

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MISSOURI HISTORICAL SOCIETY		D Employer identification number 43-0654866
	Doing business as MISSOURI HISTORY MUSEUM		E Telephone number (314) 454-3104
	Number and street (or P O box if mail is not delivered to street address) PO BOX 11940	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code ST LOUIS, MO 631120040			G Gross receipts $ 45,499,266
F Name and address of principal officer FRANCES LEVINE PHD PO BOX 11940 ST LOUIS, MO 631120040			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.MOHISTORY.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation 1866
			M State of legal domicile MO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE MISSOURI HISTORICAL SOCIETY (MHS) IS A MISSOURI PRO FORMA DECREE, NOT-FOR-PROFIT CORPORATION WHOSE PRIMARY FUNCTIONS ARE EDUCATIONAL AND COMMUNITY PROGRAMS, COLLECTIONS AND CONSERVATION, LIBRARY AND RESEARCH, AND EXHIBITIONS MHS'S MISSION IS TO SERVE AS THE CONFLUENCE OF HISTORICAL PERSPECTIVES AND CONTEMPORARY ISSUES TO INSPIRE AND ENGAGE OUR AUDIENCES				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	32		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	32		
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	243		
	6 Total number of volunteers (estimate if necessary)	6	156		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0		
b Net unrelated business taxable income from Form 990-T, line 34	7b	0			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	14,590,400	Current Year	14,270,916
	9 Program service revenue (Part VIII, line 2g)		177,240		123,916
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,630,837		1,811,055
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,972,719		629,399
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		19,371,196		16,835,286
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0		0
14 Benefits paid to or for members (Part IX, column (A), line 4)			0		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			5,809,778		6,314,865
16a Professional fundraising fees (Part IX, column (A), line 11e)			0		0
b Total fundraising expenses (Part IX, column (D), line 25) <u>441,433</u>					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			9,652,445		9,708,041
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		15,462,223		16,022,906	
19 Revenue less expenses Subtract line 18 from line 12		3,908,973		812,380	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	77,234,711	End of Year	75,705,097
	21 Total liabilities (Part X, line 26)		1,834,728		1,627,944
	22 Net assets or fund balances Subtract line 21 from line 20		75,399,983		74,077,153

Part II Signature Block

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

Sign Here	***** Signature of officer	2016-10-10 Date
	FRANCES LEVINE PHD PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name DAVID GRESHAM	Preparer's signature DAVID GRESHAM	Date	Check <input type="checkbox"/> if self-employed	PTIN P00834239
	Firm's name CBIZ MHM LLC			Firm's EIN 36-4256931	
	Firm's address 625 MARYVILLE CENTRE DR SUITE 200 ST LOUIS, MO 63141			Phone no (314) 692-2249	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSOURI HISTORICAL SOCIETY (MHS) IS A MISSOURI PRO FORMA DECREE, NOT-FOR-PROFIT CORPORATION WHOSE PRIMARY FUNCTIONS ARE EDUCATIONAL AND COMMUNITY PROGRAMS, COLLECTIONS AND CONSERVATION, LIBRARY AND RESEARCH, AND EXHIBITIONS MHS'S MISSION IS TO SERVE AS THE CONFLUENCE OF HISTORICAL PERSPECTIVES AND CONTEMPORARY ISSUES TO INSPIRE AND ENGAGE OUR AUDIENCES

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 4,302,978 including grants of \$) (Revenue \$)

EXHIBITIONS AND RESEARCH THE MUSEUM PRESENTS A NUMBER OF EXHIBITS EACH YEAR, BOTH PERMANENT AND TEMPORARY THE TEMPORARY EXHIBITS ARE A COMBINATION OF TRAVELING EXHIBITS, AS WELL AS EXHIBITS DEVELOPED AND PRESENTED BY THE EXHIBITIONS AND RESEARCH STAFF THE 2015 EXHIBIT SCHEDULE INCLUDED, AMONG OTHERS, STATE OF DECEPTION THE POWER OF NAZI PROPAGANDA, A WALK IN 1875 ST LOUIS, HISTORY CLUBHOUSE, AND COFFEE THE WORLD IN YOUR CUP ATTENDANCE TO THE MUSEUM AND ITS EXHIBITS WAS 438,000 IN 2015 WEB-BASED OUTREACH REPRESENTS A CONTINUED OPPORTUNITY FOR MUSEUMS TO ENGAGE VISITORS ONLINE, PROVIDING ACCESS TO SELECTED ITEMS IN OUR COLLECTION AND ADDITIONAL OPPORTUNITIES TO BENEFIT FROM OUR PROGRAMS EXPENSES INCLUDE SALARIES, SUPPLIES, AND THE COSTS ASSOCIATED WITH BOOKING TRAVELING EXHIBITS, INCLUDING SHIPPING AND RENTAL FEES

