

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**  
Open to Public Inspection

## A For the 2015 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization MISSOURI HISTORICAL SOCIETY		<b>D</b> Employer identification number 43-0654866	
	Doing business as MISSOURI HISTORY MUSEUM			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 11940		<b>E</b> Telephone number 314-454-3104	
	City or town, state or province, country, and ZIP or foreign postal code ST. LOUIS, MO 63112-0040		<b>G</b> Gross receipts \$ 45,499,266.	
	<b>F</b> Name and address of principal officer: FRANCES LEVINE, PH.D. P.O. BOX 11940, ST. LOUIS, MO 63112-0040		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	

**I** Tax-exempt status:  501(c)(3)  501(c)( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.MOHISTORY.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: 1866 **M** State of legal domicile: MO

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: THE MISSOURI HISTORICAL SOCIETY (MHS) IS A MISSOURI PRO FORMA DECREE, NOT-FOR-PROFIT CORPORATION		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	32
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	32
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	243
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	156
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	14,590,400.	14,270,916.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	177,240.	123,916.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,630,837.	1,811,055.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,972,719.	629,399.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	19,371,196.	16,835,286.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	5,809,778.	6,314,865.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 441,433.	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,652,445.	9,708,041.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,462,223.	16,022,906.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	3,908,973.	812,380.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	77,234,711.	75,705,097.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,834,728.	1,627,944.

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date	
	FRANCES LEVINE, PH.D., PRESIDENT Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name DAVID GRESHAM	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN P00834239
	Firm's name ▶ CBIZ MHM, LLC	Firm's EIN ▶ 36-4256931	Phone no. 314-692-2249	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSOURI HISTORICAL SOCIETY (MHS) IS A MISSOURI PRO FORMA DECREE, NOT-FOR-PROFIT CORPORATION WHOSE PRIMARY FUNCTIONS ARE EDUCATIONAL AND COMMUNITY PROGRAMS; COLLECTIONS AND CONSERVATION; LIBRARY AND RESEARCH; AND EXHIBITIONS. MHS'S MISSION IS TO SERVE AS THE CONFLUENCE

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

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

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

4a (Code: ) (Expenses \$ 4,302,978. including grants of \$ ) (Revenue \$ ) EXHIBITIONS AND RESEARCH: THE MUSEUM PRESENTS A NUMBER OF EXHIBITS EACH YEAR, BOTH PERMANENT AND TEMPORARY. THE TEMPORARY EXHIBITS ARE A COMBINATION OF TRAVELING EXHIBITS, AS WELL AS EXHIBITS DEVELOPED AND PRESENTED BY THE EXHIBITIONS AND RESEARCH STAFF. THE 2015 EXHIBIT SCHEDULE INCLUDED, AMONG OTHERS, STATE OF DECEPTION: THE POWER OF NAZI PROPAGANDA, A WALK IN 1875 ST. LOUIS, HISTORY CLUBHOUSE, AND COFFEE: THE WORLD IN YOUR CUP. ATTENDANCE TO THE MUSEUM AND ITS EXHIBITS WAS 438,000 IN 2015. WEB-BASED OUTREACH REPRESENTS A CONTINUED OPPORTUNITY FOR MUSEUMS TO ENGAGE VISITORS ONLINE, PROVIDING ACCESS TO SELECTED ITEMS IN OUR COLLECTION AND ADDITIONAL OPPORTUNITIES TO BENEFIT FROM OUR PROGRAMS. EXPENSES INCLUDE SALARIES, SUPPLIES, AND THE COSTS ASSOCIATED WITH

4b (Code: ) (Expenses \$ 4,380,124. including grants of \$ ) (Revenue \$ 20,521. ) LIBRARY AND COLLECTIONS: LIBRARY AND COLLECTIONS INCLUDES THE EXPENSES OF ACQUISITION AND CARE OF THE MUSEUM COLLECTIONS, INCLUDING OBJECT COLLECTIONS, ARCHIVAL MATERIALS, PHOTOGRAPHS AND PRINTS, MOVING IMAGES, AND THE LIBRARY. THE COLLECTIONS INCLUDE ITEMS OF HISTORICAL SIGNIFICANCE IN MISSOURI AND SURROUNDING AREAS AND INCLUDES BUT IS NOT LIMITED TO THE FOLLOWING: PERSONAL ITEMS, JOURNALS, FURNITURE, FAMILY HEIRLOOMS, WEAPONS, BUSINESS RECORDS, GARMENTS AND HOUSEHOLD ITEMS, PAINTINGS, SCULPTURES, BOOKS, ETC. LIBRARY AND COLLECTIONS ALSO INCLUDE THE SALARIES AND SUPPLIES USED IN MAINTAINING AND CATALOGING THE COLLECTION AND ASSISTING THE PUBLIC WITH RESEARCH. DURING 2015, THERE WERE 5,646 VISITS TO THE LIBRARY AND RESEARCH AREAS, 921,630 VISITS TO OUR

