

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.

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
MISSOURI HISTORICAL SOCIETY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 775460

City or town, state or province, country, and ZIP or foreign postal code
ST LOUIS, MO 63177

D Employer identification number
43-0654866

E Telephone number
(314) 454-3146

G Gross receipts \$ 99,593,574

F Name and address of principal officer:
DR FRANCES LEVINE
PO BOX 775460
ST LOUIS, MO 63177

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

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.MOHISTORY.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1866

M State of legal domicile:
MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO SERVE AS THE CONFLUENCE OF HISTORICAL PERSPECTIVES TO INSPIRE AND ENGAGE OUR AUDIENCES.

2 Check this box 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	38
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	38
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	278
6 Total number of volunteers (estimate if necessary)	6	143
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 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	18,031,802	41,551,795
9 Program service revenue (Part VIII, line 2g)	124,707	157,957
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,706,821	8,560,147
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	373,530	334,957
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,236,860	50,604,856
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)	10,135,636	10,804,039
16a Professional fundraising fees (Part IX, column (A), line 11e)	97,694	191,827
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,555,046		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	14,236,364	9,294,961
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	24,469,694	20,290,827
19 Revenue less expenses. Subtract line 18 from line 12	-4,232,834	30,314,029
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	81,951,099	115,539,181
21 Total liabilities (Part X, line 26)	1,670,539	2,311,628
22 Net assets or fund balances. Subtract line 21 from line 20	80,280,560	113,227,553

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: ***** Date: 2020-10-01
FRANCES LEVINE PHD PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name Preparer's signature Date
Firm's name ▶ RUBINBROWN LLP Firm's EIN ▶ 43-0765316
Firm's address ▶ ONE NORTH BRENTWOOD Phone no. (314) 290-3300
SAINT LOUIS, MO 63105

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. (CONTINUED IN SCHEDULE O) 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 \$ 2,907,285 including grants of \$) (Revenue \$ 136,115)
 See Additional Data

4b (Code:) (Expenses \$ 5,278,159 including grants of \$) (Revenue \$ 10,329)
 See Additional Data

4c (Code:) (Expenses \$ 3,876,260 including grants of \$) (Revenue \$)
 See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
 (Expenses \$ 3,524,659 including grants of \$) (Revenue \$ 11,513)

4e Total program service expenses ▶ 15,586,363

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 14. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	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>		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>	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>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		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.	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		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

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 2a 278
b 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) 2b Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a No
b If "Yes," enter the name of the foreign country: 4b
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b
7 Organizations that may receive deductible contributions under section 170(c).
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c No
d If "Yes," indicate the number of Forms 8282 filed during the year 7d
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h
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? 8
9 Sponsoring organizations maintaining donor advised funds.
a Did the sponsoring organization make any taxable distributions under section 4966? 9a
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b
10 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on Part VIII, line 12 10a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
11 Section 501(c)(12) organizations. Enter:
a Gross income from members or shareholders 11a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
a 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. 13a
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b
c Enter the amount of reserves on hand 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 No
If "Yes," see instructions and file Form 4720, Schedule N.
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 No
If "Yes," complete Form 4720, 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

Table with 3 columns: Question, Yes, No. Rows include: 1a (38), 1b (38), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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-A 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.
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:

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			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	1,055,003	0	90,888

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 **▶ 6**

	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
UNITED CONSTRUCTION ENT CO 12747 OLIVE BLVD SUITE 101 ST LOUIS, MO 63141	EXHIBIT CONSTRUCTION	264,454
SIEMENS INDUSTRY INC PO BOX 2134 CAROL STREAM, IL 60132	HVAC SERVICES	163,551
HELLER CONSERVATION SERVICES 251 OPOSSUM HOLLOW ROAD WATERTOWN, TN 37184	CONSERVATION	123,339
BRYAN CAVE LEIGHTON PAISNER LLP PO BOX 503089 ST LOUIS, MO 63150	LEGAL SERVICES	115,289

