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# **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)

OMB No 1545-0047

2008

Dèpartment of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	2008 calen	dar year,	or tax year beginn	ing $11/01$	, 20	08, and endin	g 10/	'31		, 2009
В	Check if a	applicable				<del>-</del>			D Employe	er Identi	fication Number
	Add	ress change	Please use IRS label	MISSOURI HU	MANITIES (	COUNCIL			43-1	.103	937
	□ <sub>Narr</sub>	ne change	or print or type	543 HANLEY			1		E Telephor		
	$\vdash$	al return	See specific	ST. LOUIS,					(314	1) 7	81-9660
	$\vdash$		Instruc-						(319	, ,	01 2000
	$\vdash$	mination	tions.						1_		1 077 200
	$\vdash$	ended return	<u> </u>						G Gross re		
	Арр	lication pending		ind address of principal	officer				a group return		<b>₽™₽™</b>
				AS C ABOVE					ll affiliates inclu L'attach a list		tructions) Yes No
<u></u>	Tax-e	exempt statu			insert no )	4947(a)(1) or	527				,
<u>J</u>	Webs	site: ► WW	W.MOHU	MANITIES.OR	G			H(c) Group	exemption nu	mber 🏲	
K	Туре о	of organization	X Corpora	ation Trust	Association Ot	her ►	L Year of Formati	ion 197	1 M s	tate of le	egal domicile MO
Pa	rt I:	Summa	ary				<u> </u>				
	1 E	Briefly descri	be the org	janization's missio	n or most signif	ficant activities	THE EDUCA	ATION	AL PROG	RAMS	OF THE
a)											EACH OTHER
띭				CH AS HISTO							
Ĕ				IONS, OF FO							
ŏ		Check this bo		if the organization							•
9	3 1	Number of vo	oting mem	bers of the govern	ning body (Part	VI, line 1a)				3	19
8				t voting members	-	g body (Part VI, I	line 1b)			4	19
¥			•	yees (Part V, line	,					5	10
Activities & Governance				eers (estimate if n	-					6	7
•		_		ousiness revenue f			2)		-	7 a	0.
	<u> b r</u>	Net unrelated	business	taxable income fi	om Form 990-1	, line 34	<del></del>			7 b	0.
									Prior Year		Current Year
ē			_	ts (Part VIII, line 1					1,174,9	47.	1,276,295.
MR gyenue		_		ue (Part VIII, line				-	4.0	<u> </u>	
( <u>6</u> 2)				art VIII, column (A)		-			4,2		1 100
H				II, column (A), line					8,6		1,103.
<del>\$</del>				nes 8 through 11 (			), line 12)	<del></del>	1,187,8		1,277,398.
				ounts paid (Part I)					124,1	38.	172,835.
<b>.</b>				members (Part IX				<u> </u>			
1,0	<b>15</b> S	Salaries, oth	er comper	nsation, employee	benefits (Part I	X, column (A), lir	nes-5-(0)	<u> </u>	394,9	18.	457,725.
Expenses 1	16a F	Professional	fundraisin	g fees (Part IX, co	olumn (A), line	11e) 155	) )				
×b-	ЬΤ	Total fundrais	sing exper	ng fees (Part IX, colunses (Part IX, colu	ımn (D), lın <u>e 25</u>	17/17 Jan	-70/39/83.		- " y " 4 % %	. · · ;	* 、**
·°W									458,1	92.	559,893.
	18 T	Total expens	es Add Iu	nes 13-17 (must e s Subtract line 18	qual Part IX co	lumn (A) like 25	30 /8 /		977,2		1,190,453.
	19 F	Revenue less	expense	s Subtract line 18	from line 92	AUG 2 Tar			210,6		86,945.
- 1 0		tevenue less	скрепас	o Cabaac inic 10	191	AU	111	<del> </del>			
Net Assets or Fund Balancos	20 1	F-4-14-	(DLV L	10	<i> ଅ </i>	OGDEN	المستنفظينية المستنية		inning of Y		End of Year
Bag		Total assets	•	•	\ '	nau			1,026,8 105,5		1,142,936. 134,664.
Į.		Total liabilitie		-							
. 1		<del></del>		ances Subtract lin	e 21 from line 2	20		.1	921,3	21.]	1,008,272.
Pa	rtill	Signati	ure Bloc	:K							
		Under penaltie	s of perjury,	I declare that I have exa Declaration of preparer	mined this return ind	cluding accompanying s based on all informat	schedules and statition of which prepa	ements, an	d to the best of	f my kno	owledge and belief, it is
		- V/							_		-10
Sig	jn		per	y !	en v	<u> </u>				$\chi_{U}$	10
He	re	Signature		//					ate		
			YL TARI	•				FISC	AL OFFI	CER	
		Type or pi	rint name and	title	<u> </u>						
							Date		Check if self-	Pr	eparer's identifying number ee instructions)
Pai		Preparer's	. /	10/1/11	44.46	( I)	9.16.	1.	employed ►	Ш	
Pre		signature	<u> </u>	1CHMVV	WWW.	100	8-19-10			P	00019708
Us	rer's	Firm's name (	or SCH	MERSAHL TRE	LOAR & CO.	, PC			<u> </u>		
On		yours if self employed),	<b>▶</b> 108	05 SUNSET O	FFICE DRIV	E, STE 400			EIN ► 4	3-15	40459
<b></b>	٠,	address, and ZIP + 4	ST.	•	63127					(31	
May	the IR	RS discuss th		with the preparer s		see instructions)					X Yes No
				work Reduction A					TEEA0112L	12/22	/08 Form <b>990</b> (2008)

	n 990 (2008) MISSOURI HUMANITIES COUNCIL	43-1	10393	7	1	⊃age <b>2</b>
Pai	rt III' Statement of Program Service Accomplishments (see instructions)				_	
1						
	SEE SCHEDULE 0					
	Did the organization undertake any significant program services during the year which were not listed or	n the prior	-			
	Form 990 or 990-EZ?	<b>,</b>		Yes	X	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 se	ervices?		Yes	X	No
	If 'Yes,' describe these changes on Schedule O		_	_		
4	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a	es by expen nd allocatio	ses Se ns to otl	ction 5 ners. t	he tot	(3) al
	expenses, and revenue, if any, for each program service reported					
			<del></del>			
4:	a (Code:) (Expenses \$ 828,286. including grants of \$)	(Revenue	\$			)
	SEE SCHEDULE O					
						- <b></b>
			·			
4	<b>b</b> (Code) (Expenses \$ including grants of \$)	(Revenue	\$			)
_						
4	c (Code) (Expenses \$ including grants of \$)	(Revenue	\$			)
						. <b></b> -
4	d Other program services (Describe in Schedule O )		<del></del>			
	(Expenses \$ including grants of \$ ) (Revenue					
4	e Total program service expenses ► \$ 828,286. (Must equal Part IX, Line 25, column	(B) )				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6_		х_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7	i	х_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х_
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	Χ_	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	L	X_
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No, 'go to question 25	24a		X
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	}	x
Ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
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Form 990'(2008) MISSOURI HUMANITIES COUNCIL

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.			
•	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		X
1	have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
(	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30	<u></u>	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.	35	L	х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37 	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х

