

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

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning, 2007, and ending

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: MISSOURI HISTORICAL SOCIETY. D Employer identification number: 43-0654866. E Telephone number: (314) 454-3104. F Accounting method: Cash, Accrual, Other (specify).

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) Yes No

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: WWW.MOHIISTORY.ORG

J Organization type (check only one) 501(c)(3) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 22,865,406.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b>	Specific assistance to individuals (attach schedule)				
<b>24</b>	Benefits paid to or for members (attach schedule)				
<b>25a</b>	Compensation of current officers, directors, key employees, etc. listed in Part V-A	456,734.		456,734.	
<b>25b</b>	Compensation of former officers, directors, key employees, etc. listed in Part V-B				
<b>25c</b>	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	3,907,863.	2,708,652.	909,226.	289,985.
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c	204,759.	135,763.	56,983.	12,013.
<b>28</b>	Employee benefits not included on lines 25a - 27	626,135.	343,767.	262,404.	19,964.
<b>29</b>	Payroll taxes	312,101.	206,328.	84,079.	21,694.
<b>30</b>	Professional fundraising fees				
<b>31</b>	Accounting fees	38,095.		38,095.	
<b>32</b>	Legal fees	57,719.		57,719.	
<b>33</b>	Supplies	330,456.	230,094.	69,313.	31,049.
<b>34</b>	Telephone	73,242.	26,460.	45,919.	863.
<b>35</b>	Postage and shipping	116,480.	25,150.	88,941.	2,389.
<b>36</b>	Occupancy	3,337,196.	3,061,656.	262,039.	13,501.
<b>37</b>	Equipment rental and maintenance	37,260.	26,854.	9,394.	1,012.
<b>38</b>	Printing and publications	156,143.	132,195.	22,725.	1,223.
<b>39</b>	Travel	67,593.	44,521.	17,933.	5,139.
<b>40</b>	Conferences, conventions, and meetings	35,992.	4,213.	31,779.	
<b>41</b>	Interest				
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	840,472.	732,270.	106,493.	1,709.
<b>43</b>	Other expenses not covered above (itemize):				
<b>43a</b>	a STMT 3	3,046,384.	2,263,206.	527,698.	255,480.
<b>43b</b>	b				
<b>43c</b>	c				
<b>43d</b>	d				
<b>43e</b>	e				
<b>43f</b>	f				
<b>43g</b>	g				
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	13,644,624.	9,941,129.	3,047,474.	656,021.

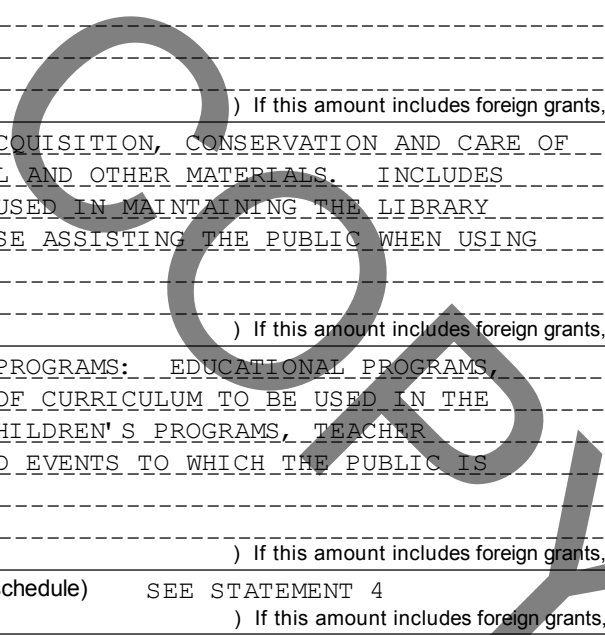
**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ ; (ii) the amount allocated to Program services \$ \_\_\_\_\_ ;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_ ; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <b>HISTORY MUSEUM</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>a EXHIBITIONS:</b> COSTS OF PREPARING AND MAINTAINING EXHIBITS FOR THE PUBLIC INCLUDING SALARIES AND RELATED EXPENSES. INCLUDES COSTS OF TEMPORARY AND SPECIAL TRAVELING EXHIBITIONS AS WELL AS RESEARCH, DEVELOPMENT AND FABRICATION.  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	1,440,030.
<b>b COLLECTIONS &amp; CONSERVATION:</b> ACQUISITION, CONSERVATION, AND CARE OF THE COLLECTIONS. INCLUDES SALARIES AND SUPPLIES USED IN MAINTAINING AND CATALOGING MUSEUM COLLECTIONS.  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	2,155,886.
<b>c LIBRARY &amp; ARCHIVES:</b> ACQUISITION, CONSERVATION AND CARE OF THE ARCHIVES, PICTORIAL AND OTHER MATERIALS. INCLUDES SALARIES AND SUPPLIES USED IN MAINTAINING THE LIBRARY COLLECTION AND FOR THOSE ASSISTING THE PUBLIC WHEN USING THE RESEARCH LIBRARY.  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	2,361,814.
<b>d EDUCATION &amp; COMMUNITY PROGRAMS:</b> EDUCATIONAL PROGRAMS, INCLUDING DEVELOPMENT OF CURRICULUM TO BE USED IN THE SCHOOLS, HISTORY AND CHILDREN'S PROGRAMS, TEACHER WORKSHOPS, LECTURES AND EVENTS TO WHICH THE PUBLIC IS INVITED.  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	2,942,803.
<b>e Other program services (attach schedule)</b> SEE STATEMENT 4 (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	1,040,596.
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . .	9,941,129.