4c (Code: ) (Expenses \$ 2,174,888. including grants of \$ ) (Revenue \$ 74,935. ) COMMUNITY EDUCATION & EVENTS: THE MISSOURI HISTORY MUSEUM PROVIDES MORE THAN 700 COMMUNITY PROGRAMS EACH YEAR DESIGNED TO ENGAGE AND EDUCATE DIVERSE AUDIENCES. THE PROGRAMS ARE POSSIBLE BECAUSE OF THE LARGE NUMBER OF COMMUNITY PARTNERSHIPS THE MUSEUM CREATES AND MAINTAINS EACH YEAR. WITH THE ASSISTANCE OF ORGANIZATIONS SUCH AS THE ANTI-DEFAMATION LEAGUE, METRO THEATER, AND THE ARCHEOLOGY ASSOCIATION, THE MUSEUM IS ABLE TO DEVELOP AND IMPLEMENT HISTORICAL BASED PROGRAMS THAT LOOK AT THE REGION'S PAST AS WELL AS ITS FUTURE. THE MUSEUM'S LARGEST PROGRAM IS A TWELVE-WEEK OUTDOOR MUSIC FESTIVAL THAT WELCOMES ABOUT 35,000 VISITORS TO THE MUSEUM EACH YEAR. THE MUSEUM'S K-12 EDUCATION PROGRAM ATTRACTED 30,000 STUDENTS WITH ITS INTER-DISCIPLINARY FOCUS AND HANDS ON ACTIVITIES THAT

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,819,351. including grants of \$ ) (Revenue \$ 657,859.)

4e Total program service expenses 12,677,341.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: BENJAMIN C. WASHINGTON, CPA - 314-746-4421 5700 LINDELL BLVD, ST. LOUIS, MO 63112-0400

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HARRY RICH CHAIRMAN	1.00	X		X				0.	0.	0.
(2) HON. WAYNE GOODE VICE CHAIR	1.00	X		X				0.	0.	0.
(3) FRANK L. STEEVES VICE CHAIR	1.00	X		X				0.	0.	0.
(4) JAMES A. TRICARICO, JR. SECRETARY	1.00	X		X				0.	0.	0.
(5) HERBERT D. CONDIE III ASSISTANT SECRETARY	1.00	X		X				0.	0.	0.
(6) HON. STEVE EHLMANN ASSISTANT SECRETARY	1.00	X		X				0.	0.	0.
(7) MARY LEE HERMANN ASSISTANT SECRETARY	1.00	X		X				0.	0.	0.
(8) ANN LIBERMAN ASSISTANT SECRETARY	1.00	X		X				0.	0.	0.
(9) ELIZABETH T. ROBB ASSISTANT SECRETARY	1.00	X		X				0.	0.	0.
(10) REX SINQUEFIELD ASSISTANT SECRETARY	1.00	X		X				0.	0.	0.
(11) WILLIAM C. RUSNACK TREASURER	1.00	X		X				0.	0.	0.
(12) HOLLY BENSON TRUSTEE	1.00	X						0.	0.	0.
(13) CATHERINE BERGES TRUSTEE	1.00	X						0.	0.	0.
(14) CAMILLA T. BRAUER TRUSTEE	1.00	X						0.	0.	0.
(15) CYNTHIA J. BRINKLEY TRUSTEE	1.00	X						0.	0.	0.
(16) MARIE CASEY TRUSTEE	1.00	X						0.	0.	0.
(17) DANIEL F. COLE TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WILLIAM A. COPPEL TRUSTEE	1.00	X						0.	0.	0.
(19) ROBERT COX TRUSTEE	1.00	X						0.	0.	0.
(20) KAT CUNNINGHAM TRUSTEE	1.00	X						0.	0.	0.
(21) GERALD EARLY, PH.D. TRUSTEE	1.00	X						0.	0.	0.
(22) MARILYN R. FOX TRUSTEE	1.00	X						0.	0.	0.
(23) CHERI FROMM TRUSTEE	1.00	X						0.	0.	0.
(24) ROBERT WM. FULSTONE TRUSTEE	1.00	X						0.	0.	0.
(25) HON. GARY M. GAERTNER, JR. TRUSTEE	1.00	X						0.	0.	0.
(26) F. SCOTT GALT TRUSTEE	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								833,445.	0.	68,648.
<b>d Total (add lines 1b and 1c)</b>								833,445.	0.	68,648.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
BARTCH ROOFING, 13575 NORTHWEST INDUSTRIAL DRIVE, BRIDGETON, MO 63044	ROOFING SERVICES	968,987.
TIAA 730 THIRD AVE, NEW YORK, NY 10017	RETIREMENT SERVICES	628,154.
CHICAGO SCENIC STUDIOS, INC. 1315 N NORTH BRANCH ST, CHICAGO, IL 60642	EXHIBITION PROVIDER	402,111.
BUTLER'S PANTRY 1414 PARK AVE, ST. LOUIS, MO 63104	FOOD SERVICES	159,066.
LAWRENCE FABRIC STRUCTURES INC., 3509 TREE COURT INDUSTRIAL BLVD, ST. LOUIS, MO 63122	EXHIBITION PROVIDER	148,420.

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

SEE PART VII, SECTION A CONTINUATION SHEETS



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

Table with 7 columns: (A) Name and title, (B) Average hours per week, (C) Position (checkboxes for Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Rachel Keller, Kenneth Kranzberg, Sandra M. Moore, Cheryl D. Polk, Mabel L. Purkerson, Hon. Michael A. Wolff, Frances Levine, Karen M. Goering, Benjamin C. Washington, Melanie A. Adams, and Katherine Van Allen.

Total to Part VII, Section A, line 1c ..... 833,445. 68,648.