4b (Code) (Expenses \$ 4,380,124 including grants of \$) (Revenue \$ 20,521)

LIBRARY AND COLLECTIONS LIBRARY AND COLLECTIONS INCLUDES THE EXPENSES OF ACQUISITION AND CARE OF THE MUSEUM COLLECTIONS, INCLUDING OBJECT COLLECTIONS, ARCHIVAL MATERIALS, PHOTOGRAPHS AND PRINTS, MOVING IMAGES, AND THE LIBRARY THE COLLECTIONS INCLUDE ITEMS OF HISTORICAL SIGNIFICANCE IN MISSOURI AND SURROUNDING AREAS AND INCLUDES BUT IS NOT LIMITED TO THE FOLLOWING PERSONAL ITEMS, JOURNALS, FURNITURE, FAMILY HEIRLOOMS, WEAPONS, BUSINESS RECORDS, GARMENTS AND HOUSEHOLD ITEMS, PAINTINGS, SCULPTURES, BOOKS, ETC LIBRARY AND COLLECTIONS ALSO INCLUDE THE SALARIES AND SUPPLIES USED IN MAINTAINING AND CATALOGING THE COLLECTION AND ASSISTING THE PUBLIC WITH RESEARCH DURING 2015, THERE WERE 5,646 VISITS TO THE LIBRARY AND RESEARCH AREAS, 921,630 VISITS TO OUR RESEARCH WEBSITES AND ONLINE COLLECTIONS AND OVER 9,767 RESPONSES TO PHONE, FAX, MAIL, AND EMAIL REQUESTS FOR ASSISTANCE, 667,891 UNIQUE VISITORS (USERS) AND 2,999,299 VIEWED PAGES

4c (Code) (Expenses \$ 2,174,888 including grants of \$) (Revenue \$ 74,935)

COMMUNITY EDUCATION & EVENTS THE MISSOURI HISTORY MUSEUM PROVIDES MORE THAN 700 COMMUNITY PROGRAMS EACH YEAR DESIGNED TO ENGAGE AND EDUCATE DIVERSE AUDIENCES THE PROGRAMS ARE POSSIBLE BECAUSE OF THE LARGE NUMBER OF COMMUNITY PARTNERSHIPS THE MUSEUM CREATES AND MAINTAINS EACH YEAR WITH THE ASSISTANCE OF ORGANIZATIONS SUCH AS THE ANTI-DEFAMATION LEAGUE, METRO THEATER, AND THE ARCHEOLOGY ASSOCIATION, THE MUSEUM IS ABLE TO DEVELOP AND IMPLEMENT HISTORICAL BASED PROGRAMS THAT LOOK AT THE REGION'S PAST AS WELL AS ITS FUTURE THE MUSEUM'S LARGEST PROGRAM IS A TWELVE-WEEK OUTDOOR MUSIC FESTIVAL THAT WELCOMES ABOUT 35,000 VISITORS TO THE MUSEUM EACH YEAR THE MUSEUM'S K-12 EDUCATION PROGRAM ATTRACTED 30,000 STUDENTS WITH ITS INTER-DISCIPLINARY FOCUS AND HANDS ON ACTIVITIES THAT FOCUS ON THE MUSEUM'S TRAVELING AND PERMANENT GALLERIES

See Additional Data

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

4e Total program service expenses 12,677,341

Part IV Checklist of Required Schedules

		Yes	No
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> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
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>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
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>		No
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
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>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
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>		No
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>		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
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)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records BENJAMIN C WASHINGTON CPA 5700 LINDELL BLVD ST LOUIS, MO 631120400 (314) 746-4421	

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 dotted 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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							833,445	0	68,648	