**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing . . . . .	NONE	<b>45</b>	NONE
	<b>46</b> Savings and temporary cash investments . . . . .	182,514.	<b>46</b>	181,724.
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b> 60,369.		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b>	107,914.	<b>47c</b> 60,369.
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b> 74,542.		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b>	185,608.	<b>48c</b> 74,542.
	<b>49</b> Grants receivable . . . . .		657,771.	<b>49</b> 477,719.
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>50a</b>
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .			<b>50b</b>
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use . . . . .		407,959.	<b>52</b> 413,317.
	<b>53</b> Prepaid expenses and deferred charges . . . . .		211,038.	<b>53</b> 348,345.
	<b>54a</b> Investments - publicly-traded securities <input type="checkbox"/> STMT 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV . . . . .		23,414,841.	<b>54a</b> 24,451,948.
	<b>b</b> Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV . . . . .		3,658,588.	<b>54b</b> 4,461,609.
<b>55a</b> Investments - land, buildings, and equipment: basis . . . . .	<b>55a</b>	STMT 6		
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>55b</b>		<b>55c</b>	
<b>56</b> Investments - other (attach schedule) . . . . .			<b>56</b>	
<b>57a</b> Land, buildings, and equipment: basis . . . . .	<b>57a</b> 39,281,302.			
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 12,061,639.	27,763,925.	<b>57c</b> 27,219,663.	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> ) . . . . .			<b>58</b>	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .		56,590,158.	<b>59</b> 57,689,236.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .		1,078,078.	<b>60</b> 1,132,619.
	<b>61</b> Grants payable . . . . .			<b>61</b>
	<b>62</b> Deferred revenue . . . . .		STMT 7 13,245.	<b>62</b> 17,250.
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>63</b>
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .			<b>64a</b>
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .			<b>64b</b>
	<b>65</b> Other liabilities (describe <input type="checkbox"/> STMT 8 ) . . . . .		710,766.	<b>65</b> 720,272.
<b>66 Total liabilities.</b> Add lines 60 through 65 . . . . .		1,802,089.	<b>66</b> 1,870,141.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted . . . . .		46,259,139.	<b>67</b> 47,322,781.
	<b>68</b> Temporarily restricted . . . . .		821,551.	<b>68</b> 767,218.
	<b>69</b> Permanently restricted . . . . .		7,707,379.	<b>69</b> 7,729,096.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .			<b>70</b>
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .			<b>71</b>
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>72</b>
<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .		54,788,069.	<b>73</b> 55,819,095.	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .		56,590,158.	<b>74</b> 57,689,236.	



Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 53
75b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)
75c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.
75d Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. The table contains one row with dashes in columns B, C, D, and E.