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Form 990 (2008)

Form 990 (2008) MISSOURI HUMANITIES COUNCIL	43-1103937	Р	age !
Part V Statements Regarding Other IRS Filings and Tax Compliance			
	F	Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S Information Returns Enter -0- if not applicable 1a	44		
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and repo (gambling) winnings to prize winners?	ortable gaming	_ <u>x</u>	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a	10		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? <b>2b</b>	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see in	nstructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered this return?	3a_		Х
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b	<u> </u>	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other at financial account in a foreign country (such as a bank account, securities account, or other financial account	uthority over, a count)?		Х
<b>b</b> If 'Yes,' enter the name of the foreign country			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ba Financial Accounts	ink and		 
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ion? 5b		X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Re Prohibited Tax Shelter Transaction?	egarding 5c		ı İ
6a Did the organization solicit any contributions that were not tax deductible?	6a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions deductible?	s or gifts were not 6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more th	nan \$75 <sup>7</sup> <b>7a</b>		Х
<b>b</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 Form 8282?	required to file 7c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pe benefit contract?	rsonal <b>7e</b>		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	ct? <b>7f</b>		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		L	X
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-	-C as required? 7h		X
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 5 supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organ excess business holdings at any time during the year?			
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	9b	-	
10 Section 501(c)(7) organizations. Enter.			
a Initiation fees and capital contributions included on Part VIII, line 12	1	}	
<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from other members or shareholders			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	11? <b>12a</b>		Ĺ
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
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Form 990 (2008) MISSOURI HUMANITIES COUNCIL

Part VI

Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A.	Governing Body and Management							
	For each processe	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, s, or changes in Schedule O See instructions	describe the circumstances,		Yes	No			
1 a	Enter the	number of voting members of the governing body	1a 19	Ì	ı	!			
t	Enter the	number of voting members that are independent	<b>1</b> b 19			:			
2	Did any o officer, d	officer, director, trustee, or key employee have a family relationship or a business re irector, trustee or key employee?	elationship with any other	2		X			
3	Did the o	rganization delegate control over management duties customarily performed by or its, directors or trustees, or key employees to a management company or other pers	under the direct supervision on?	3		X			
4		rganization make any significant changes to its organizational documents prior Form 990 was filed?	1	4		<u>X</u>			
5		rganization become aware during the year of a material diversion of the organization	n's assets?	5	1	Х			
6		organization have members or stockholders?		6		X			
	governin	•	ļ	7a		X			
ŀ	Are any	decisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
•	The gove	rning body?		8a	Χ				
		nmittee with authority to act on behalf of the governing body?		8b	Χ				
9	Does the	organization have local chapters, branches, or affiliates?		9a		<u>X</u>			
ı	If 'Yes,' o and bran	does the organization have written policies and procedures governing the activities of the organization?	of such chapters, affiliates,	9b					
10	Was a co describe	ppy of the Form 990 provided to the organization's governing body before it was file in Schedule O the process, if any, the organization uses to review the Form 990 S	d? All organizations must SEE SCHEDULE 0	10	Х				
11	is there a organiza	any officer, director or trustee, or key employee listed in Part VII, Section A, who ca tion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	nnot be reached at the	11		X			
Sec	tion B.	Policies							
			Г		Yes	No			
		organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Χ_				
	to conflic			12b	Х				
•	Does the Schedule	organization regularly and consistently monitor and enforce compliance with the position of the second seco	olicy? If 'Yes,' describe in	12c	Х				
		organization have a written whistleblower policy?	ļ	13	X				
		organization have a written document retention and destruction policy?	ļ	14	X				
15	Did the persons,	process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent cision.			; ;			
	•	nization's CEO, Executive Director, or top management official?	ļ	15 a	Х				
I	<b>b</b> Other off	icers of key employees of the organization? SEE SCHEDULE O		15 b		X			
	Describe	the process in Schedule O (see instructions)				:			
16	a Did the o entity du	organization invest in, contribute assets to, or participate in a joint venture or simila ring the year?	r arrangement with a taxable	16a		X			
	ın joint v status wi	nas the organization adopted a written policy or procedure requiring the organizatio enture arrangements under applicable federal tax law, and taken steps to safeguare th respect to such arrangements?	n to evaluate its participation d the organization's exempt	16b					
Sec	tion C.	Disclosures							
17	List the s	states with which a copy of this Form 990 is required to be filed $ ightharpoonup \underline{NONE}$							
18	Section 6	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an Indicate how you make these available. Check all that apply	and 990-T (501(c)(3)s only) av	aılab	le for	public			
	∐ Own	website X Another's website X Upon request							
19	Describe statemer	in Schedule O whether (and if so, how) the organization makes its governing docusts available to the public $\begin{tabular}{c} SEE & SCHEDULE & O \end{tabular}$	ments, conflict of interest poli	cy, aı	nd fina	ancıal			
20		e name, physical address, and telephone number of the person who possesses the L TARBOX 543 HANLEY INDUSTRIAL CT. ST. LOUIS MO 631		anızat	ion				
BAA				Form	990	(2008)			

TEEA0106L 12/18/08

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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) or 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 the organization did not compensate any officer, director, trustee, or key employee												
(A)	(B)			((	c)			(D)	(E)	(F)		
Name and Title	Average hours		Position (check all that apply)			_	Reportable compensation from	Reportable compensation from	Estimated amount of other			
	per week	Individual trustee or director	Institutional trustee	Officer	employee Key employee		Former	the organization (W 2/1099-MISC)	related organizations (W 2/1099-MISC)	compensation from the		
		dual	ution	er	dus	est co	<u> </u>			organization and related		
		trus	al tri		oyee	ompe				organizations		
		lee	ıstee			Highest compensated employee						
JOAN CAULFIELD		ļ <u> </u>				<u>e</u>		<u> </u>				
DIRECTOR	0	X						0.	0.	0.		
CAROL DIAZ-GRANADOS	-							0.	0.1	<u> </u>		
DIRECTOR	0	Х						0.	0.	0.		
DELIA GILLIS	<del></del>						<del> </del>	0.	0.	····		
DIRECTOR	0	X						0.	0.	0.		
DORIS GREENE	<u>×</u>	<del>- ^</del>						<u> </u>		<u></u>		
DIRECTOR	0	Х						0.	0.	0.		
MARTHA GREER	Ť				_					·		
DIRECTOR	0	Х						0.	0.	0.		
CAROL GRIMES												
DIRECTOR	1 0	Х						0.	0.	0.		
MARY ELIZABETH GRIMES												
DIRECTOR	0	Х						0.	0.	0.		
MICHELE NEWTON												
DIRECTOR	0	X						0.	0.	0.		
MARIANNE E. INMAN												
DIRECTOR	0	X						0.	0.	0.		
GREGG KELLER												
DIRECTOR	0	X		ļ <u>.</u>			<u> </u>	0.	0.	0.		
SIEGRID SMITH MANESS	]			ļ								
DIRECTOR	0	X		<u> </u>				0.	0.	0.		
KATHLEEN FUKASAWA MORRISSE									_			
DIRECTOR	0	X	_	<u> </u>	<u> </u>			0.	0.	0.		
JOEL RHODES		l								•		
DIRECTOR	0	Х			<u> </u>	ļ	<u> </u>	0.	0.	0.		
LOUIS_RIGGS		١								•		
DIRECTOR	00	X			┝	<u> </u>	<u> </u>	0.	0.	0.		
WICKY SLEIGHT	_	1,								^		
DIRECTOR	0	<u> X</u>	$\vdash$	_	⊢	├	├	0.	0.	0.		
SHELLEY WELSCH	· _	٠,,								^		
DIRECTOR	0	Х	├	<del> </del>	⊢		-	0.	0.	0.		
JIM TANNER	ļ ,			<sub>v</sub>					0.	0		
CHAIR	0	<u> </u>	<u> </u>	Χ	Щ.	<u> </u>	1	0.	<u> </u>	0.		