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b	782,169				
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	10,420,600				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	3,068,147				
	g	Noncash contributions included in lines 1a-1f \$	72,860				
	h	Total. Add lines 1a-1f	14,270,916				
Program Service Revenue			Business Code				
	2a	EDUCATION AND EVENTS	611600	74,935	74,935		
	b	PUBLICATIONS	611600	28,460	28,460		
	c	LIBRARY PHOTOS & PRINT	611600	20,521	20,521		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		123,916			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,792,576		1,792,576	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
			b Less rental expenses				
			c Rental income or (loss)				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	28,368,470			
			(ii) Other				
			b Less cost or other basis and sales expenses	28,349,991			
			c Gain or (loss)	18,479			
	d	Net gain or (loss)		18,479		18,479	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
	a						
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19					
a							
b	Less direct expenses b						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	a	559,059				
		b Less cost of goods sold b	313,989				
		c Net income or (loss) from sales of inventory	245,070	245,070			
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS	611600	228,714	228,714			
b	FACILITIES & CATERING	611600	155,615	155,615			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		384,329				
12	Total revenue. See Instructions		16,835,286	753,315	0	1,811,055	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	932,398	286,568	615,525	30,305
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	4,081,749	3,268,761	654,924	158,064
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	232,471	188,068	42,731	1,672
9	Other employee benefits	681,537	476,124	179,168	26,245
10	Payroll taxes	386,710	289,815	83,722	13,173
11	Fees for services (non-employees)				
a	Management	75,052		65,052	10,000
b	Legal	97,537	9,610	87,927	
c	Accounting	160,082		160,082	
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 Schedule O)	260,645	214,763	45,882	
12	Advertising and promotion	392,358	392,358		
13	Office expenses	556,668	376,034	177,086	3,548
14	Information technology	947,608	870,629	73,219	3,760
15	Royalties				
16	Occupancy	3,155,175	2,852,625	286,946	15,604
17	Travel	48,168	36,300	11,868	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	52,128	9,012	34,464	8,652
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,014,434	841,104	162,194	11,136
23	Insurance	323,492	289,709	30,999	2,784
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	EXHIBITS	1,296,661	1,296,661	0	0
b	EDUCATION AND EVENTS	548,836	548,836	0	0
c	ANNUAL CULTIVATION	115,313	0	24,156	91,157
d	PUBLICATIONS	95,263	61,920	33,343	0
e	All other expenses	568,621	368,444	134,844	65,333
25	Total functional expenses. Add lines 1 through 24e	16,022,906	12,677,341	2,904,132	441,433
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	2,606,742	1	3,100,354
	2 Savings and temporary cash investments	86,844	2	83,452
	3 Pledges and grants receivable, net	4,363,567	3	3,201,157
	4 Accounts receivable, net	981,610	4	84,168
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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 instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	202,541	8	172,418
	9 Prepaid expenses and deferred charges	419,562	9	492,116
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 45,868,362		
	b Less accumulated depreciation	10b 20,748,787	24,531,013	10c 25,119,575
	11 Investments—publicly traded securities	42,023,512	11	41,359,460
	12 Investments—other securities. See Part IV, line 11	1,986,454	12	2,086,656
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	32,866	15	5,741
16 Total assets. Add lines 1 through 15 (must equal line 34)	77,234,711	16	75,705,097	
Liabilities	17 Accounts payable and accrued expenses	1,249,387	17	878,632
	18 Grants payable		18	
	19 Deferred revenue	35,760	19	162,570
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	549,581	25	586,742
	26 Total liabilities. Add lines 17 through 25	1,834,728	26	1,627,944
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	48,603,622	27	47,407,775
	28 Temporarily restricted net assets	14,797,998	28	13,984,294
	29 Permanently restricted net assets	11,998,363	29	12,685,084
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	75,399,983	33	74,077,153	
34 Total liabilities and net assets/fund balances	77,234,711	34	75,705,097	

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

		Yes	No
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		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:
EIN: 43-0654866
Name: MISSOURI HISTORICAL SOCIETY

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 1,396,011 including grants of \$) (Revenue \$ 28,460)

