

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 7/1/2022 **and ending** 6/30/2023

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 \$ 1,010,590

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

K Form of organization: Corporation Trust Association Other

L Year of formation: 1984 **M State of legal domicile:** MO

H(c) Group exemption number

Part I Summary

Activities & Governance	1 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 IT'S CITIZENS.		
	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 2022 (Part V, line 2a)	5	13
	6 Total number of volunteers (estimate if necessary)	6	75
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	777
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)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,001,887	606,131
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	88,555	153,689
	11 Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9c, 10c, and 11e)	68,264	84,661
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,260,962	941,089
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)	468,828	530,346
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25)	57,624	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	560,103	487,609	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,028,931	1,017,955	
19 Revenue less expenses. Subtract line 18 from line 12	232,031	-76,866	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	4,647,759	4,603,077
	22 Net assets or fund balances. Subtract line 21 from line 20	95,849	17,168
		4,551,910	4,585,909

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: EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: BRIAN D WELCH Preparer's signature: Date: 4/23/2024 Check if self-employed PTIN: P00177410

Firm's name: WELCH & ASSOCIATES, L.L.C. Firm's EIN: 43-1794646

Firm's address: 2405 GRAND BOULEVARD, SUITE 1040, KANSAS CITY, MO 6410 Phone no.: (816) 756-2620

May the IRS discuss this return with the preparer shown above? See instructions. Yes No