

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 2010 calendar year, or tax year beginning , **2010**, and ending , **20**

B	Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MISSOURI HISTORICAL SOCIETY Doing Business As MISSOURI HISTORY MUSEUM Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 11940 City or town, state or country, and ZIP + 4 ST. LOUIS, MO 63112-0040 F Name and address of principal officer: ROBERT R. ARCHIBALD P.O. BOX 11940 ST. LOUIS, MO 63112-0040	D Employer identification number 43-0654866 E Telephone number (314) 454-3104	G Gross receipts \$ 24,069,163. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.MOHISTORY.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1866		M State of legal domicile: MO

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: <u>DEEPEN THE UNDERSTANDING OF PAST CHOICES, PRESENT CIRCUMSTANCES, AND FUTURE POSSIBILITIES. DEVELOP HISTORICAL EXHIBITS, PROVIDE EDUCATIONAL PROGRAMS, COMMUNITY OUTREACH AND MAINTAIN HISTORICAL COLLECTIONS.</u>		
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	53.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	53.
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	218.
	6	Total number of volunteers (estimate if necessary)	6	313.
		7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	12,694,485.	12,058,858.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	217,444.	674,336.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	619,839.	646,635.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	417,479.	325,863.
			13,949,247.	13,705,692.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,235,005.	5,432,704.
	16 a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 498,358.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	7,539,161.	8,386,516.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,774,166.	13,819,220.
	19	Revenue less expenses. Subtract line 18 from line 12	1,175,081.	-113,528.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	57,795,875.	60,417,563.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,017,249.	2,142,203.
			55,778,626.	58,275,360.

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 _____ Type or print name and title _____			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name ▶ CBIZ MHM, LLC			PTIN P00291982
	Firm's address ▶ ONE CITYPLACE DR., STE. 570 ST. LOUIS, MO 63141			EIN ▶ 36-4256931 Phone no. ▶ 314-692-2249

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission:

THE MUSEUM'S MISSION IS TO DEEPEN THE UNDERSTANDING OF PAST CHOICES,
PRESENT CIRCUMSTANCES AND FUTURE POSSIBILITIES; STRENGTHEN THE BONDS
OF COMMUNITY; AND FACILITATE SOLUTIONS TO COMMON PROBLEMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 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.

4a (Code:) (Expenses \$ 4,035,216. including grants of \$ 0.) (Revenue \$ 551,255.)
SEE SCHEDULE O - ATTACHMENT

4b (Code:) (Expenses \$ 3,496,439. including grants of \$ 0.) (Revenue \$ 61,488.)
SEE SCHEDULE O - ATTACHMENT

4c (Code:) (Expenses \$ 1,336,314. including grants of \$ 0.) (Revenue \$ 136,897.)
SEE SCHEDULE O - ATTACHMENT

4d Other program services. (Describe in Schedule O.) ATTACHMENT 1
(Expenses \$ 1,554,078. including grants of \$) (Revenue \$ 56,585.)

4e Total program service expenses 10,422,047.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No response boxes. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and business transactions.

Part V **Statements Regarding Other IRS Filings and Tax Compliance**
 Check if Schedule O contains a response to any question in this Part V.

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 95		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	X	
2 a	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 218		
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)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b		
4 a	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		X
b	If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c		
6 a	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? 6a		X
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? 9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person? 9b		X
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		
12 a	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? 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		
14 a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (53), 1b (53), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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 (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: HARRY E. RICH 5700 LINDELL BLVD ST. LOUIS, MO 63112-0400 314-454-3104

