY S. TRUMAN LIBRARY INSTITUTE
NATIONAL AND INTERNATIONAL AFFAIRS

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Part III Statement of Program Service Accomplishments

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

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 225,546. including grants of \$ 109,588.) (Revenue \$ 12,041.)
SEE SCHEDULE O

4b (Code:) (Expenses \$ 110,993. including grants of \$) (Revenue \$)
SEE SCHEDULE O

4c (Code:) (Expenses \$ 725,196. including grants of \$) (Revenue \$)
SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)
(Expenses \$ 907,850. including grants of \$) (Revenue \$ 6,084.)

4e Total program service expenses 1,969,585.

Form 990 (2021)

THE HARRY S. TRUMAN LIBRARY INSTITUTE
NATIONAL AND INTERNATIONAL AFFAIRS

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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

1a	27
1b	0
1c	

THE HARRY S. TRUMAN LIBRARY INSTITUTE
NATIONAL AND INTERNATIONAL AFFAIRS

Form 990 (2021)

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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NATIONAL AND INTERNATIONAL AFFAIRS

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Form 990 (2021)

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 32 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 31		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6	Did the organization have members or stockholders? 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? 8a	X	
b	Each committee with authority to act on behalf of the governing body? 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? 10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c	X	
13	Did the organization have a written whistleblower policy? 13	X	
14	Did the organization have a written document retention and destruction policy? 14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official 15a	X	
b	Other officers or key employees of the organization 15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► NONE
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► LISA SULLIVAN - 816-400-1212
5151 TROOST AVENUE, KANSAS CITY, MO 64110

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MORGAN A BURDEN EXECUTIVE DIRECTOR/EX OFFICIO DIRECTOR	40.00	X		X				222,030.	0.	59,106.
(2) LISA A SULLIVAN CFO/CAO	40.00			X				112,398.	0.	33,460.
(3) CLYDE F WENDEL CHAIR/DIRECTOR	1.00	X		X				0.	0.	0.
(4) PATRICK OTTENSMEYER VICE CHAIR/DIRECTOR	1.00	X		X				0.	0.	0.
(5) ADAM P SACHS VICE CHAIR/DIRECTOR	1.00	X		X				0.	0.	0.
(6) EILEEN WEIR VICE CHAIR/DIRECTOR	1.00	X		X				0.	0.	0.
(7) LISA HARDWICK SECRETARY/DIRECTOR	1.00	X		X				0.	0.	0.
(8) THOMAS R WILLARD TREASURER/DIRECTOR	1.00	X		X				0.	0.	0.
(9) MERILYN BERENBOM DIRECTOR	1.00	X						0.	0.	0.
(10) PAUL M BLACK DIRECTOR	1.00	X						0.	0.	0.
(11) DAVID CAMPBELL DIRECTOR	1.00	X						0.	0.	0.
(12) MAUREEN MCMEEL CARROLL DIRECTOR	1.00	X						0.	0.	0.
(13) DAN CRUMB DIRECTOR	1.00	X						0.	0.	0.
(14) CLIFTON TRUMAN DANIEL HONORARY CHAIR	1.00	X						0.	0.	0.
(15) JOSH EARNEST DIRECTOR	1.00	X						0.	0.	0.
(16) SUSIE S EVANS DIRECTOR	1.00	X						0.	0.	0.
(17) KARI FREDERICKSON DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KURT GRAHAM EX OFFICIO DIRECTOR	1.00	X						0.	0.	0.
(19) GREG GUNDERSON DIRECTOR	1.00	X						0.	0.	0.
(20) HARVEY L KAPLAN DIRECTOR	1.00	X						0.	0.	0.
(21) CHARLOTTE KEMPER BLACK DIRECTOR	1.00	X						0.	0.	0.
(22) KAY MARTIN DIRECTOR	1.00	X						0.	0.	0.
(23) BRIDGET MCCANDLESS DIRECTOR	1.00	X						0.	0.	0.
(24) MADELEINE MCDONOUGH DIRECTOR	1.00	X						0.	0.	0.
(25) LEIGH NOTTBERG DIRECTOR	1.00	X						0.	0.	0.
(26) KAREN D PACK DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								334,428.	0.	92,566.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								334,428.	0.	92,566.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MONADNOCK MEDIA, INC. 59 NORTH STREET, HATFIELD, MA 01038 1220 EXHIBITS, INC.	MUSEUM RENOVATION - AUDIO/VISUALS COMPON	993,898.
3801 VULCAN DR., NASHVILLE, TN 37211	MUSEUM EXHIBIT FABRICATORS	853,216.
GEORGE W. BUSH PRESIDENTIAL CENTER 2943 SMU BOULEVARD, DALLAS, TX 75205	PORTRAITS OF COURAGE TRAVELING EXHIBITIO	275,000.
J.E. DUNN CONSTRUCTION GROUP, INC. 1001 LOCUST ST., KANSAS CITY, MO 64106	CONSTRUCTION	209,695.
STRATEGIC CAPITOL CONSULTING, 16141 SWINGLEY RIDGE RD, CHESTERFIELD, MO 63017	FUNDRAISING	148,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	1 b	Membership dues	290,781.				
	1 c	Fundraising events	643,221.				
	1 d	Related organizations					
	1 e	Government grants (contributions)					
	1 f	All other contributions, gifts, grants, and similar amounts not included above	2,099,438.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 82,907.				
	1 h	Total. Add lines 1a-1f		3,033,440.			
Program Service Revenue	2 a	WHITE HOUSE DECISION CENTER REVEN	Business Code 611710	12,041.	12,041.		
	2 b						
	2 c						
	2 d						
	2 e						
	2 f	All other program service revenue					
	2 g	Total. Add lines 2a-2f		12,041.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		297,506.		297,506.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	6 d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				10,743,478.			
	7 b	Less: cost or other basis and sales expenses		10,840,050.			
	7 c	Gain or (loss)		-96,572.			
	7 d	Net gain or (loss)		-96,572.		-96,572.	
8 a	Gross income from fundraising events (not including \$ 643,221. of contributions reported on line 1c). See Part IV, line 18	8a	50,250.				
8 b	Less: direct expenses	8b	178,823.				
8 c	Net income or (loss) from fundraising events		-128,573.		-128,573.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
9 b	Less: direct expenses	9b					
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold	10b					
10 c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	Business Code 900099	6,084.	6,084.		
	11 b						
	11 c						
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d		6,084.			
12	Total revenue. See instructions		3,123,926.	18,125.	0.	72,361.	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	70,515.	70,515.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	39,074.	39,074.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	481,760.	87,775.	234,768.	159,217.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	406,273.	244,195.	9,295.	152,783.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,123.	15,492.	619.	10,012.
9 Other employee benefits	118,850.	50,894.	3,568.	64,388.
10 Payroll taxes	53,200.	21,819.	13,087.	18,294.
11 Fees for services (nonemployees):				
a Management				
b Legal	7,504.		7,504.	
c Accounting	28,300.		28,300.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	248,000.			248,000.
f Investment management fees	50,823.		50,823.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	23,967.		23,967.	
12 Advertising and promotion	218,617.	218,617.		
13 Office expenses	87,609.	8,198.	51,819.	27,592.
14 Information technology	18,333.	18,333.		
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,525.		7,525.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	21,376.		21,376.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CAPITAL PROJECTS	741,974.	741,974.		
b US CAPITOL ROTUNDA TRUM	171,141.	171,141.		
c PUBLIC PROGRAMS	165,041.	165,041.		
d FUNDRAISING OTHER DIREC	122,555.			122,555.
e All other expenses SEE SCH O	163,437.	116,517.		46,920.
25 Total functional expenses. Add lines 1 through 24e	3,271,997.	1,969,585.	452,651.	849,761.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	99,631.	1	198,232.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	2,174,973.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	122,900.		
				10c	30,792.
	b	Less: accumulated depreciation	92,108.	0.	
	11	Investments - publicly traded securities	16,390,107.	11	14,475,906.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 33)	16,489,738.	16	16,879,903.	
Liabilities	17	Accounts payable and accrued expenses		17	181,851.
	18	Grants payable		18	
	19	Deferred revenue		19	146,279.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		0.	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	8,922,024.	27	7,753,683.
	28	Net assets with donor restrictions	7,567,714.	28	8,798,090.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	16,489,738.	32	16,551,773.
33	Total liabilities and net assets/fund balances	16,489,738.	33	16,879,903.	