Part VI Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80b If "Yes," enter the name of the organization NATIONAL LEWIS & CLARK BICENTENNIAL COUNCIL and check whether it is [X] exempt or [ ] nonexempt
81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a
81b Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82b 274,934. 83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 84a Did the organization solicit any contributions or gifts that were not tax deductible? 84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? 85b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85c Dues, assessments, and similar amounts from members N/A 85d Section 162(e) lobbying and political expenditures N/A 85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices N/A 85f Taxable amount of lobbying and political expenditures (line 85d less 85e) N/A 85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A 85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A 86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 N/A b Gross receipts, included on line 12, for public use of club facilities N/A 87 501(c)(12) orgs. Enter: a Gross income from members or shareholders N/A b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) N/A 88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX. X 88b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI. X 89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 N/A; section 4912 N/A; section 4955 N/A b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction. X c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A d Enter: Amount of tax on line 89c, above, reimbursed by the organization N/A e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? X f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? X g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? X 90a List the states with which a copy of this return is filed b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b 157 91a The books are in care of HARRY RICH Telephone no. 314-454-3104 Located at 5700 LINDELL BLVD ST. LOUIS, MO ZIP + 4 63112-0400

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91b X If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . . **91c**  Yes  No  
 If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here . . . . .   
 and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ **92** | \_\_\_\_\_ N/A

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a STMT 22					150,398.
b					
c					
d					
e					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					572,375.
95 Interest on savings and temporary cash investments . . . . .			14	953,916.	
96 Dividends and interest from securities . . . . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .			18	1,306,045.	
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					189,836.
103 Other revenue: a _____					
b MISCELLANEOUS					100,768.
c FACILITY RENTAL					52,500.
d CATERING & RESTAURANT					73,608.
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				2,259,961.	1,139,485.
105 Total (add line 104, columns (B), (D), and (E)) . . . . . ▶					3,399,446.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	STMT 23

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Please Sign Here**

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

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature <input type="checkbox"/>	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) P00492954
Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/>	CBIZ ACCTG, TAX & ADV SERVICES, LLC ONE CITYPLACE DRIVE, STE. 570 ST. LOUIS, MO 63141		EIN <input type="checkbox"/> 36-4256931 Phone no. <input type="checkbox"/> 314-692-2249

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2007**

Name of the organization

MISSOURI HISTORICAL SOCIETY

Employer identification number

43-0654866

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 24				

Total number of other employees paid over \$50,000 . . . ▶ 21

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 25		

Total number of others receiving over \$50,000 for professional services . . . ▶ 1

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 26		

Total number of other contractors receiving over \$50,000 for other services . . . ▶ 3

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ 10,800. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b X

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c X

d Enter the total number of donor advised funds owned at the end of the tax year NONE

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year NONE

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts NONE

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year NONE

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III - Functionally Integrated       Type III - Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> . . . . .					

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

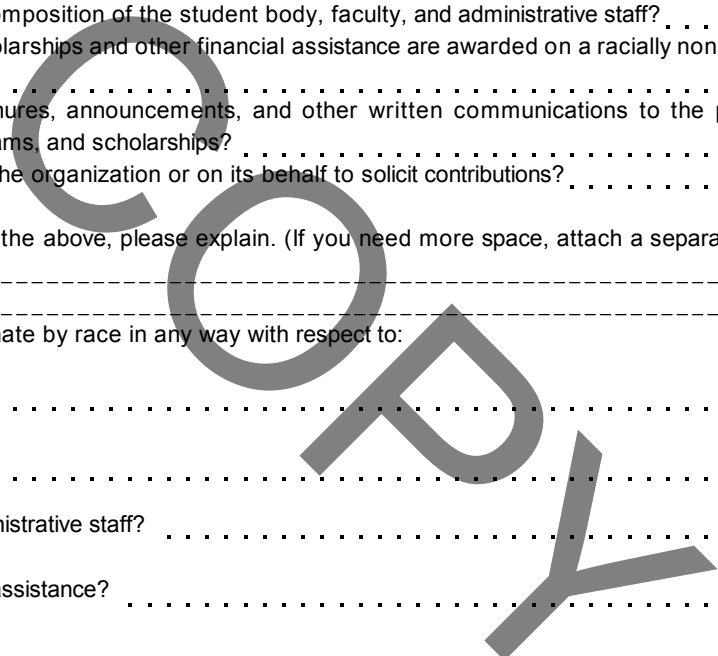
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add: Amounts from column (e) for lines: 18, 19, 22, 26b; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)); 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE; b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year; c Add: Amounts from column (e) for lines: 15, 16, 17, 20, 21; d Add: Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test: Enter amount from line 23, column (e); g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator));

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 9 of the instructions.) NOT APPLICABLE  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	<b>29</b>	
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	<b>30</b>	
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	<b>31</b>	
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b>	Admissions policies? . . . . .	<b>33b</b>	
<b>c</b>	Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b>	Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b>	Educational policies? . . . . .	<b>33e</b>	
<b>f</b>	Use of facilities? . . . . .	<b>33f</b>	
<b>g</b>	Athletic programs? . . . . .	<b>33g</b>	
<b>h</b>	Other extracurricular activities? . . . . .	<b>33h</b>	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.	<b>34b</b>	
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .	<b>35</b>	



