

THE HARRY S. TRUMAN LIBRARY INSTITUTE NATIONAL AND INTERNATIONAL AFFAIRS 5151 TROOST AVENUE, 300 KANSAS CITY, MO 64110

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

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** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

| 2021 |
|----------------|
| Open to Public |

| <u>A I</u> | For the | 2021 calendar year, or tax year beginning $$ OCT $$ 1 , $$ $$ 2 $$ 0 $$ 2 $$ $$ and e | nding S | EP 30, 2022 | |
|--------------|--|--|---------------|-------------------------------------|---------------------------------------|
| B (| Check if applicable: | C Name of organization THE HARRY S. TRUMAN LIBRARY INSTITUTE | | D Employer identifi | cation number |
| Г | Address | NATIONAL AND INTERNATIONAL AFFAIRS | | | |
| F | Name change | Doing business as | | 43-60426 | 32 |
| F | Initial return Final | Number and street (or P.0. box if mail is not delivered to street address) | loom/suite | E Telephone numbe 816-400- | |
| | □return/ termin- ated | | 00 | | 4 4 4 4 4 4 4 4 4 4 4 4 4 |
| | Amende | City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY, MO 64110 | | G Gross receipts \$ | |
| F | return Applica- tion | RANSAS CIII, MO 04110 | | H(a) Is this a group re | |
| L | tiòn pending | | | for subordinates | |
| _ | _ | SAME AS C ABOVE | | H(b) Are all subordinates in | |
| | | mpt status: X 501(c)(3) | 527 | 1 | list. See instructions |
| | | WWW.TRUMANLIBRARYINSTITUTE.ORG | T | H(c) Group exemption | |
| | | organization: X Corporation Trust Association Other ► Summary | L Year | of formation: 195/ | M State of legal domicile: MO |
| | _ | | rcrd17 | E VMD DDOMO | |
| é | 1 5 | riefly describe the organization's mission or most significant activities: ${ m TO}$ ${ m PR}$ ${ m ENDURING}$ LEGACY OF HARRY S. TRUMAN, AMERIC | | | |
| Governance | 2 = | | | | |
| ērn | 2 (| Check this box if the organization discontinued its operations or dispose | | | 32 |
| 90 | 3 1 | | | <u>3</u> | 31 |
| <u>«</u> | 4 1 | lumber of independent voting members of the governing body (Part VI, line 1b) | | | 11 |
| ies | 5 T | otal number of individuals employed in calendar year 2021 (Part V, line 2a) | | | 33 |
| Activities & | 6 T | otal number of volunteers (estimate if necessary) | | | 0. |
| ĄĊ | /a i | otal unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| | l bı | let unrelated business taxable income from Form 990-T, Part I, line 11 | ····· | | |
| | • • | North-librations and suspens (Dort VIII. line 4 le) | | Prior Year 9,009,211. | Current Year 3,033,440. |
| ne | 8 0 | Contributions and grants (Part VIII, line 1h) | | 2,057. | 12,041. |
| Revenue | 9 F | Program service revenue (Part VIII, line 2g) | | 4,195,775. | 200,934. |
| Re | 10 lr | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | -1,943. | -122,489. |
| | 1 | other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 13,205,100. | 3,123,926. |
| | | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 31,000. | 109,589. |
| | 1 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | 1 | denefits paid to or for members (Part IX, column (A), line 4) | | 1,005,780. | |
| ses | 15 S | salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 149,675. | 248,000. |
| Expenses | 16a F | rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) | <u> </u> | 149,073. | 240,000. |
| X | B | | | 4,398,000. | 1,828,202. |
| _ | '' | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 5,584,455. | 3,271,997. |
| | 1 | otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 7,620,645. | -148,071. |
| | <u> </u> | levenue less expenses. Subtract line 18 from line 12 | | · | · · · · · · · · · · · · · · · · · · · |
| Assets or | <u> </u> | intel consts (Port V. line 10) | Ве | ginning of Current Year 16,489,738. | End of Year 16,879,903. |
| SSe | 20 T | otal assets (Part X, line 16) otal liabilities (Part X, line 26) | | 0. | 328,130. |
| Net / | -1 | let assets or fund balances. Subtract line 21 from line 20 | | 16,489,738. | 16,551,773. |
| | art II | Signature Block | | 10,400,700 | 10,331,773. |
| | | ies of perjury, I declare that I have examined this return, including accompanying schedules a | and stateme | ents, and to the hest of my | / knowledge and helief it is |
| | - | and complete. Declaration of preparer (other than officer) is based on all information of whic | | | , knowledge and boller, it is |
| truo | , 0011001, | and complete. Becommend of property (enter than enterly to become of an information of white | η ριοραιοι | nas any knowledge. | |
| Sig | <u>, </u> | Signature of officer | | Date | |
| Her | | THOMAS R WILLARD, TREASURER | | | |
| 1101 | ١ | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | | Date Check C | PTIN |
| Paid | I . | IATTHEW C. HALL | | if self-employ | — bo1 572001 |
| | | Firm's name ► RUBINBROWN LLP | | | 43-0765316 |
| | | Firm's address 1200 MAIN STREET, SUITE 1000 | | I IIIII O LIIV | |
| | , | KANSAS CITY, MO 64105 | | Phone no 81 | 6-472-1122 |
| May | v the IR | S discuss this return with the preparer shown above? See instructions | | 1. 110110 110.0 = | X Yes No |
| u | , | | | | <u></u> |

| Pa | rt III Statement of Program | | | [37] |
|----|--|---|--------------------------------|------------------------|
| 1 | Briefly describe the organization's n | a response or note to any line in this Part III nission: | <u> </u> | <u>X</u> |
| | SEE SCHEDULE O | | | |
| | | | | |
| 2 | | significant program services during the year | | Yes X No |
| | If "Yes," describe these new service | es on Schedule O. | | |
| 3 | Did the organization cease conduct If "Yes," describe these changes on | ing, or make significant changes in how it co Schedule O. | onducts, any program services? | Yes X No |
| 4 | Describe the organization's program Section 501(c)(3) and 501(c)(4) organ | n service accomplishments for each of its the nizations are required to report the amount of | | |
| | revenue, if any, for each program se | ervice reported. 225,546. including grants of \$ | 109 588.) (Revenue \$ | 12,041.) |
| 40 | SEE SCHEDULE O | including grants of \$ | | <u> </u> |
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| | | | | |
| 4b | (Code:) (Expenses \$ | 110,993. including grants of \$ |) (Revenue \$ |) |
| | SEE SCHEDULE O | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4c | (Code:) (Expenses \$ | 725,196. including grants of \$ |) (Revenue \$ |) |
| | SEE SCHEDULE O | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4d | 1 3 | n Schedule O.) O • including grants of \$ |) (Revenue \$ 6,0 | 84.) |
| 4e | | 1,969,585. |) (neveride \$ 0,0 | • |
| | | | | Farm 990 (0001) |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-----|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes." complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | | | |
| | Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | <u> </u> |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | Х | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | Х | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | 37 | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | 177 |
| | complete Schedule G, Part III | 19 | | X |
| 20a | 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | 177 |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |

THE HARRY S. TRUMAN LIBRARY INSTITUTE NATIONAL AND INTERNATIONAL AFFAIRS

| Pa | rt IV Checklist of Required Schedules (continued) | <u> </u> | | agc - |
|-----|--|----------|-----|----------------|
| | Continued) | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | 100 | 110 |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | ا |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | ,,, |
| | Part V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | _ |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | ₩ |
| 07 | If "Yes," complete Schedule R, Part V, line 2 | 36_ | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | _v |
| 20 | and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 20 | v | |
| Pa | Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance | 38 | X | |
| . u | Check if Celeadyle O contains a vacuum on a vactor to any line in this Book V | | | |
| | Check if Schedule O contains a response or note to any line in this Part v | | | N ₂ |
| 1. | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 27 | | Yes | No |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 27 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |

132004 12-09-21

Form **990** (2021)

(gambling) winnings to prize winners?