Part VII   Section A. Officers, Directors, Trus		(ey	Em			es,	and			(F)
(A) Name and Title	(B) (c) Average Position (check all that apply)			pply)	<b>(D)</b> Reportable	<b>(E)</b> Reportable	Estimated			
Name and Thie	hours per week			Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W 2/1099-MISC)	amount of other compensation from the organization and related organizations
ERIC ZAHND	0			х				0.	0.	0.
JOHN N. BORBONUS TREASURER	0			X				0.	0.	0.
MICHAEL BOUMAN EXECUTIVE DIREC	40				х			102,311.	0.	0.
						_				
	-				<u> </u>					
					_					
				_						
			ļ 	ļ						
		<u> </u>				_				
	·	<u> </u>	-	<u> </u>	-	-				
di Tari				<u> </u>	<u> </u>		<u> </u>	102,311.	0.	0
<ul><li>1 b Total</li><li>2 Total number of individuals (including those in 1a)</li></ul>	wbo 500	<u> </u>	d m		thar	v ¢ 1			<u> </u>	
organization • 1	wno rec	eive	u iii	ore	ulai	1 401	00,0			
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such the organization and related organizations greater</li> </ul>	ndividua enortable	al e co	mpe	ensa	ition	and	d oth	ner compensation	from	Yes No
individual  5 Did any person listed on line 1a receive or accrue										4 X
rendered to the organization? If 'Yes,' complete So Section B. Independent Contractors	hedule	J for	Su	ch p	ersc	n				5 X
Complete this table for your five highest compensation from the organization	ted inde	epen	den	t co	ntra	ctor	s tha	at received more	than \$100,000 of	· 
(A) Name and business address	ss							(E Description	of Services	(C) Compensation
2 Total number of independent contractors (including	those i	n 1)	wh	o re	ceıv	ed r	nore	than \$100,000 ir		
compensation from the organization ► 0										

Pai	T VIII   Statement of Revenue					
1	•		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2	1 a Federated campaigns	1a				
F S	h Mambaraha duas	1b				
뚫히	<b>b</b> Membership dues					
S, Š	c Fundraising events.	1c				
듀	d Related organizations	1d				
S,E	e Government grants (contributions)	1e 1,132,730.				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above	1f 143,565.		!		
Ĕ	g Noncash contribns included in Ins 1a-1f	\$				
요₹	h Total. Add lines 1a-1f	<b>•</b>	1,276,295.			
ш		Business Code	, ,			
ᇳ	2 a					
₫	2a			<del></del>		
ᇤ	b					
. ≥	с				-	
₩	d					
Ę	e					
8	f All other program service revenu	ue l				
잁	g Total. Add lines 2a-2f	•				
-		<del>.</del> <del>.</del>				
	3 Investment income (including di other similar amounts)	vidends, interest and				
	4 Income from investment of tax-e	exempt bond proceeds				
	5 Royalties	<u> </u>				
	(ı) F	Real (II) Personal	j			
	6a Gross Rents	İ				
	<b>b</b> Less rental expenses		1			
	c Rental income or (loss)		1			
		<b>_</b>				
	d Net rental income or (loss)					
	7a Gross amount from sales of (i) Sec	curities (ii) Other		,		
	assets other than inventory					
	<b>b</b> Less cost or other basis					
	and sales expenses					
	c Gain or (loss)		1			
	d Net gain or (loss)					n
	• , ,		<del></del>			
ENUE	8a Gross income from fundraising (not including \$					
Ē	of contributions reported on line	(C)				
OTHER REVEN	See Part IV, line 18	a				
품	<b>b</b> Less direct expenses	ь				
0	c Net income or (loss) from fundra	aising events				
	Qa Cross income from gaming activ	utios				
	9a Gross income from gaming active See Part IV, line 19	a a				1
	<b>b</b> Less direct expenses	b				
	•					-
	c Net income or (loss) from gamin	ng activities				<del>                                     </del>
	10a Gross sales of inventory, less re	eturns				
	and allowances	a	4			
	<b>b</b> Less cost of goods sold	b				
	c Net income or (loss) from sales	of inventory				
	Miscellaneous Revenue	Business Code				
	11a OTHER INCOME		1,103.			1,103.
	b	~	1,233.			
	<b></b>		<del>                                     </del>	·	<del>                                     </del>	
	·		<del> </del>	<del>                                     </del>	<del></del>	<del> </del>
	<b>d</b> All other revenue			ļ	<u></u>	
	e Total. Add lines 11a-11d	•	1,103.	<u> </u>		
	12 Total Revenue. Add lines 1h, 2g	i. 3. 4. 5. 6d. 7d. 8c. 9c				
	10c, and 11e	,, o, ¬, o, ou, /u, oo, oo,	1,277,398.	0.	0.	1,103.

Page 10

[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).

			· · ·	403	(5)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	172,835.	172,835.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	172,033.	172,033.		1
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			_	
5	Compensation of current officers, directors, trustees, and key employees	102,311.	69,571.	29,670.	3,070.
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.	0.	0.1	0.
7	Other salaries and wages	245,939.	121,203.	96,546.	28,190.
	5	243, 333.	121,203.	70,340.	20,130.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	22,141.	12,134.	8,019.	1,988.
9	Other employee benefits.	51,928.	29,448.	18,014.	4,466.
10	Payroll taxes	35,406.	16,939.	16,449.	2,018.
	Fees for services (non-employees)	30, 1001			
	a Management			· · · · · · · · · · · · · · · · · · ·	
	b Legal	23,293.		23,293.	····
	c Accounting	25,255.		25,255.	
	d Lobbying				<del> </del>
	e Prof fundraising svcs See Part IV, In 17				
	f Investment management fees				
	Other				
	Advertising and promotion				
	5 '	66,539.	60,375.	6,084.	80.
13	Office expenses Information technology	00,339.	00,373.	0,004.	
14	Royalties				
15		33,186.	17,385.	12,662.	3,139.
16	Occupancy Travel	104,528.	88,569.	12,602.	3,355.
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	104, 320.	66,363.	12,004.	3,333.
19	Conferences, conventions, and meetings	40,389.	21,805.	16,659.	1,925.
20	Interest	734.		734.	
21	Payments to affiliates				
	Depreciation, depletion, and amortization	13,942.	7,668.	4,880.	1,394.
23	Insurance	7,710.		7,387.	323.
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below).		-ty, die		
	a HONORARIA	104,176.	103,826.	350.	
	SERVICES	85,429.	66,154.	18,875.	400.
	PRINTING AND PUBLICATIONS	23,410.	20,267.	2,121.	1,022.
	d DUES AND SUBSCRIPTIONS	14,005.	3,745.	4,417.	5,843.
	LEGISLATURE	11,100.			11,100.
1	f All other expenses	31,452.	16,362.	12,420.	2,670.
	Total functional expenses. Add lines 1 through 24f	1,190,453.	828,286.	291,184.	70,983.
26	Joint Costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint				
BAA	costs from a combined educational campaign and fundraising solicitation		,, , , , , , , , , , , , , , , , , , ,		Form <b>990</b> (2008)
DAA	1				(2000)

