

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

Department of the Treasury Internal Revenue Service

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

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

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

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

H and I are not applicable to section 527 organizations.

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

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

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

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

I Group Exemption Number

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

G Website: WWW.MOHIISTORY.ORG

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

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

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

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

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

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

Part II Statement of Functional Expenses

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

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a-22b, 23-24, 25a-25c, 26-43, and 44 Total functional expenses.

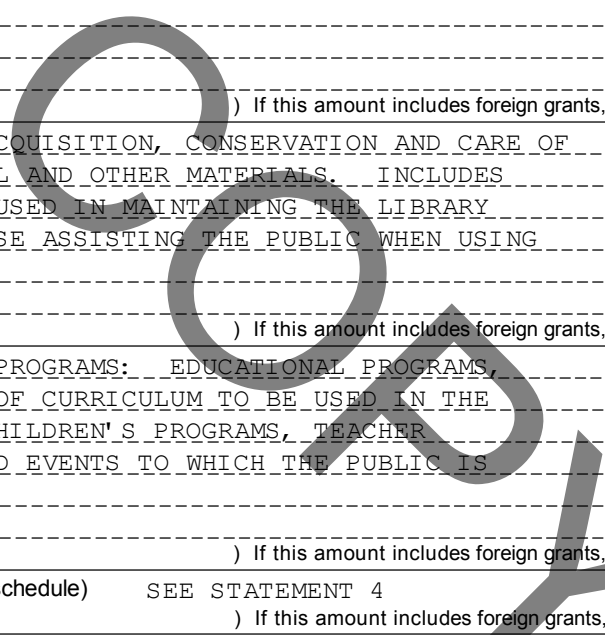
Joint Costs. Check [] if you are following SOP 98-2.

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

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

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

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



Part IV Balance Sheets (See the instructions.)

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

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

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

Table with 3 columns: Question, Yes, No. Rows include 75a (53), 75b, 75c, and 75d.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows include 76, 77, 78a, 78b, 79, 80a, 80b, 81a, and 81b.

Part VI Other Information (continued)

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

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

Part VI Other Information (continued)

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

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

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

Note: Enter gross amounts unless otherwise indicated.

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

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

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

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

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

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

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

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

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

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

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

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

Yes	No
	X

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

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

Yes	No
	X

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

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

Yes	No
	X

Please Sign Here

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

Signature of officer _____ Date _____
 Type or print name and title _____

Paid Preparer's Use Only

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

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

OMB No. 1545-0047

2007

Name of the organization

MISSOURI HISTORICAL SOCIETY

Employer identification number

43-0654866

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

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

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

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

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

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

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

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

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

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

Table with columns for question number, description, Yes, and No. Includes questions 1 through 4g regarding lobbying, financial transactions, and donor advised funds.

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

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III - Functionally Integrated Type III - Other

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

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

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

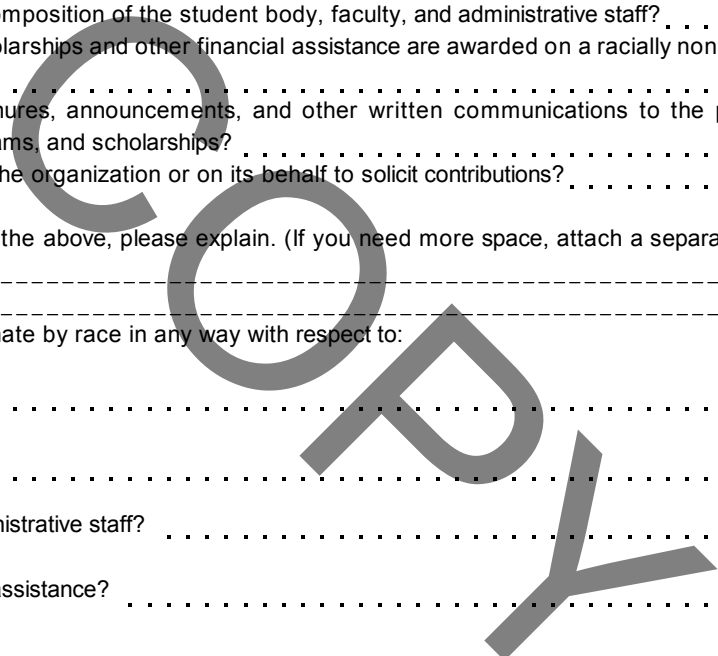
Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

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

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

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

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



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

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

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

Limits on Lobbying Expenditures

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

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

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

4-Year Averaging Period Under Section 501(h)

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

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

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

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

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

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

=====

GROSS SALES LESS RETURNS AND ALLOWANCES	427,740.
INVENTORY AT BEGINNING OF YEAR	407,959.
PURCHASES	243,262.
SALARIES AND WAGES	
OTHER COSTS	

SUBTOTAL	651,221.
MINUS ENDING INVENTORY	413,317.