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HERBERT D. CONDIE III TRUSTEE	1.00	X					0.	0.	0.	
(2) ELIZABETH T ROBB TRUSTEE	1.00	X					0.	0.	0.	
(3) JOSEPH F SHAUGHNESSY TRUSTEE	1.00	X					0.	0.	0.	
(4) W WAYNE WITHERS TRUSTEE	1.00	X					0.	0.	0.	
(5) CAMILLA BRAUER TRUSTEE	1.00	X					0.	0.	0.	
(6) MELVIN F BROWN TRUSTEE	1.00	X					0.	0.	0.	
(7) TAYLOR S DESLOGE TRUSTEE	1.00	X					0.	0.	0.	
(8) EARL K DILLE TRUSTEE	1.00	X					0.	0.	0.	
(9) REV DR JOHN N DOGGETT JR TRUSTEE	1.00	X					0.	0.	0.	
(10) MARILYN R FOX VICE CHAIR	1.00	X		X			0.	0.	0.	
(11) CHERYL JEAN FROMM VICE CHAIR	1.00	X		X			0.	0.	0.	
(12) HON WAYNE GOODE TRUSTEE	1.00	X					0.	0.	0.	
(13) JAMES HOWE III TRUSTEE	1.00	X					0.	0.	0.	
(14) FRANK JACOBS TRUSTEE	1.00	X					0.	0.	0.	
(15) ANN LIBERMAN TRUSTEE	1.00	X					0.	0.	0.	
(16) FRANK C MAGGIOROTTO TRUSTEE	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) JAMES S MCDONNELL III TRUSTEE	1.00	X						0.	0.	0.
(18) PRISCILLA R MCDONNELL TRUSTEE	1.00	X						0.	0.	0.
(19) SANDRA MOORE TRUSTEE	1.00	X						0.	0.	0.
(20) RICHARD NAVARRE VICE CHAIR	1.00	X		X				0.	0.	0.
(21) NOEMI K NEIDORFF VICE CHAIR	1.00	X		X				0.	0.	0.
(22) WILLIAM R ORTHWEIN TRUSTEE	1.00	X						0.	0.	0.
(23) CHERYL POLK TRUSTEE	1.00	X						0.	0.	0.
(24) FRANK L STEEVES CHAIR APPOINTEE	1.00	X		X				0.	0.	0.
(25) DR DONALD M SUGGS VICE CHAIR	1.00	X		X				0.	0.	0.
(26) REEVE LINDBERGH TRIPP TRUSTEE	1.00	X						0.	0.	0.
(27) HON GEORGE H WALKER III TRUSTEE	1.00	X						0.	0.	0.
(28) YVETTE WHITEHEAD CHAIR APPOINTEE	1.00	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ATTACHMENT 2								761,125.	0	140,423.
d Total (add lines 1b and 1c)								761,125.	0	140,423.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶ 4**

	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>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 1**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b	523,318.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	9,860,396.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	1,675,144.				
	g Noncash contributions included in lines 1a-1f: \$ _____						
	h Total. Add lines 1a-1f ▶			12,058,858.			
Program Service Revenue		Business Code					
	2a <u>TICKET REVENUE</u>	611600		518,282.	518,282.		
	b <u>LIBRARY PHOTOS & PRINTS</u>	611600		28,516.	28,516.		
	c <u>PUBLICATIONS</u>	611600		23,613.	23,613.		
	d <u>EDUCATION EVENTS & TOURS</u>	611600		103,925.	103,925.		
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶			674,336.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			769,755.			769,755.
	4 Income from investment of tax-exempt bond proceeds . . . ▶			0.			
	5 Royalties ▶			0.			
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶			0.			
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory			9,977,443.			
	b Less: cost or other basis and sales expenses			10,100,563.			
	c Gain or (loss)			-123,120.			
	d Net gain or (loss) ▶			-123,120.			-123,120.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a						
	b Less: direct expenses b						
c Net income or (loss) from fundraising events ▶			0.				
9a Gross income from gaming activities. See Part IV, line 19 a							
b Less: direct expenses b							
c Net income or (loss) from gaming activities ▶			0.				
10a Gross sales of inventory, less returns and allowances a			456,882.				
b Less: cost of goods sold b			262,908.				
c Net income or (loss) from sales of inventory ▶			193,974.			193,974.	
Miscellaneous Revenue			Business Code				
11a <u>MISCELLANEOUS</u>	611600		23,641.	23,641.			
b <u>FACILITIES & CATERING</u>	611600		108,248.	108,248.			
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶			131,889.				
12 Total revenue. See instructions ▶			13,705,692.	806,225.		840,609.	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	496,580.	0.	496,580.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	3,917,299.	2,667,828.	993,055.	256,416.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	201,547.	145,660.	43,957.	11,930.
9 Other employee benefits	511,124.	330,471.	163,803.	16,850.
10 Payroll taxes	306,154.	199,612.	82,897.	23,645.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	81,795.		81,795.	
c Accounting	38,736.		38,736.	
d Lobbying	10,800.		10,800.	
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	283,794.	69,888.	202,221.	11,685.
12 Advertising and promotion	643,557.	643,557.		
13 Office expenses	308,351.	175,112.	124,378.	8,861.
14 Information technology	198,175.	146,825.	45,432.	5,918.
15 Royalties	0.			
16 Occupancy	3,629,103.	3,343,045.	271,272.	14,786.
17 Travel	28,931.	26,502.	1,977.	452.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	29,628.	4,701.	24,232.	695.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	858,887.	714,448.	138,459.	5,980.
23 Insurance	201,640.	172,843.	23,809.	4,988.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a EXHIBITS -----	1,094,548.	1,088,578.	5,970.	
b COMMUNITY EDUCATION AND EVEN -----	408,123.	408,123.		
c VOLUNTEER SERVICES -----	241,140.	211,277.	26,771.	3,092.
d PUBLICATIONS -----	56,099.	15,915.	40,184.	
e ANNUAL APPEAL & CULTIVATION -----	131,949.			131,949.
f All other expenses -----	141,260.	57,662.	82,487.	1,111.
25 Total functional expenses. Add lines 1 through 24f	13,819,220.	10,422,047.	2,898,815.	498,358.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	1,176,645.
	2 Savings and temporary cash investments	158,330.	2	127,964.
	3 Pledges and grants receivable, net	302,669.	3	100,082.
	4 Accounts receivable, net	43,065.	4	62,106.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	248,623.	8	270,191.
	9 Prepaid expenses and deferred charges	397,329.	9	533,542.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 40,820,627.		
	b Less: accumulated depreciation	10b 14,946,016.	25,962,850.	10c 25,874,611.
	11 Investments - publicly traded securities	ATCH . 4	28,610,971.	11 31,053,130.
	12 Investments - other securities. See Part IV, line 11		2,072,038.	12 1,219,292.
	13 Investments - program-related. See Part IV, line 11			13
	14 Intangible assets			14
	15 Other assets. See Part IV, line 11			15
16 Total assets. Add lines 1 through 15 (must equal line 34)		57,795,875.	16 60,417,563.	
Liabilities	17 Accounts payable and accrued expenses	1,182,710.	17	1,335,155.
	18 Grants payable		18	
	19 Deferred revenue	ATCH . 5	5,880.	19 12,396.
	20 Tax-exempt bond liabilities			20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			21
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22
	23 Secured mortgages and notes payable to unrelated third parties			23
	24 Unsecured notes and loans payable to unrelated third parties			24
	25 Other liabilities. Complete Part X of Schedule D	828,659.	25	794,652.
	26 Total liabilities. Add lines 17 through 25	2,017,249.	26	2,142,203.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	42,233,298.	27	43,646,867.
	28 Temporarily restricted net assets	6,800,342.	28	7,870,007.
	29 Permanently restricted net assets	6,744,986.	29	6,758,486.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	55,778,626.	33	58,275,360.	
34 Total liabilities and net assets/fund balances	57,795,875.	34	60,417,563.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,705,692.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,819,220.
3	Revenue less expenses. Subtract line 2 from line 1	3	-113,528.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	55,778,626.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,610,262.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	58,275,360.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 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

