

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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
 Amended return
 Application pending

C Name of organization ST. JOSEPH MUSEUMS, INC.
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3406 FREDERICK AVENUE
 City or town State ZIP code
SAINT JOSEPH MO 64506
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number
43-6038202

E Telephone number
816-232-8471

G Gross receipts \$ 1,305,207

F Name and address of principal officer:
SARA WILSON 3406 FREDERICK AVENUE, Saint Joseph, MO 64506

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

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

J Website: WWW.STJOSEPHMUSEUM.ORG **H(c)** Group exemption number ▶ _____

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1984 **M** State of legal domicile: MO

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>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 IT'S CITIZENS</u>		
	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	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	14
	6 Total number of volunteers (estimate if necessary)	6	31
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,208
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	708,524	1,001,887
	9 Program service revenue (Part VIII, line 2g)	67,561	88,555
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	97,721	102,256
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	286,871	68,264
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,160,677	1,260,962
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)	411,402	468,828
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>48,546</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	341,064	560,103
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	752,466	1,028,931	
19 Revenue less expenses. Subtract line 18 from line 12	408,211	232,031	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,638,433	End of Year 4,647,759
	21 Total liabilities (Part X, line 26)	98,262	95,849
	22 Net assets or fund balances. Subtract line 21 from line 20	4,540,171	4,551,910

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: SARA WILSON Date: 11/29/2022
 Type or print name and title: EXECUTIVE DIRECTOR

Paid Preparer Use Only

Print/Type preparer's name: BRIAN D WELCH Preparer's signature: _____ Date: 11/28/2022 Check if self-employed PTIN: P00177410
 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 Yes No