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,123,926.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,271,997.
3	Revenue less expenses. Subtract line 2 from line 1	3	-148,071.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,489,738.
5	Net unrealized gains (losses) on investments	5	-3,155,911.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	3,366,017.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,551,773.

Part XII Financial Statements and Reporting

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3589917.	4166547.	12435971.	9009211.	3033440.	32235086.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	3589917.	4166547.	12435971.	9009211.	3033440.	32235086.
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)						6477467.
6 Public support. Subtract line 5 from line 4.						25757619.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	3589917.	4166547.	12435971.	9009211.	3033440.	32235086.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	281,016.	331,389.	287,379.	213,316.	297,506.	1410606.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						33645692.
12 Gross receipts from related activities, etc. (see instructions)					12	310,694.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	76.56	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	78.99	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

THE HARRY S. TRUMAN LIBRARY INSTITUTE
 NATIONAL AND INTERNATIONAL AFFAIRS

Schedule A (Form 990) 2021

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

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 NATIONAL AND INTERNATIONAL AFFAIRS

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

THE HARRY S. TRUMAN LIBRARY INSTITUTE
 NATIONAL AND INTERNATIONAL AFFAIRS

Schedule A (Form 990) 2021

43-6042632 Page 7

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

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

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

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

THE HARRY S. TRUMAN LIBRARY INSTITUTE
NATIONAL AND INTERNATIONAL AFFAIRS

Employer identification number

43-6042632

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization THE HARRY S. TRUMAN LIBRARY INSTITUTE NATIONAL AND INTERNATIONAL AFFAIRS	Employer identification number 43-6042632
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SUNDERLAND FOUNDATION 5700 W 112TH ST, SUITE 320 OVERLAND PARK, KS 66211	\$ 1,210,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GREATER KC COMMUNITY FOUNDATION 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105	\$ 373,623.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	KENNETH LANGONE 375 PARK AVE NEW YORK, NY 10152	\$ 244,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BARNETT C. HELZBERG 400 W. 49TH TER. #2136 KANSAS CITY, MO 64112	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE SOSLAND FOUNDATION 4801 MAIN STREET #100 KANSAS CITY, MO 64112	\$ 116,833.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	JEWISH COMMUNITY FOUNDATION OF GKC 5801 W. 115TH ST, SUITE 104 OVERLAND PARK, KS 66211-1800	\$ 115,755.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE HARRY S. TRUMAN LIBRARY INSTITUTE NATIONAL AND INTERNATIONAL AFFAIRS	Employer identification number 43-6042632
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NERMAN FAMILY FOUNDATION 11701 NORWOOD DR SHAWNEE MISSION, KS 66211-3003	\$ 101,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ARVIN GOTTLIEB CHARITABLE FOUNDATION PO BOX 419692 KANSAS CITY, MO 64141-6692	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	BLACK & VEATCH 11401 LAMAR AVE OVERLAND PARK, KS 66211	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE HARRY S. TRUMAN LIBRARY INSTITUTE NATIONAL AND INTERNATIONAL AFFAIRS	Employer identification number 43-6042632
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____		\$ _____	_____
_____		\$ _____	_____
_____		\$ _____	_____
_____		\$ _____	_____
_____		\$ _____	_____
_____		\$ _____	_____
_____		\$ _____	_____

Name of organization THE HARRY S. TRUMAN LIBRARY INSTITUTE NATIONAL AND INTERNATIONAL AFFAIRS	Employer identification number 43-6042632
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **THE HARRY S. TRUMAN LIBRARY INSTITUTE
NATIONAL AND INTERNATIONAL AFFAIRS**

Employer identification number
43-6042632

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

THE HARRY S. TRUMAN LIBRARY INSTITUTE

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,653,302.	8,402,024.	8,091,633.	8,100,333.	8,375,121.
b Contributions	40,000.	1,095,000.	25,000.	150,000.	50,000.
c Net investment earnings, gains, and losses	-1,956,709.	1,601,233.	668,952.	341,786.	538,299.
d Grants or scholarships					
e Other expenditures for facilities and programs	622,319.	444,955.	383,561.	500,486.	863,087.
f Administrative expenses					
g End of year balance	8,114,274.	10,653,302.	8,402,024.	8,091,633.	8,100,333.