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

| | | | 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 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | l |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | ,, |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | _ | | 37 |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | _ | | , v |
| | to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | _ | | х |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | \vdash |
| h o | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 7h | | |
| 8 | | 8 | | |
| 9 | sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. | 8 | | |
| а | Did the conservation considerable and a constant to distribution of the 40000 | 9a | | |
| b | Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | OD. | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| 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: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| 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 | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | | | |
| | 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 | | <u> </u> |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes." complete Form 6069. | | | |

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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 |
|-----|---|--------|---------|-----|
| Sec | tion 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 | | | |
| 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 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 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 | | Х |
| 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 | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 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 | | х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | (The social 2 logistic morning of access policies to regalited by the internal restricted | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| | 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 | Х | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| | 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| | Other officers or key employees of the organization | 15b | Х | |
| | 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 | | Х |
| 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 | | |
| Sec | tion 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) | availal | ole |
| | for public inspection. Indicate how you made these available. Check all that apply. | ,, | | |
| | X Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | financ | cial | |
| = | 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 | | | |

132006 12-09-21

Form **990** (2021)

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.

| (A) | (B) | | | | 2) | | | (D) | (E) | (F) |
|--------------------------------------|------------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|------------------|----------------------------------|-----------------------|
| Name and title | Average | (do | | Pos | | l than d | one | Reportable | Reportable | Estimated |
| | hours per | box | , unles | ss per | son i | s both | n an | compensation | compensation | amount of |
| | week | | Ler an | lu a u | recto | i / ii us | lee) | from | from related | other |
| | (list any hours for | irecto | | | | | | the organization | organizations (W-2/1099-MISC/ | compensation from the |
| | related | e or c | stee | | | sated | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | Individual trustee or director | Institutional trustee | | yee | Highest compensated employee | | 1099-NEC) | 10001120) | and related |
| | below | idual | ution | la e | Key employee | est co oyee | er | , | | organizations |
| | line) | Indiv | Instit | Officer | Key 6 | High | Former | | | |
| (1) MORGAN A BURDEN | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR/EX OFFICIO DIRECT | | Х | | Х | | | | 222,030. | 0. | 59,106 |
| (2) LISA A SULLIVAN | 40.00 | | | | | | | | | |
| CFO/CAO | | | | Х | | | | 112,398. | 0. | 33,460 |
| (3) CLYDE F WENDEL | 1.00 | | | | | | | | | |
| CHAIR/DIRECTOR | | X | | Х | | | | 0. | 0. | 0 . |
| (4) PATRICK OTTENSMEYER | 1.00 | | | | | | | | | |
| VICE CHAIR/DIRECTOR | | Х | | Х | | | | 0. | 0. | 0 |
| (5) ADAM P SACHS | 1.00 | | | | | | | | | |
| VICE CHAIR/DIRECTOR | | Х | | Х | | | | 0. | 0. | 0 . |
| (6) EILEEN WEIR | 1.00 | | | | | | | | _ | _ |
| VICE CHAIR/DIRECTOR | | Х | | Х | | | | 0. | 0. | 0 . |
| (7) LISA HARDWICK | 1.00 | l | | | | | | | | |
| SECRETARY/DIRECTOR | 1 00 | Х | | Х | | | | 0. | 0. | 0. |
| (8) THOMAS R WILLARD | 1.00 | ļ | | l | | | | | | |
| TREASURER/DIRECTOR | 1 00 | Х | | Х | | _ | | 0. | 0. | 0 . |
| (9) MERILYN BERENBOM | 1.00 | | | | | | | | _ | |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0 . |
| (10) PAUL M BLACK | 1.00 | 3,7 | | | | | | | _ | |
| DIRECTOR | 1 00 | Х | | | | _ | | 0. | 0. | 0 . |
| (11) DAVID CAMPBELL | 1.00 | . , | | | | | | | _ | |
| DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0 . |
| (12) MAUREEN MCMEEL CARROLL DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (13) DAN CRUMB | 1.00 | Λ | | | | | | 0. | 0. | U . |
| DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (14) CLIFTON TRUMAN DANIEL | 1.00 | Δ | | | | \vdash | | 0. | U • | |
| HONORARY CHAIR | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (15) JOSH EARNEST | 1.00 | 77 | | | | | | 0. | | |
| DIRECTOR | 1.00 | х | | | | | | 0. | 0. | 0. |
| (16) SUSIE S EVANS | 1.00 | | | | | | | | • | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0 |
| (17) KARI FREDERICKSON | 1.00 | † <u></u> | | | | | | | • | |
| DIRECTOR | | х | l | l | l | 1 | | 0. | 0. | 0. |

Form **990** (2021) 132007 12-09-21

| Part VII Section A Officers Directors Trus | | | | | | | | | | rugo - |
|---|---------------------|--------------------------------|--------------------------------------|---------|--------------|------------------------------|--------------|------------------------------|-------------------|-----------------------------|
| dection A. Onicers, Directors, Trustees, Rey Employees, and Trighest Compensated Employees (Comments) | | | | | | | | | | |
| (A) | (B) | | | ((| | | | (D) | (E) | (F) |
| Name and title | Average | (do | Position (do not check more than one | | | | one | Reportable | Reportable | Estimated |
| | hours per | box, unless person is both an | | | | | | compensation | compensation | amount of |
| | week | | l an | lu a u | recto | i / ii us | (66) | from | from related | other |
| | (list any hours for | recto | | | | | | the | organizations | compensation |
| | related | or di | ee ee | | | ated | | organization | (W-2/1099-MISC/ | from the |
| | organizations | ustee | trust | | 9.0 | npens | | (W-2/1099-MISC/ 1099-NEC) | 1099-NEC) | organization and related |
| | below | ual tr | tional | | ploy | t con | _ | 1033-1120) | | organizations |
| | line) | Individual trustee or director | In stit utio nal tru stee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (18) KURT GRAHAM | 1.00 | | | | | | | | | |
| EX OFFICIO DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (19) GREG GUNDERSON | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (20) HARVEY L KAPLAN | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (21) CHARLOTTE KEMPER BLACK | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (22) KAY MARTIN | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (23) BRIDGET MCCANDLESS | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (24) MADELEINE MCDONOUGH | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (25) LEIGH NOTTBERG | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (26) KAREN D PACK | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | ightharpoons | 334,428. | 0. | 92,566. |
| c Total from continuation sheets to Part VI | | | | | | | ightharpoons | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | <u> </u> | 334,428. | 0. | 92,566. |
| 2 Total number of individuals (including but n | at limited to th | | lioto | d 0h | | ا مر | a ra | poised more than \$100 | 000 of roportable | |

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

Yes Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on 3 line 1a? If "Yes," complete Schedule J for such individual 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 Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