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 **▶ 4**

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	938,865				
	c Fundraising events	1c	172,314				
	d Related organizations	1d					
	e Government grants (contributions)	1e	11,414,587				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	29,026,029				
	g Noncash contributions included in lines 1a - 1f:\$	1g	84,736				
	h Total. Add lines 1a-1f			41,551,795			
Program Service Revenue		Business Code					
	2a EDUCATION AND EVENTS	611600	136,114	136,114			
	b LIBRARY & COLLECTIONS	611600	10,329	10,329			
	c SOLDIER'S MEMORIAL	611600	5,991	5,991			
	d PUBLICATIONS	611600	5,523	5,523			
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.			157,957				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,734,727			2,734,727	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6b Less: rental expenses					
		6c Rental income or (loss)					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	54,457,296				
		(ii) Other					
		7b Less: cost or other basis and sales expenses	48,631,876				
		7c Gain or (loss)	5,825,420				
	d Net gain or (loss)		5,825,420			5,825,420	
	8a Gross income from fundraising events (not including \$ 172,314 of contributions reported on line 1c). See Part IV, line 18						
		8a	30,325				
8b Less: direct expenses		128,707					
c Net income or (loss) from fundraising events		-98,382			-98,382		
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	9b Less: direct expenses						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a	451,768					
	10b Less: cost of goods sold	228,135					
c Net income or (loss) from sales of inventory		223,633			223,633		
Miscellaneous Revenue	Business Code						
11a FACILITIES & CATERING	611600	165,564			165,564		
b							
c							
d All other revenue		44,142			44,142		
e Total. Add lines 11a-11d		209,706					
12 Total revenue. See instructions		50,604,856	157,957	0	8,895,104		

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	684,526		684,526	
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	8,053,351	6,792,166	593,623	667,562
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	355,249	309,006	21,463	24,780
9 Other employee benefits	1,091,578	875,817	144,038	71,723
10 Payroll taxes	619,335	495,599	75,939	47,797
11 Fees for services (non-employees):				
a Management				
b Legal	105,155	128	105,027	
c Accounting	235,225		235,225	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	191,827			191,827
f Investment management fees	370,228		370,228	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	572,163	430,065	116,453	25,645
12 Advertising and promotion	735,861	735,861		
13 Office expenses	712,436	541,224	76,838	94,374
14 Information technology	324,016	202,860	107,362	13,794
15 Royalties				
16 Occupancy	798,298	756,021	34,382	7,895
17 Travel	117,020	66,719	33,616	16,685
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	151,376	121,152	10,181	20,043
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,665,973	1,495,923	122,642	47,408
23 Insurance	454,638	405,689	34,254	14,695
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 EXHIBITION COSTS	1,152,604	1,152,604		
b MUSEUM SHOP EXPENSES	231,949		231,949	
c RESTAURANT EXPENSES	48,351		48,351	
d				
e All other expenses	1,619,668	1,205,529	103,321	310,818
25 Total functional expenses. Add lines 1 through 24e	20,290,827	15,586,363	3,149,418	1,555,046
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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	6,858,434	1	6,141,716
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	336,523	3	759,091
	4 Accounts receivable, net	137,310	4	97,778
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	201,996	8	216,497
	9 Prepaid expenses and deferred charges	398,418	9	330,763
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 49,848,438		
	b Less: accumulated depreciation	10b 26,844,362	23,813,673	10c 23,004,076
	11 Investments—publicly traded securities	48,634,687	11	84,822,706
	12 Investments—other securities. See Part IV, line 11	1,479,531	12	41,429
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	90,527	15	125,125
16 Total assets. Add lines 1 through 15 (must equal line 34)	81,951,099	16	115,539,181	
Liabilities	17 Accounts payable and accrued expenses	1,173,216	17	1,537,963
	18 Grants payable		18	
	19 Deferred revenue	18,809	19	233,562
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	478,514	25	540,103
	26 Total liabilities. Add lines 17 through 25	1,670,539	26	2,311,628
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	47,572,035	27	49,390,117
	28 Net assets with donor restrictions	32,708,525	28	63,837,436
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	80,280,560	32	113,227,553	
33 Total liabilities and net assets/fund balances	81,951,099	33	115,539,181	

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	50,604,856
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,290,827
3	Revenue less expenses. Subtract line 2 from line 1	3	30,314,029
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	80,280,560
5	Net unrealized gains (losses) on investments	5	2,809,682
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-176,718
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	113,227,553

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 43-0654866

Name: MISSOURI HISTORICAL SOCIETY

Form 990 (2019)

Form 990, Part III, Line 4a:

EDUCATION AND VISITOR EXPERIENCE (EVE): THIS DIVISION OFFERS PROGRAMS THAT ENGAGE AND EDUCATE AUDIENCES OF ALL AGES AND ABILITIES. THIS DIVISION COMPRISES FOUR MAIN DEPARTMENTS: COMMUNITY PROGRAMS, EDUCATION & INTERPRETATION, VISITOR EXPERIENCE, AND VOLUNTEER & INTERN SERVICES. COMMUNITY PROGRAMS OFFERED 171 PROGRAMS IN 2019 SERVING 41,354 PEOPLE FROM AROUND THE ST. LOUIS REGION AND FROM AROUND THE COUNTRY. THE COMMUNITY PROGRAMS DEPARTMENT WORKS CLOSELY WITH OVER 78 ORGANIZATIONS FROM THE REGION TO DEVELOP AND IMPLEMENT RELEVANT AND UNIQUE PROGRAMS THAT LOOK AT THE REGION'S PAST TO FACILITATE DIALOGUE PERTINENT TO ITS FUTURE. EDUCATION & INTERPRETATION HAD A PARTICULARLY SUCCESSFUL YEAR WITH THE VARIETY OF PROGRAMS OFFERED SERVED 60,672 PEOPLE WITH SCHOOL GROUPS, (CONTINUED IN SCHEDULE O) YOUTH AND FAMILY PROGRAMS (NOT INCLUDING THE 61,807 PEOPLE WHO VISITED THE HISTORY CLUBHOUSE), TEENS MAKE HISTORY PERFORMANCES, AND THEATER PRODUCTIONS. VOLUNTEER AND INTERN SERVICES HAD 143 PEOPLE GIVE 15,122 HOURS TO THE MISSOURI HISTORICAL SOCIETY THROUGH VOLUNTEERING OR INTERNING. DISCOVERY TOURS INTRODUCED 450 PEOPLE TO PARTS OF THE CITY AND MHS THAT THEY DIDN'T KNOW BEFORE. EVE ALSO HOSTED ANOTHER SUCCESSFUL SEASON OF TWILIGHT TUESDAY HOLDING SEVEN CONCERTS FOR 26,550 PEOPLE.

Form 990, Part III, Line 4b:

LIBRARY AND COLLECTIONS AND DIGITAL INITIATIVES:THE MISSOURI HISTORICAL SOCIETY HOLDS THE PREMIER REGIONAL HISTORY COLLECTION 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.LIBRARY AND COLLECTIONS AND DIGITAL INITIATIVES INCLUDES THE EXPENSES ASSOCIATED WITH STEWARDSHIP OF THE COLLECTION OVERALL. INCLUDING SALARIES AND SUPPLIES ASSOCIATED WITH CONSERVING, CATALOGING, PROCESSING, DIGITIZING PHOTOGRAPHY AND HOUSING THE COLLECTIONS.(CONTINUED IN SCHEDULE O)AS WELL AS MANAGING THE WEBSITE, ONLINE COLLECTIONS AND IN-GALLERY INTERACTIVITIES. MHS COLLECTIONS ARE ACCESSIBLE TO THE PUBLIC THROUGH THE LIBRARY AND RESEARCH CENTER, EXHIBITIONS AT THE MUSEUM, ARTIFACTS ON LOAN TO OTHER INSTITUTIONS, OUR ONLINE COLLECTIONS SEARCH, AND VARIOUS SOCIAL MEDIA PLATFORMS. IN 2019, THERE WERE 5,579 IN-PERSON VISITS TO THE LIBRARY AND RESEARCH CENTER AND 5,388 RESEARCHERS ASSISTED VIA PHONE, FAX, MAIL, OR EMAIL; 81,942 SESSIONS TO OUR ONLINE CROSS COLLECTIONS SEARCH AND 2,123,776 VIEWED PAGES TO OUR MOHISTORY.ORG WEBSITE. THE COLLECTIONS CURRENTLY CONSIST OF MORE THAN 179,000 ARTIFACTS IN A VARIETY OF FORMATS THAT DOCUMENT THE EVERYDAY LIFE OF THE DIVERSE INHABITANTS OF OUR REGION. THE LIBRARY CONTAINS MORE THAN 90,000 VOLUMES. THE MANUSCRIPT COLLECTIONS COMPRISE MORE THAN 7,900 LINEAR FEET OF ORIGINAL MANUSCRIPT RECORDS. THE PHOTOGRAPHS AND PRINTS COLLECTIONS CONTAIN MORE THAN 1 MILLION IMAGES. THE SOUND AND MOVING IMAGES COLLECTION INCLUDES MORE THAN 74,000 ITEMS.