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>	782,169.			
	<b>c</b> Fundraising events .....	<b>1c</b>				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	10,420,600.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	3,068,147.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		72,860.			
	<b>h Total.</b> Add lines 1a-1f .....		14,270,916.			
	<b>Program Service Revenue</b>	<b>2 a</b> EDUCATION AND EVENTS .....	<b>Business Code</b> 611600	74,935.	74,935.	
<b>b</b> PUBLICATIONS .....		611600	28,460.	28,460.		
<b>c</b> LIBRARY PHOTOS & PRINT .....		611600	20,521.	20,521.		
<b>d</b> .....						
<b>e</b> .....						
<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			123,916.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,792,576.			1,792,576.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses .....				
		<b>c</b> Rental income or (loss) .....				
	<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....				
		<b>c</b> Gain or (loss) .....				
	<b>d</b> Net gain or (loss) .....		18,479.			18,479.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
		<b>b</b> Less: direct expenses .....				
<b>c</b> Net income or (loss) from fundraising events .....						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....					
	<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>	559,059.				
	<b>b</b> Less: cost of goods sold .....	<b>b</b>	313,989.			
	<b>c</b> Net income or (loss) from sales of inventory .....		245,070.	245,070.		
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> MISCELLANEOUS .....		611600	228,714.	228,714.		
	<b>b</b> FACILITIES & CATERING .....					
	<b>c</b> .....					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....			384,329.		
<b>12 Total revenue.</b> See instructions. ....			16,835,286.	753,315.	0.	1,811,055.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	932,398.	286,568.	615,525.	30,305.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	4,081,749.	3,268,761.	654,924.	158,064.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	232,471.	188,068.	42,731.	1,672.
<b>9</b> Other employee benefits	681,537.	476,124.	179,168.	26,245.
<b>10</b> Payroll taxes	386,710.	289,815.	83,722.	13,173.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	75,052.		65,052.	10,000.
<b>b</b> Legal	97,537.	9,610.	87,927.	
<b>c</b> Accounting	160,082.		160,082.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	260,645.	214,763.	45,882.	
<b>12</b> Advertising and promotion	392,358.	392,358.		
<b>13</b> Office expenses	556,668.	376,034.	177,086.	3,548.
<b>14</b> Information technology	947,608.	870,629.	73,219.	3,760.
<b>15</b> Royalties				
<b>16</b> Occupancy	3,155,175.	2,852,625.	286,946.	15,604.
<b>17</b> Travel	48,168.	36,300.	11,868.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	52,128.	9,012.	34,464.	8,652.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	1,014,434.	841,104.	162,194.	11,136.
<b>23</b> Insurance	323,492.	289,709.	30,999.	2,784.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> EXHIBITS	1,296,661.	1,296,661.	0.	0.
<b>b</b> EDUCATION AND EVENTS	548,836.	548,836.	0.	0.
<b>c</b> ANNUAL CULTIVATION	115,313.	0.	24,156.	91,157.
<b>d</b> PUBLICATIONS	95,263.	61,920.	33,343.	0.
<b>e</b> All other expenses	568,621.	368,444.	134,844.	65,333.
<b>25</b> Total functional expenses. Add lines 1 through 24e	16,022,906.	12,677,341.	2,904,132.	441,433.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,606,742.	<b>1</b>	3,100,354.
	<b>2</b> Savings and temporary cash investments .....	86,844.	<b>2</b>	83,452.
	<b>3</b> Pledges and grants receivable, net .....	4,363,567.	<b>3</b>	3,201,157.
	<b>4</b> Accounts receivable, net .....	981,610.	<b>4</b>	84,168.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	202,541.	<b>8</b>	172,418.
	<b>9</b> Prepaid expenses and deferred charges .....	419,562.	<b>9</b>	492,116.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 45,868,362.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 20,748,787.		
	<b>11</b> Investments - publicly traded securities .....	24,531,013.	<b>10c</b>	25,119,575.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	42,023,512.	<b>11</b>	41,359,460.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	1,986,454.	<b>12</b>	2,086,656.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	32,866.	<b>14</b>	5,741.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	77,234,711.	<b>15</b>	75,705,097.	
<b>17</b> Accounts payable and accrued expenses .....	1,249,387.	<b>16</b>	878,632.	
<b>18</b> Grants payable .....		<b>17</b>		
<b>19</b> Deferred revenue .....	35,760.	<b>18</b>	162,570.	
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>		
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>		
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	549,581.	<b>24</b>	586,742.	
<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,834,728.	<b>25</b>	1,627,944.	
<b>27</b> Unrestricted net assets .....		<b>26</b>		
<b>28</b> Temporarily restricted net assets .....	48,603,622.		47,407,775.	
<b>29</b> Permanently restricted net assets .....	14,797,998.		13,984,294.	
<b>30</b> Capital stock or trust principal, or current funds .....	11,998,363.		12,685,084.	
<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....				
<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....				
<b>33</b> Total net assets or fund balances .....	75,399,983.		74,077,153.	
<b>34</b> Total liabilities and net assets/fund balances .....	77,234,711.		75,705,097.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	16,835,286.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	16,022,906.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	812,380.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	75,399,983.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-2,089,438.
<b>6</b>	Donated services and use of facilities	<b>6</b>	11,834.
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-57,606.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	74,077,153.