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. | MUSEUM RENOVATION - | |
| 59 NORTH STREET, HATFIELD, MA 01038 | AUDIO/VISUALS COMPON | 993,898. |
| 1220 EXHIBITS, INC. | MUSEUM EXHIBIT | |
| 3801 VULCAN DR., NASHVILLE, TN 37211 | FABRICATORS | 853,216. |
| GEORGE W. BUSH PRESIDENTIAL CENTER | PORTRAITS OF COURAGE | |
| 2943 SMU BOULEVARD, DALLAS, TX 75205 | 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 lister | d above) who received more than | |
| \$100,000 of compensation from the organization > 5 | | |

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2021)

Form 990

| Form 990 NA'I'IONAL | AND INI | · Lir | TAT | <u>т т</u> | .OI | ΑП | А | AFFAIRS | 43-604 | <u> </u> |
|---|----------------|--------------------------------|-----------------------|------------|--------------|------------------------------|----------|--------------------|-----------------|---------------|
| Part VII Section A. Officers, Directors, Tr | ustees, Key Er | nplo | yee | s, aı | nd H | lighe | est (| Compensated Employ | ees (continued) | |
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and title | Average | | | | ition | 1 | | Reportable | Reportable | Estimated |
| | hours | (c | | | that | | ly) | compensation | compensation | amount of |
| | per | | | | | Ė | <u> </u> | from | from related | other |
| | week | | | | | yee | | the | organizations | compensation |
| | (list any | ector | | | | ed m | | organization | (W-2/1099-MISC) | from the |
| | hours for | rdire | | | | le pai | | (W-2/1099-MISC) | | organization |
| | related | tee o | uste | | | ensa | | | | and related |
| | organizations | Individual trustee or director | Institutional trustee | | Key employee | Highest compensated employee | | | | organizations |
| | below | vidua | tutio | Je . | em pl | nest c | ner | | | |
| | line) | Indi | Insti | Officer | Key | High | Former | | | |
| (27) JASON C PARKER | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| (28) JAMES D RINE | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| (29) CHRISTOPHER ROSSON | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| (30) DONALD L. SCOTT | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| (31) NEAL SHARMA | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| (32) MARNY SHERMAN | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| (33) MEYER SOSLAND | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| (34) JEANNINE STRANDJORD | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| (35) TIMOTHY W TRIPLETT | 1.00 | | | | | | | | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| (36) DAVID J VON DREHLE | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
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Form 990 (2021)

Part VIII Statement of Revenue

| | | Check if Schedule O contains a | response | or note to any lin | e in this Part VIII | | | |
|--|------|--|-------------|--------------------|---------------------|-------------------|------------------|--------------------------------------|
| | | erroen ii cerroadie e cernamie a | | | (A) | (B) | (C) | (D) |
| | | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded |
| | | | | | | function revenue | business revenue | from tax under sections 512 - 514 |
| | | | T. T | | | | | 30000013 312 314 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | a Federated campaigns | 1a | | | | | |
| ira ou | ŀ | b Membership dues | 1b | 290,781. | | | | |
| S, O | (| c Fundraising events | 1c | 643,221. | | | | |
| ij.a | (| d Related organizations | 1d | | | | | |
| s, mij | • | e Government grants (contributions) | 1e | | | | | |
| Sign | 1 | f All other contributions, gifts, grants, and | | | | | | |
| he bt | | similar amounts not included above | 1f | 2,099,438. | | | | |
| 풀 | | Noncash contributions included in lines 1a-1f | 1g \$ | 82,907. | | | | |
| Sol | ì | h Total. Add lines 1a-1f | | | 3,033,440. | | | |
| <u> </u> | | Total / local most a 11 | | Business Code | , , | | | |
| _ | | a WHITE HOUSE DECISION CENTER | 611710 | 12,041. | 12,041. | | | |
| ice | 2 6 | ~ | TILL V LIN | 011710 | 12,041. | 12,041. | | |
| er. | ı | b | | | | | | |
| Program Service Revenue | (| С | | | | | | |
| e Sev | (| d | | | | | | |
| .0g | • | e | | | | | | |
| <u>a</u> | 1 | f All other program service revenue | | | | | | |
| | | g Total. Add lines 2a-2f | | | 12,041. | | | |
| | 3 | Investment income (including divide | nds, intere | st, and | | | | |
| | | other similar amounts) | | • | 297,506. | | | 297,506. |
| | 4 | Income from investment of tax-exem | | | | | | |
| | 5 | Royalties | - | | | | | |
| | Ū | They all the second sec | i) Real | (ii) Personal | | | | |
| | 6 . | | , | (.,, | | | | |
| | | | | | | | | |
| | | b Less: rental expenses 6b | | | | | | |
| | | c Rental income or (loss) 6c | | | | | | |
| | | d Net rental income or (loss) | | /::\ O!! | | | | |
| | 7 a | - aross amount nom saiss or | ecurities | (ii) Other | | | | |
| | | assets other than inventory 7a 10, | 743,478. | | | | | |
| | ŀ | b Less: cost or other basis | | | | | | |
| ne | | | 840,050. | | | | | |
| Ven | (| c Gain or (loss) 7c | -96,572. | | | | | |
| Re | (| d Net gain or (loss) | <u></u> | | -96,572. | | | -96,572. |
| her Revenue | | a Gross income from fundraising events (r | | | | | | |
| 퉏 | | including \$ 643,221. | | | | | | |
| _ | | contributions reported on line 1c). S | ee | | | | | |
| | | Part IV, line 18 | | 50,250. | | | | |
| | | b Less: direct expenses | | , | | | | |
| | | | | | -128,573. | | | -128,573. |
| | | c Net income or (loss) from fundraising | | > | 220,070. | | | 220,575. |
| | 9 8 | a Gross income from gaming activities | | | | | | |
| | | Part IV, line 19 | | | | | | |
| | | b Less: direct expenses | | | | | | |
| | | c Net income or (loss) from gaming ac | | | | | | |
| | 10 a | a Gross sales of inventory, less returns | s | | | | | |
| | | and allowances | 10a | | | | | |
| | ŀ | b Less: cost of goods sold | 10b | | | | | |
| | | c Net income or (loss) from sales of in | | | | | | |
| | | | | Business Code | | | | |
| snc | 11 : | a MISCELLANEOUS INCOME | | 900099 | 6,084. | 6,084. | | |
| ne Tue | ı | b | | | , | , | | |
| Miscellaneous Revenue | | c | | | | | | |
| Sce Be | | | | | | | | |
| Ξ | (| d All other revenue | | | 6,084. | | | |
| | | e Total. Add lines 11a-11d | | | , | 10 105 | 0 | 72 261 |
| | 12 | Total revenue. See instructions | <u></u> | _ | 3,123,926. | 18,125. | 0. | 72,361. |

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

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849,761.

25

1,969,585.

3,271,997.