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 86.84%; 15 Public support percentage from 2009 Schedule A, Part II, line 14 86.74%; 16a 33 1/3 % support test - 2010. 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 [X]; 16b 33 1/3 % support test - 2009. 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 - 2010. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2009. 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 IV 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 3 columns: Description, Line number, Percentage. Row 15: Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2009 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Row 17: Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2009 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3 % support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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

EXPLANATION OF OTHER INCOME

PART II, SECTION B, LINE 10

MUSEUM SHOP	193,974
FACILITY RENTAL/CATERING	108,248
EXHIBIT TICKET REVENUE	518,282
PUBLICATION SALES	23,613
LIBRARY PHOTOS & PRINTS	28,516
SPECIAL EVENTS & TOURS	103,925
MISCELLANEOUS	23,642
TOTAL OTHER INCOME	1,000,200

 ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
MUSEUM SHOP	256,594.	226,876.	161,701.	152,591.	193,974.	991,736.
OTHER REVENUE	1,938,035.	726,234.	643,394.	675,817.	806,226.	4,789,706.
TOTALS	<u>2,194,629.</u>	<u>953,110.</u>	<u>805,095.</u>	<u>828,408.</u>	<u>1,000,200.</u>	<u>5,781,442.</u>

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

2010

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

Name of organization MISSOURI HISTORICAL SOCIETY

Employer identification number

43-0654866

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	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.	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
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.														
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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i.

Also, complete this part for any additional information.

EXPLANATION OF OTHER ACTIVITIES

PART II-B, LINE 1(I)

AMOUNT PAID TO JOHN BRITTON ASSOCIATES FOR PURPOSE OF OBTAINING

INFORMATION ABOUT PROPOSED MISSOURI STATE LEGISLATION WHICH WOULD AFFECT

MUSEUM AND TO INFLUENCE SUCH LEGISLATION.

Part IV Supplemental Information *(continued)*

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

MISSOURI HISTORICAL SOCIETY

Employer identification number

43-0654866

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and 170(h)(4)(B)(ii)? Yes No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

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

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XI V.