**Part XII Financial Statements and Reporting**

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

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

Form **990** (2015)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

<b>Name of the organization</b> MISSOURI HISTORICAL SOCIETY	<b>Employer identification number</b> 43-0654866
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	15,373,758.	18,137,667.	12,921,377.	14,590,400.	14,270,916.	75,294,118.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	15,373,758.	18,137,667.	12,921,377.	14,590,400.	14,270,916.	75,294,118.
<b>5</b> 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) .....						3,295,948.
<b>6 Public support.</b> Subtract line 5 from line 4.						71,998,170.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	15,373,758.	18,137,667.	12,921,377.	14,590,400.	14,270,916.	75,294,118.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	791,649.	895,762.	1,062,396.	1,503,180.	1,792,576.	6,045,563.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	761,983.	985,352.	845,583.	640,622.	629,399.	3,862,939.
<b>11 Total support.</b> Add lines 7 through 10						85,202,620.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,552,132.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	84.50 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	84.69 %
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

**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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MUSEUM SHOP

2011 AMOUNT: \$ 160,201.

2012 AMOUNT: \$ 164,416.

2013 AMOUNT: \$ 148,063.

2014 AMOUNT: \$ 237,057.

2015 AMOUNT: \$ 245,070.

OTHER REVENUE

2011 AMOUNT: \$ 601,782.

2012 AMOUNT: \$ 820,936.

2013 AMOUNT: \$ 697,520.

2014 AMOUNT: \$ 403,565.

2015 AMOUNT: \$ 384,329.

**Schedule A**

**Identification of Excess Contributions  
Included on Part II, Line 5**

**2015**

**\*\* Do Not File \*\***

**\*\*\* Not Open to Public Inspection \*\*\***

Contributor's Name	Total Contributions	Excess Contributions
JSM CHARITABLE TRUST	5,000,000.	3,295,948.
Total Excess Contributions to Schedule A, Part II, Line 5 .....		3,295,948.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

MISSOURI HISTORICAL SOCIETY

Employer identification number

43-0654866

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

<b>Name of organization</b>  MISSOURI HISTORICAL SOCIETY	<b>Employer identification number</b>  43-0654866
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 815,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 1,256,460.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  MISSOURI HISTORICAL SOCIETY	Employer identification number  43-0654866
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  MISSOURI HISTORICAL SOCIETY	Employer identification number  43-0654866
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
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

(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

(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

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization: MISSOURI HISTORICAL SOCIETY; Employer identification number: 43-0654866

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	31,325,692.	30,276,646.	27,427,530.	21,344,585.	13,966,105.
b Contributions	756,733.	153,739.	333,398.	4,744,990.	8,134,885.
c Net investment earnings, gains, and losses	291,734.	1,827,165.	3,079,718.	1,770,955.	-381,405.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,216,700.	931,858.	564,000.	433,000.	375,000.
f Administrative expenses					
g End of year balance	31,157,459.	31,325,692.	30,276,646.	27,427,530.	21,344,585.

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

- a Board designated or quasi-endowment  29.04 %
- b Permanent endowment  30.25 %
- c Temporarily restricted endowment  40.71 %

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

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		661,510.		661,510.
b Buildings				
c Leasehold improvements		41,291,256.	18,322,065.	22,969,191.
d Equipment		3,911,196.	2,426,722.	1,484,474.
e Other		4,400.		4,400.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				25,119,575.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION PLAN	339,569.
(3) SPLIT INTEREST AGREEMENTS	247,173.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	586,742.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	14,502,896.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-2,089,438.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	11,834.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-2,077,604.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	16,580,500.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	254,786.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	254,786.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	16,835,286.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	15,825,726.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	57,606.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	57,606.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	15,768,120.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	254,786.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	254,786.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	16,022,906.

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

THE MUSEUM QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE AND THEREFORE, THERE IS NO PROVISION FOR THE

INCOME TAXES.

THE MUSEUM FOLLOWS THE PROVISIONS OF ASC 740-10-25 REQUIRING DISCLOSURE OF

UNCERTAIN TAX POSITIONS. THERE HAS BEEN NO INTEREST OR PENALTIES

RECOGNIZED IN THE STATEMENTS OF ACTIVITIES NOR IN THE STATEMENTS OF

FINANCIAL POSITION RELATED TO UNCERTAIN TAX POSITIONS. IN ADDITION, NO

TAX POSITIONS EXIST FOR WHICH IT IS REASONABLY POSSIBLE THAT THE TOTAL

AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL SIGNIFICANTLY INCREASE OR

DECREASE WITHIN THE NEXT 12 MONTHS. THE MUSEUM EVALUATES ITS UNCERTAIN

**Part XIII** Supplemental Information (continued)

TAX POSITIONS, IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES, REVIEW OF ITS REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

MUSEUM SHOP, NET	209,345.
RESTAURANT EXPENSE	45,441.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	254,786.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPLIT INTEREST CHANGE IN VALUE EXPENSE	57,606.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

MUSEUM SHOP EXPENSE	209,345.
RESTAURANT	45,441.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	254,786.