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

452,651.

| Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 1 Cash - non-interest-bearing | r | (B) End of year 198,232. 2,174,973. |
|--|-------------------------------------|--|
| 1 Cash - non-interest-bearing 99,63 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts 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 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) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 122,900. b Less: accumulated depreciation 10b 92,108. | 11. 1 2 3 4 5 6 7 | End of year 198,232. |
| 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivables, net 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 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) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 122,900. b Less: accumulated depreciation 10b 92,108. | 2 3 4 5 6 7 | |
| 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 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 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) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 122,900 10b 92,108 10b 92,108 | 3 4 5 6 7 | 2,174,973. |
| 3 Pledges and grants receivable, net 4 Accounts receivable, net 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 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) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 122,900. b Less: accumulated depreciation 10b 92,108. | 5 6 7 | 2,174,973. |
| 4 Accounts receivable, net 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 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) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 122,900. b Less: accumulated depreciation 10b 92,108. | 5 6 7 | |
| 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 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) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 92,108. | 6 7 | |
| controlled entity or family member of any of these persons 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) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 122,900. b Less: accumulated depreciation 10b 92,108. | 6 7 | |
| 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) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 122,900. b Less: accumulated depreciation 10b 92,108. | 6 7 | |
| 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) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 122,900. b Less: accumulated depreciation 10b 92,108. | 7 | |
| 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 122,900. b Less: accumulated depreciation 10b 92,108. | 7 | I . |
| 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 92,108. | | |
| 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10a 122,900. 10b 92,108. | Q | |
| 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10a 122,900. 10b 92,108. | | |
| basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10a 122,900. 10b 92,108. | 9 | |
| b Less: accumulated depreciation 10b 92,108. | | |
| | | |
| | 0 • 10c | 30,792. 14,475,906. |
| 11 Investments - publicly traded securities 16,390,10 | 7. 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 | <u> </u> |
| 15 Other assets. See Part IV, line 11 | 15 | 16.050.000 |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) 16,489,73 | | 16,879,903. |
| 17 Accounts payable and accrued expenses | 17 | 181,851. |
| 18 Grants payable | 18 | 146 270 |
| 19 Deferred revenue | 19 | 146,279. |
| 20 Tax-exempt bond liabilities | 20 | 1 |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 21 | |
| 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 | 00 | |
| controlled entity or family member of any of these persons | 22 | |
| 25 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 | | |
| | 25 | |
| 00 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 0. 26 | 328,130. |
| 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ► X | 20 | 320,2301 |
| and complete lines 27, 28, 32, and 33. | | |
| 27 Net assets without donor restrictions 8,922,02 | 4. 27 | 7,753,683. |
| 28 Net assets with donor restrictions 7,567,71 | | 8,798,090. |
| Organizations that do not follow FASB ASC 958, check here | | |
| and complete lines 29 through 33. | | |
| 29 Capital stock or trust principal, or current funds | 29 | |
| 30 Paid-in or capital surplus, or land, building, or equipment fund | 30 | |
| 31 Retained earnings, endowment, accumulated income, or other funds | 31 | |
| and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 16,489,73 | | 16,551,773. |
| 33 Total liabilities and net assets/fund balances 16,489,73 | | 16,879,903. |

Form **990** (2021)

| Form 990 (20 |)21) | NAT |
|--------------|------|-----|
| | | |

| Pa | rt XI Reconciliation of Net Assets | | | | | |
|----|---|---------|----------|------|-----|-------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | | | |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3 | ,12 | 3,9 | <u> 26.</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3 | ,27 | 1,9 | 97. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | -14 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | | | 38. |
| 5 | Net unrealized gains (losses) on investments | 5 | <u> </u> | ,15 | 5,9 | <u> 11.</u> |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | 3 | , 36 | 6,0 | 17. |
| 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 | ,55 | 1,7 | 73. |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | | X |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | |
| | consolidated basis, or both: | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule O | . | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Aud | iit | | | |
| | Act and OMB Circular A-133? | | | За | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audi | it | | | 1 |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | | |

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

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NATIONAL AND INTERNATIONAL AFFAIRS 43-6042632 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

NATIONAL AND INTERNATIONAL AFFAIRS

43-6042632 Page 2

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.)

| Sec | ction A. Public Support | | | | | | |
|------|--|----------------------|---------------------|------------------------|-----------------------------|---------------------|----------------|
| Cale | ndar 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 organ- | | | | | | |
| | ization'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. |
| | Public support. Subtract line 5 from line 4. | | | | | | 25757619. |
| Sec | tion B. Total Support | | | | | | |
| Cale | ndar 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, | | , | | | 12 | 310,694. |
| 13 | First 5 years. If the Form 990 is for the | e organization's fir | rst, second, third, | fourth, or fifth tax y | ear as a section 50 | 01(c)(3) | |
| _ | organization, check this box and stop | here | - | | | | > |
| Sec | ction C. Computation of Publi | | | | | | |
| 14 | Public support percentage for 2021 (I | | | | | 14 | 76.56 % |
| 15 | Public support percentage from 2020 | | | | | 15 | 78.99 <u>%</u> |
| 16a | 33 1/3% support test - 2021. If the o | | | | | | |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2020. If the o | | | | | | . \Box |
| | and stop here. The organization qual | | • • | | | | |
| 17a | 10% -facts-and-circumstances test | - | | | | | |
| | and if the organization meets the fact | s-and-circumstance | es test, check this | box and stop he | r e. Explain in Part | VI how the organiz | zation |
| | meets the facts-and-circumstances te | · · | • | | | | |
| b | 10% -facts-and-circumstances test | - | | | | | 10% or |
| | more, and if the organization meets the | | | | - | | |
| | organization meets the facts-and-circu | | | | | | |
| 18 | Private foundation. If the organization | n did not check a l | box on line 13, 16 | a, 16b, 17a, or 17b | , check this box ar | nd see instructions | s ▶∟_ |

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.)

| Se | ction A. Public Support | , | | | | | |
|------|--|---|-------------------|---|----------|----------|------------|
| Cale | ndar 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 per- | | | | | | |
| | formed, 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 bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | | | | | | |
| 78 | Amounts included on lines 1, 2, and | | | | | | |
| - | 3 received from disqualified persons | | | | | | |
| k | 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 | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | T | T | Т | T | 1 |
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| " | Net income from unrelated business activities not included on line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| 10 | regularly carried on Other income. Do not include gain | | | | | | |
| 12 | or loss from the sale of capital | | | | | | |
| 10 | assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | rot opening their | foundly an extra to | l | 01(a)(2) | <u> </u> |
| 14 | First 5 years. If the Form 990 is for the | · · | | • | • | | |
| Sec | check this box and stop here ction C. Computation of Publi | | | • | | | |
| | Public support percentage for 2021 (li | | | column (fl) | | 15 | % |
| | Public support percentage from 2020 | , | , | | | 16 | % |
| | ction D. Computation of Inves | | | | | 1 | 70 |
| | Investment income percentage for 20 | | | ne 13, column (f)) | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % |
| | 33 1/3% support tests - 2021. If the | | | | | | |
| - | more than 33 1/3%, check this box ar | | | | | | . — |
| k | 33 1/3% support tests - 2020. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation If the organization | | | | | | |

132023 01-04-22

Schedule A (Form 990) 2021

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

- 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.)