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

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

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 51.6000 %
- b Permanent endowment ▶ 48.4000 %
- c Term endowment ▶ _____ %

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)		X
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0.	975,914.		975,914.
b Buildings				
c Leasehold improvements	0.	37,529,075.	13,935,809.	23,593,266.
d Equipment	0.	2,315,637.	1,010,206.	1,305,431.
e Other	0.			0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				25,874,611.

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) SPLIT INTEREST AGREEMENTS	307,194.	
(3) DEFERRED COMPENSATION PLAN	487,458.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	794,652.	

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,705,692.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,819,220.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-113,528.
4	Net unrealized gains (losses) on investments	4	2,585,039.
5	Donated services and use of facilities	5	256,578.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-231,355.
9	Total adjustments (net). Add lines 4 through 8	9	2,610,262.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,496,734.

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

1	Total revenue, gains, and other support per audited financial statements	1	16,265,489.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	2,585,039.
b	Donated services and use of facilities	2b	256,578.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	2,841,617.
3	Subtract line 2e from line 1	3	13,423,872.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	281,820.
c	Add lines 4a and 4b	4c	281,820.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	13,705,692.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	13,768,755.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	13,768,755.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	50,465.
c	Add lines 4a and 4b	4c	50,465.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	13,819,220.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

OTHER ASSET RECONCILIATION

PART XI, LINE 8

CONSTRUCTION IN PROGRESS WRITE OFF	\$ (151,475)
SPLIT INTEREST CHANGE IN VALUE EXPENSE	(24,426)
RESTAURANT REVENUE/EXPENSE NET	(55,454)

	\$ (231,355)

OTHER REVENUE RECONCILIATION

PART XII, LINE 4(B)

MUSEUM SHOP, NET	\$184,914
RESTAURANT EXPENSE	\$96,906

	\$281,820

OTHER EXPENSE RECONCILIATION

PART XIII, LINE 4(B)

CONSTRUCTION IN PROGRESS WRITE OFF	\$ (151,475)
SPLIT INTEREST CHANGE IN VALUE EXPENSE	(24,426)
MUSEUM SHOP	184,915
RESTAURANT	41,451

	50,465

Part XIV Supplemental Information (continued)

DECISION NOT TO REPORT COLLECTIONS ON BALANCE SHEET

PART III, LINE 1(A)

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

DESCRIPTION OF MUSEUM'S COLLECTION

PART III, LINE 4

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

Part XIV Supplemental Information (continued)

INTENDED USES OF ENDOWMENT FUNDS

PART V, LINE 4

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

FOOTNOTE TO FINANCIAL STATEMENTS THAT REPORTS LIABILITY UNDER FIN 48

PART X

THE MUSEUM QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THEREFORE, THERE IS NO PROVISION FOR THE INCOME TAXES.

THE MUSEUM FOLLOWS THE PROVISIONS OF ASC 740-10-25 REQUIRING DISCLOSURE OF UNCERTAIN TAX POSITIONS. THERE HAS BEEN NO INTEREST OR PENALTIES RECOGNIZED IN THE STATEMENTS OF ACTIVITIES NOR IN THE STATEMENTS OF FINANCIAL POSITION RELATED TO UNCERTAIN TAX POSITIONS. IN ADDITION, NO TAX POSITIONS EXIST FOR WHICH IT IS REASONABLY POSSIBLE THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL SIGNIFICANTLY INCREASE OR DECREASE WITHIN THE NEXT 12 MONTHS. THE MUSEUM EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES, REVIEW OF ITS REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

MISSOURI HISTORICAL SOCIETY

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number

43-0654866

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

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

- a** Receive a severance payment or change-of-control payment from the organization or a related organization? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** Yes No

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>
4a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1 ROBERT R ARCHIBALD	(i)	346,724.	0.	46,557.	91,536.	11,763.	496,580.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 KAREN M GOERING	(i)	145,652.	0.	0.	8,739.	7,802.	162,193.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

PART 1, LINE 4(B)

ROBERT R ARCHIBALD, PRESIDENT OF MHM, PARTICIPATES IN A 457(F) DEFERRED
COMPENSATION PLAN AND THE 2010 CONTRIBUTION WAS \$60,676.70. IN ADDITION,
A VACATION ACCRUAL WAS MADE IN THE AMOUNT OF \$16,160.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization
MISSOURI HISTORICAL SOCIETY

Employer identification number
43-0654866

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GARY RAINWATER, TRUSTEE	RET. CHAIR, CEO AMEREN UE	374,779.	PROVIDER OF ELECTRICITY		
(2) DANIEL F. COLE, TRUSTEE	PRESIDENT, AMEREN SERVICES	374,779.	SUBSIDIARY OF AMEREN ELECTRIC		
(3) JOSEPH F. SHAUGHNESSEY, TRUSTEE	CHAIRMAN, BSI CONSTRUCTION	304,227.	CONSTRUCTION SRVCS RESTAURANT		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization
MISSOURI HISTORICAL SOCIETY

Employer identification number
43-0654866

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X			
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
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	184.		
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** 0.