PART III, LINE 1(A)

THE MISSOURI HISTORY MUSEUM'S RESEARCH COLLECTIONS CONTAIN UNIQUE REGIONAL HISTORY SOURCES AND OBJECTS DOCUMENTING ST. LOUIS, MISSOURI, THE MISSISSIPPI AND MISSOURI VALLEYS, THE LOUISIANA PURCHASE TERRITORY AND THE AMERICAN WEST. AN INTEGRATED AND MULTI-FORMAT COLLECTION, IT SERVES AN AUDIENCE OF DIVERSE LOCAL, NATIONAL AND INTERNATIONAL READERS AND RESEARCHERS. MUSEUM STAFF MEMBERS WORK TO SHARE THE COLLECTIONS IN THE GALLERIES, THROUGH OUR VARIOUS PUBLICATIONS, ONLINE AND THROUGH OUR COMMUNITY AND EDUCATIONAL PROGRAMS. THE VALUE OF THE COLLECTIONS AND LIBRARY HOLDINGS CANNOT BE DETERMINED, AND THEREFORE, IS NOT CAPITALIZED IN THE ACCOMPANYING FINANCIAL STATEMENTS. EACH OF THE ITEMS IN THE

**Part XIII** Supplemental Information (continued)

COLLECTIONS IS CATALOGUED, PRESERVED AND CARED FOR, AND COLLECTIONS AUDITS  
ARE PERFORMED REGULARLY. PROCEEDS FROM DEACCESSIONS ARE USED TO ACQUIRE  
OTHER OBJECTS FOR THE COLLECTIONS.

PART III, LINE 4

SEE STATEMENT FOR LINE 1(A) FOR A DEFINITION OF THE ARTICLES IN THE  
COLLECTION. THE COLLECTION AND THE EXHIBITS, DISCUSSIONS AND RESEARCH OF  
THESE ITEMS IN THE COLLECTION PROVIDE A REVIEW OF THE PAST AND THE CHOICES  
MADE IN THE PAST AS A BASIS OF DISCUSSING CURRENT ACTIVITIES AND OPTIONS  
AND THEIR POSSIBLE IMPACT ON THE FUTURE. THEY CAN PROVIDE THE BASIS FOR  
ADDRESSING AND SOLVING COMMON PROBLEMS.

PART V, LINE 4

THE MUSEUM USES A SPENDING POLICY OF BETWEEN 3.0 AND 5% OF A TRAILING 13  
QUARTER AVERAGE OF THE VALUE OF THE ENDOWMENT TO DETERMINE ANNUAL  
SPENDING. A PORTION OF THIS SUPPORTS UNRESTRICTED SPENDING COVERING  
OPERATING EXPENSES. A PORTION IS DESIGNATED FOR TEMPORARILY RESTRICTED  
SPENDING (I.E. PUBLICATIONS, GALLERIES, EXHIBIT MAINTENANCE) BASED ON  
DONOR'S INSTRUCTIONS.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2015**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

MISSOURI HISTORICAL SOCIETY

Employer identification number

43-0654866

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

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

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

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

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

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

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

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

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

- a** The organization? .....
- b** Any related organization? .....
- 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 non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2015

**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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) FRANCES LEVINE, PH.D. PRESIDENT	(i)	267,415.	0.	0.	2,500.	6,643.	276,558.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KAREN M. GOERING MANAGING DIRECTOR-OPERATIONS	(i)	173,713.	0.	0.	10,592.	6,323.	190,628.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MELANIE A. ADAMS MANAGING DIRECTOR-COMMUNITY	(i)	136,591.	0.	0.	8,315.	6,186.	151,092.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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

**2015**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization: **MISSOURI HISTORICAL SOCIETY** Employer identification number: **43-0654866**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	72,860	PUBLICLY TRADED STOCK
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	X	160		
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

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

SCHEDULE M, LINE 33:

THE MISSOURI HISTORY MUSEUM'S RESEARCH COLLECTIONS CONTAIN UNIQUE  
REGIONAL HISTORY SOURCES AND OBJECTS DOCUMENTING ST. LOUIS, MISSOURI,  
THE MISSISSIPPI AND MISSOURI VALLEYS, THE LOUISIANA PURCHASE TERRITORY  
AND THE AMERICAN WEST. AN INTEGRATED AND MULTI-FORMAT COLLECTION, IT  
SERVES AN AUDIENCE OF DIVERSE LOCAL, NATIONAL AND INTERNATIONAL READERS  
AND RESEARCHERS. MUSEUM STAFF MEMBERS WORK TO SHARE THE COLLECTIONS  
IN THE GALLERIES, THROUGH OUR VARIOUS PUBLICATIONS, ONLINE, AND THROUGH  
OUR COMMUNITY AND EDUCATIONAL PROGRAMS. THE VALUE OF THE COLLECTIONS  
AND LIBRARY HOLDINGS CANNOT BE DETERMINED, AND THEREFORE, IS NOT  
CAPITALIZED IN THE ACCOMPANYING FINANCIAL STATEMENTS. EACH OF THE  
ITEMS IN THE COLLECTIONS IS INVENTORIED, PRESERVED AND CARED FOR, AND  
COLLECTIONS AUDITS ARE PERFORMED REGULARLY. PROCEEDS FROM DEACCESSIONS  
ARE USED TO ACQUIRE OTHER OBJECTS FOR THE COLLECTIONS.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization <b>MISSOURI HISTORICAL SOCIETY</b>	Employer identification number <b>43-0654866</b>
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WHOSE PRIMARY FUNCTIONS ARE EDUCATIONAL AND COMMUNITY PROGRAMS;

COLLECTIONS AND CONSERVATION; LIBRARY AND RESEARCH; AND EXHIBITIONS.

MHS'S MISSION IS TO SERVE AS THE CONFLUENCE OF HISTORICAL PERSPECTIVES

AND CONTEMPORARY ISSUES TO INSPIRE AND ENGAGE OUR AUDIENCES.