Form 990, Part III, Line 4c:

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 2019 EXHIBIT SCHEDULE INCLUDED, PANORAMAS OF THE CITY, MUNY MEMORIES, FLORES MEXICANAS: A LINDBERGH LOVE STORY, PULITZER PRIZE PHOTOGRAPHS, IN FOCUS: ST. LOUIS POST-DISPATCH PHOTOGRAPHS, AND MIGHTY MISSISSIPPI. ATTENDANCE TO THE MUSEUM AND ITS EXHIBITS WAS 323,779 IN 2019. 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 (CONTINUED IN SCHEDULE O) OUR PROGRAMS. EXPENSES INCLUDE SALARIES AND SUPPLIES ASSOCIATED WITH RESEARCHING, DESIGNING, INSTALLING AND MAINTAINING IN-HOUSE EXHIBITIONS AS WELL AS THOSE ASSOCIATED WITH TRAVELING EXHIBITS INCLUDING TRAVELING AND RENTAL FEES. THIS INCLUDES MEDIA ELEMENTS PRODUCED FOR EXHIBITIONS OR FILMS AS WELL AS COLLECTING AND PROVIDING ACCESS TO ORAL HISTORY INTERVIEWS.

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 1,314,094 including grants of \$) (Revenue \$)

MARKETING AND COMMUNICATIONS DEPARTMENT: THE MARKETING AND COMMUNICATIONS DEPARTMENT PROVIDES MARKETING AND PUBLIC RELATIONS ACTIVITIES FOR THE MISSOURI HISTORY MUSEUM, THE LIBRARY AND RESEARCH CENTER, AND SOLDIERS MEMORIAL MILITARY MUSEUM. ACTIVITIES INCLUDE MEDIA RELATIONS, MARKETING, ADVERTISING, SOCIAL MEDIA, GRAPHIC DESIGN, PROMOTIONS, CRISIS COMMUNICATIONS, ETC. THE MARKETING AND COMMUNICATIONS DEPARTMENT PREPARES AND DISTRIBUTES MEDIA MATERIAL TO PRINT, ELECTRONIC, AND ONLINE MEDIA TO PROMOTE INSTITUTIONAL EXHIBITIONS, EVENTS, PROGRAMS, AND GENERAL AWARENESS. MEDIA REACH IS REGIONAL, STATEWIDE, AND WHEN APPROPRIATE, NATIONAL. DEPARTMENTAL PERSONNEL COORDINATE ALL INTERVIEWS RELATED TO THE INSTITUTION, AS WELL AS PROVIDE IN-HOUSE MEDIA TRAINING FOR MUSEUM STAFF. THE MARKETING AND COMMUNICATIONS DEPARTMENT STAFF OVERSEES ALL ADVERTISING AND MARKETING OPPORTUNITIES AND PROMOTIONAL PARTNERSHIPS, INCLUDING DEVELOPING MARKETING PLANS, PLACING ALL PAID ADVERTISING RELATED TO THE INSTITUTION; AND ESTABLISHING STRATEGIC MARKETING COLLABORATIONS. THE GRAPHICS TEAM MEMBERS WITHIN THE MARKETING AND COMMUNICATIONS DEPARTMENT DESIGN AND PRODUCE INSTITUTIONAL COLLATERAL MATERIAL, INCLUDING EXTERIOR AND INTERIOR SIGNAGE; QUARTERLY MEMBER MAGAZINE; BANNERS; BROCHURES; DIRECT MAIL PIECES; POSTERS; WEB-BASED ELECTRONIC PROMOTIONAL AND MARKETING MATERIAL; AND THE SOCIAL MEDIA TEAM WITHIN THE DEPARTMENT COORDINATES THE INSTITUTIONAL PRESENCE ACROSS ALL SOCIAL MEDIA CHANNELS, INCLUDING FACEBOOK, TWITTER, PINTEREST, AND YOUTUBE.

(Code:) (Expenses \$ 293,969 including grants of \$) (Revenue \$ 5,522)

PUBLICATIONS: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 A SEMI ANNUAL HISTORY MAGAZINE AND MAINTAIN AN ONLINE MAGAZINE WITH CONTINUOUSLY CHANGING ARTICLES. THEY PROVIDE EDITING SERVICES FOR OTHER DEPARTMENTS IN THE MUSEUM.

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 467,487 including grants of \$) (Revenue \$)

MUSEUM SERVICES AND STRATEGIC INITIATIVES:THE MUSEUM SERVICES AND STRATEGIC INITIATIVES DIVISIONS PROVIDE ADMINISTRATIVE/SUPERVISORY SUPPORT TO LIBRARY AND COLLECTIONS, DIGITAL INITIATIVES, EXHIBITION AND RESEARCH, THE PUBLICATIONS DIVISION, AND MARKETING AND COMMUNICATIONS INCLUDING PARTICIPATION IN STRATEGIC PLANNING EFFORTS, BUDGET OVERSIGHT, BOARD COMMITTEE RESPONSIBILITIES, AND VARIOUS INITIATIVES.