| | Yes | No |
|----------------|--------|------|
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| ule A (Forn | n 990) | 2021 |

| Par | t IV Supporting Organizations (continued) | | | |
|------------|--|---------|-----|-----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | | I1a | | |
| b | | l1b | | |
| | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| · | | I1c | | |
| Sec | tion B. Type I Supporting Organizations | | ' | |
| | | | Yes | No |
| 1 | Did the governing heady members of the governing heady efficers acting in their efficial conscity or membership of any ar | | 163 | 140 |
| ' | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | 4 | | |
| 0 | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| Sec | supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations | 2 | | |
| 000 | tion of Type in Supporting Organizations | | · · | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| <u>Sac</u> | the supported organization(s). tion D. All Type III Supporting Organizations | 1 | | |
| 000 | tion B. All Type in Supporting Organizations | | · · | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | _ | | |
| _ | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| _ | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| Sec | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| | | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| C | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru | ictions | ´ I | Na. |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 0- | | |
| L | The throat delimines contained substantially an or no delimines. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | 2h | | |
| 2 | | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. Did the experization base the power to regularly experience a legal to majority of the efficiency directors or | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | 20 | | |
| L | The second details in | 3a | | |
| D | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |
| | or its supported organizations? If "yes," describe in Fait VI the role diaved by the organization in this regard. | JU | | |

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 3 Subtract line 2 from line 1d. 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) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Schedule A (Form 990) 2021

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

instructions)

Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2021 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 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 - explain in Part VI). 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, explain in Part VI. See instructions 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3 and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020

Schedule A (Form 990) 2021

e Excess from 2021

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; |
|---------|---|
| | Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, |
| | Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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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 ty | pe (check one): |
|-------------------------------|--|
| Filers of: | Section: |
| Form 990 or 990 | D-EZ X 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 |
| | ganization is covered by the General Rule or a Special Rule . ction 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. |
| General Rule | |
| | organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ty) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. |
| Special Rules | |
| section contrib | 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 is 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 utor, 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; orm 990-EZ, line 1. Complete Parts I and II. |
| contrib literary, | organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one utor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering n column (b) instead of the contributor name and address), II, and III. |
| year, co is chec purpos | organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ontributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., e. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively is, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \ \sigma_{\text{organization}} \ \rightarrow \ \rightarrow \ \sigma_{\text{organization}} \ \rightarrow \ \sigma_{\text{organization}} \ \rightarrow \ \sigma_{\text{organization}} \ \rightarrow \ \rightarrow \ \sigma_{\text{organization}} \ \rightarrow \rightarrow \ \rightarrow \rightarrow \ \rightarrow \rightarrow \rightarrow \ |
| answer "No" on | panization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 leet the filing requirements of Schedule B (Form 990). |

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

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

Employer identification number

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | al space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$ <u>1,210,000</u> . | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$ 373,623. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| | Name, address, and ZIP + 4 | \$ 200,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$116,833. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | Tuning dudi ooo; und Est TT | \$ 115,755. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2021) Page **2**

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

Employer identification number

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | onal space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | | \$65,000 . | Person X Payroll |
| (a) | (b) | (c) Total contributions | (d) Type of contribution |
| No. | Name, address, and ZIP + 4 | - \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

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

Employer identification number

| Part II | Noncash Property (see instructions). Use duplicate copies of Pa | art 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 |
| | | | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \ \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | <u> </u> | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 1 2 2 | | | |
| | | | |
| | 21 | | Schedule B (Form 990) (2 |

Name of organization Employer identification number

THE HARRY S. TRUMAN LIBRARY INSTITUTE NATIONAL AND INTERNATIONAL AFFAIRS

| Part III | | ons to organizations described in | | (c)(7), (8), or (10) that total more than \$1,000 for the year | | | |
|---------------------------|--|--|--|--|--|--|--|
| | from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or | charitable, etc., contributions of \$1,000 | entry. For org or less for the | e year. (Enter this info. once.) \$ | | | |
| (-) N - | 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 | | | |
| | | | | | | | |
| | | | | | | | |
| | | (e) Transfer of g | ift | | | | |
| _ | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | | | | |
| ())) | | | ſ | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | |
| | | | | | | | |
| - | | (e) Transfer of g | ift | | | | |
| | Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | | | |
| - | Transferee 3 manie, address, and Zir + 4 | | | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | |
| | | | | | | | |
| - | | (e) Transfer of g | | | | | |
| | Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | |
| | | | | | | | |
| - | (e) Transfer of gift | | | | | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | | | | |
| - | | | | | | | |
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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

| | | (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 w | | dvised funds | | | |
| | are the organization's property, subject to the organization's e | _ | | | | |
| 6 | Did the organization inform all grantees, donors, and donor ad | | | | | |
| • | for charitable purposes and not for the benefit of the donor or | | | | | |
| | | | | | | |
| Pa | t II Conservation Easements. Complete if the org | | | | | |
| 1 | Purpose(s) of conservation easements held by the organization | | , | | | |
| | Preservation of land for public use (for example, recreat | | n of a historically important land area | | | |
| | Protection of natural habitat | · — | n of a certified historic structure | | | |
| | Preservation of open space | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifi | ed conservation contribution in the fo | orm of a conservation easement on the last | | | |
| _ | day of the tax year. | | Held at the End of the Tax Yea | | | |
| а | | | 2a | | | |
| b | | | | | | |
| c | Number of conservation easements on a certified historic stru | | | | | |
| | Number of conservation easements included in (c) acquired a | | | | | |
| <u> </u> | listed in the National Register | • | | | | |
| 3 | Number of conservation easements modified, transferred, rele | | | | | |
| ٠ | year | based, extinguished, or terminated by | the organization during the tax | | | |
| 4 | Number of states where property subject to conservation easi | ement is located | | | | |
| 5 | Does the organization have a written policy regarding the peri | · | of. | | | |
| Ŭ | violations, and enforcement of the conservation easements it | | | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | | | | | |
| Ü | Land volunteer riedre develop to morntening, inspecting, in | landing of violations, and officioning o | onsolvation casomonis daming the year | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handl | ling of violations, and enforcing conse | ervation easements during the year | | | |
| • | \$ | ing of violations, and emoreing conse | invalion casements during the year | | | |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements of section 1 | 70(b)(4)(B)(i) | | | |
| ٠ | and section 170(h)(4)(B)(ii)? | • | | | | |
| 9 | In Part XIII, describe how the organization reports conservation | | | | | |
| 9 | balance sheet, and include, if applicable, the text of the footnote | • | | | | |
| | | ote to the organization's imancial state | ements that describes the | | | |
| Pa | organization's accounting for conservation easements. III Organizations Maintaining Collections of | Art. Historical Treasures. or | Other Similar Assets. | | | |
| | Complete if the organization answered "Yes" on Form | | | | | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | | nt and halance sheet works | | | |
| ıu | of art, historical treasures, or other similar assets held for pub | • | | | | |
| | • | | - | | | |
| b | service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of | | | | | |
| b | - · · · · · · · · · · · · · · · · · · · | | | | | |
| | 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: | | L ¢ | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | | | |
| • | | voluros, or other cimilar cocata for finan | | | | |
| 2 | If the organization received or held works of art, historical trea | | iciai gairi, provide | | | |
| | the following amounts required to be reported under FASB AS | SO 936 relating to these items: | | | | |
| _ | Devenue included on Farms 000, Dart VIII, Park 4 | | • | | | |
| а | Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X | | > \$ | | | |