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

OF HISTORICAL PERSPECTIVES AND CONTEMPORARY ISSUES TO INSPIRE AND

ENGAGE OUR AUDIENCES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

SOLDIERS MEMORIAL:

THE MISSOURI HISTORICAL SOCIETY ENTERED INTO AGREEMENTS WITH THE CITY

OF ST. LOUIS AND THE SOLDIERS MEMORIAL LLC TO PROCESS THE COLLECTIONS

OF THE SOLDIERS MEMORIAL MUSEUM. THE MISSOURI HISTORICAL SOCIETY (MHS)

WILL INVENTORY AND PROCESS THE COLLECTIONS. ALL WORK WILL BE COMPLETED

UNDER THE DIRECTION OF MHS. ADDITIONALLY, MHS WILL REVITALIZE THE

SOLDIERS MEMORIAL MILITARY MUSEUM AND THE COURT OF HONOR. SOLDIERS

MEMORIAL LLC AND THE CITY OF ST. LOUIS PARTNERED WITH THE MISSOURI

HISTORICAL SOCIETY BECAUSE OF MHS' EXTENSIVE EXPERIENCE WITH INVENTORY,

PROCESSING, AND HANDLING OF HISTORICAL COLLECTIONS. THE MHS IS AN

ACCREDITED MUSEUM BY THE AMERICAN ALLIANCE OF MUSEUMS.

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

BOOKING TRAVELING EXHIBITS, INCLUDING SHIPPING AND RENTAL FEES.

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

RESEARCH WEBSITES AND ONLINE COLLECTIONS AND OVER 9,767 RESPONSES TO PHONE, FAX, MAIL, AND EMAIL REQUESTS FOR ASSISTANCE, 667,891 UNIQUE VISITORS (USERS) AND 2,999,299 VIEWED PAGES.

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

FOCUS ON THE MUSEUM'S TRAVELING AND PERMANENT GALLERIES.

## FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

## MARKETING AND COMMUNICATIONS DEPARTMENT:

THE MARKETING AND COMMUNICATIONS DEPARTMENT PROVIDES MARKETING AND PUBLIC RELATIONS ACTIVITIES FOR THE MUSEUM, INCLUDING MEDIA RELATIONS, ADVERTISING, SOCIAL MEDIA, ALONG WITH CULTURAL TOURISM, GRAPHIC DESIGN, ETC. DURING 2015, THE MUSEUM RECEIVED 921,630 WEBSITE VISITS, 667,881 UNIQUE VISITORS TO THE WEB SITE, AND HAD AN AVERAGE 3.25 PAGES VIEWED PER WEB VISIT. DURING 2015, THE MUSEUM HAD 201,606 FACEBOOK FANS ENGAGE WITH OUR CONTENT, RECEIVED AN AVERAGE DAILY TOTAL OF 6,196 HITS TO OUR PINTEREST SITE, ENDED THE YEAR WITH 3.5 MILLION FLICKR VIEWS AND HAD 51,631 VIEWS ON OUR YOUTUBE VIDEOS. STAFF MEMBERS WITHIN THE MARKETING AND COMMUNICATIONS DEPARTMENT PREPARE AND DISTRIBUTE MEDIA MATERIALS PROMOTING EXHIBITION, EVENTS AND PROGRAMS TO THE PRINT AND ELECTRONIC MEDIA. THE MARKETING AND COMMUNICATIONS DEPARTMENT PERSONNEL ALSO COORDINATE ALL INTERVIEWS AND SPEAKING ENGAGEMENTS RELATED TO THE MUSEUM, AS WELL AND PROVIDING IN-HOUSE INTERVIEW AND PUBLIC SPEAKING TRAINING FOR MUSEUM STAFF. THE MARKETING AND COMMUNICATIONS DEPARTMENT STAFF OVERSEES ALL ADVERTISING AND MARKETING OPPORTUNITIES AND PROMOTIONAL PARTNERSHIPS; DEVELOPS MARKETING PLANS AND PLACES ALL ADVERTISING FOR EXHIBITIONS, PROGRAMS AND EVENTS;

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COORDINATES THE MUSEUM'S SOCIAL MEDIA PRESENCE. MARKETING AND COMMUNICATION DEPARTMENT STAFF PROMOTES THE MUSEUM, SPECIAL EXHIBITIONS, FOREST PARK AND ST. LOUIS TO THE TOURISM INDUSTRY BY WORKING CLOSELY WITH REGIONAL VISITOR AND CONVENTION BUREAUS, TOUR COMPANIES, TRAVEL ORGANIZATIONS AND HOTEL CONCIERGE. THE MARKETING AND COMMUNICATIONS DEPARTMENT PRODUCES BROCHURES; BANNERS; SIGNAGE; POSTCARDS; MAILERS AND A VARIETY OF PRINTED AND ELECTRONIC MATERIALS TO REPRESENT THE MANY EXHIBITIONS, PROGRAMS, AND MEMBERSHIP OPPORTUNITIES OF THE MISSOURI HISTORY MUSEUM. ANNUAL EXPENSES ARE \$1,011,096. THE PUBLICATIONS DIVISION PROVIDES A NUMBER OF SERVICES FOR THE MUSEUM. IN ADDITION TO PUBLISHING A NUMBER OF BOOKS EACH YEAR (NEW TITLES OR REPRINTS OF BOOKS PREVIOUSLY PUBLISHED BY THE MUSEUM), THEY ALSO PUBLISH AN ANNUAL MEMBERS MAGAZINE AND MAINTAIN AN ONLINE MAGAZINE WITH CONTINUOUSLY CHANGING ARTICLES. THEY PROVIDE EDITING SERVICES FOR OTHER DEPARTMENTS IN THE MUSEUM. ANNUAL EXPENSES WERE \$384,915 AND ANNUAL REVENUES WERE \$27,146. EXPENSES \$ 1,396,011. INCLUDING GRANTS OF \$ 0. REVENUE \$ 28,460.