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

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

Schedule M (Form 990) (2010)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

METHOD OF DETERMINING REVENUES

PART 1, LINE 2

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

MISSOURI HISTORICAL SOCIETY

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

43-0654866

FAMILY OR BUSINESS RELATIONSHIPS

PART VI, SECTION A, LINE 2

TWO TRUSTEES HAVE A FAMILY RELATIONSHIP: LAURA SHAUGHNESSY IS THE DAUGHTER-IN-LAW OF JOSEPH SHAUGHNESSY TWO TRUSTEES HAVE A BUSINESS RELATIONSHIP: MARTIN GALT IS CHAIRMAN OF COMMERCE TRUST, AND V. RAYMOND STRANGHOENER IS PRESIDENT OF COMMERCE TRUST.

PROCEDURE FOR PREPARATION AND REVIEW OF FORM 990

PART VI, SECTION B, LINE 11 & 11A

THE FORM 990 IS PREPARED BY THE FINANCE AND ACCOUNTING DEPARTMENT IN CONJUNCTION WITH THE INDEPENDENT AUDITORS. IT IS REVIEWED BY THE CHIEF FINANCIAL OFFICER AND THE PRESIDENT OF THE MUSEUM. THE 53 PERSON BOARD OF TRUSTEES PASSED A RESOLUTION FORMALLY DELEGATING THE AUTHORITY TO REVIEW THE FORM 990 TO THE AUDIT COMMITTEE OF THE BOARD. FOLLOWING ITS REVIEW OF THE FORM 990, THE AUDIT COMMITTEE IS REQUIRED TO REPORT ITS FINDINGS AND RELEVANT COMMENTS BACK TO THE BOARD OF TRUSTEES PRIOR TO THE SUBMISSION OF THE FORM 990. THE BOARD OF TRUSTEES IS PROVIDED A NUMBER OF THE KEY SUMMARY PAGES, INCLUDING PART 1 SUMMARY PAGE; PART VI SECTIONS A, B, & C, PART VII, PART VIII, PART IX, PART X AND SCHEDULES J AND J-2. COPIES OF THE ENTIRE FORM 990 ARE AVAILABLE TO THE BOARD ON REQUEST FOLLOWING THE REVIEW BY THE BOARD. THE FORM 990 IS SUBMITTED.

MONITORING CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12(C)

ANNUALLY, THE TRUSTEES ARE REQUIRED TO REVIEW THE MUSEUM'S CONFLICT OF

Name of the organization MISSOURI HISTORICAL SOCIETY	Employer identification number 43-0654866
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INTEREST POLICY AND SIGN A FORM CONFIRMING THAT THEY HAVE READ THE POLICY. IF THERE IS THE POTENTIAL FOR A CONFLICT OF INTEREST, THEY ARE REQUIRED TO DOCUMENT THAT POTENTIAL. THESE TWO FORMS ARE THEN FORWARDED TO THE METROPOLITAN ZOO AND MUSEUM DISTRICT OF THE CITY OF SAINT LOUIS, THE TAXING AUTHORITY PROVIDING PARTIAL FINANCIAL SUPPORT TO THE MUSEUM.

THE EMPLOYEE HANDBOOK SPELLS OUT THE MUSEUM'S EMPLOYEE CONFLICT OF INTEREST POLICY AND EMPLOYEES ARE REQUIRED TO SIGN A FORM INDICATING THAT THEY HAVE READ AND UNDERSTAND THE REQUIREMENTS OF THE HANDBOOK.

COMPENSATION REVIEW AND APPROVAL PROCESS

PART VI, SECTION B, LINE 15(A) AND 15(B)

THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES HAS RESPONSIBILITY FOR THE REVIEW AND SETTING OF THE COMPENSATION FOR THE PRESIDENT OF THE MUSEUM AND RECOMMENDING APPROVAL OF THAT COMPENSATION TO THE BOARD OF TRUSTEES. THE PRESIDENT'S COMPENSATION IS CODIFIED IN A MULTI-YEAR CONTRACT AND REVIEWED ANNUALLY. THE REVIEW AND APPROVAL OF THE COMPENSATION IS CONDUCTED IN ACCORDANCE WITH SECTION 4958 OF THE INTERNAL REVENUE CODE WITH RESPECT TO THE COMPARABLE INSTITUTIONS, BOTH LOCALLY AND NATIONALLY, AS WELL AS A REVIEW OF THE PERFORMANCE OF THE PRESIDENT AND THE NATIONAL REPUTATION OF THE MUSEUM. THE COMMITTEE HOLDS TWO SEPARATE MEETINGS, ONE TO DEVELOP THE RECOMMENDATION AND THE SECOND ONE TO CONFIRM THAT DECISION PRIOR TO REPORTING TO THE BOARD OF TRUSTEES.