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

- a Board designated or quasi-endowment 36.7700 %
- b Permanent endowment 47.4900 %
- c Term endowment 15.7400 %

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

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

- (i) Unrelated organizations
- (ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		57,386.	44,623.	12,763.
e Other		65,514.	47,485.	18,029.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				30,792.

THE HARRY S. TRUMAN LIBRARY INSTITUTE
 NATIONAL AND INTERNATIONAL AFFAIRS

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

THE HARRY S. TRUMAN LIBRARY INSTITUTE
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Schedule D (Form 990) 2021

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

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

1	Total revenue, gains, and other support per audited financial statements		1	154,838.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-3,155,911.	
b	Donated services and use of facilities	2b	5,000.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	181,823.	
e	Add lines 2a through 2d		2e	-2,969,088.
3	Subtract line 2e from line 1		3	3,123,926.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,123,926.

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

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

1	Total expenses and losses per audited financial statements		1	3,458,820.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	5,000.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	181,823.	
e	Add lines 2a through 2d		2e	186,823.
3	Subtract line 2e from line 1		3	3,271,997.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,271,997.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE INTENDED PURPOSE OF THE ENDOWMENT IS TO CONTINUE TO PROVIDE CONTINUOUS SUPPORT TO THE INSTITUTE, THE HARRY S. TRUMAN LIBRARY AND MUSEUM, AND TO PROMOTE THE LEGACY OF HARRY S. TRUMAN.

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

Part XIII Supplemental Information (continued)

MINIMAL LEVEL OF INVESTMENT RISK.

THE INSTITUTE HAS A POLICY (THE SPENDING POLICY) OF APPROPRIATING FOR EXPENDITURES EACH YEAR: AN AMOUNT EQUAL TO 4% OF THE TRAILING 12-QUARTER AVERAGE MARKET VALUE OF THE ASSETS IN THE VARIOUS ENDOWMENT AND OTHER FUND ACCOUNTS THAT ARE SUBJECT TO THE INSTITUTE'S STATEMENT OF INVESTMENT POLICY AND OBJECTIVE WILL BE DISTRIBUTED ANNUALLY TO SUPPORT THE INSTITUTE'S BUDGETED EXPENDITURES. THIS DISTRIBUTION PERCENTAGE WILL BE APPLIED PURSUANT TO THE ABOVE FORMULA TO EACH INDIVIDUAL ACCOUNT NOT SUBJECT TO INCOME RESTRICTIONS OR OTHER PAYOUT AGREEMENTS, WHICH WOULD SUPERCEDE THE DISTRIBUTION POLICY.

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 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.

BOARD-DESIGNATED ENDOWMENT FUND, WHICH RESULTS FROM AN INTERNAL

Part XIII Supplemental Information (continued)

DESIGNATION, IS NOT DONOR-RESTRICTED AND IS CLASSIFIED AS UNRESTRICTED NET ASSETS. UP TO 5% OF THE FUND'S PRINCIPAL CAN BE EXPENDED ON AN ANNUAL BASIS. 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. 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.

HULSTON FAMILY ENDOWMENT: IN FY13, THE HULSTON FAMILY FOUNDATION DONATED \$50,000 TO THE INSTITUTE FOR THE PURPOSE OF ESTABLISHING A PERMANENTLY RESTRICTED ENDOWMENT FUND. THE TERMS AND CONDITIONS ESTABLISHED WITH THE DONOR STIPULATE THAT THE INITIAL \$50,000 GIFT WILL BE PRESERVED IN PERPETUITY WHILE THE INVESTMENT INCOME WILL BE USED TO FUND A SPECIAL \$2,500 JOHN K. HULSTON SCHOLARSHIP ON AN ANNUAL BASIS. WHEN NECESSARY, THE INSTITUTE AGREES TO SUPPLEMENT THE INVESTMENT PROCEEDS FROM THE HULSTON ENDOWMENT FUND WITH GENERAL UNRESTRICTED FUNDS TO ENSURE THAT THIS GRANT IS AVAILABLE EACH YEAR.

HUNKELER FAMILY ENDOWMENT: IN FY18, THE HUNKELER FAMILY ESTABLISHED A PERMANENTLY RESTRICTED \$350,000 ENDOWMENT FUND. THE TERMS AND CONDITIONS ESTABLISHED WITH THE DONOR STIPULATE THAT THE \$350,000 GIFT (PAYABLE OVER 7 YEARS) WILL BE USED TO ENDOW THE INSTITUTE'S SCHOLAR'S AWARD AND THE TRUMAN BOOK AWARD.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	181,823.
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Part XIII Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 181,823.

Lined area for supplemental information with multiple horizontal lines.

**THE HARRY S. TRUMAN LIBRARY INSTITUTE
NATIONAL AND INTERNATIONAL AFFAIRS**

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, 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 ▶ _____

THE HARRY S. TRUMAN LIBRARY INSTITUTE
 NATIONAL AND INTERNATIONAL AFFAIRS

Schedule F (Form 990) 2021

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Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
RESEARCH GRANT	EUROPE (INCLUDING ICELAND & GREENLAND)	6	19,615.	CHECK, WIRE TRANSFER	0.		
DISSERTATION YEAR FELLOWSHIP	NORTH AMERICA	2	19,459.	CHECK, WIRE TRANSFER	0.		

Schedule F (Form 990) 2021

THE HARRY S. TRUMAN LIBRARY INSTITUTE
NATIONAL AND INTERNATIONAL AFFAIRS

Schedule F (Form 990) 2021

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Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2021

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

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 EDUCATION. 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, AWARDED BIANNUALLY IN APRIL AND OCTOBER, REQUIRE TRAVEL TO THE TRUMAN LIBRARY FOR STUDY OF ITS ARCHIVAL COLLECTIONS. ONE-TIME PAYMENTS ARE DISBURSED DIRECTLY AND PAYABLE TO THE AWARDEE UPON COMPLETION OF THE RESEARCH TRIP AND DO NOT REQUIRE ANY FURTHER MONITORING.