SOLDIERS MEMORIAL:  
THE MISSOURI HISTORICAL SOCIETY ENTERED INTO AGREEMENTS WITH THE CITY OF ST. LOUIS AND THE SOLDIERS MEMORIAL LLC TO PROCESS THE COLLECTIONS OF THE SOLDIERS MEMORIAL MUSEUM. THE MISSOURI HISTORICAL SOCIETY (MHS) WILL INVENTORY AND PROCESS THE COLLECTIONS. ALL WORK WILL BE COMPLETED UNDER THE DIRECTION OF MHS. ADDITIONALLY, MHS WILL REVITALIZE THE SOLDIERS MEMORIAL MILITARY MUSEUM AND THE COURT OF HONOR. SOLDIERS MEMORIAL LLC AND THE CITY OF ST. LOUIS PARTNERED WITH THE MISSOURI HISTORICAL SOCIETY BECAUSE OF MHS' EXTENSIVE EXPERIENCE WITH INVENTORY, PROCESSING, AND HANDLING OF HISTORICAL COLLECTIONS. THE MHS IS AN



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ACCREDITED MUSEUM BY THE AMERICAN ALLIANCE OF MUSEUMS.

EXPENSES \$ 423,340. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FACILITIES & CATERING:

FACILITIES RENTAL AND CATERING INCOME ARE BUDGETED AND REPORTED NET OF

EXPENSES. THESE EARNED INCOME CATEGORIES REPRESENT THE SPACE RENTAL

USE OF THE FACILITY AND CERTAIN COMMISSIONS ON ALL CATERING FOOD AND

BEVERAGES IN THE RESTAURANT AND AT EVENTS.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 155,615.

OTHER INCOME:

OTHER INCOME INCLUDES PHOTOS AND PRINT SALES, PHOTOCOPY SALES,

PUBLICATION SALES AND ROYALTIES, DISCOVERY TOUR INCOME, AND

MISCELLANEOUS INCOME.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 228,714.

MUSEUM SHOP:

THE MUSEUM SHOP IS A VISITOR AMENITY FOR BOOKS AND GIFTS RELATING TO

THE HISTORY AND CULTURE OF THE ST. LOUIS REGION. THE SHOP OFFERS A

BROAD SELECTION OF BOOKS DEALING WITH REGIONAL HISTORY, BIOGRAPHIES,

GENEALOGY, LOCAL ARCHITECTURE AND MUCH MUCH MORE.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 245,070.

FORM 990, PART VI, SECTION A, LINE 4:

THE REVISED BYLAWS ALLOW SENDING MEETING NOTICES BY EMAIL AND BOARD

MEMBERS PARTICIPATING BY TELECONFERENCE NOW COUNT IN THE QUORUM. THE

BYLAWS ALSO CLARIFY THAT BOARD MEMBERS MUST TAKE A BREAK FROM BOARD SERVICE

AFTER SERVING THREE CONSECUTIVE THREE-YEAR TERMS.

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FORM 990, PART VI, SECTION A, LINE 7B:

THE SUBDISTRICT IS PART OF THE ZOOLOGICAL MUSEUM DISTRICT (ZMD). THE SUBDISTRICT WAS ESTABLISHED TO RECEIVE TAX REVENUES FROM THE TAX COLLECTOR'S OFFICES AND TO PAY FOR HISTORY MUSEUM SERVICES PROVIDED TO BENEFIT THE PUBLIC. THE ZMD TAX GENERATED REVENUE IS SUBJECT TO ANNUAL REVIEW AND APPROVAL. IN 1988, THE SUBDISTRICT AND THE MUSEUM ENTERED INTO A CONTRACT, WHICH WAS RENEGOTIATED IN THE FALL OF 2012, 2013 AND 2015. THE AGREEMENT RENEWS FOR ONE YEAR EACH DECEMBER 31, UNLESS THE SUBDISTRICT, UPON RECOMMENDATION OF ITS COMMITTEE ON RENEWAL, VOTES NOT TO RENEW THE CONTRACT. UPON GIVING WRITTEN NOTICE OF ITS INTENT NOT TO RENEW THE CONTRACT, THE MISSOURI HISTORICAL SOCIETY AND THE SUBDISTRICT ARE REQUIRED TO MEET FOR A PERIOD OF SIX MONTHS TO RESOLVE THEIR DIFFERENCES. IF THOSE DIFFERENCES ARE NOT RESOLVED, THE CONTRACT TERMINATES AT THE END OF THE CALENDAR YEAR IN WHICH SUCH FINAL DETERMINATION IS MADE. THE CONTRACT PROVIDES FOR HISTORY MUSEUM FACILITIES AND SERVICES TO BE PROVIDED TO THE PUBLIC BY THE HISTORICAL SOCIETY IN EXCHANGE FOR COMPENSATION FROM THE SUBDISTRICT. THE PUBLIC SUPPORT UNDER THIS CONTRACT IS DETERMINED EACH YEAR BASED UPON AN ANNUAL BUDGET. THE 2012 REVISED AGREEMENT CREATED JOINT BUDGET AND EXECUTIVE COMPENSATION COMMITTEES COMPOSED OF EQUAL NUMBERS OF TRUSTEES FROM THE MISSOURI HISTORICAL SOCIETY AND COMMISSIONERS OF THE SUBDISTRICT. THE AGREEMENT REQUIRES PRIOR SUBDISTRICT APPROVAL FOR THE PURCHASE OF ANY REAL ESTATE AND JOINT BUDGET COMMITTEE APPROVAL OF ANY UNBUDGETED EXPENDITURE IN EXCESS OF \$10,000. THE MISSOURI HISTORICAL SOCIETY IS INCLUDED AS A DISCRETELY PRESENTED COMPONENT UNIT WITHIN THE SUBDISTRICT'S FINANCIAL STATEMENTS.