THE COMPENSATION COMMITTEE, IN CONJUNCTION WITH THE PRESIDENT, REVIEWS

Name of the organization MISSOURI HISTORICAL SOCIETY	Employer identification number 43-0654866
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AND APPROVES THE COMPENSATION RECOMMENDATIONS FOR THE LEADERSHIP GROUP OF THE MUSEUM ON AN ANNUAL BASIS.

DISCLOSURES

PART VI, SECTION C, LINE 18

FORM 990 IS MAINTAINED BY THE CHIEF FINANCIAL OFFICER AND MADE AVAILABLE TO THE PUBLIC UPON REQUEST IN THE PAST. IN 2010 FORM 990 WILL BE AVAILABLE ON-LINE ON THE MUSEUM'S WEBSITE.

DISCLOSURES

PART VI, SECTION C, LINE 19

THE MUSEUM'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, WHISTELBLOWER POLICY, AND AUDITED FINANCIAL STATEMENTS ARE MAINTAINED BY THE CHIEF FINANCIAL OFFICER AND MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS - PROGRAM SERVICE

PART III, LINE 4 (A)

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 2010 EXHIBIT SCHEDULE INCLUDED, AMONG OTHERS, THE CONTINUATION OF KATHERINE DUNHAM: BEYOND THE DANCE WHICH CHRONICLED THE LIFE, CREATIVE DANCE, AND ANTHROPOLOGIC CONTRIBUTIONS OF KATHERINE

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DUNHAM AS WELL AS TRAVELING EXHIBITS SUCH AS RACE: ARE WE SO DIFFERENT;
 VATICAN SPLENDORS: A JOURNEY THROUGH FAITH AND ART; HOMELANDS: HOW WOMEN
 MADE THE WEST; TREASURES OF NAPOLEON. ATTENDANCE TO THE MUSEUM AND ITS
 EXHIBITS WAS 511,835 IN 2010. EXPENSES INCLUDE SALARIES, SUPPLIES, AND
 THE COSTS ASSOCIATED WITH BOOKING TRAVELING EXHIBITS INCLUDING SHIPPING
 AND RENTAL FEES.

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS - PROGRAM SERVICE

PART III, LINE 4(B)

LIBRARY AND COLLECTIONS

INCLUDES THE EXPENSES OF ACQUISITION AND CARE OF THE MUSEUM COLLECTIONS
 INCLUDING OBJECT COLLECTIONS, ARCHIVAL MATERIALS, PHOTOGRAPHS AND PRINTS,
 MOVING IMAGES, AND THE LIBRARY. THE COLLECTIONS INCLUDE ITEMS OF
 HISTORICAL SIGNIFICANCE IN MISSOURI AND SURROUNDING AREAS AND INCLUDES
 BUT IS NOT LIMITED TO THE FOLLOWING: PERSONAL ITEMS, JOURNALS, FURNITURE,
 FAMILY HEIRLOOMS, WEAPONS, BUSINESS RECORDS, GARMENTS AND HOUSEHOLD
 ITEMS, PAINTINGS, SCULPTURE, BOOKS, ETC. INCLUDES SALARIES AND SUPPLIES
 USED IN MAINTAINING AND CATALOGING THE COLLECTION AND ASSISTING THE
 PUBLIC WITH RESEARCH. DURING THE YEAR, THERE WERE 4,181 VISITS TO THE
 LIBRARY AND RESEARCH AREAS AND OVER 6,263 RESPONSES TO PHONE, FAX, AND
 EMAIL REQUESTS FOR ASSISTANCE.

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS - PROGRAM SERVICE

PART III, LINE 4(C)

COMMUNITY EDUCATION & EVENTS

Name of the organization MISSOURI HISTORICAL SOCIETY	Employer identification number 43-0654866
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COMMUNITY EDUCATION AND EVENTS OFFERED 700 PROGRAMS TO MUSEUM VISITORS OF ALL AGES. BEGINNING WITH TODDLERS, THE MUSEUM OFFERS HANDS ON ACTIVITIES AND STORYTELLING ON A WEEKLY BASIS. FOR THE MORE MATURE VISITOR, THE MUSEUM OFFERS LECTURES, DOCUMENTARIES, AND THEATRICAL PRODUCTIONS. THE LARGEST PROGRAM EACH YEAR IS A 16 WEEK OUTDOOR CONCERT SERIES, WHICH ATTRACTS OVER 25,000 AUDIENCE MEMBERS. IN KEEPING WITH THE EDUCATIONAL MISSION OF THE INSTITUTION, THE MUSEUM WELCOMED OVER 25,000 SCHOOL KIDS THROUGH ITS DOORS. IN TOTAL, THE INSTITUTION HAD ALMOST 100,000 VISITORS PARTICIPATE IN MUSEUM PROGRAMS.