MARKETING AND COMMUNICATIONS DEPARTMENT THE MARKETING AND COMMUNICATIONS DEPARTMENT PROVIDES MARKETING AND PUBLIC RELATIONS ACTIVITIES FOR THE MUSEUM, INCLUDING MEDIA RELATIONS, ADVERTISING, SOCIAL MEDIA, ALONG WITH CULTURAL TOURISM, GRAPHIC DESIGN, ETC DURING 2015, THE MUSEUM RECEIVED 921,630 WEBSITE VISITS, 667,881 UNIQUE VISITORS TO THE WEB SITE, AND HAD AN AVERAGE 3 25 PAGES VIEWED PER WEB VISIT DURING 2015, THE MUSEUM HAD 201,606 FACEBOOK FANS ENGAGE WITH OUR CONTENT, RECEIVED AN AVERAGE DAILY TOTAL OF 6,196 HITS TO OUR PINTEREST SITE, ENDED THE YEAR WITH 3 5 MILLION FLICKR VIEWS AND HAD 51,631 VIEWS ON OUR YOUTUBE VIDEOS STAFF MEMBERS WITHIN THE MARKETING AND COMMUNICATIONS DEPARTMENT PREPARE AND DISTRIBUTE MEDIA MATERIALS PROMOTING EXHIBITION, EVENTS AND PROGRAMS TO THE PRINT AND ELECTRONIC MEDIA THE MARKETING AND COMMUNICATIONS DEPARTMENT PERSONNEL ALSO COORDINATE ALL INTERVIEWS AND SPEAKING ENGAGEMENTS RELATED TO THE MUSEUM, AS WELL AND PROVIDING IN-HOUSE INTERVIEW AND PUBLIC SPEAKING TRAINING FOR MUSEUM STAFF THE MARKETING AND COMMUNICATIONS DEPARTMENT STAFF OVERSEES ALL ADVERTISING AND MARKETING OPPORTUNITIES AND PROMOTIONAL PARTNERSHIPS, DEVELOPS MARKETING PLANS AND PLACES ALL ADVERTISING FOR EXHIBITIONS, PROGRAMS AND EVENTS, COORDINATES THE MUSEUM'S SOCIAL MEDIA PRESENCE MARKETING AND COMMUNICATION DEPARTMENT STAFF PROMOTES THE MUSEUM, SPECIAL EXHIBITIONS, FOREST PARK AND ST LOUIS TO THE TOURISM INDUSTRY BY WORKING CLOSELY WITH REGIONAL VISITOR AND CONVENTION BUREAUS, TOUR COMPANIES, TRAVEL ORGANIZATIONS AND HOTEL CONCIERGE THE MARKETING AND COMMUNICATIONS DEPARTMENT PRODUCES BROCHURES, BANNERS, SIGNAGE, POSTCARDS, MAILERS AND A VARIETY OF PRINTED AND ELECTRONIC MATERIALS TO REPRESENT THE MANY EXHIBITIONS, PROGRAMS, AND MEMBERSHIP OPPORTUNITIES OF THE MISSOURI HISTORY MUSEUM ANNUAL EXPENSES ARE \$1,011,096 THE PUBLICATIONS DIVISION PROVIDES A NUMBER OF SERVICES FOR THE MUSEUM IN ADDITION TO PUBLISHING A NUMBER OF BOOKS EACH YEAR (NEW TITLES OR REPRINTS OF BOOKS PREVIOUSLY PUBLISHED BY THE MUSEUM), THEY ALSO PUBLISH AN ANNUAL MEMBERS MAGAZINE AND MAINTAIN AN ONLINE MAGAZINE WITH CONTINUOUSLY CHANGING ARTICLES THEY PROVIDE EDITING SERVICES FOR OTHER DEPARTMENTS IN THE MUSEUM ANNUAL EXPENSES WERE \$384,915 AND ANNUAL REVENUES WERE \$27,146

(Code) (Expenses \$ 423,340 including grants of \$) (Revenue \$)

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

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	including grants of \$	) (Revenue \$	155,615)
FACILITIES & CATERING FACILITIES RENTAL AND CATERING INCOME ARE BUDGETED AND REPORTED NET OF EXPENSES THESE EARNED INCOME CATEGORIES REPRESENT THE SPACE RENTAL USE OF THE FACILITY AND CERTAIN COMMISSIONS ON ALL CATERING FOOD AND BEVERAGES IN THE RESTAURANT AND AT EVENTS				
(Code	) (Expenses \$	including grants of \$	) (Revenue \$	228,714)
OTHER INCOME OTHER INCOME INCLUDES PHOTOS AND PRINT SALES, PHOTOCOPY SALES, PUBLICATION SALES AND ROYALTIES, DISCOVERY TOUR INCOME, AND MISCELLANEOUS INCOME				