(Code:) (Expenses \$ 1,449,109 including grants of \$) (Revenue \$ 5,991)

SOLDIERS MEMORIAL: MHS OPERATES AND MANAGES THE SOLDIERS MEMORIAL MILITARY MUSEUM UNDER AN AGREEMENT WITH THE CITY OF ST. LOUIS. MHS OPENED THE SOLDIERS MEMORIAL AND THE COURT OF HONOR IN NOVEMBER OF 2018 AFTER AN EXTENSIVE \$30 MILLION REVITALIZATION AND RENOVATION PROJECT. THE CITY OF ST. LOUIS PARTNERED WITH THE MHS AFTER CONSIDERATION OF OUR EXTENSIVE EXPERIENCE WITH MUSEUM OPERATIONS. THE MHS IS AN ACCREDITED MUSEUM BY THE AMERICAN ALLIANCE OF MUSEUMS. THE SOLDIERS MEMORIAL MILITARY MUSEUM HAD 37,793 VISITORS IN 2019. OPERATIONS: SOLDIERS MEMORIAL MILITARY MUSEUM FULFILLS THREE PRIMARY ROLES FOR THE ST. LOUIS COMMUNITY. FIRST, IT SERVES AS A PUBLIC MEMORIAL TO REMEMBER THOSE WHO GAVE THEIR LIVES IN SERVICE. THE MUSEUM BUILDING AND THE OUTDOOR COURT OF HONOR ARE HOME TO MEMORIALS TO WORLD WAR I, WORLD WAR II, THE KOREAN WAR, THE VIETNAM WAR, AND SERVICE MEMBERS WHO HAVE GIVEN THEIR LIVES WHILE IN SERVICE SINCE 1975. SECONDLY, WITH ITS MULTIPLE MEETING ROOMS, SOLDIERS MEMORIAL HOSTS A WIDE ARRAY OF PUBLIC PROGRAMS THAT EDUCATE ON ST. LOUIS' ROLE IN SERVICE SINCE ITS EARLIEST DAYS. IN COLLABORATION WITH EXTERNAL PARTNERS, THE MEETING ROOMS ARE ALSO USED TO PROVIDE DIRECT SERVICES TO VETERANS. THE MEETING ROOMS ARE ALSO USED BY MANY VETERAN SERVICE ORGANIZATIONS FOR THEIR RECURRING MEETINGS. FINALLY, SOLDIERS MEMORIAL SERVES AS A MUSEUM THAT HOSTS A 4,000 SQUARE FOOT PERMANENT GALLERY THAT SHARES THAT STORY OF "ST. LOUIS IN SERVICE" FROM THE REVOLUTIONARY WAR THROUGH TODAY. THE MEMORIAL IS ALSO HOME TO A 4,000 SQUARE FOOT TEMPORARY GALLERY WHICH FROM NOVEMBER, 2018 THROUGH JANUARY, 2021 IS HOME TO "ST. LOUIS AND THE GREAT WAR" SHARING THE STORY OF ST. LOUIS DURING WORLD WAR I.

