

Form **990**

# Return of Organization Exempt From Income Tax

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

# 2012

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

### A For the 2012 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"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>MISSOURI HISTORICAL SOCIETY</b> Doing Business As <b>MISSOURI HISTORY MUSEUM</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 11940</b> City, town, or post office, state, and ZIP code <b>ST. LOUIS, MO 63112-0040</b> <b>F Name and address of principal officer: JOHN R. ROBERTS</b> <b>P.O. BOX 11940, ST. LOUIS, MO 63112-0040</b>	<b>D Employer identification number</b> <b>43-0654866</b> <b>E Telephone number</b> <b>314-454-3104</b> <b>G Gross receipts \$</b> <b>31,452,412.</b> <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ <b>WWW.MOHISTORY.ORG</b>		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> <b>1866</b>
<b>M State of legal domicile:</b> <b>MO</b>		

### Part I Summary

	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
Activities & Governance	<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>	<b>39</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>39</b>
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<b>216</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>125</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
Revenue		<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h)	15,373,758.	18,137,668.
	<b>9</b> Program service revenue (Part VIII, line 2g)	431,237.	502,944.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	664,832.	1,436,948.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	330,747.	482,408.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,800,574.	20,559,968.
Expenses			
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<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)	5,539,344.	5,994,551.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>878,601.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,221,457.	8,415,888.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,760,801.	14,410,439.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	2,039,773.	6,149,529.
Net Assets or Fund Balances		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	61,974,311.	69,165,085.
	<b>21</b> Total liabilities (Part X, line 26)	2,209,686.	1,675,794.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	59,764,625.	67,489,291.

### 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 <b>JOHN R. ROBERTS, CHAIRMAN OF THE BOARD</b> Type or print name and title	Date	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TERRY GLORIOD</b>	Preparer's signature	PTIN <b>P00952214</b>
	Firm's name ▶ <b>CBIZ MHM, LLC</b>	Firm's EIN ▶ <b>36-4256931</b>	
	Firm's address ▶ <b>625 MARYVILLE CENTRE DR., SUITE 200</b> <b>ST. LOUIS, MO 63141</b>	Phone no. <b>314-692-2249</b>	

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 to any question in this Part III [X]

1 Briefly describe the organization's mission: THE MISSOURI HISTORY MUSEUM SEEKS TO DEEPEN THE UNDERSTANDING OF PAST CHOICES, PRESENT CIRCUMSTANCES, AND FUTURE POSSIBILITIES; STRENGTHEN THE BONDS OF THE COMMUNITY; AND FACILITATE SOLUTIONS TO COMMON PROBLEMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 3,831,964. including grants of \$ ) (Revenue \$ 178,359.) SEE SCHEDULE O - ATTACHMENT

4b (Code: ) (Expenses \$ 3,384,368. including grants of \$ ) (Revenue \$ 93,800.) SEE SCHEDULE O - ATTACHMENT

4c (Code: ) (Expenses \$ 1,540,848. including grants of \$ ) (Revenue \$ 139,533.) SEE SCHEDULE O - ATTACHMENT

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,711,185. including grants of \$ ) (Revenue \$ 29,934.)

4e Total program service expenses 10,468,365.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States 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 and other assistance to individuals in the United States 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 25</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 Section 501(c)(3) and 501(c)(4) 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> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <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 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 to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, and Yes/No responses. Includes rows for 1a-1c, 2a-2b, 3a-3b, 4a-4a, 5a-5c, 6a-6b, 7, 7a-7h, 8, 9, 9a-9b, 10, 10a-10b, 11, 11a-11b, 12a, 12b, 13, 13a-13c, 14a, 14b.