	X	Dalance Sheet			(A) Beginning of year		(B End of	) vear	
	1	Cash - non-interest-bearing			Boginning or your	1			
	2	Savings and temporary cash investments			261,803.	2	21	89 (	35.
	3	Pledges and grants receivable, net			722,960.	3			19.
	4	Accounts receivable, net			122,500.	4		10,0	117.
	5		e truc	toos kay amployaas		<del>                                     </del>		_	
		Receivables from current and former officers, director or other related parties. Complete Part II of Schedule				5			
	6	Receivables from other disqualified persons (as define		,,,,,,					
А	İ	and persons described in section 4958(c)(3)(B) Com	plete F	art II of Schedule L	<u> </u>	6			
A S E T S	7	Notes and loans receivable, net				7			
Ě	8	Inventories for sale or use				8			
Ś	9	Prepaid expenses and deferred charges	1 1		14,805.	9		10,1	56.
		Land, buildings, and equipment cost basis	10 a	94,989.					
	þ	Less accumulated depreciation. Complete Part VI of	, ,			ļ. <b></b>			
		Schedule D	10b	73,107.	21,451.	10 c		21,8	82.
	11	Investments — publicly-traded securities.				11			
	12	Investments – other securities See Part IV, line 11				12			
	13	Investments - program-related See Part IV, line 11				13			
	14	Intangible assets				14			
	15	Other assets See Part IV, line 11			5,844.	15			344.
	16	Total assets Add lines 1 through 15 (must equal line	34)		1,026,863.	16			<u> 36.</u>
	17	Accounts payable and accrued expenses			71,266.	17			339.
	18	Grants payable			24,713.	18		<u>41,3</u>	<u> 868.</u>
	19	Deferred revenue				19			
Ļ	20	Tax-exempt bond liabilities				20			
Ŗ	21	Escrow account liability Complete Part IV of Schedul			21				
BILIT	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified pe	stees, rsons	key employees, Complete Part II					
E S		of Schedule L			0.557	22			157
S	23	Secured mortgages and notes payable to unrelated the	nird pa	rties	9,557.	23		6,4	<u> 157.</u>
	24	Unsecured notes and loans payable			<del></del> -	24			
	25	Other liabilities Complete Part X of Schedule D			105 526	25		24	1
	26	Total liabilities. Add lines 17 through 25.	[17]	4 I-4- P	105,536.	26	<u>_</u>	34,0	<u> 64.</u>
P	ł	Organizations that follow SFAS 117, check here	A) ai	nd complete lines		}			
	27	27 through 29 and lines 33 and 34.			E20 144	27		C	1
ASSE	27	Unrestricted net assets			539,144. 382.183.	28			<u>155.</u> 317.
Š		Temporarily restricted net assets			302,103.	+==+	<del>4</del>	42,0	<u> </u>
O R	29	Permanently restricted net assets  Organizations that do not follow SFAS 117, check he		☐ and complete	<del></del>	29			
		_	ere –	and complete					
FUND	20	lines 30 through 34.				30			
	30	Capital stock or trust principal, or current funds		fund	<del></del>	+			
Ā	31	Paid-in or capital surplus, or land, building, and equip				31			
Ā	32	Retained earnings, endowment, accumulated income	, or on	ier iulius	921,327.	32	1 0	00 7	272.
BALAZCES	33	Total helphines and not see to find belonger				33			936.
	<u>34</u>  rt X	Total liabilities and net assets/fund balances Financial Statements and Reporting			1,026,863.	34		42,	330.
F	II ( A	Financial Statements and Reporting						Yes	No
1	Acc	counting method used to prepare the Form 990	Cash	X Accrual	Other			165	110
2	a We	re the organization's financial statements compiled or	review	red by an independent	accountant?		2a		X
	<b>b</b> We	re the organization's financial statements audited by a	ın ınde	pendent accountant?			2b	X	
	rev	Yes' to $2a$ or $2b$ , does the organization have a commitivew, or compilation of its financial statements and sele	ection	of an independent acco	ountant?		2c		Х
3	a As	a result of a federal award, was the organization requidit Act and OMB Circular A-133?	red to	undergo an audit or a	udits as set forth in the	Single		v	
								<u> X</u>	<del> </del>
B^		Yes,' did the organization undergo the required audit o	r audit	s′	<del> </del>		<b>3b</b>	990	[ (2008)
BA	_						, 0		,,

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service • **Public Charity Status and Public Support** 

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545 0047 2008

Open to Public

Employer identification number Name of the organization MISSOURI HUMANITIES COUNCIL 43-1103937 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization) 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) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 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). 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) 7 X 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 9 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). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 11 Type III - Functionally integrated d | Type III - Other c 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes Νo 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? (i) 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the organizations the organization supports (i) Name of Supported Organization (III) Type of organization (described on lines 1-9 above or IRC section (vi) Is the ganization in col (II) EIN (IV) Is the (v) Did you notify (vii) Amount of Support rganization in col (i) listed in your the organization in (i) organized in the your support? governing document? (see instructions)) Yes No Yes No Yes No Total

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

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 MISSOURI HUMANITIES COUNCIL Page 2 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) Section A. Public Support Calendar year (or fiscal year (d) 2007 (e) 2008 (f) Total (a) 2004 (b) 2005 (c) 2006 beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 687,500. 1,149,307 755,655. 1,004,810. 1,276,295 4,873,567. 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to 0. the public without charge 755,655. 1,004,810. 1,276,295. 4,873, 687,500. 1,149,307. 567. 4 Total. Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 0. shown on line 11, column (f) Public support. Subtract line 5 4,873,567. from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ► (e) 2008 (a) 2004 (b) 2005 (c) 2006 (d) 2007 (f) Total 1,276,295 4,873,567. 687,500. 1,149,307 755,655. 1,004,810. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 2,124 481 19,657. 3,501 6,230 7,321 similar sources Net income form unrelated business activities, whether or not the business is regularly 0. carried on Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV.) SEE PART IV 622 10,551. 1,286 8,643 Total support. Add lines 7 through 10 4,903,775. 12 0. Gross receipts from related activities, etc. (see instructions) 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 99.4% 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 99.5% 15 16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test – 2007. 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 - 2008. 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. b 10%-facts-and-circumstances test - 2007. 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.