**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b> Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table - <b>If the amount on line 40 is -</b> <b>The lobbying nontaxable amount is -</b>		
Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .		
Over \$500,000 but not over \$1,000,000 . . . . . \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 . . . . . \$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000 . . . . . \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 . . . . . \$1,000,000 . . . . .		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers . . . . .		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .		X	
<b>c</b> Media advertisements . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public . . . . .		X	
<b>e</b> Publications, or published or broadcast statements . . . . .		X	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .	X		10,800.
<b>i</b> Total lobbying expenditures (Add lines c through h.) . . . . .			10,800.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. STMT 28





FORM 990, PART I - GROSS SALES AND COST OF GOODS SOLD

=====

GROSS SALES LESS RETURNS AND ALLOWANCES .....	427,740.
INVENTORY AT BEGINNING OF YEAR .....	407,959.
PURCHASES .....	243,262.
SALARIES AND WAGES .....	
OTHER COSTS .....	
	-----
SUBTOTAL .....	651,221.
MINUS ENDING INVENTORY .....	413,317.
	-----
COST OF GOODS SOLD .....	237,904.
	=====

COPY

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

=====

DESCRIPTION	AMOUNT
-----	-----
UNREALIZED LOSSES	843,151.
NET CHANGES IN PLEDGES RECEIVABLE	111,066.
SPLIT INTEREST AGREEMENT CHANGE IN VALUE	51,741.
TOTAL	----- 1,005,958. =====

COPY

FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
INSURANCE	268,265.	228,858.	38,302.	1,105.
CONTRACT LABOR	361,263.	249,452.	103,526.	8,285.
PROFESSIONAL FEES	246,591.	15,852.	230,739.	
EXHIBIT PREPARATION	790,414.	790,414.		
EDUCATION & PUBLIC PROGRAMS	372,958.	370,293.	2,665.	
ADVERTISING	328,955.	328,955.		
VOLUNTEER SERVICES	156,510.	128,581.	23,817.	4,112.
BOOKS & SUBSCRIPTIONS	44,482.	44,482.		
PROFESSIONAL DUES	25,328.	5,603.	18,532.	1,193.
COMPUTER SOFTWARE	44,680.	29,694.	12,600.	2,386.
COMPUTER HARDWARE	68,012.	47,599.	20,413.	
COPIES & PHOTO	2,724.	224.	2,500.	
ANNUAL APPEAL/CULTIVATION	130,343.			130,343.
MEMBER COUPONS/INCENTIVES	20,185.		20,185.	
BANK & CREDIT CARD FEES	23,371.		23,371.	
MISCELLANEOUS	54,247.	23,199.	31,048.	
IT INITIATIVE IN-KIND	108,056.			108,056.
TOTALS	3,046,384.	2,263,206.	527,698.	255,480.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

=====

DESCRIPTION -----	GRANTS AND ALLOCATIONS -----	EXPENSES -----
PUBLIC INFORMATION SERVICES PUBLICATION OF GATEWAY MAGAZINE		759,065. 281,531.
TOTALS		----- 1,040,596. =====

COPY

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
US GOVERNMENT OBLIGATIONS	5,956,781.	FMV
CORPORATE STOCKS	15,024,470.	FMV
CORPORATE PAPER & BONDS	3,470,697.	FMV
TOTALS	----- 24,451,948. =====	

COPY

FORM 990, PART IV - INVESTMENTS - OTHER SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
-----	-----	-----
MONEY MARKET FUNDS	4,385,712.	FMV
REAL ESTATE	75,897.	FMV
TOTALS	----- 4,461,609. =====	

COPY

FORM 990, PART IV - DEFERRED REVENUE

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
EVENTS NOT YET HELD	17,250.
TOTALS	----- 17,250. =====

COPY

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
OBLIGATIONS UNDER SPLIT-INTEREST AGREEMENTS	493,633.
457 (B) DEFERRED COMPENSATION PLAN	226,639.
TOTALS	----- 720,272. =====

COPY



FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION -----	AMOUNT -----
CHANGE IN PLEDGES RECEIVABLE	-111,066.
TOTAL	----- -111,066. =====

COPY

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

=====

DESCRIPTION -----	AMOUNT -----
PROGRAM INCOME	51,390.
GROSS PROFIT SHOP	186,766.
	-----
TOTAL	238,156.
	=====

COPY

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
CHANGE IN VALUE SPLIT INTEREST	51,741.
TOTAL	51,741.