**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 to any question in this Part VI  **X**

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 39 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 39		
<b>2</b>	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? .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>3</b>	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? .....		<input checked="" type="checkbox"/> <b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		<input checked="" type="checkbox"/> <b>X</b>
<b>6</b>	Did the organization have members or stockholders? .....		<input checked="" type="checkbox"/> <b>X</b>
<b>7a</b>	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? .....		<input checked="" type="checkbox"/> <b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>9</b>	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 .....		<input checked="" type="checkbox"/> <b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (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.  
 Own website     Another's website     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, physical address, and telephone number of the person who possesses the books and records of the organization: ►  
**A. BAYARD CLARK - 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 to any question 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) HERBERT D. CONDIE III TRUSTEE	1.00	X					0.	0.	0.	
(2) ELIZABETH T ROBB CHAIR APPOINTEE	1.00	X					0.	0.	0.	
(3) JOSEPH F SHAUGHNESSY TRUSTEE	1.00	X					0.	0.	0.	
(4) W WAYNE WITHERS TRUSTEE	1.00	X					0.	0.	0.	
(5) CAMILLA BRAUER TRUSTEE	1.00	X					0.	0.	0.	
(6) MELVIN F BROWN VICE CHAIR	1.00	X					0.	0.	0.	
(7) TAYLOR S DESLOGE TRUSTEE	1.00	X					0.	0.	0.	
(8) EARL K DILLE TRUSTEE	1.00	X					0.	0.	0.	
(9) MARILYN R FOX TRUSTEE	1.00	X					0.	0.	0.	
(10) CHERYL JEAN FROMM VICE CHAIR	1.00	X	X				0.	0.	0.	
(11) HON WAYNE GOODE VICE CHAIR	1.00	X	X				0.	0.	0.	
(12) FRANK JACOBS TRUSTEE	1.00	X					0.	0.	0.	
(13) JAMES S MCDONNELL III TRUSTEE	1.00	X					0.	0.	0.	
(14) PRISCILLA R MCDONNELL TRUSTEE	1.00	X					0.	0.	0.	
(15) SANDRA MOORE VICE CHAIR	1.00	X					0.	0.	0.	
(16) NOEMI K NEIDORFF TRUSTEE	1.00	X					0.	0.	0.	
(17) CHERYL POLK VICE CHAIR	1.00	X	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) FRANK L STEEVES VICE CHAIR	1.00	X		X				0.	0.	0.
(19) HON GEORGE H WALKER III TRUSTEE	1.00	X						0.	0.	0.
(20) YVETTE WHITEHEAD TRUSTEE	1.00	X						0.	0.	0.
(21) STEVE EHLMANN TRUSTEE	1.00	X						0.	0.	0.
(22) MARTIN E GALT III TRUSTEE	1.00	X						0.	0.	0.
(23) MARY LEE HERMANN TRUSTEE	1.00	X						0.	0.	0.
(24) LAURA SHAUGHNESSY T.J. SOCIETY REPRESENTATIV	1.00	X		X				0.	0.	0.
(25) REX SINQUEFIELD TRUSTEE	1.00	X						0.	0.	0.
(26) JAMES A TRICARICO 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>								952,166.	0.	146,586.
<b>d Total (add lines 1b and 1c)</b>								952,166.	0.	146,586.

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 **4**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
BEISHIR LOCK & SECURITY, 5423 S. LINDBERGH BLVD., ST. LOUIS, MO 63123	SECURITY SYSTEMS	147,927.
JP & SON CONTRACTING, INC. 3843 FOLSOM AVE., ST. LOUIS, MO 63110	CONSTRUCTION CONTRACTORS	146,473.
BUTLER'S PANTRY 1414 PARK AVE., ST. LOUIS, MO 63104	CATERING SERVICES	126,937.

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 **3**

SEE PART VII, SECTION A CONTINUATION SHEETS



**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 (check all that apply)						(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			
(27) GARY L RAINWATER TRUSTEE	1.00	X						0.	0.	0.
(28) KENNETH S KRANZBERG TRUSTEE	1.00	X		X				0.	0.	0.
(29) V RAYMOND STRANGHOENER CHAIRMAN EMERITUS	1.00	X		X				0.	0.	0.
(30) JOHN R ROBERTS CHAIRMAN	1.00	X		X				0.	0.	0.
(31) L B ECKELKAMP TRUSTEE	1.00	X						0.	0.	0.
(32) DARNETTA CLINKSCALE TRUSTEE	1.00	X						0.	0.	0.
(33) ANABETH WEIL TRUSTEE	1.00	X						0.	0.	0.
(34) CATHERINE BERGES TRUSTEE	1.00	X						0.	0.	0.
(35) SONYA GLASSBERG TRUSTEE	1.00	X						0.	0.	0.
(36) ERIN BUDDE TRUSTEE	1.00	X						0.	0.	0.
(37) WILLIAM A. COPPEL TRUSTEE	1.00	X						0.	0.	0.
(38) RICHARD A. LIDDY TRUSTEE	1.00	X						0.	0.	0.
(39) WILLIAM C. RUSNACK TREASURER	1.00	X		X				0.	0.	0.
(40) HAROLD STUHL TRUSTEE	1.00	X						0.	0.	0.
(41) ANN LIBERMAN SECRETARY	1.00		X					0.	0.	0.
(42) DR GERALD EARLY TRUSTEE	1.00		X					0.	0.	0.
(43) HARRY E. RICH TRUSTEE, FORMER CFO	30.00		X					0.	0.	0.
(44) RACHEL KELLER BROWN TRUSTEE	1.00		X					0.	0.	0.
(45) DANIEL F. COLE TRUSTEE	1.00		X					0.	0.	0.
(46) VERONICA MCDONNELL TRUSTEE	1.00		X					0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), (F) Estimated amount of other compensation from the organization and related organizations. Includes entries for Paul J. McKee, Jr., Mabel L. Purkerson, M.D., Jim Schiele, Robert W. Fulstone, Kat Cunningham, Robert R Archibald, Donna Wilkinson, Karen M Goering, Donna McGinnis, Katherine Van Allen, Melanie Adams, and A. Bayard Clark.