Schedule A (Form 990 or 990-EZ) 2008

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (d) 2007 (e) 2008 (f) Total (a) 2004 **(b)** 2005 (c) 2006 Calendar year (or fiscal yr beginning in)▶ Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1-5 7a Amounts included on lines 1. 2. 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support (f) Total Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 (c) 2006(d) 2007 (e) 2008 9 Amounts from line 6 10 a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). 15 % 16 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g Section D. Computation of Investment Income Percentage 17 % 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 18 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 19a 33-1/3 support tests - 2008. 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 - 2007. If the organization did not check a box on line 14 or 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

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

Schedule A	(Form 990 or	990-EZ) 20	08 MISS	OURI HU	MANITIES	COUNCIL		43-1103937	Page <b>4</b>
Part IV	Suppleme	ntal Inforr	<b>nation.</b> Co	mplete t	nis part to	provide the	explanation red	uired by Part II, lin mation. (see instruc	ie 10;
<del></del>	Part II, line	17a or 1	7b; or Par	t III, line	12. Provide	e any other	additional infori	mation. (see instruc	ctions)
	•								
	•								
				<del>-</del> -					
	. – – – –								
							•		
						<b></b>			. <b></b>
			= <b></b>			· ·		<del>-</del> -	
									. – – – – –

#### **SCHEDULE C** (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

OMB No 1545-0047 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

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

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III

- 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

Name	of organization			Employer identifica	ition number
MIS	SSOURI HUMANITIES C	OUNCIL		43-110393	7
Pai	To be completed See the instruction	by all organizations exempt under ns for Schedule C for details.	r section 501(c) a	nd section 527 org	anizations.
1	Provide a description of the	organization's direct and indirect political of	ampaign activities in	Part IV SEE PART	IV
	Political expenditures	,	, ,	▶\$	
	Volunteer hours			•	1,200
Pai	To be completed See the instruction	by all organizations exempt under ns for Schedule C for details.	r section 501(c)(3	3).	
<del>_</del>		cise tax incurred by the organization under	section 4955	<b>▶</b> \$	
2	•	ise tax incurred by organization managers		<b>▶</b> \$	
3	• • • • • • • • • • • • • • • • • • •	a section 4955 tax, did it file Form 4720 for		••	Yes X No
4:	Was a correction made?		<b>y</b>		Yes No
i	If 'Yes,' describe in Part IV				ت ٠٠٠ سا
Pa	To be completed See the instruction	by all organizations exempt under ns for Schedule C for details.	r section 501(c),	except section 501	(c)(3).
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	on activities >\$	
2	Enter the amount of the filing function activities	g organization's funds contributed to other	organizations for sec	etion 527 exempt	
3	Total of direct and indirect e Form 1120-POL, line 17b	xempt function expenditures Add lines 1 a	and 2 and enter here	and on ►\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	made Enter the amount pair	and employer identification number (EIN) d and indicate if the amount was paid from directly delivered to a separate political org nal space is needed, provide information in	n the filing organization anization, such as a s	on's funds or were politi	cal contributions
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's own internal 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-
	· · · · · · · · · · · · · · · · · · ·				

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

Schedule C (Form 990 or 990-EZ) 2008

Schedule <b>C</b> (Form 990 or 990-EZ) 2008	MISSOURI I	HUMANITIES COUNCIL		43-1103	
Part II-A To be comple under section	eted by organ n 501(h)). See	nizations exempt under the instructions for So	r <b>section 501(c)(3)</b> chedule C for detail	that filed Form 5768 s.	(election
A Check ► If the filin	g organization b	elongs to an affiliated group			
B Check ► if the filin	g organization c	necked box A and 'limited co	ntrol' provisions apply		
(The term '	Limits on Lobb expenditures' m	ying Expenditures — eans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence	public opinion (grass roots le	obbying).		
<b>b</b> Total lobbying expenditu	ires to influence	a legislative body (direct lob	bying).		
c Total lobbying expenditu		a and 1b)			
d Other exempt purpose e	•				
e Total exempt purpose ex	xpenditures (add	lines 1c and 1d)		-	
f Lobbying nontaxable am both columns	ount Enter the	amount from the following ta	ble in		
If the amount on line 1e, colu	ımn (a) or (b) ıs	The lobbying nontaxable	amount is		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1,0	•	\$100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess	· · ·		
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus 5% of the excess o	ver \$1,500,000.		
Over \$17,000,000 <b>q</b> Grassroots nontaxable a	mount (ontor 25	\$1,000,000 % of line 15			
•	-	f line g is more than line a			
i Subtract line 1f from line		*			
j If there is an amount oth	ner than zero on	either line 1h or line 1i, did	the organization file Fo	rm 4720 reporting	☐Yes ☐No
section 4911 tax for this		4 Vacu Avenaring Davied	Under Coation 501/b)		163 140
(Some	e organizations colu	4-Year Averaging Period that made a section 501(h) emns below. See the instruct	lection do not have to ions for lines 2a throug	complete all of the five ph 2f.)	
	Lo	bbying Expenditures During	g 4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> Total
2a Lobbying non-taxable amount	-				,
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))			,,,		·
c Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures				Cabadda C.C	- 000 or 000 E7\ 000
BAA				Schedule C (Forn	n 990 or 990-EZ) 2008

Part II-B To be cor (election	npleted by organizations exempt under section 501(c)(3) that under section 501(h)). See the instructions for Schedule C for c	letails.	Tilea	rorm :	768	
		(	a)		(b)	
		Yes	No	An	nount	
1 During the year, did	the files exposed on etternat to influence forcing patients, state or level					
legislation, including	the filing organization attempt to influence foreign, national, state or local any attempt to influence public opinion on a legislative matter or referendum					
through the use of						
a Volunteers?			X			
•	ement (include compensation in expenses reported on lines 1c through 1i)?		X			
c Media advertisemen			X			
•	s, legislators, or the public?		X			
	lished or broadcast statements?		X	<del></del> _		
•	inizations for lobbying purposes?	-	X			
•	egislators, their staffs, government officials, or a legislative body?		X			
	ons, seminars, conventions, speeches, lectures, or any other means?		X			
	Yes,' describe in Part IV		^			0
j Total lines 1c throug			Х			
	line 1 cause the organization to be not described in section 501(c)(3)?		1			
	nount of any tax incurred under section 4912		i	<del></del> .		
	nount of any tax incurred by organization managers under section 4912					
	tion incurred a section 4912 tax, did it file Form 4720 for this year?  npleted by all organizations exempt under section 501(c)(4), s	ection 50	1/6/6	i) or co	ction	
501(c)(6).	See the instructions for Schedule C for details.	ecuon Ju	, I (C)(.	), UI 3C	Cuon	
		<del></del>			Yes	No
1 Were substantially a	II (90% or more) dues received nondeductible by members?			_ 1		L
2 Did the organization	make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization	agree to carryover lobbying and political expenditures from the prior year?			3		<u>.l</u> .
501(c)(6)	npleted by all organizations exempt under section 501(c)(4), s if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if FI 'Yes.' See Schedule C Instructions for details.	ection 50 art III-A,	11(c)(5 quest	5), or se tion 3 is	ction	
1 Dues, assessments	and similar amounts from members.		1			
2 Section 162(e) non- expenses for which	deductible lobbying and political expenditures (do not include amounts of polithe section 527(f) tax was paid).	tical				
a Current year			2a			
<b>b</b> Carryover from last	year		2 b			
c Total.			2 c			
3 Aggregate amount r	eported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent does the organization expenditure next ye	and the amount on line 2c exceeds the amount on line 3, what portion of the on agree to carryover to the reasonable estimate of nondeductible lobbying and ar?	excess d political	4			
	obbying and political expenditures (line 2c total minus 3 and 4)		5			
	ntal Information		·	-		
<del></del>	vide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line or any additional information.	5, and Pa	t II-B,	line 1ı		
rico, complete tine part i						