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS - OTHER PROGRAM SERVICES
PART III, LINE 4(D)
COMMUNICATIONS DEPARTMENT

THE COMMUNICATIONS DEPARTMENT PROVIDES MARKETING AND PUBLIC RELATIONS ACTIVITIES FOR THE MUSEUM, INCLUDING MEDIA RELATIONS; ADVERTISING; CULTURAL TOURISM AND GRAPHIC DESIGN. STAFF MEMBERS WITHIN THE COMMUNICATIONS DEPARTMENT PREPARE AND DISTRIBUTE MEDIA MATERIALS PROMOTING EXHIBITIONS, EVENTS AND PROGRAMS TO THE PRINT AND ELECTRONIC MEDIA. COMMUNICATIONS DEPARTMENT PERSONNEL ALSO COORDINATE ALL INTERVIEWS AND SPEAKING ENGAGEMENTS RELATED TO THE MUSEUM. THE COMMUNICATIONS DEPARTMENT STAFF OVERSEES ALL ADVERTISING AND MARKETING OPPORTUNITIES AND PROMOTIONAL PARTNERSHIPS; DEVELOPS MARKETING PLANS AND PLACES ALL ADVERTISING FOR EXHIBITIONS, PROGRAM AND EVENTS; COORDINATES THE MUSEUM'S SOCIAL MEDIA PRESENCE. COMMUNICATIONS DEPARTMENT STAFF

Name of the organization MISSOURI HISTORICAL SOCIETY	Employer identification number 43-0654866
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PROMOTES THE MUSEUM, SPECIAL EXHIBITIONS, FOREST PARK AND ST. LOUIS TO THE TOURISM INDUSTRY BY WORKING CLOSELY WITH REGIONAL VISITOR AND CONVENTION BUREAUS, TOUR COMPANIES, TRAVEL ORGANIZATIONS AND HOTEL CONCIERGE. THE COMMUNICATIONS DEPARTMENT PRODUCES BROCHURES; BANNERS; SIGNAGE; POSTCARDS; MAILERS AND A VARIETY OF PRINTED AND ELECTRONIC MATERIALS TO REPRESENT THE MANY EXHIBITIONS, PROGRAMS, AND MEMBERSHIP OPPORTUNITIES OF THE MISSOURI HISTORY MUSEUM. ANNUAL EXPENSES ARE \$1,212,765. DIGITAL MEDIA AND PUBLICATIONS PROVIDES A NUMBER OF SERVICES FOR THE MUSEUM. IN ADDITION TO PUBLISHING A NUMBER OF BOOKS EACH YEAR (NEW TITLES OR REPRINTS OF BOOKS PREVIOUSLY PUBLISHED BY THE MUSEUM), THEY ALSO PUBLISH AN ANNUAL MEMBERS MAGAZINE AND MAINTAIN AN ONLINE MAGAZINE WITH CONTINUOUSLY CHANGING ARTICLES. THEY ALSO PROVIDE EDITING SERVICES FOR OTHER DEPARTMENTS IN THE MUSEUM. ANNUAL EXPENSES WERE \$341,313 AND ANNUAL REVENUES ARE \$25,313.

RECONCILIATION OF NET ASSETS

FORM 990, PART XI, LINE 5

NET UNREALIZED GAINS ON INVESTMENTS	\$2,585,039
DONATED SERVICES AND USE OF FACILITIES	256,578
MUSEUM SHOP, NET	(184,914)
RESTAURANT EXPENSE	(96,906)
OTHER EXPENSES (SCHEDULE D, LINE 4B)	50,465

	\$2,610,262

Name of the organization MISSOURI HISTORICAL SOCIETY	Employer identification number 43-0654866
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ATTACHMENT 1

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
DIGITAL MEDIA AND PUBLICATIONS		341,313.	56,585.
COMMUNICATIONS		1,212,765.	
TOTALS		<u>1,554,078.</u>	<u>56,585.</u>