Total to Part VII, Section A, line 1c ..... 952,166. 146,586.

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question 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, 513, or 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> 538,071.				
	<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> 10,410,361.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 7,189,236.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	1,050,757.				
	<b>h Total.</b> Add lines 1a-1f	▶ 18,137,668.				
	<b>Program Service Revenue</b>	<b>2 a</b> TICKET REVENUE	Business Code 611600	373,529.	373,529.	
<b>b</b> EDUCATION EVENTS & TOURS		611600	79,822.	79,822.		
<b>c</b> PUBLICATIONS		611600	29,934.	29,934.		
<b>d</b> LIBRARY PHOTOS & PRINTS		611600	19,659.	19,659.		
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f		▶ 502,944.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	▶ 895,762.			895,762.	
	<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	11,149,317.			
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses	10,608,131.			
		<b>c</b> Gain or (loss)	541,186.			
<b>d</b> Net gain or (loss)	▶ 541,186.			541,186.		
<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>b</b>				
	<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>b</b>				
	<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> 448,729.					
	<b>b</b> Less: cost of goods sold	<b>b</b> 284,313.				
	<b>c</b> Net income or (loss) from sales of inventory	▶ 164,416.			164,416.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> ASSETS RELEASED FROM RESTRICTION	611600	149,659.	149,659.			
	<b>b</b> FACILITIES & CATERING	611600	127,423.	127,423.		
	<b>c</b> MISCELLANEOUS	611600	40,910.	40,910.		
	<b>d</b> All other revenue					
<b>e Total.</b> Add lines 11a-11d	▶ 317,992.					
<b>12 Total revenue.</b> See instructions.	▶ 20,559,968.	820,936.	0.	1,601,364.		

**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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	671,121.		671,121.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,203,226.	2,954,149.	888,431.	360,646.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	212,751.	162,219.	40,287.	10,245.
9 Other employee benefits	559,334.	355,316.	177,344.	26,674.
10 Payroll taxes	348,119.	227,337.	95,677.	25,105.
11 Fees for services (non-employees):				
a Management	16,700.			16,700.
b Legal	222,165.		222,165.	
c Accounting	59,536.		59,536.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	216,146.	70,719.	87,478.	57,949.
12 Advertising and promotion	714,252.	693,846.		20,406.
13 Office expenses	504,962.	225,470.	137,866.	141,626.
14 Information technology	706,684.	634,458.	59,279.	12,947.
15 Royalties				
16 Occupancy	2,970,750.	2,682,691.	257,683.	30,376.
17 Travel	39,637.	36,736.	2,901.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,244.	10,273.	12,193.	778.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	904,520.	742,933.	153,487.	8,100.
23 Insurance	210,679.	180,715.	24,663.	5,301.
24 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.)				
a <b>EXHIBITS</b>	804,361.	804,361.		
b <b>EDUCATION AND EVENTS</b>	453,597.	453,597.		
c <b>ANNUAL APPEAL &amp; CULTIVA</b>	159,272.			159,272.
d <b>CONSERVATION</b>	78,723.	78,723.		
e All other expenses	330,660.	154,822.	173,362.	2,476.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	14,410,439.	10,468,365.	3,063,473.	878,601.
26 <b>Joint costs.</b> 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 to any question in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,752,598.	1	2,048,061.	
	<b>2</b> Savings and temporary cash investments .....	89,613.	2	97,375.	
	<b>3</b> Pledges and grants receivable, net .....	1,312,216.	3	5,557,450.	
	<b>4</b> Accounts receivable, net .....	55,720.	4	72,788.	
	<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 .....		5		
	<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 .....		6		
	<b>7</b> Notes and loans receivable, net .....		7		
	<b>8</b> Inventories for sale or use .....	265,078.	8	222,671.	
	<b>9</b> Prepaid expenses and deferred charges .....	532,817.	9	488,029.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 41,670,951.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 17,018,630.	25,767,456.	<b>10c</b>	24,652,321.
	<b>11</b> Investments - publicly traded securities .....	30,148,424.	<b>11</b>	34,244,497.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,050,389.	<b>12</b>	1,781,893.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	61,974,311.	<b>16</b>	69,165,085.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	748,651.	<b>17</b>	956,922.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	3,540.	<b>19</b>	18,480.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</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>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</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 .....	1,457,495.	<b>25</b>	700,392.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,209,686.	<b>26</b>	1,675,794.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	44,155,107.	<b>27</b>	45,481,043.	
	<b>28</b> Temporarily restricted net assets .....	8,843,282.	<b>28</b>	10,497,022.	
	<b>29</b> Permanently restricted net assets .....	6,766,236.	<b>29</b>	11,511,226.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	59,764,625.	<b>33</b>	67,489,291.		
<b>34</b> Total liabilities and net assets/fund balances .....	61,974,311.	<b>34</b>	69,165,085.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,559,968.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,410,439.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,149,529.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	59,764,625.
5	Net unrealized gains (losses) on investments	5	2,327,285.
6	Donated services and use of facilities	6	43,550.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-795,698.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	67,489,291.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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	
c 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	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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 (2012)