132051 10-28-21

Schedule D (Form 990) 2021

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

| Scho | | RY S. TRUMA L AND INTER | | | 43-1 | 6042632 Page 2 |
|---|--|----------------------------|------------------------|----------------------|--|---|
| | t III Organizations Maintaining Co | | | | | |
| 3 | Using the organization's acquisition, accession | | | | | • • |
| _ | collection items (check all that apply): | , | , | | g | |
| а | Public exhibition | d | Loan or exc | hange program | | |
| b | Scholarly research | e | Other | nange pregram | | |
| c | Preservation for future generations | | | | | |
| 4 | Provide a description of the organization's co | llections and explain | how they further th | e organization's exe | emnt nurnose in P | Part XIII |
| 5 | During the year, did the organization solicit or | • | • | • | | art Am. |
| J | to be sold to raise funds rather than to be ma | | | | | Yes No |
| Par | t IV Escrow and Custodial Arrang | | | | | |
| 1 311 | reported an amount on Form 990, Par | | te ii tile organizatio | Transwered res o | 111 OIIII 550, 1 ait | 14, 1110 3, 01 |
| 12 | Is the organization an agent, trustee, custodia | | any for contributions | or other assets not | t included | |
| Ia | | | | | | Yes No |
| h | on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a | | | | | res No |
| b | ii res, explain the arrangement in Fart Alli a | and complete the lon | owing table. | | | Amount |
| | Designing belongs | | | | 10 | 7 inoditi |
| | Beginning balance | | | | | |
| | Additions during the year | | | | | |
| _ | Distributions during the year | | | | | |
| f O- | Ending balance | | | | | Yes No |
| | Did the organization include an amount on Fo | | | | • | Yes No |
| Par | If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete if | | | | | |
| | 2 Indominant and Complete II | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years ba | ack (e) Four years back |
| 4. | Designing of year belones | 10,653,302. | 8,402,024. | ` ' | 8,100,33 | <u> </u> |
| | Beginning of year balance | 40,000. | 1,095,000. | 25,000. | · · · · · | |
| | Contributions | | | , | † | - |
| | Net investment earnings, gains, and losses | -1,956,709. | 1,601,233. | 668,952. | 341,78 | 550,299. |
| | Grants or scholarships | | | | | |
| е | Other expenditures for facilities | 622 210 | 444 055 | 202 561 | 500 40 | 062.007 |
| | and programs | 622,319. | 444,955. | 383,561. | 500,48 | 863,087. |
| | Administrative expenses | 0.111.071 | 10 650 000 | 0 400 004 | 0.001.60 | 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| g | End of year balance | 8,114,274. | 10,653,302. | | 8,091,63 | 8,100,333. |
| 2 | Provide the estimated percentage of the curre | | |) held as: | | |
| | Board designated or quasi-endowment | 36.7700 | _% | | | |
| | Permanent endowment ► 47.4900 | % | | | | |
| С | • | % | | | | |
| | The percentages on lines 2a, 2b, and 2c shou | • | | | | |
| За | Are there endowment funds not in the posses | ssion of the organizat | tion that are held ar | d administered for t | the organization | V |
| | by: | | | | | Yes No |
| | (i) Unrelated organizations | | | | | |
| | (ii) Related organizations | | | | | |
| b | If "Yes" on line 3a(ii), are the related organizate | | | | | 3b |
| 4 | Describe in Part XIII the intended uses of the | | vment 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 ot | | <u> </u> | Accumulated | (d) Book value |
| | 2000. Proporty | basis (investm | | ' ' | epreciation | (=, =================================== |
| 1a | Land | ' | | | | |
| | Buildings | | | | | |
| | Land to the late to the same t | | | | | |

Schedule D (Form 990) 2021

12,763.

18,029.

30,792.

e Other

57,386.

65,514.

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

44,623.

47,485.

| Calaadula D | THE HARRY S | . TRUMAN LIBRA D INTERNATIONA | ARY INSTITUTE | 13_ | -6042632 | D 3 |
|----------------|---|-------------------------------|-----------------------------|------------------|------------------|--------|
| Part VII | 1 | D INTERNATION | AL AFFAIRS | 43 | 0042032 | Page • |
| | Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11b. See Form 990, Part X, | line 12. | | |
| (a) Descrip | tion of security or category (including name of security) | (b) Book value | (c) Method of valuation | | of-year market v | /alue |
| (1) Financia | al derivatives | | | | - | |
| | 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" | | | | | |
| | (a) Description of investment | (b) Book value | (c) Method of valuation | n: Cost or end- | of-year market v | /alue |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| Part IX | b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. | | | | | |
| raitix | Complete if the organization answered "Yes" | on Form 000 Part IV line: | 11d Soo Form 000 Part V | lino 15 | | |
| | | Description | Tid. See Foili 990, Fait A, | IIIIe 13. | (b) Book va | عاله |
| | (a) | Description | | | (b) BOOK V | aiue |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line | e 15) | | • | | |
| Part X | Other Liabilities. | 7 10.7 | | | | |
| | Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11e or 11f. See Form 990, F | Part X, line 25. | | |
| 1. | (a) Description of liability | | | | (b) Book va | alue |
| (1) Fed | leral income taxes | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

(7) (8) (9)

| | THE HARRY S. TRUMAN L | | | 42 | 5040520 |
|-------|--|-------------------------|--------------------------|----------|---------------------|
| | edule D (Form 990) 2021 NATIONAL AND INTERNAT | | | | 6042632 Page 4 |
| Par | rt XI Reconciliation of Revenue per Audited Financial | | n Revenue per Re | turn. | |
| | Complete if the organization answered "Yes" on Form 990, Part I | · | | _ | 154,838. |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 134,030. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 - 1 | 2 155 011 | | |
| _ | | | -3,155,911. | | |
| b | | | 5,000. | | |
| С | 1 7 3 | | 101 002 | | |
| | Other (Describe in Part XIII.) | 2d | 181,823. | | 0 060 000 |
| е | 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: | 1 1 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line | e 12.) | | 5 | 3,123,926. |
| Pai | rt XII Reconciliation of Expenses per Audited Financial | | th Expenses per F | letur | n. |
| | Complete if the organization answered "Yes" on Form 990, Part I | - | | | 2 450 000 |
| 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: | 1 1 | | | |
| а | *************************************** | | 5,000. | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 181,823. | | |
| е | 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: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | 0. |
| 5 | | ne 18.) | | 5 | 3,271,997. |
| Pai | rt XIII Supplemental Information. | | | | |
| Provi | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a | and 4; Part IV, lines 1 | b 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 | de any additional info | ormation. | | |
| PAF | RT V, LINE 4: | | | | |
| | , | | | | |
| THE | E INTENDED PURPOSE OF THE ENDOWMENT I | S TO CONTI | NUE TO PROVI | DE | CONTINUOUS |
| SUI | PPORT TO THE INSTITUTE, THE HARRY S. | TRUMAN LIBE | RARY AND MUS | EUM | , AND TO |
| PRO | OMOTE 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

Schedule D (Form 990) 2021

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

Schedule D (Form 990) 2021

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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.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

OMB No. 1545-0047

THE HARRY S. TRUMAN LIBRARY INSTITUTE NATIONAL AND INTERNATIONAL AFFAIRS 43-6042632 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region

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

0

0

Schedule F (Form 990) 2021

0.