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	including grants of \$	) (Revenue \$	245,070)
MUSEUM SHOP THE MUSEUM SHOP IS A VISITOR AMENITY FOR BOOKS AND GIFTS RELATING TO THE HISTORY AND CULTURE OF THE ST LOUIS REGION THE SHOP OFFERS A BROAD SELECTION OF BOOKS DEALING WITH REGIONAL HISTORY, BIOGRAPHIES, GENEALOGY, LOCAL ARCHITECTURE AND MUCH MUCH MORE				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
HARRY RICH CHAIRMAN	1 00	X		X				0	0	0
HON WAYNE GOODE VICE CHAIR	1 00	X		X				0	0	0
FRANK L STEEVES VICE CHAIR	1 00	X		X				0	0	0
JAMES A TRICARICO JR SECRETARY	1 00	X		X				0	0	0
HERBERT D CONDIE III ASSISTANT SECRETARY	1 00	X		X				0	0	0
HON STEVE EHLMANN ASSISTANT SECRETARY	1 00	X		X				0	0	0
MARY LEE HERMANN ASSISTANT SECRETARY	1 00	X		X				0	0	0
ANN LIBERMAN ASSISTANT SECRETARY	1 00	X		X				0	0	0
ELIZABETH T ROBB ASSISTANT SECRETARY	1 00	X		X				0	0	0
REX SINQUEFIELD ASSISTANT SECRETARY	1 00	X		X				0	0	0
WILLIAM C RUSNACK TREASURER	1 00	X		X				0	0	0
HOLLY BENSON TRUSTEE	1 00	X						0	0	0
CATHERINE BERGES TRUSTEE	1 00	X						0	0	0
CAMILLA T BRAUER TRUSTEE	1 00	X						0	0	0
CYNTHIA J BRINKLEY TRUSTEE	1 00	X						0	0	0
MARIE CASEY TRUSTEE	1 00	X						0	0	0
DANIEL F COLE TRUSTEE	1 00	X						0	0	0
WILLIAM A COPPEL TRUSTEE	1 00	X						0	0	0
ROBERT COX TRUSTEE	1 00	X						0	0	0
KAT CUNNINGHAM TRUSTEE	1 00	X						0	0	0
GERALD EARLY PHD TRUSTEE	1 00	X						0	0	0
MARILYN R FOX TRUSTEE	1 00	X						0	0	0
CHERI FROMM TRUSTEE	1 00	X						0	0	0
ROBERT WM FULSTONE TRUSTEE	1 00	X						0	0	0
HON GARY M GAERTNER JR TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
F SCOTT GALT TRUSTEE	1 00	X						0	0	0
RACHEL KELLER TRUSTEE	1 00	X						0	0	0
KENNETH KRANZBERG TRUSTEE	1 00	X						0	0	0
SANDRA M MOORE TRUSTEE	1 00	X						0	0	0
CHERYL D POLK TRUSTEE	1 00	X						0	0	0
MABEL L PURKERSON MD TRUSTEE	1 00	X						0	0	0
HON MICHAEL A WOLFF TRUSTEE	1 00	X						0	0	0
FRANCES LEVINE PHD PRESIDENT	40 00			X				267,415	0	9,143
KAREN M GOERING MANAGING DIRECTOR-OPERATIONS	40 00			X				173,713	0	16,915
BENJAMIN C WASHINGTON CHIEF FINANCIAL OFFICER	40 00			X				140,706	0	7,632
MELANIE A ADAMS MANAGING DIRECTOR-COMMUNITY	40 00					X		136,591	0	14,501
KATHERINE VAN ALLEN MANAGING DIRECTOR-MUSEUM SERVICES	40 00					X		115,020	0	20,457

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

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 (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	15,373,758	18,137,667	12,921,377	14,590,400	14,270,916	75,294,118
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	15,373,758	18,137,667	12,921,377	14,590,400	14,270,916	75,294,118
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,295,948
6 Public support. Subtract line 5 from line 4						71,998,170

Section B. Total Support

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	84.500%
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	84.690%
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

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

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

- 1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
- a** Average monthly value of securities
- b** Average monthly cash balances
- c** Fair market value of other non-exempt-use assets
- d** **Total** (add lines 1a, 1b, and 1c)
- e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____
- 2** Acquisition indebtedness applicable to non-exempt use assets
- 3** Subtract line 2 from line 1d
- 4** Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5** Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6** Multiply line 5 by .035
- 7** Recoveries of prior-year distributions
- 8** **Minimum Asset Amount** (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

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

		Current Year
1		
2		
3		
4		
5		
6		

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

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

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

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MUSEUM SHOP - 2011 AMOUNT \$ 160,201 2012 AMOUNT \$ 164,416 2013 AMOUNT \$ 148,063 2014 AMOUNT \$ 237,057 2015 AMOUNT \$ 245,070 OTHER REVENUE - 2011 AMOUNT \$ 601,782 2012 AMOUNT \$ 820,936 2013 AMOUNT \$ 697,520 2014 AMOUNT \$ 403,565 2015 AMOUNT \$ 384,329

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization MISSOURI HISTORICAL SOCIETY

Employer identification number 43-0654866

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), 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?
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?

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

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

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under 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
1b 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
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

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?

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

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

Table with 2 columns: Description (1c-1f) and Amount. Rows include Beginning balance, Additions during the year, Distributions during the year, and Ending balance.

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

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

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, and End of year balance.

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

- a Board designated or quasi-endowment 29.040%
b Permanent endowment 30.250%
c Temporarily restricted endowment 40.710%
The percentages on lines 2a, 2b, and 2c should equal 100%

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

Table with 2 columns: Yes, No. Rows for 3a(i) unrelated organizations, 3a(ii) related organizations, and 3b.

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include Land, Buildings, Leasehold improvements, Equipment, Other, and Total.