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

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

**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.)
- 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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
- h 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 or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2,564,938.	2,693,161.	2,256,697.	5,418,157.	7,783,215.	20,716,168.
<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 ...	9,824,756.	9,807,838.	9,802,161.	9,955,601.	10,354,452.	49,744,808.
<b>4 Total.</b> Add lines 1 through 3 .....	12,389,694.	12,500,999.	12,058,858.	15,373,758.	18,137,667.	70,460,976.
<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) .....						3,431,097.
<b>6 Public support.</b> Subtract line 5 from line 4.						67,029,879.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....	12,389,694.	12,500,999.	12,058,858.	15,373,758.	18,137,667.	70,460,976.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	762,589.	383,370.	769,755.	791,649.	895,762.	3,603,125.
<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 IV.) .....	805,095.	828,408.	1,000,200.	761,983.	985,352.	4,381,038.
<b>11 Total support.</b> Add lines 7 through 10						78,445,139.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,119,379.
<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 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	85.45 %
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	89.00 %
<b>16a 33 1/3% support test - 2012.</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 - 2011.</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 - 2012.</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 IV 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 - 2011.</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 IV 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV.) .....						
<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 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** 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 - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

MUSEUM SHOP

2008 AMOUNT: \$ 161,701.

2009 AMOUNT: \$ 152,591.

2010 AMOUNT: \$ 193,974.

2011 AMOUNT: \$ 160,201.

2012 AMOUNT: \$ 164,416.

OTHER REVENUE

2008 AMOUNT: \$ 643,394.

2009 AMOUNT: \$ 675,817.

2010 AMOUNT: \$ 806,226.

2011 AMOUNT: \$ 601,782.

2012 AMOUNT: \$ 820,936.

MUSEUM SHOP \$164,416

FACILITY RENTAL/CATERING 127,423

EXHIBIT TICKET REVENUE 373,529

PUBLICATION SALES 29,934

LIBRARY PHOTOS & PRINTS 19,659

SPECIAL EVENTS & TOURS 79,822

MISCELLANEOUS 40,910

ASSETS RELEASED FROM RESTRICTION 149,659

TOTAL OTHER INCOME \$985,352

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SECTION B, LINE 12

2008 293,418

2009 217,444

2010 674,336

2011 431,237

2012 502,944 FORM 990, PART VIII, LINE 2G

2,119,379

**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.

OMB No. 1545-0047

**2012**

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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 of \$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 Part I, line 2 of its Form 990-PF, 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) (2012)

Name of organization <b>MISSOURI HISTORICAL SOCIETY</b>	Employer identification number <b>43-0654866</b>
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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	<hr/> <hr/> <hr/> <hr/>	\$ <u>5,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<hr/> <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>MISSOURI HISTORICAL SOCIETY</b>	Employer identification number <b>43-0654866</b>
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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
1	<u>SECURITIES</u> <hr/> <hr/> <hr/>	\$ <u>984,721.</u>	<u>11/14/12</u>
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