THE SPRING ROUND OF RESEARCH GRANTS INCLUDES THE AWARD OF ONE ENDOWED JOHN K. HULSTON SCHOLARSHIP, WHICH PROVIDES \$2,500 TO SUPPORT RESEARCH FOR A SINGLE PROJECT REQUIRING TRAVEL TO THE TRUMAN LIBRARY AND ADDITIONAL ARCHIVAL REPOSITORIES. CONVENTIONAL RESEARCH GRANT GUIDELINES AND EXPECTATIONS APPLY; HOWEVER, APPLICANTS ARE ALSO REQUIRED TO SUBMIT A DETAILED PROJECT BUDGET OUTLINING THE ADDITIONAL REPOSITORIES TO BE CONSULTED AND HOW MATERIALS AT THOSE REPOSITORIES FIT INTO THE LARGER PROJECT.

DECISIONS REGARDING SELECTION OF DISSERTATION YEAR FELLOWSHIP AND SCHOLAR'S AWARD WINNERS ARE MADE VIA A SIMILAR APPLICATION PROCESS. DISSERTATION YEAR FELLOWSHIP PAYMENTS ARE DISBURSED DIRECTLY AND PAYABLE

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

TO THE AWARDEE IN TWO INSTALLMENTS. SCHOLAR'S AWARD PAYMENTS CAN BE
DISBURSED DIRECTLY AND PAYABLE TO THE AWARDEE OR THEIR INSTITUTION AND
ARE PAYABLE 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. AWARDEES AGREE TO THE STIPULATION TO PROVIDE
THE TRUMAN LIBRARY WITH COPIES OF ANY PUBLICATION RESULTING FROM RESEARCH
SUPPORTED BY ONE OF THE INSTITUTE'S 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 EDUCATION FOR EVALUATION AND
AWARD SELECTION. AWARDS ARE GIVEN IN EVEN-NUMBERED YEARS. ONE-TIME
PAYMENTS ARE DISBURSED DIRECTLY AND PAYABLE TO THE AWARDEE AND REQUIRE NO
FURTHER MONITORING.

THE HARRY S. TRUMAN LIBRARY INSTITUTE
NATIONAL AND INTERNATIONAL AFFAIRS

Schedule G (Form 990) 2021

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		WILD ABOUT HARRY (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	693,471.		693,471.
	2	Less: Contributions	643,221.		643,221.
	3	Gross income (line 1 minus line 2)	50,250.		50,250.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	79,088.		79,088.
	8	Entertainment	3,300.		3,300.
	9	Other direct expenses	96,435.		96,435.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			178,823.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-128,573.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: STRATEGIC CAPITOL CONSULTING

(I) ADDRESS OF FUNDRAISER: 16141 SWINGLEY RIDGE RD, CHESTERFIELD, MO 63017

PART I, LINE 2B, COLUMN (V):

STRATEGIC CAPITOL CONSULTING WAS HIRED TO RAISE FUNDS FOR THE RENOVATION OF THE HARRY S. TRUMAN PRESIDENTIAL LIBRARY. THIS OUTSIDE FUNDRAISING WAS USED TO SECURE FUTURE CONDITIONAL CONTRIBUTIONS FROM THE STATE OF

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization **THE HARRY S. TRUMAN LIBRARY INSTITUTE
NATIONAL AND INTERNATIONAL AFFAIRS** 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? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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

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

THE HARRY S. TRUMAN LIBRARY INSTITUTE
NATIONAL AND INTERNATIONAL AFFAIRS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLAR'S AWARD	2	30,087.	0.		
RESEARCH GRANT	18	30,398.	0.		
HULSTON SCHOLARSHIP GRANT	2	5,015.	0.		
TRUMAN BOOK AWARD	1	5,015.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

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 EDUCATION. 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

Part IV Supplemental Information

GRANTS, AWARDED BIANNUALLY IN APRIL AND OCTOBER, REQUIRE TRAVEL TO THE TRUMAN LIBRARY FOR STUDY OF ITS ARCHIVAL COLLECTIONS. ONE-TIME PAYMENTS ARE DISBURSED DIRECTLY AND PAYABLE TO THE AWARDEE UPON COMPLETION OF THE RESEARCH TRIP AND DO NOT REQUIRE ANY FURTHER MONITORING.

THE SPRING ROUND OF RESEARCH GRANTS INCLUDES THE AWARD OF ONE ENDOWED JOHN K. HULSTON SCHOLARSHIP, WHICH PROVIDES \$2,500 TO SUPPORT RESEARCH FOR A SINGLE PROJECT REQUIRING TRAVEL TO THE TRUMAN LIBRARY AND ADDITIONAL ARCHIVAL REPOSITORIES. CONVENTIONAL RESEARCH GRANT GUIDELINES AND EXPECTATIONS APPLY; HOWEVER, APPLICANTS ARE ALSO REQUIRED TO SUBMIT A DETAILED PROJECT BUDGET OUTLINING THE ADDITIONAL REPOSITORIES TO BE CONSULTED AND HOW MATERIALS AT THOSE REPOSITORIES FIT INTO THE LARGER PROJECT.

DECISIONS REGARDING SELECTION OF DISSERTATION YEAR FELLOWSHIP AND SCHOLAR'S AWARD WINNERS ARE MADE VIA A SIMILAR APPLICATION PROCESS. DISSERTATION YEAR FELLOWSHIP PAYMENTS ARE DISBURSED DIRECTLY AND PAYABLE TO THE AWARDEE IN TWO INSTALLMENTS. SCHOLAR'S AWARD PAYMENTS CAN BE DISBURSED DIRECTLY AND PAYABLE TO THE AWARDEE OR THEIR INSTITUTION AND ARE PAYABLE 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. 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 SUBSTANTIALY WITH THE LIFE AND CAREER OF HARRY S. TRUMAN OR OF THE PUBLIC AND FOREIGN

Part IV Supplemental 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 EDUCATION 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 J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **THE HARRY S. TRUMAN LIBRARY INSTITUTE
NATIONAL AND INTERNATIONAL AFFAIRS** Employer identification number **43-6042632**