COPY

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

DESCRIPTION -----	AMOUNT -----
PROGRAM INCOME	51,390.
GROSS PROFIT SHOP	186,766.
	-----
TOTAL	238,156.
	=====

COPY

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES  
=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
ROBERT R. ARCHIBALD P. O. BOX 11940 ST. LOUIS, MO 63112-0040	PRESIDENT 50.00	364,599.	84,836.	7,299.
GARY L. RAINWATER P. O. BOX 11940 ST. LOUIS, MO 63112-0040	CHAIRMAN 1.00	NONE	NONE	NONE
BERT CONDIE, III P. O. BOX 11940 ST. LOUIS, MO 63112-0040	VICE CHAIRMAN 1.00	NONE	NONE	NONE
DR. GERALD EARLY P. O. BOX 11940 ST. LOUIS, MO 63112-0040	VICE CHAIRMAN 1.00	NONE	NONE	NONE
KENNETH S. KRANZBERG P. O. BOX 11940 ST. LOUIS, MO 63112-0040	VICE CHAIRMAN 1.00	NONE	NONE	NONE
ELIZABETH T. ROBB P. O. BOX 11940 ST. LOUIS, MO 63112-0040	VICE CHAIRMAN 1.00	NONE	NONE	NONE
V. RAYMOND STRANGHOENER	VICE CHAIRMAN 1.00	NONE	NONE	NONE

## FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
P. O. BOX 11940 ST. LOUIS, MO 63112-0040				
MARY LEE HERMANN P. O. BOX 11940 ST. LOUIS, MO 63112-0040	SECRETARY 1.00	NONE	NONE	NONE
JOSEPH F. SHAUGHNESSY P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TREASURER 1.00	NONE	NONE	NONE
W. WAYNE WITHERS P. O. BOX 11940 ST. LOUIS, MO 63112-0040	CHAIRMAN EMERITUS 1.00	NONE	NONE	NONE
MARK BOBAK P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
MRS. STEPHEN F. BRAUER P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
MELVIN F. BROWN P. O. BOX 11940 ST. LOUIS, MO 63112-0040	SECRETARY 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
TAYLOR S. DESLOGE P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
EARL K. DILLE P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
REV. DR. JOHN N. DOGGETT, JR. P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
L. B. ECKELAMP P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
BENJAMIN F. EDWARDS P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
MARILYN R. FOX P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE



FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES  
=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
CHERI FROMM P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
SONYA GLASSBERG P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
HON. WAYNE GOODE P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
MARGARET GRIGG P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
EARLE H. HARBISON, JR. P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
JAMES HOWE, III P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
FRANK JACOBS	TRUSTEE 1.00	NONE	NONE	NONE



## FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
P. O. BOX 11940 ST. LOUIS, MO 63112-0040				
JUDY KENT P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
STEPHEN LAMBRIGHT P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
E. DESMOND LEE P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
ANN LIBERMAN P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
RICHARD LIDDY P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
FRANK C. MAGGIOROTTO P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES  
=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
JAMES S. MCDONNELL, III P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
MRS. SANFORD N. MCDONNELL P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
I. E. MILLSTONE P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
SANDRA MOORE P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
RICHARD NAVARRE P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
NOEMI K. NEIDORFF P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE

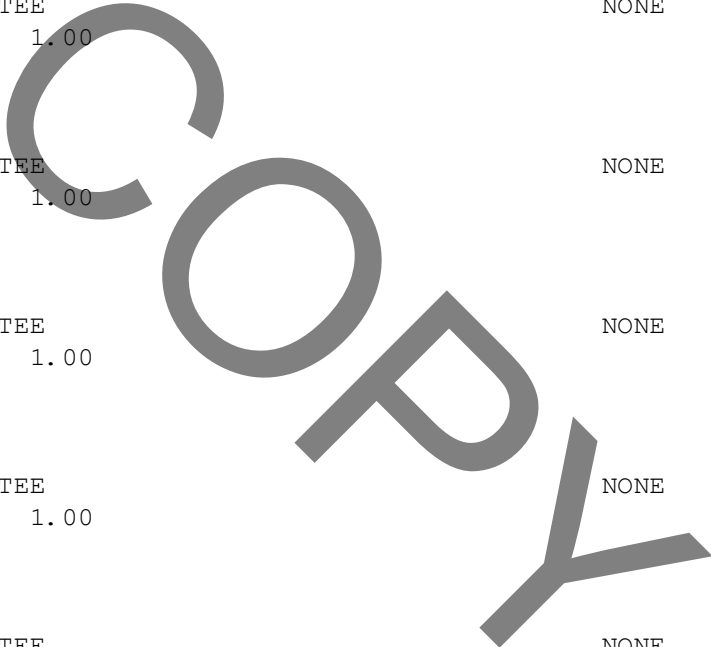
## FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
WILLIAM R. ORTHWEIN P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
CHERYL POLK P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
JOHN R. ROBERTS P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
STEVEN C. ROBERTS P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
RICHARD A. SAUGET P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
FRANK L. STEEVES P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
HAROLD M. STUHL	TRUSTEE 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

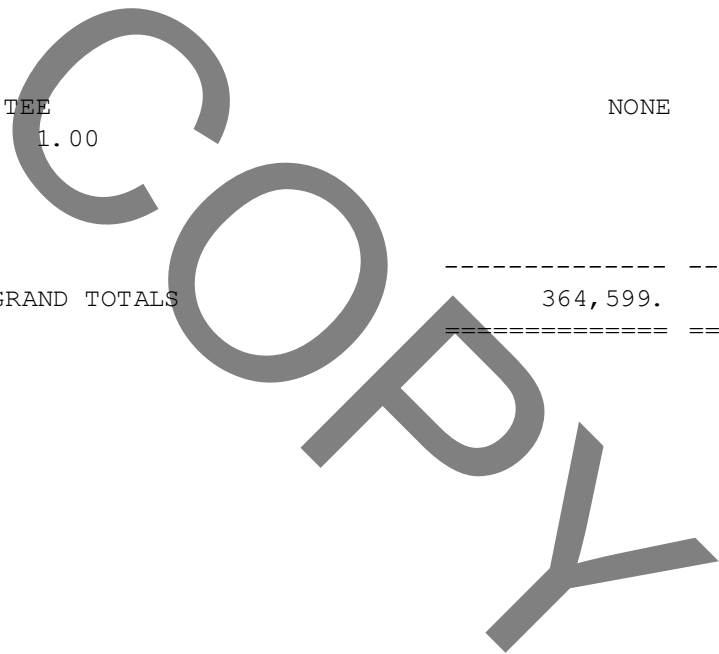
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NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE	NONE	NONE	NONE
DR. DONALD M. SUGGS P. O. BOX 11940 ST. LOUIS, MO 63112-0040	1.00			
GREG SULLIVAN P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE	NONE	NONE	NONE
REEVE LINDBERGH TRIPP P. O. BOX 11940 ST. LOUIS, MO 63112-0040	1.00			
SANDRA VANTREASE P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE	NONE	NONE	NONE
GEORGE H. WALKER, III P. O. BOX 11940 ST. LOUIS, MO 63112-0040	1.00			
JOAN WESTIN WENDT P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE	NONE	NONE	NONE
	1.00			



FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
YVETTE WHITEHEAD P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
DONNA WILKINSON P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
GRAND TOTALS		364,599.	84,836.	7,299.



FORM 990, PART VII - PROGRAM SERVICE REVENUE

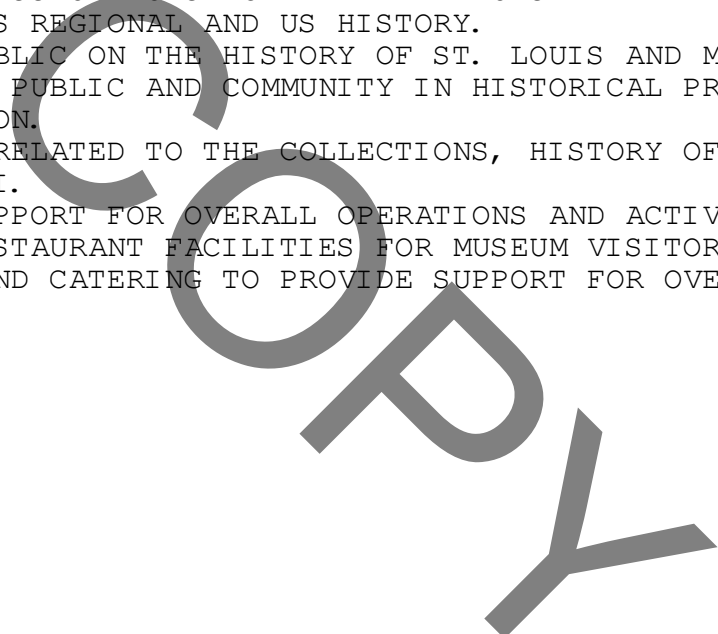
DESCRIPTION -----	BUSINESS CODE ----	AMOUNT -----	EXCLUSION CODE ----	AMOUNT -----	RELATED OR EXEMPT FUNCTION INCOME -----
BOOK SALES					51,216.
PHOTO AND COPY SALES					28,398.
PUBLICATIONS					1,046.
ADMISSIONS					18,350.
EDUCATION & PUBLIC PROGRAMS					51,388.
TOTALS		----- =====		----- =====	----- =====