COST OF GOODS SOLD	237,904.
	=====

COPY

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

=====

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

TOTAL	1,005,958.
	=====

COPY

FORM 990, PART II - OTHER EXPENSES

=====

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

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

=====

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

COPY

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

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

COPY

FORM 990, PART IV - INVESTMENTS - OTHER SECURITIES

=====

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

COPY

FORM 990, PART IV - DEFERRED REVENUE

=====

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

COPY

FORM 990, PART IV - OTHER LIABILITIES

=====

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

COPY

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

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

COPY

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

=====

DESCRIPTION -----	AMOUNT -----
PROGRAM INCOME	51,390.
GROSS PROFIT SHOP	186,766.

TOTAL	238,156.
	=====

COPY

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

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

COPY

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

DESCRIPTION -----	AMOUNT -----
PROGRAM INCOME	51,390.
GROSS PROFIT SHOP	186,766.

TOTAL	238,156.
	=====

COPY

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

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

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

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

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

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



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

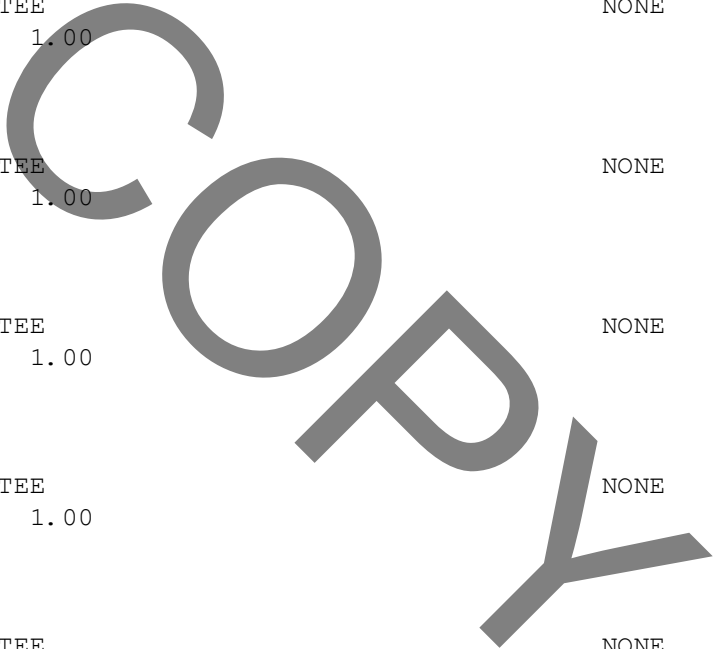
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NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
CHERI FROMM P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE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



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

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



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

=====

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



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

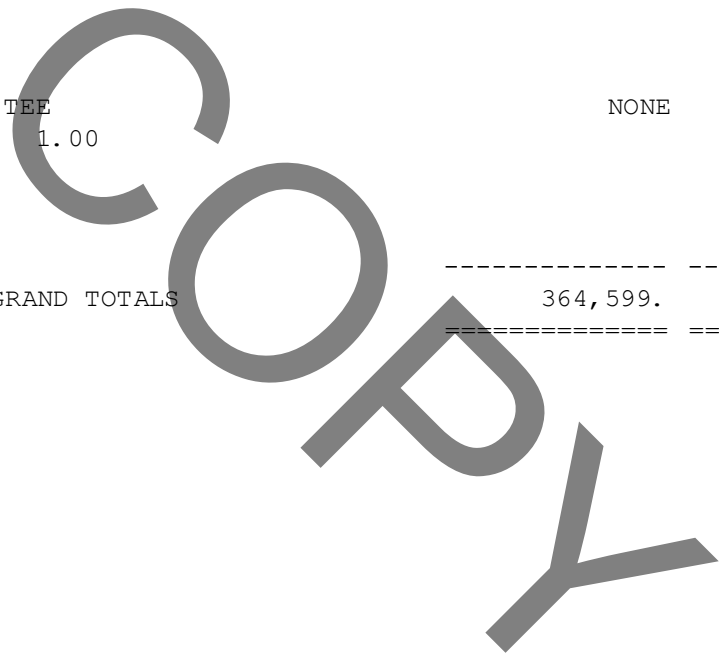
NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
WILLIAM R. ORTHWEIN P. O. BOX 11940 ST. LOUIS, MO 63112-0040	TRUSTEE 1.00	NONE	NONE	NONE
CHERYL POLK P. O. BOX 11940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