Part I Questions Regarding Compensation

- 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

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

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

- a Receive a severance payment or change-of-control payment? **4a**
- b Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a The organization? **5a**
- b Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a The organization? **6a**
- b Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

THE HARRY S. TRUMAN LIBRARY INSTITUTE
 NATIONAL AND INTERNATIONAL AFFAIRS

43-6042632

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MORGAN A BURDEN EXECUTIVE DIRECTOR/EX OFFICIO DIRECT	(i)	222,030.	0.	0.	15,927.	43,179.	281,136.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **THE HARRY S. TRUMAN LIBRARY INSTITUTE
NATIONAL AND INTERNATIONAL AFFAIRS** Employer identification number **43-6042632**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7	71,408. FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (OFFICE SUPPLI)	X	2	11,500.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

Part II

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

Lined area for supplemental information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

THE HARRY S. TRUMAN LIBRARY INSTITUTE
NATIONAL AND INTERNATIONAL AFFAIRS

Employer identification number
43-6042632

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR MISSION IS TO BRING THE LIFE AND LEGACY OF HARRY S. TRUMAN TO BEAR
ON CURRENT AND FUTURE GENERATIONS THROUGH UNDERSTANDING OF HISTORY, THE
PRESIDENCY, DOMESTIC AND FOREIGN POLICY, AND CITIZENSHIP. OUR VISION IS
TO INSPIRE, ENRICH, AND EMPOWER PEOPLE THROUGH THE MANY RESOURCES OF
THE HARRY S. TRUMAN PRESIDENTIAL LIBRARY AND MUSEUM. EACH YEAR, MUSEUM
VISITORS, PROGRAM PARTICIPANTS, RESEARCHERS, STUDENTS, AND TEACHERS
BENEFIT FROM WORLD-CLASS MUSEUM EXHIBITS, NATIONALLY ACCLAIMED
EDUCATION PROGRAMS, PUBLIC OUTREACH PROGRAMS, RESEARCH GRANTS, AND
MORE.

APRIL 12, 2020 MARKED THE 75TH ANNIVERSARY OF HARRY TRUMAN'S ACCESSION
TO THE PRESIDENCY OF THE UNITED STATES. TO HELP SHARE THIS MAN'S
REMARKABLE STORY, THE TRUMAN LIBRARY INSTITUTE HAS RAISED NEARLY \$55
MILLION (TOTAL "STAY TRU" CAPITAL CAMPAIGN GRANTS, CONTRIBUTIONS,
PLANNED GIVING, AND IN-KIND GIFTS) TO ACHIEVE THE ONCE-IN-A-GENERATION
TRANSFORMATION OF ONE OF OUR NATION'S MOST SIGNIFICANT HISTORICAL
INSTITUTIONS. THE ALL-NEW TRUMAN LIBRARY AND MUSEUM OPENED TO CRITICAL
ACCLAIM AND EARNED THE ATTENTION OF NEWS OUTLETS NATIONWIDE, SHARING
THE TRUMAN STORY WITH MANY MILLIONS OF READERS AND VIEWERS ACROSS THIS
NATION AND AROUND THE GLOBE. AS WE CELEBRATE THE PHENOMENAL
TRANSFORMATION OF THE TRUMAN LIBRARY AND MUSEUM, WE WILL FOCUS OUR
RESOURCES IN FURTHER EXPANDING ACCESS TO TRUMAN LIBRARY AND INSTITUTE
EDUCATION AND PUBLIC PROGRAMMING, AND THE EXHIBITIONS THAT THE "STAY
TRU" CAMPAIGN MADE POSSIBLE.

Name of the organization THE HARRY S. TRUMAN LIBRARY INSTITUTE NATIONAL AND INTERNATIONAL AFFAIRS	Employer identification number 43-6042632
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

EDUCATION:

THE TRUMAN LIBRARY OFFERS A SUITE OF ENGAGING ON-SITE AND SCHOOL-BASED EDUCATIONAL PROGRAMS THAT MEET STATE AND NATIONAL ACADEMIC STANDARDS. THESE CRITICALLY ACCLAIMED PROGRAMS ARE DESIGNED TO TEACH PARTICIPANTS ABOUT TRUMAN, DEMOCRACY, THE PRESIDENCY, AND THE IMPORTANCE OF CIVIC ENGAGEMENT, WHILE STRENGTHENING IMPORTANT LIFE AND LEADERSHIP SKILLS.

EACH YEAR, TENS OF THOUSANDS OF STUDENTS AND TEACHERS GAIN A DEEPER UNDERSTANDING OF OUR NATION'S HISTORY, GOVERNMENT, AND DEMOCRATIC IDEALS THROUGH THE LIBRARY'S EDUCATIONAL PROGRAMS. USING PRIMARY SOURCE DOCUMENTS AND ARTIFACTS, STUDENTS DRAW CONNECTIONS BETWEEN THE PAST, PRESENT, AND FUTURE TO BETTER UNDERSTAND, ANTICIPATE, AND RESOLVE PROBLEMS. THE WHITE HOUSE DECISION CENTER IS A NATIONALLY RECOGNIZED HANDS-ON HISTORY LAB WHERE PARTICIPANTS STEP INTO THE ROLES OF PRESIDENT TRUMAN AND HIS ADVISORS AND WORK WITH FORMERLY CLASSIFIED PRIMARY SOURCE DOCUMENTS TO TACKLE SOME OF HISTORY'S GREATEST CHALLENGES. READING LIKE A HISTORIAN, BASED ON STANFORD HISTORY EDUCATION GROUP CURRICULUM, IS A MUSEUM-BASED, TRUMAN-FOCUSED PROGRAM THAT ENGAGES STUDENTS AND TEACHERS IN HISTORICAL INQUIRY WHILE IMPROVING LITERACY, COMMUNICATING THE ROLES AND DUTIES OF THE GOVERNMENT, AND FOSTERING A LOVE OF HISTORY.