COPY

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

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LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
---	-----
93A	SOLD BOOKS RELATED TO THE COLLECTIONS, HISTORY OF ST. LOUIS AND MISSOURI.
93B	MADE AVAILABLE COPIES OF HISTORIC DOCUMENTS, PHOTOS & MATERIALS TO PUBLIC.
93C	MADE AVAILABLE HISTORIC PUBLICATIONS, ARTICLES, ETC.
93D	CHARGED ADMISSION TO SPECIAL EXHIBITIONS RELATED TO HISTORY OF ST. LOUIS REGIONAL AND US HISTORY.
93E	EDUCATED PUBLIC ON THE HISTORY OF ST. LOUIS AND MISSOURI.
94	ENGAGED THE PUBLIC AND COMMUNITY IN HISTORICAL PROGRAMS AND EDUCATION.
102	SOLD ITEMS RELATED TO THE COLLECTIONS, HISTORY OF ST. LOUIS AND MISSOURI.
103A	PROVIDED SUPPORT FOR OVERALL OPERATIONS AND ACTIVITIES.
103B	PROVIDED RESTAURANT FACILITIES FOR MUSEUM VISITORS. ENGAGED IN RENTAL AND CATERING TO PROVIDE SUPPORT FOR OVERALL OPERATIONS.



SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

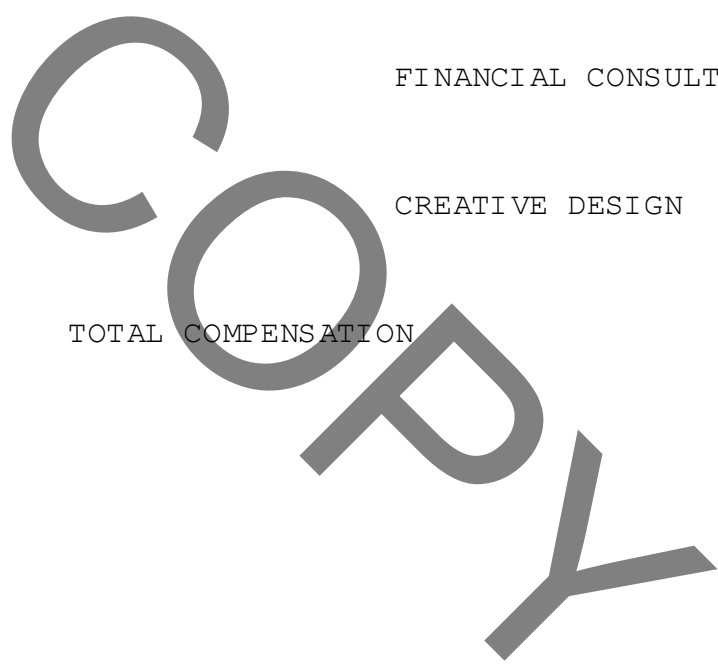
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NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
-----	-----	-----	-----
KAREN M. GOERING P. O. BOX 11940 ST. LOUIS, MO 63112	MANAGING DIRECTOR 40.00	140,000.	13,262.
VICKI KAFFENBERGER P. O. BOX 11940 ST. LOUIS, MO 63112	MANAGING DIRECTOR 40.00	98,462.	10,559.
KATHERINE VAN ALLEN P. O. BOX 11940 ST. LOUIS, MO 63112	MANAGING DIRECTOR 40.00	92,846.	14,389.
MELANIE ADAMS P. O. BOX 11940 ST. LOUIS, MO 63112	MANAGING DIRECTOR 40.00	91,980.	8,722.
DONN JOHNSON P. O. BOX 11940 ST. LOUIS, MO 63112	COMM. DIRECTOR 40.00	75,998.	9,097.
TOTAL COMPENSATION		----- 499,286. -----	----- 56,029. =====