Name of organization <b>MISSOURI HISTORICAL SOCIETY</b>	Employer identification number <b>43-0654866</b>
--	---

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information 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	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(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," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

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" to Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

Yes  No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_



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

- 3 Using the organization's 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part 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?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	21,344,585.	13,966,105.	12,811,582.	10,441,873.	14,990,914.
b Contributions	4,744,990.	8,134,885.	13,500.	500.	51,000.
c Net investment earnings, gains, and losses	1,770,955.	-381,405.	1,537,023.	2,369,209.	-4,600,041.
d Grants or scholarships					
e Other expenditures for facilities and programs	433,000.	375,000.	396,000.		
f Administrative expenses					
g End of year balance	27,427,530.	21,344,585.	13,966,105.	12,811,582.	10,441,873.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  30.46 %
  - b Permanent endowment  41.97 %
  - c Temporarily restricted endowment  27.57 %
- The percentages in 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   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |

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

**Part VI Land, Buildings, and Equipment.** 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		37,820,490.	15,637,164.	22,183,326.
d Equipment		3,063,951.	1,381,466.	1,682,485.
e Other		125,000.		125,000.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				24,652,321.

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION PLAN	420,660.
(3) SPLIT INTEREST AGREEMENTS	279,732.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	700,392.

2. FIN 48 (ASC 740) Footnote. 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**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	22,726,274.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	2,327,286.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	43,550.
<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>	2,370,836.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	20,355,438.
<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>	204,530.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	204,530.
<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>	20,559,968.

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	15,001,608.
<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>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	15,001,608.
<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>	-591,169.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-591,169.
<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>	14,410,439.

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, 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**

**Part XIII** Supplemental Information (continued)

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 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	155,478.
RESTAURANT EXPENSE	49,052.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	204,530.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPLIT INTEREST CHANGE IN VALUE EXPENSE	-51,784.
REVALUATION OF LAND	-743,914.
MUSEUM SHOP EXPENSE	155,478.
RESTAURANT	49,051.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-591,169.

## DECISION NOT TO REPORT COLLECTIONS ON BALANCE SHEET

## 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

**Part XIII** Supplemental Information (continued)

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

## DESCRIPTION OF MUSEUM'S COLLECTION

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.

## INTENDED USES OF ENDOWMENT FUNDS

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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization

MISSOURI HISTORICAL SOCIETY

Employer identification number

43-0654866

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input checked="" 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)		
<input type="checkbox"/> First-class or charter travel	<input checked="" 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)									
<p><b>b</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 .....</p>	X									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....</p>	X									
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input 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				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input 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									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>										
		X								
	X									
		X								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>										
		X								
		X								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>										
		X								
		X								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>		X								
<p><b>8</b> Were any amounts reported in 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 .....</p>		X								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>										

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

Schedule J (Form 990) 2012

**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 in 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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBERT R ARCHIBALD FORMER PRESIDENT	(i)	368,217.	0.	45,498.	74,533.	11,315.	499,563.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KAREN M GOERING MANAGING DIRECTOR OPERATIONS	(i)	154,344.	0.	0.	9,260.	7,954.	171,558.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Complete this part to 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.

PART I, LINE 4(B): SUPPLEMENTAL NONQUALIFIED

RETIREMENT PLAN

ROBERT R ARCHIBALD, PRESIDENT OF MISSOURI HISTORY MUSEUM, PARTICIPATES IN A

457(F) DEFERRED COMPENSATION PLAN AND THE 2012 CONTRIBUTION WAS \$59,783.

THE ASSETS OF THE 457(F) PLAN WERE EARNED AND DISTRIBUTED IN 2012. ROBERT

ARCHIBALD RESIGNED AS PRESIDENT ON 12/21/2012.



**Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
 ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization <p style="text-align:center;"><b>MISSOURI HISTORICAL SOCIETY</b></p>	Employer identification number <p style="text-align:center;"><b>43-0654866</b></p>
--	---

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ► \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ► \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ..... ► \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
GARY RAINWATER, TRUSTEE	RET CHAIR CEO AMERE	427,608.	PROVIDER OF		X
DANIEL F. COLE, TRUSTEE	PRES. AMEREN SERVIC	427,608.	SUBSIDIARY		X

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF PERSON: GARY RAINWATER, TRUSTEE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RET CHAIR CEO AMEREN

(D) DESCRIPTION OF TRANSACTION: PROVIDER OF ELECTRICITY

(A) NAME OF PERSON: DANIEL F. COLE, TRUSTEE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PRES. AMEREN SERVICES

(D) DESCRIPTION OF TRANSACTION: SUBSIDIARY OF AMEREN

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

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.**

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	X			
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	11	1,050,757.	PUBLICLY TRADED STOC
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	224		
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** **3**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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) (2012)

**Part II Supplemental Information.** Complete this part to 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  
CATALOGUED, 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.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

MISSOURI HISTORICAL SOCIETY

Employer identification number

43-0654866

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

THE MISSOURI HISTORY MUSEUM SEEKS TO DEEPEN THE UNDERSTANDING OF PAST  
CHOICES, PRESENT CIRCUMSTANCES, AND FUTURE POSSIBILITIES; STRENGTHEN  
THE BONDS OF THE COMMUNITY; AND FACILITATE SOLUTIONS TO COMMON  
PROBLEMS.

PART III, LINE 4(A)

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS - PROGRAM SERVICE  
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 2012 EXHIBIT SCHEDULE INCLUDED, AMONG OTHERS,  
THE CONTINUATION OF THE CIVIL WAR IN MISSOURI AND THE OPENING OF  
UNDERNEATH IT ALL AND FIRE! FRIEND AND FOE, AS WELL AS TRAVELING  
EXHIBITIONS INCLUDING THE CONTINUATION OF MAMMOTHS AND MASTODONS:  
TITANS OF THE ICE AGE, DISCOVER THE REAL GEORGE WASHINGTON; NEW VIEWS  
FROM MOUNT VERNON, AND ABOUT HUNGER AND RESILIENCE. ATTENDANCE TO THE  
MUSEUM AND ITS EXHIBITS WAS 380,157 IN 2012. EXPENSES INCLUDE  
SALARIES, SUPPLIES, AND THE COSTS ASSOCIATED WITH BOOKING TRAVELING  
EXHIBITS INCLUDING SHIPPING AND RENTAL FEES.

Name of the organization <b>MISSOURI HISTORICAL SOCIETY</b>	Employer identification number <b>43-0654866</b>
--	---

PART III, LINE 4(B)

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS - PROGRAM SERVICE  
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, SCULPTURE, BOOKS, ETC. INCLUDES SALARIES AND SUPPLIES USED IN MAINTAINING AND CATALOGING THE COLLECTION AND ASSISTING THE PUBLIC WITH RESEARCH. DURING 2012, THERE WERE 4,153 VISITS TO THE LIBRARY AND RESEARCH AREAS AND OVER 8,881 RESPONSES TO PHONE, FAX, MAIL AND EMAIL REQUESTS FOR ASSISTANCE.

PART III, LINE 4(C)

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS - PROGRAM SERVICE  
COMMUNITY EDUCATION & EVENTS

COMMUNITY EDUCATION AND EVENTS OFFERED 700 PROGRAMS TO MUSEUM VISITORS OF ALL AGES. BEGINNING WITH TODDLERS, THE MUSEUM OFFERS HANDS ON ACTIVITIES AND STORYTELLING ON A WEEKLY BASIS. FOR THE MORE MATURE

Name of the organization MISSOURI HISTORICAL SOCIETY	Employer identification number 43-0654866
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VISITOR, THE MUSEUM OFFERS LECTURES, DOCUMENTARIES, AND THEATRICAL PRODUCTIONS. THE LARGEST PROGRAM EACH YEAR IS A 16 WEEK OUTDOOR CONCERT SERIES, WHICH ATTRACTS OVER 49,475 AUDIENCE MEMBERS. IN KEEPING WITH THE EDUCATIONAL MISSION OF THE INSTITUTION, THE MUSEUM WELCOMED APPROXIMATELY 41,900 SCHOOL AGE CHILDREN THROUGH ITS DOORS. IN TOTAL, THE INSTITUTION HAD ALMOST 134,000 VISITORS PARTICIPATE IN MUSEUM PROGRAMS.

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

DIGITAL MEDIA AND PUBLICATIONS

EXPENSES \$ 365,622. INCLUDING GRANTS OF \$ 0. REVENUE \$ 29,934.