Schedule C (Form 990 or 990-EZ) 2008

Schedule <b>C</b> (I	Form 990 or 990-EZ) 2008 MISSOURI HUMANITIES COUNCIL Supplemental Information (continued)	43-1103937	Page 4
Part IV	Supplemental Information (continued)		
	<del></del>		
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# SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization Employer Identification number MISSOURI HUMANITIES COUNCIL 43-1103937 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 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? No Yes Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year - \$ 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 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 Partill 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, 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, 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 the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 ►Ś (ii) Assets included in Form 990. Part X **►**\$ 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 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2008 MISSO			<del> :</del>	43-1103			Page 2
Part III Organizations Mainta	ining Collection	s of Art, Histori	<u>cal Treasures, or</u>	Other Similar Ass	ets (co	<u>ntınu</u>	ed)
<ol> <li>Using the organization's accession that apply).</li> </ol>	on and other records	s, check any of the f	following that are a si	gnificant use of its colle	ection ite	ms (ch	ieck all
a 🔲 Public exhibition		<b>d</b> Loan or	exchange programs				
<b>b</b> Scholarly research		e Other _					
c Preservation for future gener	ations						
4 Provide a description of the orga Part XIV	nızatıon's collectıon	s and explain how t	hey further the organ	ization's exempt purpos	e in		
5 During the year, did the organiza assets to be sold to raise funds r	ather than to be ma	intained as part of	the organization's col	lection?	Yes		No
Part IV Trust, Escrow and Cu IV, line 9, or reported	stodial Arrange an amount on F	ments Complete orm 990. Part X	e if organization a (. line 21.	answered 'Yes' to F	orm 99	10, Pa	art
1a Is the organization an agent, trus included on Form 990, Part X?		· · · · · · · · · · · · · · · · · · ·	<u> </u>	er assets not	Yes		
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and coi	mplete the following	table				
					Amount		
c Beginning balance				1c			
<b>d</b> Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance				1f			
2a Did the organization include an a	mount on Form 990	, Part X, line 21?			Yes	L	No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV						
Part V   Endowment Funds Co	mplete if organi	zation answered	'Yes' to Form 99	0, Part IV, line 10.			
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Fo	our years	back
1a Beginning of year balance							
<b>b</b> Contributions							
c Investment earnings or losses							
d Grants or scholarships							
<ul> <li>Other expenditures for facilities and programs</li> </ul>							
f Administrative expenses							
<b>g</b> End of year balance		1					
2 Provide the estimated percentag	e of the year end ba	alance held as					
a Board designated or quasi-endov	vment 🟲	<b></b> &					
<b>b</b> Permanent endowment ►	<b></b> &,						
c Term endowment ►	<b>%</b>						
3a Are there endowment funds not organization by	in the possession of	the organization th	at are held and admi	nistered for the	Г	Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)		
<b>b</b> If 'Yes' to 3a(ıı), are the related of	organizations listed	as required on Sche	edule R?		3b		
4 Describe in Part XIV the intended	•	•			<del></del>		
Part VI Investments-Land, B				. line 10.	_		
Description of investment	(a) Co	st or other basis	(b) Cost or other basis (other)	(c) Depreciation	( <b>d)</b> B	ook Va	alue
1a Land		investment)	טמשש (טנוופו)				
<b>b</b> Buildings							
c Leasehold improvements							
d Equipment			94,989.	73,107.		21	882.
e Other			74, 303.	13,101.			. 002.
Total. Add lines 1a-1e (Column (d) sh	ould equal Form 00	Dart Y column (5	3) line 10(a) )			21	882.
DAA	ouiu equal Folili 99	<u>,,                                   </u>	oj, ilite TO(C) )	Cabad	ulo <b>D</b> (E		

Schedule **D** (Form 990) 2008

Schedule D (Form 990) 2008 MISSOURI HUMANITI	ES COUNCIL_	43-1103937 F	Page 3
Part VII Investments-Other Securities See F	orm 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	
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
	_		
	_		
	_		
	-		
	-		
Total (Column (b) should equal Form 990 Part X, col (B) line 12.)			
Part VIII Investments—Program Related (See	Form 990 Part X line	13) N/A	_
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(a) Description of investment type	(b) book value	Cost or end-of-year market value	
		·	
	ļ		
		<del></del>	
	<del>                                     </del>		
Total Column (b)(should equal Form 990 Part X Col. (B) line 13.)			
Total. Column (b)(should equal Form 990, Part X, Col (B) line 13.)  Part IX Other Assets (See Form 990, Part X,			
<u> </u>	escription	(b) Book val	ue
(4)			
	,		
	<del>-</del>	`	
Total. Column (b) Total (should equal Form 990, Part X, c		<u> </u>	
Part X Other Liabilities (See Form 990, Part			
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
	-		
<del></del>			
Total Column (b) Total (should equal Form 990, Part X, col (B) line 25)			

Schedule D (Form 990) 2008 MISSOURI HUMANITIES COUNCIL	43-110	3937 Page <b>4</b>
Part XI Reconciliation of Change in Net Assets from Form 990 to Fir	nancial Statements	
1 Total revenue (Form 990, Part VIII,column (A), line 12)		1,277,398.
2 Total expenses (Form 990, Part IX, column (A), line 25).	[	1,190,453.
3 Excess or (deficit) for the year. Subtract line 2 from line 1		86,945.
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities	Ĺ	
6 Investment expenses		<del> </del>
7 Prior period adjustments		
8 Other (Describe in Part XIV)	į	
9 Total adjustments (net) Add lines 4-8	ļ	
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	l	<u>86,945.</u>
Part XII   Reconciliation of Revenue per Audited Financial Statements		1 207 206
1 Total revenue, gains, and other support per audited financial statements	<u>-1- </u>	1,397,886.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a Net unrealized gains on investments	2a 120 400	
b Donated services and use of facilities	2b 120,488.	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d 2a	120,488.
e Add lines 2a through 2d  3 Subtract line 2e from line 1	2e 3	1,277,398.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	-3	1,211,390.
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	40	
5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,277,398.
Part XIII Reconciliation of Expenses per Audited Financial Statemen		
1 Total expenses and losses per audited financial statements	1	1,310,941.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a 120,488.	
<b>b</b> Prior year adjustments	2b	
c Losses reported on Form 990, Part IX, line 25	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	120,488.
3 Subtract line 2e from line 1	3	1,190,453.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	
5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	5	1,190,453.
Part XIV   Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b		
BAA TEEA3304L 12/23/08	Schar	dule <b>D</b> (Form 990) 2008

ochequie <b>D</b>	Form 990) 2008	je <b>s</b>
Part XIV	Supplemental Information (continued)	
		-
	· 	<b></b>
	,	
		. <b>_</b> _
		. <b></b> -
		. <b>_</b> _
		- <b>-</b>
		· <b>–</b> –