ATTACHMENT 2

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM			
		(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL.	ORG.	(F) OTHER
29 STEVE EHLMANN TRUSTEE	1.00	X						0.		0.	0.
30 MARTIN E GALT III TRUSTEE	1.00	X						0.		0.	0.
31 MARY LEE HERMANN TRUSTEE	1.00	X						0.		0.	0.
32 ROBERT F MCCOOLE TRUSTEE	1.00	X						0.		0.	0.
33 LAURA SHAUGHNESSY T.J. SOCIETY REPRESENTATIVE	1.00	X	X					0.		0.	0.
34 REX SINQUEFIELD TRUSTEE	1.00	X						0.		0.	0.
35 JAMES A TRICARICO TRUSTEE	1.00	X						0.		0.	0.
36 GARY L RAINWATER TRUSTEE	1.00	X	X					0.		0.	0.
37 V RAYMOND STRANGHOENER CHAIRMAN	1.00	X	X					0.		0.	0.
38 DARNETTA CLINKSCALE TRUSTEE	1.00	X						0.		0.	0.
39 ANABETH WEIL TRUSTEE	1.00	X						0.		0.	0.
40 CATHERINE BERGES FRIENDS BOARD REPRESENTATIVE	1.00	X	X					0.		0.	0.
41 SONYA GLASSBERG TRUSTEE	1.00	X						0.		0.	0.
42 DR GERALD EARLY TRUSTEE	1.00		X					0.		0.	0.
43 RACHEL KELLER BROWN TRUSTEE	1.00		X					0.		0.	0.
44 DANIEL F. COLE TRUSTEE	1.00		X					0.		0.	0.
45 VERONICA MCDONNELL TRUSTEE	1.00		X					0.		0.	0.
46 PAUL J. MCKEE, JR.											

Name of the organization MISSOURI HISTORICAL SOCIETY	Employer identification number 43-0654866
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				<u>ATTACHMENT 2 (CONT'D)</u>		
	TRUSTEE	1.00	X		0.	0.
47	MABEL L. PURKERSON, M.D.				0.	0.
	TRUSTEE	1.00	X		0.	0.
48	JIM SCHIELE				0.	0.
	TRUSTEE	1.00	X		0.	0.
49	ARNOLD W. DONALD				0.	0.
	TRUSTEE	1.00	X		0.	0.
50	ROBERT R ARCHIBALD				0.	0.
	PRESIDENT	50.00	X X	393,281.	0.	103,299.
51	DONNA WILKINSON				0.	0.
	CHAIRMAN EMERITUS	1.00	X		0.	0.
52	KENNETH S KRANZBERG				0.	0.
	VICE CHAIRMAN	1.00	X		0.	0.
53	JOHN R ROBERTS				0.	0.
	TREASURER	1.00	X		0.	0.
54	L B ECKELKAMP				0.	0.
	SECRETARY	1.00	X		0.	0.
55	KAREN M GOERING				0.	0.
	MANAGING DIRECTOR OPERATIONS	40.00	X	145,652.	0.	16,541.
56	VICKI KAFFENBERGER				0.	0.
	MANAG DIREC INSTITU DEVELOP	40.00	X	104,038.	0.	11,554.
57	HARRY E. RICH				0.	0.
	CHIEF FINANCIAL OFFICER	40.00	X	118,154.	0.	9,029.

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MEMBERSHIP CONSULTANTS 3868 RUSSELL BLVD. ST. LOUIS, MO 63110	CONSULTING	164,421.
	TOTAL COMPENSATION	<u>164,421.</u>

ATTACHMENT 4

Name of the organization MISSOURI HISTORICAL SOCIETY	Employer identification number 43-0654866
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ATTACHMENT 4 (CONT'D)FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
US GOVERNMENT OBLIGATIONS	4,623,656.	FMV
CORPORATE STOCKS	19,215,806.	FMV
CORPORATE PAPER & BONDS	7,213,668.	FMV
TOTALS	<u>31,053,130.</u>	

ATTACHMENT 5FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
EVENTS NOT YET HELD	12,396.
TOTALS	<u>12,396.</u>

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Attachment
Sequence No. **67**

Name(s) shown on return

MISSOURI HISTORICAL SOCIETY

Identifying number

43-0654866

Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)				1	
2	Total cost of section 179 property placed in service (see instructions)				2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)				3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-				4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions				5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost			
7	Listed property. Enter the amount from line 29			7		
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7				8	
9	Tentative deduction. Enter the smaller of line 5 or line 8				9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562				10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)				11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11				12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12			13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)				14	
15	Property subject to section 168(f)(1) election				15	
16	Other depreciation (including ACRS)				16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010				17	858,887.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here					

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28				21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions				22	858,887.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs			23		

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2010 tax year (see instructions): 43 Amortization of costs that began before your 2010 tax year 44 Total. Add amounts in column (f). See the instructions for where to report