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

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

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

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



FORM 990, PART VII - PROGRAM SERVICE REVENUE

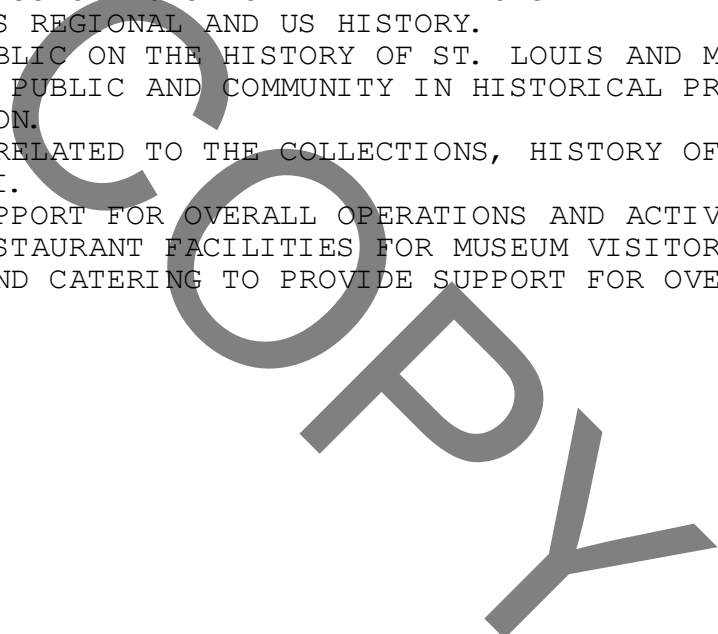
DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
-----	----	-----	----	-----	-----
BOOK SALES					51,216.
PHOTO AND COPY SALES					28,398.
PUBLICATIONS					1,046.
ADMISSIONS					18,350.
EDUCATION & PUBLIC PROGRAMS					51,388.
TOTALS		-----		-----	150,398.
		=====		=====	=====

COPY

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

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



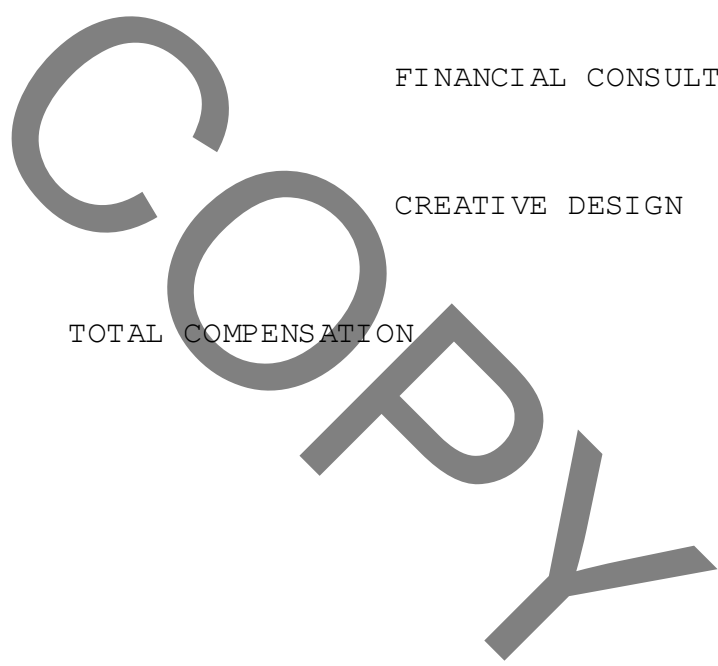
SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

=====

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

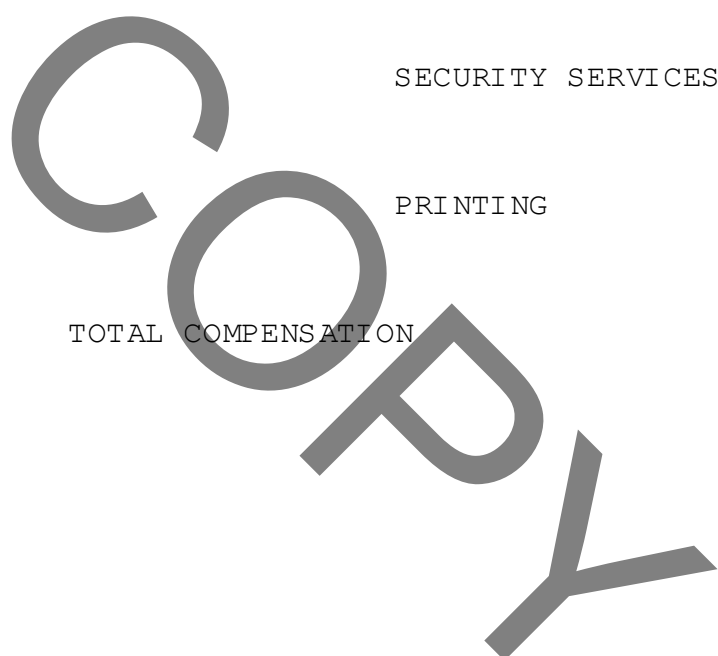
SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

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



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

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



SCHEDULE A, PART IV-A - OTHER INCOME

=====

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

COPY

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION

=====

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

COPY