SCHEDULE		Ğ	Grants and Oth	d Other Assistance to Organizations,	o Organization	Š,	_1,	OMB No 1545-0047
(Form 990)			Governmen	Governments and Individuals in the U.S	als in the U.S.			2008
Department of the Treasury Internal Revenue Service		► Comple	te if the organizati	<ul><li>Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.</li><li>Attatch to Form 990.</li></ul>	orm 990, Part IV, lines ).	21 or 22.	J *	Open to Public Inspection
Name of the organization MISSOURI HUMANITIES COUNCIL	ITIES COUNCIL						Employer identification number 43-1103937	ation number
Part I General In	Part   General Information on Grants and Assistance	its and Assista	ance					
1 Does the organiza the selection crite 2 Describe in Part IV	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	o substantiate the grants or assistant occiones for moni	e amount of the grace?	the grants or assistance, the grantees' eligibility for the grants or assistance, and see of grant funds in the United States	antees' eligibility for the States	le grants or assistanc	e, and	X Yes No
₹	<b>Grants and Other Assistance to Governments and Organizations in the United States.</b> Complete if the organization answered 'Yes' on F 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	to Governme ecipient that re m 990) if addi	ints and Organi eceived more the	<b>Organizations in the United States.</b> Complete if the organization answered 'Yes' nore than \$5,000. Check this box if no one recipient received more than \$5,000. are is needed	ed States. Complet his box if no one r	e if the organizat ecipient received	ion answered 'Ye more than \$5,00	es' on Form
1 (a) Name and address of organization or government	sss of organization ment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
CAMPBELL HOUSE MUSE TO 1508 LOCUST STREET ST LOUIS, MO 63103	CAMPBELL HOUSE MUSEUM - URBAN PROJECT 1508 LOCUST STREET ST LOUIS, MO 63103	T		58,298.	0.			
MARK TWAIN HOME FOUNDATION 120 N MAIN STREET HANNIBAL, MO 63401	OUNDATION			10,000.	0			
MISSOURI COUNCIL FOR 415 WESTRICK PLACE ST LOUIS, MO 63122	MISSOURI COUNCIL FOR HISTORY EDUCATION 415 WESTRICK PLACE ST LOUIS, MO 63122	7		11,200.	0.			
NATIONAL FRONTIER TRAILS MUSEUM 318 W PACIFIC AVE INDEPENDENCE, MO 64050	TRAILS MUSEUM			8,559.	0			
STATE HISTORICAL SOCIETY OF MISSOUR 23 ELLIS LIBRARY COLUMBIA, MO 65201	OCIETY OF MISSOURI			14,525.	0			
TRACES-CENTER HISTORY & CULTURE 75 5TH STREET W STE 211 ST PAUL, MN 55102	TORY & CULTURE E 211			7,735.	0			
WHITE RIVER VALLEY HISTORICAL SOCIETY 186 FORSYTH-TANEYVILLE ROAD FORSYTH, MO 65653	HISTORICAL SOCIETY VILLE ROAD			7,725.	0.			
							I	
2 Enter total numbe 3 Enter total numbe	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	ind government or	ganizations				<b>A A</b>	0
1	and Paperwork Reducti	on Act Notice, see	the Instructions f	or Form 990.	TEEA3901L 12/19/08	12/19/08	Schedi	Schedule I (Form 990) 2008

OMB No 1545-0047

Page 2 Schedule I (Form 990) 2008 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information 43-1103937 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non cash assistance (c) Amount of cash grant MISSOURI HUMANITIES COUNCIL (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2008 Part III BAA

#### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545 0047

Employer identification number

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

ΜI	SSOURI HUMANITIES COUNCIL 43-1103937
	FORM 990, PART III, LINE 1 - ORGANIZATION MISSION
	THE EDUCATIONAL PROGRAMS OF THE MISSOURI HUMANITIES COUNCIL HELP THE PEOPLE OF
	MISSOURI ASSOCIATE WITH EACH OTHER IN PROGRAMS SUCH AS HISTORY, LITERATURE,
	PHILOSOPHY, THE STUDY OF THE ARTS, OF LAWS, OF RELIGIONS, OF FOLKLORE, AND OF
	POLITICS. THROUGH THESE FORMS OF ASSOCIATION, PEOPLE DEVELOP THE TIES OF
	UNDERSTANDING THAT BUILD THE FABRIC OF COMMUNITY LIFE. OUR PROGRAMS HELP BUILD
	POWERFUL INSTITUTIONS, BEGINNING WITH FAMILY LIFE AND EXTENDING TO OUR LIBRARIES,
	MUSEUMS, HISTORICAL ASSOCIATIONS, AND CIVIC ORGANIZATIONS.
	FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS
	PROGRAMS & SERVICES
	- CHAUTAUGUA- A ONE-WEEK HISTORY FESTIVAL ORGANIZED BY MHC ON AN ANNUAL THEME AND
	PROVIDED EACH SUMMER TO COMMUNITIES WHO COMPETE FOR SPONSORSHIP.
	- CULTURAL HERITAGE DEVELOPMENT- GRANTS AND PROGRAM SERVICES TO HELP DEVELOP LOCAL
	HUMANITIES INSTITUTIONS SUCH AS MUSEUMS AND LIBRARIES.
	- GOVERNOR'S HUMANITIES AWARDS- ANNUAL RECOGNITION OF MISSOURI CITIZENS.
	- GRANTS- SUPPORT FOR NON-PROFIT MISSOURI ORGANIZATIONS TO CONDUCT PUBLIC HUMANITIES
	PROGRAMS.
	- READ FROM THE START- DYNAMIC TRAINING PROGRAM FOR PARENTS OF PRE-SCHOOL CHILDREN.
	FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS
	THE BOARD WILL REVIEW THE 990 BEFORE BEING FILED WITH THE IRS.

Schedule <b>O</b> (Form 990) 2008	Page 2
Name of the organization MISSOURI HUMANITIES COUNCIL	Employer identification number 43-1103937
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING	G AND ENFORCEMENT OF C
THE EXECUTIVE DIRECTOR MONITORS AND ENFORCES THE	CONFLICT OF INTEREST POLICY.
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & AP	PROVAL PROCESS FOR OFFICERS & KEY EMPLOYE
THE BOARD OF DIRECTORS EXECUTIVE COMMITTEE IS RE	SPONSIBLE FOR THE REVIEW AND
APPROVAL OF THE EXECUTIVE DIRECTOR'S SALARY.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUM	ENTS PUBLICLY AVAILABLE
DOCUMENTS ARE AVAILABLE UPON REQUEST OR ON GUIDE	STAR.ORG.
·	

ENT MOHUMAN		MISSOURI	HUMANITIES C	OUNCIL		43-11039
7/10						03 09
PART II, LINE 10 - O	THER INCOME					
NATURE AND SOURC	E	2008	2007	2006	2005	2004
OTHER INCOME	TOTAL \$	622. 622. \$	8,643. 8,643. \$	1,286. 1,286.	\$ 0.	. \$ 0.
	<del></del>					<u> </u>

## Form 4562

Department of the Treasury Internal Revenue Service

(Including Information on Listed Property) ► See separate instructions.