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	▶	

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
DEFERRED COMPENSATION PLAN	339,569
SPLIT INTEREST AGREEMENTS	247,173
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 586,742

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	THE MUSEUM QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THEREFORE, THERE IS NO PROVISION FOR THE INCOME TAXES THE MUSEUM FOLLOWS THE PROVISIONS OF ASC 740-10-25 REQUIRING DISCLOSURE OF UNCERTAIN TAX POSITIONS THERE HAS BEEN NO INTEREST OR PENALTIES RECOGNIZED IN THE STATEMENTS OF ACTIVITIES NOR IN THE STATEMENTS OF FINANCIAL POSITION RELATED TO UNCERTAIN TAX POSITIONS IN ADDITION, NO TAX POSITIONS EXIST FOR WHICH IT IS REASONABLY POSSIBLE THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL SIGNIFICANTLY INCREASE OR DECREASE WITHIN THE NEXT 12 MONTHS THE MUSEUM EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES, REVIEW OF ITS REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS
PART XI, LINE 4B - OTHER ADJUSTMENTS	MUSEUM SHOP, NET 209,345 RESTAURANT EXPENSE 45,441
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPLIT INTEREST CHANGE IN VALUE EXPENSE 57,606
PART XII, LINE 4B - OTHER ADJUSTMENTS	MUSEUM SHOP EXPENSE 209,345 RESTAURANT 45,441
PART III, LINE 1(A)	THE MISSOURI HISTORY MUSEUM'S RESEARCH COLLECTIONS CONTAIN UNIQUE REGIONAL HISTORY SOURCES AND OBJECTS DOCUMENTING ST LOUIS, MISSOURI, THE MISSISSIPPI AND MISSOURI VALLEYS, THE LOUISIANA PURCHASE TERRITORY AND THE AMERICAN WEST AN INTEGRATED AND MULTI-FORMAT COLLECTION, IT SERVES AN AUDIENCE OF DIVERSE LOCAL, NATIONAL AND INTERNATIONAL READERS AND RESEARCHERS MUSEUM STAFF MEMBERS WORK TO SHARE THE COLLECTIONS IN THE GALLERIES, THROUGH OUR VARIOUS PUBLICATIONS, ONLINE AND THROUGH OUR COMMUNITY AND EDUCATIONAL PROGRAMS THE VALUE OF THE COLLECTIONS AND LIBRARY HOLDINGS CANNOT BE DETERMINED, AND THEREFORE, IS NOT CAPITALIZED IN THE ACCOMPANYING FINANCIAL STATEMENTS EACH OF THE ITEMS IN THE COLLECTIONS IS CATALOGUED, PRESERVED AND CARED FOR, AND COLLECTIONS AUDITS ARE PERFORMED REGULARLY PROCEEDS FROM DEACCESSIONS ARE USED TO ACQUIRE OTHER OBJECTS FOR THE COLLECTIONS
PART III, LINE 4	SEE STATEMENT FOR LINE 1(A) FOR A DEFINITION OF THE ARTICLES IN THE COLLECTION THE COLLECTION AND THE EXHIBITS, DISCUSSIONS AND RESEARCH OF THESE ITEMS IN THE COLLECTION PROVIDE A REVIEW OF THE PAST AND THE CHOICES MADE IN THE PAST AS A BASIS OF DISCUSSING CURRENT ACTIVITIES AND OPTIONS AND THEIR POSSIBLE IMPACT ON THE FUTURE THEY CAN PROVIDE THE BASIS FOR ADDRESSING AND SOLVING COMMON PROBLEMS
PART V, LINE 4	THE MUSEUM USES A SPENDING POLICY OF BETWEEN 3 0 AND 5% OF A TRAILING 13 QUARTER AVERAGE OF THE VALUE OF THE ENDOWMENT TO DETERMINE ANNUAL SPENDING A PORTION OF THIS SUPPORTS UNRESTRICTED SPENDING COVERING OPERATING EXPENSES A PORTION IS DESIGNATED FOR TEMPORARILY RESTRICTED SPENDING (I E PUBLICATIONS, GALLERIES, EXHIBIT MAINTENANCE) BASED ON DONOR'S INSTRUCTIONS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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

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

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MISSOURI HISTORICAL SOCIETY

Employer identification number

43-0654866

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input 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 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 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 If any of the boxes in 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>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" 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 type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No								
<p>c 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>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p>a The organization?</p>	5a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p>a The organization?</p>	6a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 For persons listed on 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>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

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

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference**Explanation**

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
MISSOURI HISTORICAL SOCIETY

Employer identification number
43-0654866

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	9	72,860	PUBLICLY TRADED STOCK
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts	X	160		
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
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		

Part III Supplemental Information.