INSTITUTE FUNDS ALSO SPONSOR THE GREATER KANSAS CITY REGIONAL NATIONAL HISTORY DAY COMPETITION, THE STUDENT INTERNSHIP PROGRAM, THE IN-CLASSROOM TRUMAN FOOTLOCKER PROGRAM, EDUCATOR WORKSHOPS, AND THE

Name of the organization THE HARRY S. TRUMAN LIBRARY INSTITUTE NATIONAL AND INTERNATIONAL AFFAIRS	Employer identification number 43-6042632
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ANNUAL SUMMER TEACHER CONFERENCE. ADDITIONAL EDUCATIONAL RESOURCES
INCLUDE CURRICULUM GUIDES, A MEDIA LENDING LIBRARY, AND A PRESIDENTIAL
TRIVIA CONTEST.

TRUMAN'S RESEARCH GRANTS PROGRAM CONTINUES TO ATTRACT TOP SCHOLARS AND
EXPAND OUR UNDERSTANDING OF TRUMAN AND HIS CONSEQUENTIAL PRESIDENCY.
SINCE OPENING IN 1959, THE LIBRARY'S RESEARCH ROOM HAS WELCOMED MORE
THAN 15,000 HISTORIANS, WRITERS, AND SCHOLARS FROM MORE THAN 40
NATIONS. FROM THE BEGINNING AND TO THE PRESENT, THE INSTITUTE HAS
PROVIDED MORE THAN \$3.3 MILLION IN FINANCIAL SUPPORT TO RESEARCHERS.
TODAY, RESEARCH GRANTS, AWARDS, AND FELLOWSHIPS PROVIDE CRUCIAL
ASSISTANCE TO EMERGING AND ESTABLISHED SCHOLARS WHOSE CONTRIBUTIONS
ILLUMINATE THE CRITICAL ISSUES OF TRUMAN'S PRESIDENCY AND LEGACY.

DISSERTATION YEAR FELLOWSHIPS SUBSIDIZE A DOCTORAL STUDENT'S TEACHING
OR EMPLOYMENT INCOME TO FACILITATE COMPLETION OF A DISSERTATION THAT
INCLUDES HISTORICAL SCHOLARSHIP OF TRUMAN'S CAREER OR TIME PERIOD. THE
SCHOLAR'S AWARD SUPPLEMENTS TEACHING OR EMPLOYMENT SALARIES FOR
ESTABLISHED SCHOLARS WORKING ON SOME ASPECT OF TRUMAN OR PUBLIC AND
FOREIGN POLICY ISSUES PROMINENT DURING HIS TIME. RESEARCH GRANTS,
INCLUDING THE JOHN K. HULSTON SCHOLARSHIP, OFFSET THE COST OF
CONDUCTING ONSITE RESEARCH AT THE TRUMAN LIBRARY. THE BIENNIAL HARRY S.
TRUMAN BOOK AWARD RECOGNIZES THE BEST BOOK PUBLISHED WITHIN A TWO-YEAR
PERIOD DEALING PRIMARILY AND SUBSTANTIALLY WITH TRUMAN OR THE HISTORY
OF THE UNITED STATES DURING HIS PRESIDENCY.

THE INSTITUTE AIMS TO FULFILL PRESIDENT TRUMAN'S WISHES FOR HIS LIBRARY
BY ENSURING ACCESS TO HIS PAPERS AND THE STUDY OF THE PRESIDENCY. TO

Name of the organization THE HARRY S. TRUMAN LIBRARY INSTITUTE NATIONAL AND INTERNATIONAL AFFAIRS	Employer identification number 43-6042632
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ACCOMPLISH HIS WISHES FOR TODAY AND THE FUTURE, THE INSTITUTE SPONSORS
COLLECTION PRESERVATION AND CONSERVATION, AND DIGITAL ARCHIVES SUPPORT.

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

PUBLIC OUTREACH PROGRAMS AND COMMUNITY EVENTS:

WITH THE GOAL OF INFORMING AND ENGAGING LOCAL, REGIONAL, NATIONAL AND
INTERNATIONAL AUDIENCES, THE TRUMAN LIBRARY AND INSTITUTE PRESENT
DISTINGUISHED AUTHORS, HISTORIANS, JOURNALISTS, AND DIGNITARIES IN
LECTURES, PANEL DISCUSSIONS, AND SIGNATURE EVENTS. THROUGH THESE
ACTIVITIES, THE LIBRARY AND INSTITUTE STRIVE TO INCREASE ATTENDANCE
NUMBERS, VISIBILITY, AND ITS NETWORK OF FRIENDS, WHILE ALSO INSPIRING
AUDIENCES TO PLAY A ROLE IN SHAPING OUR NATION'S FUTURE. PAST PROGRAM
PRESENTERS HAVE INCLUDED FORMER PRESIDENTS, SECRETARIES OF STATE AND
DEFENSE, AMBASSADORS, SENATORS, CONGRESSMEN, AND GENERALS.

CAMPAIGN AND ENDOWED SUPPORT FOR PUBLIC PROGRAMS CONTINUE TO MAKE
POSSIBLE IN-PERSON AND LIVE-STREAMED EVENTS DURING FISCAL YEAR 2022:

TRUMAN LEGACY SERIES

- OCTOBER 7, 2021 - "THIRD REICH ON TRIAL: 75TH ANNIVERSARY OF THE
NUREMBERG TRIALS" FEATURING JOHN Q. BARRETT, KRISTAN MCMAHON, JOSEPH
ROSS, AND KURT GRAHAM

- DECEMBER 15, 2021 - "FREEDOM FROM FEAR: EXECUTIVE ORDER 9808 AND
TRUMAN'S FIGHT FOR CIVIL RIGHTS" FEATURING EMANUEL CLEAVER AND RICHARD
GERGEL

- MARCH 15, 2022 - "THE COLD WAR GETS HOT: THE TRUMAN DOCTRINE AND
DEMOCRACY'S CHALLENGE, THEN AND NOW" FEATURING JOHN AVLON

Name of the organization	THE HARRY S. TRUMAN LIBRARY INSTITUTE NATIONAL AND INTERNATIONAL AFFAIRS	Employer identification number 43-6042632
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- MARCH 30, 2022 - "WOMEN RISING: THE WOMEN WITH SILVER WINGS"

FEATURING KATHERINE SHARP LANDDECK

WHISTLE STOP SERIES

- OCTOBER 14, 2021 - "CAPTAIN HARRY AND WORLD WAR ONE" FEATURING D. M.