0.

and 3b)

3 a Subtotal **b** Total from continuation

sheets to Part I c Totals (add lines 3a

Schedule F (Form 990) 2021

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) |
|-------------------------------|---|--------------------------|---|--------------------------|---------------------------------|----------------------------------|---|---|
| | | | | | | | | |
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| | | | | | | | | |
| exempt 501(c)(3) orga | nization by the IRS, o | or for which the grantee | recognized as charities by the or counsel has provided a sect | tion 501(c)(3) equ | uivalency letter | | | |

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 a | (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 |
|---------------------------------|-----------------------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | EUROPE (INCLUDING ICELAND & | | | | | | |
| ESEARCH GRANT | GREENLAND) | 6 | 19,615. | CHECK, WIRE TRANSFER | 0. | | |
| | | | | | | | |
| ISSERTATION YEAR FELLOWSHIP | NORTH AMERICA | 2 | 19,459. | CHECK, WIRE TRANSFER | 0. | | |
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Schedule F (Form 990) 2021

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Schedule F (Form 990) 2021 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 | X 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 | X 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 | X 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 | X 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 | X 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 | X No |

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 NATIONAL 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

132075 12-20-21

Page 5

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.

Schedule F (Form 990) 2021

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

gov/Form000 for instructions and the latest information

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

THE HARRY S. TRUMAN LIBRARY INSTITUTE

Employer identification number 43-6042632 NATIONAL AND INTERNATIONAL AFFAIRS Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants f X Solicitation of government grants X Internet and email solicitations X Phone solicitations g X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) STRATEGIC CAPITOL CONSULTING Yes No 16141 SWINGLEY RIDGE RD Х FUNDRAISING 0 248,000 0. 248 000. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2021

| Pa | rt I | | | | | |
|-----------------|-------|---|---------------------------------------|---------------------------|------------------------|--|
| | | of fundraising event contributions and gr | (a) Event #1 WILD ABOUT HARRY | (b) Event #2 | (c) Other events NONE | (d) Total events (add col. (a) through col. (c)) |
| <u>o</u> | | | (event type) | (event type) | (total number) | coi. (c) |
| 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. |
| | 4 | Cash prizes | | | | |
| S | 5 | Noncash prizes | | | | |
| Sense | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | 79,088. | | | 79,088. |
| | 8 | Entertainment | 3,300. | | | 3,300. |
| | 9 | Other direct expenses | 96,435. | | | 3,300. 96,435. |
| | 10 | | h 9 in column (d) | | > | 178,823. |
| Da | 11 | | line 3, column (d) | |) | -128,573. |
| Pa | ITLI | Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. | answered "Yes" on Form | 990, Part IV, line 19, oi | reported more than | |
| | | \$13,000 011 F01111 990-EZ, little 0a. | | (b) Pull tabs/instant | T | (d) Total gaming (add |
| Jue | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c)) |
| Revenue | 1 | Gross revenue | | | | |
| es | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | | Volunteer labor | Yes % No | Yes % No | Yes % No | |
| | 7 | Direct expense summary. Add lines 2 through | h 5 in column (d) | | > | |
| | 8 | Net gaming income summary. Subtract line 7 | 7 from line 1, column (d) | | > | |
| a | ls t | ter the state(s) in which the organization conduthe organization licensed to conduct gaming a No," explain: | ctivities in each of these s | states? | | Yes No |
| | | ere any of the organization's gaming licenses re Yes," explain: | · · · · · · · · · · · · · · · · · · · | - | • | Yes No |
| 1320 | 32 10 | D-21-21 | | | Sche | edule G (Form 990) 2021 |

THE HARRY S. TRUMAN LIBRARY INSTITUTE NATIONAL AND INTERNATIONAL AFFAIRS

| Schedule G (Form 990) 2021 | NATIONAL AND | INTERNATIONAL | AFFAIRS 4 | 3-6042632 Page 3 |
|---|--------------------------------|--------------------------------|-----------------------------------|--------------------------------|
| 11 Does the organization conduct g | aming activities with nonme | embers? | | Yes No |
| 12 Is the organization a grantor, ber | | | | |
| to administer charitable gaming? | | | | Yes No |
| 13 Indicate the percentage of gamir | | | | 140-1 0/ |
| a The organization's facilityb An outside facility | | | | |
| 14 Enter the name and address of the | | | | 100 70 |
| | | | | |
| Name | | | | |
| Address > | | | | |
| 15a Does the organization have a co | ntract with a third party fror | n whom the organization rece | ives gaming revenue? | Yes No |
| b If "Yes," enter the amount of gar | ning revenue received by th | ne organization 🕨 \$ | and the amoun | t |
| of gaming revenue retained by the | | | and the amoun | • |
| c If "Yes," enter name and address | - | | | |
| | | | | |
| Name | | | | |
| Address > | | | | |
| 16 Gaming manager information: | | | | |
| | | | | |
| Name | | | | |
| Gaming manager compensation | > \$ | - | | |
| December of control or control | _ | | | |
| Description of services provided | - | | | |
| | | | | |
| | | | | |
| Director/officer | Employee | Independent contract | tor | |
| 17 Mandatory distributions: | | | | |
| a Is the organization required under | er state law to make charita | ble distributions from the gam | ning proceeds to | |
| retain the state gaming license? | | | | Yes No |
| b Enter the amount of distributions | • | | npt organizations or spent in the | ne |
| organization's own exempt activity Part IV Supplemental Info | | | ine 2b, columns (iii) and (v); an | d Dort III. lings 0, 0h, 10h |
| | | any additional information. Se | | d Fait III, IIIIes 9, 90, 100, |
| , , , | | , | | |
| SCHEDULE G, PART I, | LINE 2B, LIST | r of ten highes' | T PAID FUNDRAIS | ERS: |
| | | | | |
| | | | | |
| (I) NAME OF FUNDRAI | SER: STRATEGIO | C CAPITOL CONSU | LTING | |
| (I) ADDRESS OF FUND | RAISER: 16141 | SWINGLEY RIDGE | RD, CHESTERFIE | LD, MO 63017 |
| <u> </u> | | | , | , |
| | | | | |
| PART I, LINE 2B, CO | LUMN (V): | | | |
| | | | | |
| STRATEGIC CAPITOL C | ONSULTING WAS | HIRED TO RAISE | FUNDS FOR THE | RENOVATION |
| OF THE HARRY S. TRU | MAN PRESIDENT | IAL LIBRARY. T | HIS OUTSIDE FUN | DRAISING |
| WAS USED TO SECURE | | | | |
| 132083 10-21-21 | | | S | chedule G (Form 990) 2021 |

THE HARRY S. TRUMAN LIBRARY INSTITUTE

| Schedule G | G (Form 990) | ${	t NATIONAL}$ | AND | INTERNATIONAL | AFFAIRS | 43-6042632 | Page 4 |
|------------|------------------------------------|------------------|-------------|---------------|---------|------------|--------|
| Part IV | G (Form 990) Supplemental Infor | mation (continue | ed) | | | | |
| | | Continue | <i>.</i> u) | | | | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

► Attach to Form 990.