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

Return Reference	Explanation
PART I, LINE 33	THE MISSOURI HISTORY MUSEUM'S RESEARCH COLLECTIONS CONTAIN UNIQUE REGIONAL HISTORY SOURCES AND OBJECTS DOCUMENTING ST LOUIS, MISSOURI, THE MISSISSIPPI AND MISSOURI VALLEYS, THE LOUISIANA PURCHASE TERRITORY AND THE AMERICAN WEST AN INTEGRATED AND MULTI-FORMAT COLLECTION, IT SERVES AN AUDIENCE OF DIVERSE LOCAL, NATIONAL AND INTERNATIONAL READERS AND RESEARCHERS MUSEUM STAFF MEMBERS WORK TO SHARE THE COLLECTIONS IN THE GALLERIES, THROUGH OUR VARIOUS PUBLICATIONS, ONLINE, AND THROUGH OUR COMMUNITY AND EDUCATIONAL PROGRAMS THE VALUE OF THE COLLECTIONS AND LIBRARY HOLDINGS CANNOT BE DETERMINED, AND THEREFORE, IS NOT CAPITALIZED IN THE ACCOMPANYING FINANCIAL STATEMENTS EACH OF THE ITEMS IN THE COLLECTIONS IS INVENTORIED, PRESERVED AND CARED FOR, AND COLLECTIONS AUDITS ARE PERFORMED REGULARLY PROCEEDS FROM DEACCESSIONS ARE USED TO ACQUIRE OTHER OBJECTS FOR THE COLLECTIONS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
MISSOURI HISTORICAL SOCIETY

Employer identification number

43-0654866

Return Reference	Explanation
FORM 990, PART III, LINE 2	SOLDIERS MEMORIAL THE MISSOURI HISTORICAL SOCIETY ENTERED INTO AGREEMENTS WITH THE CITY OF ST LOUIS AND THE SOLDIERS MEMORIAL LLC TO PROCESS THE COLLECTIONS OF THE SOLDIERS MEMORIAL MUSEUM THE MISSOURI HISTORICAL SOCIETY (MHS) WILL INVENTORY AND PROCESS THE COLLECTIONS ALL WORK WILL BE COMPLETED UNDER THE DIRECTION OF MHS ADDITIONALLY, MHS WILL REVITALIZE THE SOLDIERS MEMORIAL MILITARY MUSEUM AND THE COURT OF HONOR SOLDIERS MEMORIAL LLC AND THE CITY OF ST LOUIS PARTNERED WITH THE MISSOURI HISTORICAL SOCIETY BECAUSE OF MHS' EXTENSIVE EXPERIENCE WITH INVENTORY, PROCESSING, AND HANDLING OF HISTORICAL COLLECTIONS THE MHS IS AN ACCREDITED MUSEUM BY THE AMERICAN ALLIANCE OF MUSEUMS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE REVISED BYLAWS ALLOW SENDING MEETING NOTICES BY EMAIL AND BOARD MEMBERS PARTICIPATING BY TELECONFERENCE NOW COUNT IN THE QUORUM THE BYLAWS ALSO CLARIFY THAT BOARD MEMBERS MUST TAKE A BREAK FROM BOARD SERVICE AFTER SERVING THREE CONSECUTIVE THREE-YEAR TERMS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>THE SUBDISTRICT IS PART OF THE ZOOLOGICAL MUSEUM DISTRICT (ZMD) THE SUBDISTRICT WAS ESTABLISHED TO RECEIVE TAX REVENUES FROM THE TAX COLLECTOR'S OFFICES AND TO PAY FOR HISTORY MUSEUM SERVICES PROVIDED TO BENEFIT THE PUBLIC THE ZMD TAX GENERATED REVENUE IS SUBJECT TO ANNUAL REVIEW AND APPROVAL IN 1988, THE SUBDISTRICT AND THE MUSEUM ENTERED INTO A CONTRACT, WHICH WAS RENEGOTIATED IN THE FALL OF 2012, 2013 AND 2015 THE AGREEMENT RENEWS FOR ONE YEAR EACH DECEMBER 31, UNLESS THE SUBDISTRICT, UPON RECOMMENDATION OF ITS COMMITTEE ON RENEWAL, VOTES NOT TO RENEW THE CONTRACT UPON GIVING WRITTEN NOTICE OF ITS INTENT NOT TO RENEW THE CONTRACT, THE MISSOURI HISTORICAL SOCIETY AND THE SUBDISTRICT ARE REQUIRED TO MEET FOR A PERIOD OF SIX MONTHS TO RESOLVE THEIR DIFFERENCES IF THOSE DIFFERENCES ARE NOT RESOLVED, THE CONTRACT TERMINATES AT THE END OF THE CALENDAR YEAR IN WHICH SUCH FINAL DETERMINATION IS MADE THE CONTRACT PROVIDES FOR HISTORY MUSEUM FACILITIES AND SERVICES TO BE PROVIDED TO THE PUBLIC BY THE HISTORICAL SOCIETY IN EXCHANGE FOR COMPENSATION FROM THE SUBDISTRICT THE PUBLIC SUPPORT UNDER THIS CONTRACT IS DETERMINED EACH YEAR BASED UPON AN ANNUAL BUDGET THE 2012 REVISED AGREEMENT CREATED JOINT BUDGET AND EXECUTIVE COMPENSATION COMMITTEES COMPOSED OF EQUAL NUMBERS OF TRUSTEES FROM THE MISSOURI HISTORICAL SOCIETY AND COMMISSIONERS OF THE SUBDISTRICT THE AGREEMENT REQUIRES PRIOR SUBDISTRICT APPROVAL FOR THE PURCHASE OF ANY REAL ESTATE AND JOINT BUDGET COMMITTEE APPROVAL OF ANY UNBUDGETED EXPENDITURE IN EXCESS OF \$10,000 THE MISSOURI HISTORICAL SOCIETY IS INCLUDED AS A DISCRETELY PRESENTED COMPONENT UNIT WITHIN THE SUBDISTRICT'S FINANCIAL STATEMENTS</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY THE FINANCE DEPARTMENT IN CONJUNCTION WITH THE INDEPENDENT AUDITORS. IT IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER, THE CHIEF FINANCIAL OFFICER, THE MANAGING DIRECTOR OF ADMINISTRATION & OPERATIONS, THE AUDIT COMMITTEE, THE EXECUTIVE COMMITTEE, AND THE BOARD OF TRUSTEES PRIOR TO THE SUBMISSION OF THE FORM 990.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, THE TRUSTEES ARE REQUIRED TO REVIEW THE MUSEUM'S CONFLICT OF INTEREST POLICY AND SIGN A FORM CONFIRMING THAT THEY HAVE READ THE POLICY IF THERE IS THE POTENTIAL FOR A CONFLICT OF INTEREST, THEY ARE REQUIRED TO DOCUMENT THAT POTENTIAL THESE TWO FORMS ARE THEN FORWARDED TO THE METROPOLITAN ZOO AND MUSEUM DISTRICT OF THE CITY OF ST LOUIS AND ST LOUIS COUNTY, THE TAXING AUTHORITY PROVIDING PARTIAL FINANCIAL SUPPORT TO THE MUSEUM THE ORGANIZATIONS TOP MANAGEMENT OFFICIALS ANNUALLY SIGN A FORM CONFIRMING THAT THEY HAVE READ THE MUSEUM'S CONFLICT OF INTEREST POLICY ALSO, THE EMPLOYEE HANDBOOK SPELLS OUT THE MUSEUM'S EMPLOYEE CONFLICT OF INTEREST POLICY AND EMPLOYEES ARE REQUIRED TO SIGN A FORM INDICATING THAT THEY HAVE READ AND UNDERSTAND THE REQUIREMENTS OF THE HANDBOOK