GIANGRECO

- NOVEMBER 2, 2021 - "TRUMAN AND PENDERGAST" FEATURING JOHN HERRON

- NOVEMBER 22, 2021 - "JUDGE TRUMAN MEETS MR. VEATCH" FEATURING DAVID

VON DREHLE AND TIM TRIPLETT

- DECEMBER 2, 2021 - "SENATOR TRUMAN" FEATURING CLAIRE MCCASKILL

OTHER SIGNIFICANT EVENTS

- NOVEMBER 21, 2021 - HOWARD AND VIRGINIA BENNETT FORUM ON THE

PRESIDENCY FEATURING HEATHER COX RICHARDSON AND DAVID VON DREHLE

- FEBRUARY 24, 2022 - "WHITE LIES: THE DOUBLE LIFE OF WALTER F. WHITE

AND AMERICA'S DARKEST SECRET" FEATURING A.J. BAIME

- APRIL 28, 2022 - 23RD ANNUAL WILD ABOUT HARRY GALA FEATURING KEYNOTE

SPEAKER JEFFREY FRANK AND LEGACY OF LEADERSHIP AWARDEE WILLIAM BURNS

- MAY 25, 2022 - "INCOMPARABLE GRACE: JFK IN THE PRESIDENCY" FEATURING

MARK UPDEGROVE AND KURT GRAHAM

- JUNE 15 AND 16, 2022 - SOLD OUT MEMBERS NIGHT(S) AT THE MUSEUM

DURING FISCAL YEAR 2022, TENS OF THOUSANDS OF PEOPLE WERE REACHED VIA

IN-PERSON PROGRAMMING, WEBCASTS, RADIO INTERVIEWS, TELEVISION

BROADCASTS, E-NEWS, AND SOCIAL MEDIA INITIATIVES.

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

Name of the organization	THE HARRY S. TRUMAN LIBRARY INSTITUTE NATIONAL AND INTERNATIONAL AFFAIRS	Employer identification number 43-6042632
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EXHIBITIONS:

THE NEWLY RENOVATED \$29 MILLION MUSEUM EXHIBITION SIGNIFICANTLY ENHANCES THE VISITOR EXPERIENCE. AN EXPANSION TO THE LIBRARY'S EAST SIDE REORIENTS THE MUSEUM ENTRANCE, PLACING A DRAMATIC EMPHASIS ON THE COURTYARD AND THE TRUMANS' GRAVESITES. NOW CONCENTRATED ENTIRELY ON ONE FLOOR, THE NEW 12,400-SQUARE-FOOT PERMANENT EXHIBITION FOCUSES ON TRUMAN'S LIFE BEFORE, DURING, AND AFTER HIS PRESIDENCY WITH TECHNOLOGICAL UPGRADES, HANDS-ON INTERACTIVE ELEMENTS, NEVER-BEFORE-SEEN ARTIFACTS, UPDATED SCHOLARSHIP, AND A COMPREHENSIVE EDUCATIONAL STRATEGY. THIS REDISTRIBUTION DOUBLED THE SQUARE FOOTAGE OF THE LIBRARY'S LOWER-LEVEL GALLERIES, CREATING AN ADAPTABLE SPACE FOR HIGHER-PROFILE TEMPORARY EXHIBITS, WHICH WILL INCREASE VISITATION ON AN ONGOING BASIS.

THE NEW MUSEUM EXHIBITION INCLUDES 230 ARTIFACTS PLUS SEVERAL HUNDRED FACSIMILES OF DOCUMENTS, LETTERS AND HANDWRITTEN MATERIALS. HIGHLIGHTS INCLUDE:

- IMMERSIVE SOUND-AND-LIGHT THEATERS DEPICTING WORLD WAR I AND THE COLD WAR
- 14-FOOT INTERACTIVE GLOBE EXPLORING THE HARD PROBLEMS OF PEACE FOLLOWING WORLD WAR II
- EXPANDED INSIGHT ON TRUMAN'S LEADERSHIP ON CIVIL RIGHTS AND THE RECOGNITION OF ISRAEL
- FRESH PERSPECTIVE ON TRUMAN'S FAMILY, INCLUDING BESS TRUMAN'S ROLE AS ADVISOR AND CONFIDANTE
- LOYALTY REVIEW BOARD ROLE-PLAYING GAME WHERE PLAYERS UNCOVER GOVERNMENT DISLOYALTY DURING THE RED SCARE
- INCREASED STORYTELLING AND NEVER-BEFORE SEEN ARTIFACTS FROM THE

Name of the organization	THE HARRY S. TRUMAN LIBRARY INSTITUTE NATIONAL AND INTERNATIONAL AFFAIRS	Employer identification number 43-6042632
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KOREAN WAR

ADDITIONALLY, THE TRUMAN LIBRARY INSTITUTE OFFERS TWO TRAVELING EXHIBITIONS AVAILABLE FOR SHOWING:

- HARRY S. TRUMAN AND THE BIRTH OF ISRAEL - ONE OF THE MOST DEFINING MOMENTS OF PRESIDENT TRUMAN'S TENURE WAS HIS EXECUTIVE ACTION TO EXTEND DE FACTO DIPLOMATIC RECOGNITION TO THE STATE OF ISRAEL ON MAY 14, 1948, JUST 11 MINUTES AFTER THAT NATION DECLARED INDEPENDENCE. THIS EXHIBIT EXPLORES THE HISTORICAL, CULTURAL, AND PERSONAL FACTORS THAT WENT INTO THE DECISION, WHICH WAS AN EXTREMELY CONTENTIOUS ISSUE AMONG TRUMAN'S CABINET AND ADVISORS.

- HARRY S. TRUMAN: KANSAS CITY'S COMMANDER IN CHIEF - THIS EXHIBIT EXPLORES THE CHALLENGES PRESIDENT TRUMAN FACED, THE DECISIONS HE MADE THAT SHAPED OUR DEMOCRACY, AND THE MILESTONES THAT SEALED HIS PLACE IN HISTORY AS ONE OF OUR NATION'S GREATEST PRESIDENTS.