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

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THE FORM 990 IS PREPARED BY THE FINANCE DEPARTMENT IN CONJUNCTION WITH THE INDEPENDENT AUDITORS. IT IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER, THE CHIEF FINANCIAL OFFICER, THE MANAGING DIRECTOR OF ADMINISTRATION & OPERATIONS, THE AUDIT COMMITTEE, THE EXECUTIVE COMMITTEE, AND THE BOARD OF TRUSTEES PRIOR TO THE SUBMISSION OF THE FORM 990.

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

ANNUALLY, THE TRUSTEES ARE REQUIRED TO REVIEW THE MUSEUM'S CONFLICT OF INTEREST POLICY AND SIGN A FORM CONFIRMING THAT THEY HAVE READ THE POLICY. IF THERE IS THE POTENTIAL FOR A CONFLICT OF INTEREST, THEY ARE REQUIRED TO DOCUMENT THAT POTENTIAL. THESE TWO FORMS ARE THEN FORWARDED TO THE METROPOLITAN ZOO AND MUSEUM DISTRICT OF THE CITY OF ST. LOUIS AND ST. LOUIS COUNTY, THE TAXING AUTHORITY PROVIDING PARTIAL FINANCIAL SUPPORT TO THE MUSEUM. THE ORGANIZATIONS TOP MANAGEMENT OFFICIALS ANNUALLY SIGN A FORM CONFIRMING THAT THEY HAVE READ THE MUSEUM'S CONFLICT OF INTEREST POLICY. ALSO, THE EMPLOYEE HANDBOOK SPELLS OUT THE MUSEUM'S EMPLOYEE CONFLICT OF INTEREST POLICY AND EMPLOYEES ARE REQUIRED TO SIGN A FORM INDICATING THAT THEY HAVE READ AND UNDERSTAND THE REQUIREMENTS OF THE HANDBOOK.

FORM 990, PART VI, SECTION B, LINE 15:

THE JOINT EXECUTIVE COMPENSATION COMMITTEE, CONSISTING OF EQUAL NUMBERS OF MISSOURI HISTORICAL SOCIETY TRUSTEES AND MISSOURI HISTORY MUSEUM SUBDISTRICT COMMISSIONERS, HAVE THE RESPONSIBILITY OF REVIEWING AND RECOMMENDING THE COMPENSATION OF THE PRESIDENT OF THE MISSOURI HISTORICAL SOCIETY/MISSOURI HISTORY MUSEUM. THE JOINT EXECUTIVE COMPENSATION COMMITTEE IS CHAIRED BY THE CHAIRMAN OF THE MISSOURI HISTORY MUSEUM SUBDISTRICT. THE CURRENT PRESIDENT BEGAN WORK ON APRIL 15, 2014 UNDER A COMPENSATION AGREEMENT PREPARED BY THE JOINT EXECUTIVE COMPENSATION

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COMMITTEE AND APPROVED BY THE BOARD OF TRUSTEES. THE REVIEW AND APPROVAL OF THE COMPENSATION FOR THE PRESIDENT AND SENIOR MANAGEMENT IS CONDUCTED IN ACCORDANCE WITH SECTION 4958 OF THE INTERNAL REVENUE CODE WITH RESPECT TO THE COMPARABLE INSTITUTIONS, BOTH LOCALLY AND NATIONALLY, AS WELL AS A REVIEW OF THE PERFORMANCE OF EACH MANAGER. THE JOINT EXECUTIVE COMPENSATION COMMITTEE HOLDS AT LEAST TWO MEETINGS ANNUALLY, ONE TO REVIEW COMPARABLE INFORMATION, PERFORMANCE, AND TO DEVELOP RECOMMENDATIONS, AND THE SECOND MEETING IS TO CONFIRM THAT DECISION PRIOR TO REPORTING TO THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION C, LINE 19:  
AVAILABLE ON-LINE ON THE MUSEUM'S WEBSITE OR UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:  
SPLIT INTEREST CHANGE IN VALUE EXPENSE -57,606.

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

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

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

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

Enter filer's identifying number, see instructions

File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>MISSOURI HISTORICAL SOCIETY</b>	Employer identification number (EIN) or <b>43-0654866</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 11940</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ST. LOUIS, MO 63112-0040</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

**BENJAMIN C. WASHINGTON, CPA**

• The books are in the care of  **5700 LINDELL BLVD - ST. LOUIS, MO 63112-0400**  
Telephone No.  **314-746-4421** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**4** I request an additional 3-month extension of time until NOVEMBER 15, 2016.

**5** For calendar year 2015, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**6** If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

**7** State in detail why you need the extension  
ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification must be completed for Part II only.**

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

Signature  Title  Date