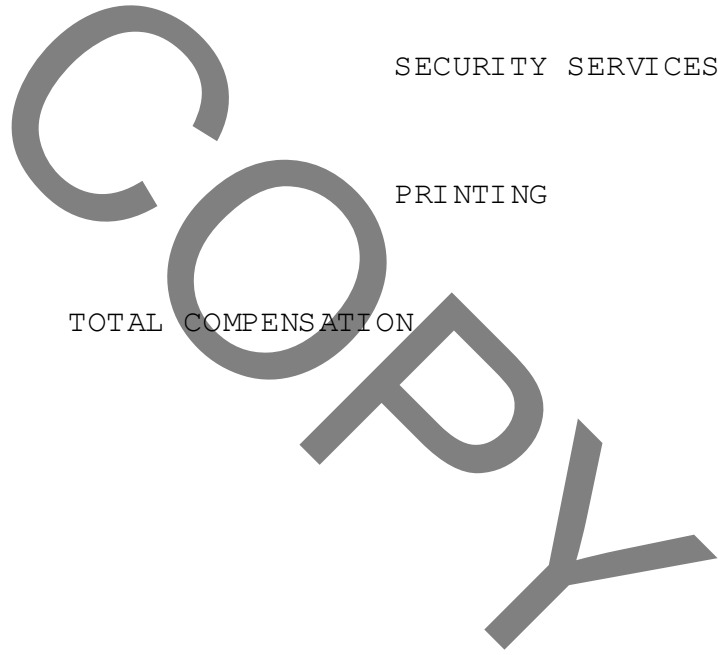
SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
MEMBERSHIP CONSULTANTS 3868 RUSSELL BLVD. ST. LOUIS, MO 63110	CONSULTING	184,830.
ENVISION P. O. BOX 771470 ST. LOUIS, MO 63177-9816	CONSULTING	117,775.
MACKEY MITCHELL ASSOCIATES 800 ST. LOUIS UNION STATION ST. LOUIS, MO 63103	ARCHITECTS	103,006.
HARRY E. RICH 101 FAIR OAKS ST. LOUIS, MO 63124	FINANCIAL CONSULTANT	99,543.
501 CREATIVE 6321 CLAYTON ROAD ST. LOUIS, MO 63117	CREATIVE DESIGN	72,146.
TOTAL COMPENSATION		----- 577,300. =====



SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
PATTY LONG CATERING, INC. 1808 SOUTH 9TH STREET ST. LOUIS, MO 63104	CATERING	172,330.
WEIGMANN & ASSOCIATES 750 FOUNTAIN LAKES BLVD. ST. CHARLES, MO 63301-9840	HVAC SERVICE	165,679.
ALLIED PHOTOCOLOR COMPANY 4221 FOREST PARK ST. LOUIS, MO 63108	EXHIBIT SIGNAGE	77,278.
BEISHIR KEY & LOCK 5423 SOUTH LINDBERGH ST. LOUIS, MO 63123	SECURITY SERVICES	67,258.
TRIO PRINTING COMPANY 3644 FOREST PARK BLVD ST. LOUIS, MO 63108	PRINTING	62,777.
TOTAL COMPENSATION		545,322.



SCHEDULE A, PART IV-A - OTHER INCOME

=====

DESCRIPTION -----	2006 ----	2005 ----	2004 ----	2003 ----	TOTAL -----
MUSEUM SHOP	256,594.	91,880.	598,690.	227,330.	1,174,494.
OTHER REVENUE	1,938,035.	1,143,738.	476,431.	226,102.	3,784,306.
	-----	-----	-----	-----	-----
TOTALS	2,194,629.	1,235,618.	1,075,121.	453,432.	4,958,800.
	=====	=====	=====	=====	=====

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SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION

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AMOUNT PAID TO JOHN BRITTAN ASSOCIATES FOR THE PURPOSE OF OBTAINING INFORMATION ABOUT PROPOSED STATE LEGISLATION, WHICH WOULD AFFECT THE SOCIETY AND TO INFLUENCE SUCH LEGISLATION.

COPY