Depreciation and Amortization

► Attach to your tax return.

OMB No 1545 0172

2008

Attachment Sequence No

43-1103937

MISSOURI HUMANITIES COUNCIL

Identifying number

Business or activity to which this form relates FORM 990/990-PF 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 \$250,000 Maximum amount. See the instructions for a higher limit for certain businesses. 2 Total cost of section 179 property placed in service (see instructions) 3 \$800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 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 (b) Cost (business use only) (C) Elected cost (a) Description of property 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 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 2009. 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 Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property ) (See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2008 17 11,546 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Assets Placed in Service During 2008 Tax Year Using the General Depreciation System Section B -(C) Basis for depreciation (d) (f) Method (a) (b) Month and (e) Convention (g) Depreciation (business/investment use Classification of property year placed Recovery period only - see instructions) 14,374 3 ΗY S/L 2,396 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L 25 vrs a 25-year property 27.5 yrs MM S/L h Residential rental property 27.5 yrs MM S/L MM S/L 39 yrs i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20 a Class life S/L 12 yrs S/L b 12-year MM S/L c 40-year 40 yrs Part IV | Summary (See instructions ) 21 21 Listed property Enter amount from line 28 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 13,942. 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

#### <sup>1</sup>Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 4-2009)

		· ··· =	
<ul><li>If you are</li></ul>	filing for an Automatic 3-Monti	Extension, complete only Part I and check this box	<b>►</b> X
		tomatic) 3-Month Extension, complete only Part II (	
		ady been granted an automatic 3-month extension of	
		sion of Time. Only submit original (no copi	
A corporation	required to file Form 990-T and	d requesting an automatic 6-month extension — chec	k this box and complete Part I only
All other corp income tax re	orations (including 1120-C filers	s), partnerships, REMICS, and trusts must use Form	7004 to request an extension of time to file
returns noted the additional Form 990-T I	(not automatic) 3-month exten nstead, you must submit the fu	electronically file Form 8868 if you want a 3-month a tion required to file Form 990-T) However, you canni sion or (2) you file Forms 990-BL, 6069, or 8870, gro illy completed and signed page 2 (Part II) of Form 88 e-file for Charities & Nonprofits	ot file Form 8868 electronically if (1) you want
	Name of Exempt Organization		Employer identification number
Type or print	i		
	MISSOURI HUMANITIES	COUNCIL	43-1103937
File by the due date for	Number, street, and room or suite number	er If a P O box, see instructions	
	543 HANLEY INDUSTRI	AL COURT #201	
instructions	City, town or post office, state, and ZIP c	ode For a foreign address, see instructions	
	ST. LOUIS, MO 63144		
		ate application for each return)	
X Form 990		Form 990-T (corporation)	Form 4720
Form 990	-BL	Form 990-T (section 401(a) or 408(a) trust)	Form 5227
Form 990	-EZ	Form 990-T (trust other than above)	Form 6069
Form 990	-PF	Form 1041-A	Form 8870
Telephone If the orga If this is for check this	or a Group Return, enter the or box  F  If it is for part of	FAX No Fax No Fa	N) If this is for the whole group,
	sion will cover	-th- (	
until The ext	6/15 , 20 10 , to fill ension is for the organization's calendar year 20 or	•	
2 If this ta	ax year is for less than 12 mon	ths, check reason Initial return Final r	return Change in accounting period
<b>3a</b> If this a nonrefu	pplication is for Form 990-BL, 9 indable credits. See instructions	990-PF, 990-T, 4720, or 6069, enter the tentative tax	, less any 3a \$ 0.
	pplication is for Form 990-PF onclude any prior year overpayn	or 990-T, enter any refundable credits and estimated ment allowed as a credit	tax payments 3b\$ 0.
deposit	<b>Due.</b> Subtract line 3b from lin with FTD coupon or, if required tructions	e 3a Include your payment with this form, or, if requ d, by using EFTPS (Electronic Federal Tax Payment	ured, System) 3c \$ 0.
Caution. If yo payment insti	ou are going to make an electro fuctions	onic fund withdrawal with this Form 8868, see Form 8	8453-EO and Form 8879-EO for

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868	(Rev 4-2009)	Page	<b>2</b>	
• If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete only	ly Part II and check this box	X	
Note. Only	complete Part II if you have already been granted an automatic 3-month external	ension on a previously filed Form 8868.	_	
	re filing for an Automatic 3-Month Extension, complete only Part I (on page		_	
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only		_	
	Name of Exempt Organization	Employer identification number		
Type or print	MISSOURI HUMANITIES COUNCIL	43-1103937		
F	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS use only	_	
File by the extended due date for filing the	SCHMERSAHL TRELOAR & CO., PC 10805 SUNSET OFFICE DRIVE, STE 400		<u>_</u>	
return See	City, town or post office, state, and ZIP code For a foreign address, see instructions	<b>†</b>	7	
IIISII uctions	ST. LOUIS, MO 63127		1	
Check type	of return to be filed (File a separate application for each return):			
X Form 9		Form 1041-A Form 6069		
Form 9	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720 Form 8870		
Form 9		Form 5227		
STOP! Do i	not complete Part II if you were not already granted an automatic 3-month e	extension on a previously filed Form 8868.		
The boo	ks are in care of ► MICHAEL BOUMAN			
•	one No. ► 314-781-9660 FAX No. ►			
	rganization does not have an office or place of business in the United States,			
	s for a Group Return, enter the organization's four digit Group Exemption Nur		f	
whole grou	p, check this box 🕒 🗌 . If it is for part of the group, check this box 🕨 📗	and attach a list with the names and EINs of all		
	ne extension is for.		_	
•	lest an additional 3-month extension of time until $-\frac{9}{15}$ , 20 1			
<b>5</b> For calendar year , or other tax year beginning $11/01$ , $2008$ , and ending $10/31$ , $2009$ .				
		Final return Change in accounting period		
		Y REQUESTS ADDITIONAL TIME TO		
<u>GAT</u>	HER INFORMATION NECESSARY TO FILE A COMPLETE AND	O ACCURATE TAX RETURN.		
		<del></del>	—	
nonre	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tent fundable credits. See instructions	8a \$		
paym	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable cents made. Include any prior year overpayment allowed as a credit and any after 8868.	credits and estimated tax amount paid previously 8b\$		
c Balan with F	ice Due. Subtract line 8b from line 8a. Include your payment with this form, of TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	or, if required, deposit t System). See instrs 8c;\$	_	
	Signature and Verification	on	_	
Under penalties	s of periony, I declare that I have examined this form, including accompanying schedules and statement implete, and that I am authorized to prepare this form	ats, and to the best of my knowledge and belief, it is true,		
Signature	/ O Municola Title C/A	Date 6-9-10		
	1		_	