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			
ROBERT M COX JR CHAIRMAN	1.00	X		X				0	0	0
MARVIN ANDERSON TREASURER	1.00	X		X				0	0	0
LISA D MCLAUGHLIN SECRETARY	1.00	X		X				0	0	0
DAVE BARTHOLOMEW TRUSTEE	1.00	X						0	0	0
HOLLY BENSON TRUSTEE	1.00	X						0	0	0
CATHERINE BERGES TRUSTEE	1.00	X						0	0	0
MARIE CASEY TRUSTEE	1.00	X						0	0	0
WILLIAM A COPPEL TRUSTEE	1.00	X						0	0	0
LJILJANA CVIJANOVIC TRUSTEE	1.00	X						0	0	0
JULIE DUBRAY 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			
KIM EBERLEIN TRUSTEE	1.00	X						0	0	0
STEVE EHLMANN TRUSTEE	1.00	X						0	0	0
ROBERT W FULSTONE TRUSTEE	1.00	X						0	0	0
HON GARY M GAERTNER JR TRUSTEE	1.00	X						0	0	0
F SCOTT GALT TRUSTEE	1.00	X						0	0	0
MARY P HEGER TRUSTEE	1.00	X						0	0	0
DEBRA HOLLINGSWORTH TRUSTEE	1.00	X						0	0	0
RICHARD JENSEN TRUSTEE	1.00	X						0	0	0
THOMAS IRWIN TRUSTEE	1.00	X						0	0	0
PETER KASTOR 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			
DOUGLAS KOCH TRUSTEE	1.00	X						0	0	0
KENNTH KRANZBERG TRUSTEE	1.00	X						0	0	0
PAUL E MARTIN TRUSTEE	1.00	X						0	0	0
SANDRA M MOORE TRUSTEE	1.00	X						0	0	0
RAYMOND W PETERS II TRUSTEE	1.00	X						0	0	0
CHERYL D POLK TRUSTEE	1.00	X						0	0	0
MARY ELLEN PONDER TRUSTEE	1.00	X						0	0	0
HARRY RATLIFF TRUSTEE	1.00	X						0	0	0
GREG R RHOMBERG TRUSTEE	1.00	X						0	0	0
ELIZABETH T ROBB 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			
ERIKA SCHENK TRUSTEE	1.00	X						0	0	0
ANN CADY SCOTT TRUSTEE	1.00	X						0	0	0
LAURA SHAUGHNESSY TRUSTEE	1.00	X						0	0	0
PATRICK SLY TRUSTEE	1.00	X						0	0	0
FREDERICK R STRASHEIM TRUSTEE	1.00	X						0	0	0
PHOEBE DENT WEIL TRUSTEE	1.00	X						0	0	0
MICHAEL A WOLFF TRUSTEE	1.00	X						0	0	0
CLINT ZWEIFEL TRUSTEE	1.00	X						0	0	0
FRANCES LEVINE PHD PRESIDENT AND CEO	40.00			X				321,583	0	26,333
KAREN M GOERING MANAGING DIRECTOR-OPERATIONS	40.00			X				188,080	0	18,799

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			
CHRISTINA RENZ CFO - AS OF 03/2019	40.00			X				124,227	0	5,503
KATHERINE VAN ALLEN MANAGING DIRECTOR-MUSEUM	40.00					X		152,471	0	9,928
YVETTE HARTSFIELD MANAGING DIRECTOR-DEVELOPMENT	40.00					X		144,151	0	18,913
NICHOLAS HOFFMAN MANAGING DIR-ED. & VISITOR SVCS	40.00					X		124,491	0	11,412

SCHEDULE A
 (Form 990 or 990-EZ)

Public Charity Status and Public Support
 Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
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 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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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- 10 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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	14,270,916	23,417,554	35,409,030	18,031,802	41,551,795	132,681,097
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	14,270,916	23,417,554	35,409,030	18,031,802	41,551,795	132,681,097
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). . . .						55,128,577
6 Public support. Subtract line 5 from line 4.						77,552,520

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . . .	14,270,916	23,417,554	35,409,030	18,031,802	41,551,795	132,681,097
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,792,576	1,888,396	2,071,074	2,388,166	2,734,727	10,874,939
9 Net income from unrelated business activities, whether or not the business is regularly carried on					223,632	223,632
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . .	384,329	145,211	309,279	164,422	209,706	1,212,947
11 Total support. Add lines 7 through 10						144,992,615
12 Gross receipts from related activities, etc. (see instructions)					12	3,293,578

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	53.490 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	64.780 %

- 16a 33 1/3% support test—2019.** 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
- b 33 1/3% support test—2018.** 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
- 17a 10%-facts-and-circumstances test—2019.** 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
- b 10%-facts-and-circumstances test—2018.** 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
- 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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
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))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
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? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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? <i>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.</i>	Yes	No
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	OTHER REVENUE - 2015 AMOUNT: \$ 384,329. 2016 AMOUNT: \$ 145,211. 2017 AMOUNT: \$ 309,279. 2018 AMOUNT: \$ 164,422. 2019 AMOUNT: \$ 209,706.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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).

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" 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.

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

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

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

- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	43,687,684	46,412,325	40,042,283	29,790,404	29,930,358
b Contributions	27,917,328	1,954,426	1,707,718	9,095,750	785,012
c Net investment earnings, gains, and losses	10,133,318	-3,024,583	6,076,165	2,411,345	291,734
d Grants or scholarships					
e Other expenditures for facilities and programs	1,918,807	1,654,484	1,413,841	1,255,216	1,216,700
f Administrative expenses					
g End of year balance	79,819,523	43,687,684	46,412,325	40,042,283	29,790,404

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

- a** Board designated or quasi-endowment ▶ 27.180 %
- b** Permanent endowment ▶ 54.060 %
- c** Temporarily restricted endowment ▶ 18.760 %

