Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning 7/1/2021, and ending 6/30/2022

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Final return/terminated return [ ] Amended return

C Name of organization: ST. JOSEPH MUSEUMS, INC.

D Employer identification number

X 501(c)(3) [ ] 501(c)(4) [ ] (insert no.) [ ] 4947(a)(1) or [ ] 527

E Telephone number

3406 FREDERICK AVENUE

F City or town: SAINT JOSEPH

G Name and address of principal officer:

State: MO

ZIP code: 64506

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

H(b) Are all subordinates included? [ ] Yes [ ] No

I If not, attach a list. See instructions

J Website: WWW.STJOSEPHMUSEUM.ORG

K Form of organization: [ ] Corporation [ ] Trust [ ] Association [ ] Other [ ]

L Year of formation: 1964

M State of legal domicile: MO

Part I Summary

Briefly describe the organization’s mission or most significant activities: THE SAINT JOSEPH MUSEUMS PROVIDE A GATEWAY TO THE PAST BY COLLECTING, PRESERVING, INTERPRETING AND EXHIBITING ITEMS THAT REFLECT THE INTERESTS AND HISTORY OF THE SAINT JOSEPH AREA AND ITS CITIZENS.

Activities & Governance

2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, Part I, line 11

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9a, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24d)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Expenses

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 25)

22 Net assets or fund balances. Subtract line 21 from line 20

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.

Signature of officer

SARA WILSON

Date

EXECUTIVE DIRECTOR

Paid Preparer Use Only

Print/Type preparer's name

BRIAN D WELCH

Preparer's signature

Date

11/28/2022

Check self-employed [ ]

PTIN

PO0177410

Firm's name

WELCH & ASSOCIATES, L.L.C.

Firm's EIN

43-1794646

Firm's address

920 Main Street, Suite 640, Kansas City, MO 64105

Phone no.

816-756-2620

May the IRS discuss this return with the preparer shown above? See instructions.

X Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2021)