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

2021
Open to Public

Inspection

OMB No. 1545-0047

THE HARRY S. TRUMAN LIBRARY INSTITUTE **Employer identification number** Name of the organization 43-6042632 NATIONAL AND INTERNATIONAL AFFAIRS Part I **General Information on Grants and Assistance** 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 X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2021

Page 2

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 |
|---------------------------------|--------------------------|--------------------------|---------------------------------------|--|---------------------------------------|
| | | | | | |
| CHOLAR'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

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 SUBSTANTIALLY

WITH THE LIFE AND CAREER OF HARRY S. TRUMAN OR OF THE PUBLIC AND FOREIGN

04-01-2

| 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. |
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SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

THE HARRY S. TRUMAN LIBRARY INSTITUTE

NATIONAL AND INTERNATIONAL AFFAIRS

Employer identification number 43-6042632

| Pa | art I Questions Regarding Compensation | | | |
|----|--|----|-----|----------|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | X Compensation committee Written employment contract | | | |
| | Independent compensation consultant X Compensation survey or study | | | |
| | Form 990 of other organizations X 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 | | | |
| 7 | organization or a related organization: | | | |
| a | Receive a severance payment or change-of-control payment? | 4a | | х |
| h | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | X |
| c | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | х |
| _ | 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: | | | |
| а | The organization? | 5a | | X |
| b | Any related organization? | 5b | | Х |
| | 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: | | | |
| а | The organization? | 6a | | X |
| b | Any related organization? | 6b | | Х |
| | 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 | | | 37 |
| _ | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | v |
| • | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | <u> </u> |

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

Schedule J (Form 990) 2021

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

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.

43-6042632

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.

| | | (B) Breakdown of W | /-2 and/or 1099-MIS0 compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|--------------------------------------|-------------|--------------------------|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) MORGAN A BURDEN | (i) | 222,030. | 0. | 0. | 15,927. | 43,179. | 281,136. | 0. |
| EXECUTIVE DIRECTOR/EX OFFICIO DIRECT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) (ii) | | | | | | | |
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| , | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (י) (ii) | | | | | | | |

| Part III Supplemental Information |
|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

THE HARRY S. TRUMAN LIBRARY INSTITUTE NATIONAL AND INTERNATIONAL AFFAIRS

Employer identification number 43-6042632

| Par | t 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 determin noncash contribution a | | s |
| 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 | zation during | g the tax year for co | ontributions | | | |
| | for which the organization completed Form 82 | 83, Part V, D | onee Acknowledg | ement 29 | | | |
| | | | | | _ | Yes | No |
| 30a | During the year, did the organization receive by | y contributio | n any property rep | orted in Part I, lines 1 throug | h 28, that it | | 1 |
| | must hold for at least three years from the date | | | | | | |
| | exempt purposes for the entire holding period? | ? | | | 30a | | X |
| b | If "Yes," describe the arrangement in Part II. | | | | | | |
| 31 | Does the organization have a gift acceptance p | | | | ions? 31_ | | X |
| 32a | Does the organization hire or use third parties contributions? | | • | , , | 32a | | x |
| b | If "Yes," describe in Part II. | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) foi | r a type of property | for which column (a) is chec | cked, | | |
| | describe in Part II. | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

THE HARRY S. TRUMAN LIBRARY INSTITUTE

| Schedule M | (Form 990) 2021 | NATIONAL | AND | INTERNA | TIONAL | AFFAIRS | | 43-6042632 | Page 2 |
|------------|---|--------------|-------------------|---------------------------------|-----------------------------|---|------------------------------------|--|----------------|
| Part II | Supplemental is reporting in Parthis part for any actions and the supplemental in the | Information. | Provide number | the information of contribution | required by s, the numbe | Part I, lines 30th er of items recei | o, 32b, and 33, ived, or a comb | and whether the organization of both. Also com | ation plete |
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Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

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.

THE HARRY S. TRUMAN LIBRARY INSTITUTE NATIONAL AND INTERNATIONAL AFFAIRS

Employer identification number 43-6042632

OMB No. 1545-0047

Open to Public

Inspection

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 DOMESTIC AND FOREIGN POLICY, AND CITIZENSHIP. OUR VISION IS PRESIDENCY, AND EMPOWER PEOPLE THROUGH THE MANY RESOURCES OF TO INSPIRE, ENRICH, THE HARRY S. TRUMAN PRESIDENTIAL LIBRARY AND MUSEUM. EACH YEAR, MUSEUM PROGRAM PARTICIPANTS, RESEARCHERS, STUDENTS, AND TEACHERS BENEFIT FROM WORLD-CLASS MUSEUM EXHIBITS, NATIONALLY ACCLAIMED EDUCATION PROGRAMS, PUBLIC OUTREACH PROGRAMS, RESEARCH GRANTS, 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.

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

Schedule O (Form 990) 2021

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

Employer identification number 43-6042632

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.

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

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Employer identification number 43-6042632

ANNUAL SUMMER TEACHER CONFERENCE. ADDITIONAL EDUCATIONAL RESOURCES

INCLUDE CURRICULUM GUIDES, A MEDIA LENDING LIBRARY, AND A PRESIDENTIAL

TRIVIA CONTEST.

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

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

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Name of the organization THE HARRY S. TRUMAN LIBRARY INSTITUTE

NATIONAL AND INTERNATIONAL AFFAIRS

Employer identification number 43-6042632

- 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

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
- 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

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

Schedule O (Form 990) 2021

AND INDIVIDUALS ACROSS THE COUNTRY.

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

Employer identification number 43-6042632

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.

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

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.
- 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.
- 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:

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| Name of the organization THE HARRY S. TRUMAN LIBRARY INSTITUTE NATIONAL AND INTERNATIONAL AFFAIRS | Employer identification number 43-6042632 |
| 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. |
| 132212 11-11-21 | Schedule O (Form 990) 202 |

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|---------------------------|--|---|
| Name of the organization | THE HARRY S. TRUMAN LIBRARY INSTITUTE NATIONAL AND INTERNATIONAL AFFAIRS | Employer identification number 43-6042632 |
| TOTAL EXPENSES | 5 | 16,557. |
| CONTINGENCY/O | THER: | |
| PROGRAM SERVIC | | 14,124. |
| MANAGEMENT ANI | | 0. |
| FUNDRAISING EX | | 0. |
| TOTAL EXPENSES | | 14,124. |
| EDUCATION: | | |
| PROGRAM SERVIC | CE EXPENSES | 8,450. |
| MANAGEMENT ANI | O GENERAL EXPENSES | 0. |
| FUNDRAISING EX | KPENSES | 0. |
| TOTAL EXPENSES | 3 | 8,450. |
| PREVENTATIVE N | AAINTENCE: | |
| PROGRAM SERVIC | CE EXPENSES | 3,395. |
| MANAGEMENT ANI | O GENERAL EXPENSES | 0. |
| FUNDRAISING EX | KPENSES | 0. |
| TOTAL EXPENSES | 5 | 3,395. |
| | ERN SERVICES: | |
| PROGRAM SERVIC | CE EXPENSES | 217. |
| MANAGEMENT ANI | O GENERAL EXPENSES | 0. |
| FUNDRAISING EX | KPENSES | 0. |
| TOTAL EXPENSES | 5 | 217. |
| TOTAL OTHER EX | XPENSES ON FORM 990, PART IX, LINE 24E, COL | A 163,437. |
| FORM 990, PART | XI, LINE 8, PRIOR PERIOD ADJUSTMENTS: | |

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|---|---|
| Name of the organization THE HARRY S. TRUMAN LIBRARY INSTITUTE NATIONAL AND INTERNATIONAL AFFAIRS | Employer identification number 43-6042632 |
| THERE IS A PRIOR PERIOD ADJUSTMENT OF \$3,366,017 DUE TO A | CHANGE OF |
| ACCOUNTING METHOD FROM MODIFIED CASH TO ACCRUAL. | |
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