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:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		No
3a(ii)		No
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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		661,510		661,510
b Buildings				
c Leasehold improvements		42,287,258	22,627,156	19,660,102
d Equipment		6,473,819	4,217,206	2,256,613
e Other		425,851		425,851
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				23,004,076

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	540,103

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	53,197,405
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,809,681
b	Donated services and use of facilities	2b	298,053
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	6,636
e	Add lines 2a through 2d	2e	3,114,370
3	Subtract line 2e from line 1	3	50,083,035
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	370,228
b	Other (Describe in Part XIII.)	4b	151,593
c	Add lines 4a and 4b	4c	521,821
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	50,604,856

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	20,067,058
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	298,053
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	128,707
e	Add lines 2a through 2d	2e	426,760
3	Subtract line 2e from line 1	3	19,640,298
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	370,228
b	Other (Describe in Part XIII.)	4b	280,300
c	Add lines 4a and 4b	4c	650,528
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	20,290,826

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 43-0654866

Name: MISSOURI HISTORICAL SOCIETY

Supplemental Information

Return Reference	Explanation
PART III, LINE 1A:	MHS' 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. MHS 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 OR CONSERVE OTHER OBJECTS FOR THE COLLECTIONS.

Supplemental Information

Return Reference	Explanation
PART III, LINE 4:	SEE STATEMENT FOR LINE 1A FOR A DEFINITION OF THE ARTIFACTS 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.

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	MHS 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.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	MHS 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. MHS 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. MHS 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.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	SPLIT VALUE INTEREST AGREEMENT 6,636.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	MUSEUM SHOP EXPENSES 231,949. SPECIAL EVENT EXPENSES -128,707. RESTAURANT EXPENSES 48,351.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES 128,707.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	MUSEUM SHOP EXPENSES 231,949. RESTAURANT EXPENSES 48,351.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
MISSOURI HISTORICAL SOCIETY

Employer identification number
43-0654866

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| <p>a <input checked="" type="checkbox"/> Mail solicitations</p> <p>b <input checked="" type="checkbox"/> Internet and email solicitations</p> <p>c <input checked="" type="checkbox"/> Phone solicitations</p> <p>d <input checked="" type="checkbox"/> In-person solicitations</p> | <p>e <input checked="" type="checkbox"/> Solicitation of non-government grants</p> <p>f <input checked="" type="checkbox"/> Solicitation of government grants</p> <p>g <input checked="" type="checkbox"/> Special fundraising events</p> |
|---|--|
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
KENNETH NICKLESS 4501 ELI DRIVE UNIT I ST LOUIS, MO 63128	FUNDRAISING INITIATIVES	No		0	79,740	-79,740
THE ROME GROUP 3120 LOCUST STREET ST LOUIS, MO 63103	FUNDRAISING INITIATIVES	No		0	32,313	-32,313
THE GABRIEL GROUP 3190 RIDER TRAIL SOUTH EARTH CITY, MO 63045	FUNDRAISING INITIATIVES	No		0	79,774	-79,774
Total				191,827	-191,827	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

MO

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		TJ DINNER (event type)	THREADS (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	20,865	169,500	12,274	202,639
	2 Less: Contributions	12,280	153,460	6,574	172,314
	3 Gross income (line 1 minus line 2)	8,585	16,040	5,700	30,325
Direct Expenses	4 Cash prizes			550	550
	5 Noncash prizes	875		50	925
	6 Rent/facility costs				
	7 Food and beverages	13,433	19,538	612	33,583
	8 Entertainment	1,100	26,732		27,832
	9 Other direct expenses	24,979	40,775	63	65,817
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				128,707
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-98,382	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

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 border="0"> <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 idemnification and gross-up payments</td> <td><input checked="" 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 idemnification and gross-up payments	<input checked="" 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 idemnification and gross-up payments	<input checked="" 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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	No								
<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 on Line 1a?</p>	2	Yes								
<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 border="0"> <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> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <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>	4a	No								
	4b	No								
	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> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	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> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 FRANCES LEVINE PHD PRESIDENT AND CEO	(i)	321,583	0	0	18,585	7,748	347,916	0
	(ii)	0	0	0	0	0	0	0
2 KAREN M GOERING MANAGING DIRECTOR- OPERATIONS	(i)	188,080	0	0	11,169	7,630	206,879	0
	(ii)	0	0	0	0	0	0	0
3 KATHERINE VAN ALLEN MANAGING DIRECTOR- MUSEUM	(i)	152,471	0	0	8,926	1,002	162,399	0
	(ii)	0	0	0	0	0	0	0
4 YVETTE HARTSFIELD MANAGING DIRECTOR- DEVELOPMENT	(i)	144,151	0	0	9,010	9,903	163,064	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
PART I, LINE 1A	MHS PAYS FOR A MEMBERSHIP TO THE ST. LOUIS CLUB FOR DR. LEVINE FOR FUNDRAISING AND CULTIVATION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047
2019
Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