COMMUNICATIONS

EXPENSES \$ 1,345,563. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PART III, LINE 4(D)

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS - OTHER PROGRAM SERVICES

COMMUNICATIONS DEPARTMENT

THE COMMUNICATIONS DEPARTMENT PROVIDES MARKETING AND PUBLIC RELATIONS ACTIVITIES FOR THE MUSEUM, INCLUDING MEDIA RELATIONS; ADVERTISING; CULTURAL TOURISM AND GRAPHIC DESIGN. STAFF MEMBERS WITHIN THE COMMUNICATIONS DEPARTMENT PREPARE AND DISTRIBUTE MEDIA MATERIALS PROMOTING EXHIBITIONS, EVENTS AND PROGRAMS TO THE PRINT AND ELECTRONIC MEDIA. COMMUNICATIONS DEPARTMENT PERSONNEL ALSO COORDINATE ALL

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INTERVIEWS AND SPEAKING ENGAGEMENTS RELATED TO THE MUSEUM. THE COMMUNICATIONS DEPARTMENT STAFF OVERSEES ALL ADVERTISING AND MARKETING OPPORTUNITIES AND PROMOTIONAL PARTNERSHIPS; DEVELOPS MARKETING PLANS AND PLACES ALL ADVERTISING FOR EXHIBITIONS, PROGRAM AND EVENTS; COORDINATES THE MUSEUM'S SOCIAL MEDIA PRESENCE. COMMUNICATIONS 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 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 \$1,345,563. DIGITAL MEDIA AND PUBLICATIONS 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 ALSO PROVIDE EDITING SERVICES FOR OTHER DEPARTMENTS IN THE MUSEUM. ANNUAL EXPENSES WERE \$365,622 AND ANNUAL REVENUES ARE \$29,934.

FORM 990, PART V, LINE 7F

ON DECEMBER 21, 2012, THE MUSEUM ENTERED INTO A SEPARATION AGREEMENT WITH ITS FORMER PRESIDENT. AMONG ITS PROVISIONS, THE SEPARATION AGREEMENT ACKNOWLEDGED THE TERMINATION AND A PAYOUT AUTHORIZED UNDER HIS PREVIOUS EMPLOYMENT AGREEMENT REGARDING A VACATION PLAN BENEFIT.



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THE PAYOUT UNDER THIS PLAN REDUCED ACCRUED LIABILITIES AT DECEMBER 31, 2012 ON THE STATEMENT OF FINANCIAL POSITION BY \$559,616.

FORM 990, PART VI, SECTION A, LINE 2: TWO TRUSTEES HAVE A FAMILY RELATIONSHIP: LAURA SHAUGHNESSY IS THE DAUGHTER-IN-LAW OF JOSEPH SHAUGHNESSY. TWO TRUSTEES HAVE A BUSINESS RELATIONSHIP: MARTIN GALT IS CHAIRMAN OF THE COMMERCE FUNDS, AND V. RAYMOND STRANGHOENER IS PRESIDENT OF COMMERCE TRUST. OTHER TRUSTEES REPORT THEY OCCASIONALLY SERVE ON CIVIC AND CHARITABLE NOT-FOR-PROFIT BOARDS WITH ONE OR MORE OTHER TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 4: DURING THE FOURTH QUARTER OF 2012, THE MUSEUM AMENDED ITS OPERATING AGREEMENT WITH THE MISSOURI HISTORY MUSEUM SUBDISTRICT (SUBDISTRICT) OF THE METROPOLITAN ZOOLOGICAL PARK AND MUSEUM DISTRICT OF THE CITY OF ST. LOUIS, MISSOURI AND ST. LOUIS COUNTY, MISSOURI (ZMD).

FORM 990, PART VI, SECTION A, LINE 7B: THE SUBDISTRICT IS PART OF THE 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, AFTER RENEGOTIATION IN THE FALL OF 2012, 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 MUSEUM 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