MORE THAN 75 YEARS AFTER ASCENDING TO THE PRESIDENCY, HARRY TRUMAN IS BACK IN WASHINGTON, D.C. FOR NEARLY TWO DECADES, MISSOURI LEADERS HAVE SOUGHT TO SECURE A PLACE FOR TRUMAN - CONSISTENTLY RANKED AMONG OUR NATION'S GREATEST LEADERS - IN THE NATIONAL STATUARY HALL COLLECTION. THE DREAM IS NOW A REALITY. A NEWLY COMMISSIONED BRONZE STATUE OF PRESIDENT TRUMAN WAS UNVEILED AND DEDICATED IN THE U.S. CAPITOL ROTUNDA ON SEPTEMBER 29, 2022. TRUMAN'S STATUE IS THE TENTH PRESIDENTIAL STATUE IN THE CAPITOL ROTUNDA, FLANKED BY GEORGE WASHINGTON AND ULYSSES S. GRANT. EACH YEAR, THE CAPITOL IS VISITED BY AN ESTIMATED 3 TO 5 MILLION PEOPLE FROM ACROSS THE NATION AND AROUND THE WORLD. THIS EXTRAORDINARY LEGACY PROJECT WAS MADE POSSIBLE BY GENEROUS GIFTS FROM ORGANIZATIONS AND INDIVIDUALS ACROSS THE COUNTRY.

Name of the organization	THE HARRY S. TRUMAN LIBRARY INSTITUTE NATIONAL AND INTERNATIONAL AFFAIRS	Employer identification number 43-6042632
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PUBLIC RELATIONS AND ADVERTISING, DOCUMENTARY ACCESS, VOLUNTEER &
INTERN PROGRAM, MUSEUM ARTIFACT/DOCUMENT ACQUISITION, DIGITIZATION &
PRESERVATION, PREVENTATIVE MAINTENANCE, US CAPITOL ROTUNDA TRUMAN
STATUE, MISC.

EXPENSES \$ 907,850. INCLUDING GRANTS OF \$ 0. REVENUE \$ 6,084.

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

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.

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

AT THE TIME OF HIRE OR ELECTION (IN THE CASE OF DIRECTORS) AND ANNUALLY
HEREAFTER, THE OFFICERS, DIRECTORS, AND KEY EMPLOYEES SHALL PROVIDE THE
APPLICABLE CONFLICT OF INTEREST DISCLOSURES WHICH WILL 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 NATIONAL AND INTERNATIONAL AFFAIRS	Employer identification number 43-6042632
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FORM 990, PART VI, SECTION B, LINE 15:

THE TRUMAN LIBRARY INSTITUTE UTILIZES THE FOLLOWING:

1. COLLECTION AND USE OF COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS OR INSTITUTIONS WHICH CAN INCLUDE LOCAL AND REGIONAL NONPROFITS AND MUSEUMS, AS WELL AS REGIONAL AND NATIONAL PRESIDENTIAL LIBRARY FOUNDATIONS. BASE SALARIES WILL BE POSITIONED TO QUALIFICATIONS, EXPERIENCE, PERFORMANCE AND TENURE.

2. THE BOARD CHAIR, IN CONSULTATION WITH THE TREASURER, WILL DETERMINE THE TOTAL COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR SHALL MAKE RECOMMENDATIONS FOR THE SALARIES AND INCENTIVE PAYMENTS FOR OTHER EXECUTIVES OR SALARIED EMPLOYEES. THESE AGGREGATE AMOUNTS WILL BE PROVIDED ANNUALLY TO THE BUDGET, FINANCE AND INVESTMENT COMMITTEE, THE EXECUTIVE COMMITTEE AND THE BOARD OF DIRECTORS FOR APPROVAL VIA THE ANNUAL FISCAL YEAR BUDGET PROCESS OR ANY SUBSEQUENT BUDGET AMMENDMENT REQUESTS THAT MAY FOLLOW.

3. THE INSTITUTE WILL RETAIN CONCURRENT WRITTEN OR ELECTRONIC DOCUMENTATION OF COMPENSATION DECISIONS AS THEY ARE MADE THAT WILL INCLUDE THE FOLLOWING INFORMATION: A) THE TERMS OF THE COMPENSATION AND THE DATE IT WAS APPROVED; B) THE COMPARABILITY DATA; C) APPROVAL OF THE BOARD CHAIR

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

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

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

Name of the organization	THE HARRY S. TRUMAN LIBRARY INSTITUTE NATIONAL AND INTERNATIONAL AFFAIRS	Employer identification number 43-6042632
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TRU MAGAZINE PUBLICATION:

PROGRAM SERVICE EXPENSES	55,441.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	55,441.

ANNUAL MEMBERSHIP PROGRAMS:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	23,795.
TOTAL EXPENSES	23,795.

BAD DEBT EXPENSE:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	23,125.
TOTAL EXPENSES	23,125.

EXHIBITS:

PROGRAM SERVICE EXPENSES	18,333.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,333.

WHITE HOUSE DECISION CENTER:

PROGRAM SERVICE EXPENSES	16,557.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.

Name of the organization	THE HARRY S. TRUMAN LIBRARY INSTITUTE NATIONAL AND INTERNATIONAL AFFAIRS	Employer identification number 43-6042632
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TOTAL EXPENSES 16,557.

CONTINGENCY/OTHER:

PROGRAM SERVICE EXPENSES 14,124.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 14,124.

EDUCATION:

PROGRAM SERVICE EXPENSES 8,450.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 8,450.

PREVENTATIVE MAINTENCE:

PROGRAM SERVICE EXPENSES 3,395.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 3,395.

VOLUNTEER/INTERN SERVICES:

PROGRAM SERVICE EXPENSES 217.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 217.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 163,437.

FORM 990, PART XI, LINE 8, PRIOR PERIOD ADJUSTMENTS:

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. THE HARRY S. TRUMAN LIBRARY INSTITUTE NATIONAL AND INTERNATIONAL AFFAIRS	Taxpayer identification number (TIN) 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. 5151 TROOST AVENUE, 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KANSAS CITY, MO 64110	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

LISA SULLIVAN

- The books are in the care of ▶ **5151 TROOST AVENUE - KANSAS CITY, MO 64110**

Telephone No. ▶ **816-400-1212** 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **OCT 1, 2021**, and ending **SEP 30, 2022**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.