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	12	84,736	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts	X	124	0	
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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 isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31	Yes	
32a		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 nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Return Reference	Explanation
PART I, COLUMN (B):	THE ORGANIZATION REPORTS THE NUMBER OF CONTRIBUTIONS FOR SECURITIES AND THE NUMBER OF ITEMS CONTRIBUTED FOR ALL OTHER CONTRIBUTIONS.
PART I, LINE 33:	MHS' RESEARCH COLLECTIONS CONTAIN EXTENSIVE REGIONAL HISTORY OBJECTS AND ARTIFACTS DOCUMENTING THE HISTORY OF ST. LOUIS, MISSOURI, THE MISSISSIPPI AND MISSOURI RIVER VALLEYS AND THE AMERICAN WEST. THE DIVERSE COLLECTION SERVES A BROAD AUDIENCE OF LOCAL, NATIONAL AND INTERNATIONAL SCHOLARS, RESEARCHERS AND INDIVIDUALS INTERESTED IN LOCAL AND REGIONAL HISTORY. MHS SHARES THE COLLECTION THROUGH REGULAR EDUCATIONAL AND PUBLIC PROGRAMS, EXHIBITIONS, PUBLICATIONS AND ON-LINE OFFERINGS AND APPLICATIONS. THE VALUE OF THE MUSEUM AND LIBRARY COLLECTIONS CANNOT BE DETERMINED AND ARE THEREFORE NOT CAPITALIZED IN THE ACCOMPANYING FINANCIAL STATEMENTS. OBJECTS IN THE COLLECTIONS ARE INVENTORIED, CATALOGUED AND PRESERVED. COLLECTIONS AUDITS ARE PERFORMED REGULARLY. ANY PROCEEDS FROM DEACCESSIONS ARE RESTRICTED FOR THE ACQUISITION OR CONSERVATION OF OTHER OBJECTS FOR THE COLLECTIONS.

SCHEDULE O
(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization

MISSOURI HISTORICAL SOCIETY

Employer identification number

43-0654866

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FEDERAL FORM 990 IS PREPARED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM WITH INFORMATION PROVIDED BY THE FINANCE DEPARTMENT. IT IS THEN REVIEWED BY THE PRESIDENT, THE CHIEF FINANCIAL OFFICER, THE MANAGING DIRECTOR OF ADMINISTRATION & OPERATIONS, THE AUDIT COMMITTEE, AND THE FULL BOARD OF TRUSTEES PRIOR TO THE SUBMISSION OF THE FEDERAL FORM 990 TO THE INTERNAL REVENUE SERVICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, ALL MEMBERS OF THE GOVERNING BOARD AND KEY EMPLOYEES ARE REQUIRED TO PREPARE A CONFLICT OF INTEREST DISCLOSURE. ALL DISCLOSURES ARE REVIEWED BY LEGAL COUNSEL AND ANY POTENTIAL CONFLICTS OF INTEREST ARE PRESENTED TO THE BOARD OF TRUSTEES. ALL MEMBERS OF THE GOVERNING BOARD AND KEY STAFF ARE REQUIRED TO UPDATE THEIR DISCLOSURE STATEMENTS IF CIRCUMSTANCES CHANGE. ONCE A YEAR, LEGAL COUNSEL REVIEWS THE LEGAL AND FIDUCIARY RESPONSIBILITIES OF BOARD MEMBERSHIP WITH THE TRUSTEES. IN ADDITION, ALL MHS EMPLOYEES REVIEW AND SIGN A CONFLICT OF INTEREST STATEMENT AND THE MHS CODE OF ETHICS.

990 Schedule O, Supplemental Information

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 SUBDISTRICT COMMISSIONERS, HAVE THE RESPONSIBILITY OF REVIEWING AND RECOMMENDING THE COMPENSATION OF THE PRESIDENT AND CEO OF THE MISSOURI HISTORICAL SOCIETY. THE CURRENT PRESIDENT AND CEO 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 CEO 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 THE DECISION PRIOR TO REPORTING TO THE BOARD OF TRUSTEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	MHS MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE ON THE MUSEUM'S WEBSITE OR UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	PRIOR PERIOD ADJUSTMENT -183,354. SPLIT VALUE INTEREST AGREEMENT 6,636.