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE JOINT EXECUTIVE COMPENSATION COMMITTEE, CONSISTING OF EQUAL NUMBERS OF MISSOURI HISTORICAL SOCIETY TRUSTEES AND MISSOURI HISTORY MUSEUM SUBDISTRICT COMMISSIONERS, HAVE THE RESPONSIBILITY OF REVIEWING AND RECOMMENDING THE COMPENSATION OF THE PRESIDENT OF THE MISSOURI HISTORICAL SOCIETY/MISSOURI HISTORY MUSEUM THE JOINT EXECUTIVE COMPENSATION COMMITTEE IS CHAIRED BY THE CHAIRMAN OF THE MISSOURI HISTORY MUSEUM SUBDISTRICT THE CURRENT PRESIDENT BEGAN WORK ON APRIL 15, 2014 UNDER A COMPENSATION AGREEMENT PREPARED BY THE JOINT EXECUTIVE COMPENSATION COMMITTEE AND APPROVED BY THE BOARD OF TRUSTEES THE REVIEW AND APPROVAL OF THE COMPENSATION FOR THE PRESIDENT AND SENIOR MANAGEMENT IS CONDUCTED IN ACCORDANCE WITH SECTION 4958 OF THE INTERNAL REVENUE CODE WITH RESPECT TO THE COMPARABLE INSTITUTIONS, BOTH LOCALLY AND NATIONALLY, AS WELL AS A REVIEW OF THE PERFORMANCE OF EACH MANAGER THE JOINT EXECUTIVE COMPENSATION COMMITTEE HOLDS AT LEAST TWO MEETINGS ANNUALLY, ONE TO REVIEW COMPARABLE INFORMATION, PERFORMANCE, AND TO DEVELOP RECOMMENDATIONS, AND THE SECOND MEETING IS TO CONFIRM THAT DECISION PRIOR TO REPORTING TO THE BOARD OF TRUSTEES

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	SPLIT INTEREST CHANGE IN VALUE EXPENSE -57,606