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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 MUSEUM IN EXCHANGE FOR COMPENSATION FROM THE SUBDISTRICT. THE PUBLIC SUPPORT UNDER THIS CONTRACT IS DETERMINED EACH YEAR BASED UPON AN ANNUAL BUDGET. THE AGREEMENT CREATED NEW JOINT BUDGET AND EXECUTIVE COMPENSATION COMMITTEES COMPOSED OF EQUAL NUMBERS OF TRUSTEES FROM THE MUSEUM AND THE SUBDISTRICT. THE AGREEMENT ALSO REQUIRES PRIOR SUBDISTRICT APPROVAL FOR THE PURCHASE OF ANY REAL ESTATE, OR ANY EXPENDITURE OF AN AMOUNT IN EXCESS OF \$300,000, IF NOT PREVIOUSLY APPROVED IN THE ANNUAL BUDGET. THE MUSEUM IS INCLUDED AS A DISCRETELY PRESENTED COMPONENT UNIT WITHIN THE SUBDISTRICT'S FINANCIAL STATEMENTS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY THE FINANCE AND ACCOUNTING DEPARTMENT IN CONJUNCTION WITH THE INDEPENDENT AUDITORS. IT IS REVIEWED BY THE CHIEF FINANCIAL OFFICER AND THE BOARD CHAIRMAN OF THE MUSEUM. THE 39 PERSON BOARD OF TRUSTEES PASSED A RESOLUTION FORMALLY DELEGATING THE AUTHORITY TO REVIEW THE FORM 990 TO THE AUDIT COMMITTEE OF THE BOARD. FOLLOWING ITS REVIEW OF THE FORM 990, THE AUDIT COMMITTEE IS REQUIRED TO REPORT ITS FINDINGS AND RELEVANT COMMENTS BACK TO THE BOARD OF TRUSTEES PRIOR TO THE SUBMISSION OF THE FORM 990. THE BOARD OF TRUSTEES IS PROVIDED A COPY OF THE ENTIRE FORM 990 FOR REVIEW BEFORE THE FORM IS SUBMITTED.

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

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TWO FORMS ARE THEN FORWARDED TO THE METROPOLITAN ZOO AND MUSEUM DISTRICT OF THE CITY OF SAINT LOUIS, 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 COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES HAS RESPONSIBILITY FOR THE REVIEW AND SETTING OF THE COMPENSATION FOR THE PRESIDENT OF THE MUSEUM AND RECOMMENDING APPROVAL OF THAT COMPENSATION TO THE BOARD OF TRUSTEES. PREVIOUSLY, THE PRESIDENT'S COMPENSATION WAS CODIFIED IN A MULTI-YEAR CONTRACT AND REVIEWED ANNUALLY. AT PRESENT, THE MUSEUM IS CONDUCTING A SEARCH FOR ITS NEW PRESIDENT AND, ACCORDINGLY, THERE IS NO CURENT COMPENSATION CONTRACT. THE REVIEW AND APPROVAL OF THE COMPENSATION 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 THE PRESIDENT AND THE NATIONAL REPUTATION OF THE MUSEUM. THE COMMITTEE HOLDS AT LEAST TWO MEETINGS, ONE OF WHICH IS TO DEVELOP THE RECOMMENDATION AND THE SECOND ONE TO CONFIRM THAT DECISION PRIOR TO REPORTING TO THE BOARD OF TRUSTEES. THE COMPENSATION COMMITTEE, IN CONJUNCTION WITH THE PRESIDENT, REVIEWS AND APPROVES THE COMPENSATION RECOMMENDATIONS FOR THE LEADERSHIP GROUP OF THE MUSEUM ON AN ANNUAL BASIS. THE COMPENSATION COMMITTEE, EFFECTIVE JANUARY 1, 2013, INCLUDES AN EQUAL NUMBER OF MEMBERS FROM THE BOARD OF TRUSTEES AND THE MISSOURI HISTORY MUSEUM SUBDISTRICT OF THE ZMD.

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FORM 990, PART VI, SECTION C, LINE 19: FORM 990 IS MAINTAINED BY THE CHIEF FINANCIAL OFFICER AND MADE AVAILABLE TO THE PUBLIC UPON REQUEST IN THE PAST. BEGINNING IN 2010 AND CONTINUING FOR 2012, THE FORM 990 WILL BE AVAILABLE ON-LINE ON THE MUSEUM'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

SPLIT INTEREST CHANGE IN VALUE EXPENSE	-51,784.
DEVALUATION OF LAND	-743,914.
TOTAL TO FORM 990, PART XI, LINE 9	-795,698.

2012 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
2	LEASEHOLD IMPROVE	07/01/08		.000		HY16	37820490.				37820490.	15637164.		0.	15637164.
3	EQUIPMENT	07/01/08		.000		HY16	3,063,951.				3,063,951.	1,381,466.		0.	1,381,466.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						40884441.				40884441.	17018630.		0.	17018630.
	OTHER														
1	LAND	07/01/08	L				661,510.				661,510.			0.	
4	CONSTRUCTION IN PROGRESS	07/01/12		.000		HY16	125,000.				125,000.			0.	
	* 990 PAGE 10 TOTAL OTHER						786,510.				786,510.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						41670951.				41670951.	17018630.		0.	17018630.