**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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

А Г	OI LITE	2022 Calefidat year, or tax year beginning	enung		
<b>B</b> C	heck if oplicable	C Name of organization		D Employer identifi	cation number
	Addres	ST LOUIS COUNTY HISTORICAL SOCIETY			
	Name change	Doing business as		41-07737	81
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return/	506 W MICHIGAN ST		218-733-	7507
	termin ated			G Gross receipts \$	678,141.
	Ameno return	DOLOTH, MN 33802		H(a) Is this a group re	eturn
	Applic tion			for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
<u> </u>	ax-exe	empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}$ 501(c)( ) (insert no.) $\overline{}$ 4947(a)(1) $\overline{}$	or 527	If "No," attach a	list. See instructions
	Vebsit			H(c) Group exemption	
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1922 N	M State of legal domicile: MN
Ра	rt I	Summary			
Ф		Briefly describe the organization's mission or most significant activities: TO D			
Activities & Governance		DISSEMINATE THE HISTORICAL KNOWLEDGE OF S			
ern	_	Check this box if the organization discontinued its operations or dispos	sed of more		
Š				3	15
å		Number of independent voting members of the governing body (Part VI, line 1b)			15 16
ies		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			53
tivit		Total number of volunteers (estimate if necessary)		I_	0.
Ac				7 <u>a</u>	0.
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		702,703.	652,272.
ine				7,952.	8,880.
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		237.	21.
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,118.	11,546.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		723,010.	672,719.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
G	15	Salaries other compensation, employee benefits (Part IX, column (A), lines 5-10)		422,655.	366,917.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  51,64		0.	0.
bei	b	Total fundraising expenses (Part IX, column (D), line 25) 51, 64	48.		
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		335,835.	329,355.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		758,490.	696,272.
	19	Revenue less expenses. Subtract line 18 from line 12		-35,480.	-23,553.
ces			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		3,937,254.	3,871,205.
Net Assets or - -und Balances	21	Total liabilities (Part X, line 26)		24,424.	17,556.
		Net assets or fund balances. Subtract line 21 from line 20		3,912,830.	3,853,649.
	rt II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			/ knowleage and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	licii preparer	Thas any knowledge.	
o:		Signature of officer		I Date	
Sigr Her		RONALD HEIN, PRESIDENT			
ner	е	Type or print name and title			
		Print/Type preparer's name Preparer's signature	1	Date Check C	PTIN
Paid		MICHAEL J PETERSON, CPA MICHAEL J PETERS	SON.	9/01/23 self-employ	
	arer	Firm's name WIPFLI LLP		Firm's FIN 3	9-0758449
-	Only	Firm's address 1502 LONDON ROAD, SUITE 200		Timi Selli S	
	,	DULUTH, MN 55812		Phone no. 21	8.722.4705
Mav	the IF	RS discuss this return with the preparer shown above? See instructions		1	X Yes No

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Га	Otalement of Frogram Service Accomplishments	v
	Check if Schedule O contains a response or note to any line in this Part III	. X
1	Briefly describe the organization's mission:  THE GENERAL NATURE AND PURPOSE OF THE SOCIETY SHALL BE THE DISCOVERY,	
	PRESERVATION, AND DISSEMINATION OF KNOWLEDGE ABOUT THE HISTORY AND	
	PREHISTORY OF ST. LOUIS COUNTY AND THE STATE OF MINNESOTA. IN ADDITIO	\NT
	TO COLLECTING AND PRESERVING OBJECTS OF MATERIAL CULTURE AND	<u>/1N</u>
2	Did the organization undertake any significant program services during the year which were not listed on the	X No
		_A_ No
•	If "Yes," describe these new services on Schedule O.	X No
3		_A_ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	-1
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	3
	revenue, if any, for each program service reported.	01
4a	(Code:) (Expenses \$521,043. including grants of \$0.) (Revenue \$14,4] THE ST. LOUIS COUNTY HISTORICAL SOCIETY IS RESPONSIBLE, PER STATE	:01.
	STATUTE, TO COLLECT, PRESERVE AND PRESENT THE HISTORY OF ST. LOUIS	TC
	COUNTY (AS RECOGNIZED BY THE MINNESOTA STATE HISTORICAL SOCIETY) AND	12
	ELIGIBLE, ACCORDINGLY, FOR COUNTY TAXPAYER SUPPORT. THE SOCIETY IS	
	UNIQUE (AND PRIVILEGED) IN THAT IT IS HOUSED AS A TENANT IN A COUNTY	
	OWNED BUILDING WITH PREMIER ARTS/CULTURAL NON-PROFIT SERVICE PROVIDER	.5.
	THE SOCIETY ALSO GRANTS COUNTY FUNDS TO A SYSTEM OF SIX IRON RANGE	
	AFFILIATES. IN ADDITION, IT WAS ASSIGNED RESPONSIBILITY (AND COUNTY	
	FUNDING) FOR VETERANS' "HISTORY SERVICES" IN THE 1990'S AND BUILT THE	<u>:</u>
	VETERANS MEMORIAL HALL PROGRAM, ACCORDINGLY. VETERANS RALLIED FOR	
	DEPOT BUILDING BASED SERVICES AS A RESULT OF VACATING OPULENT MEETING	<u>;</u>
	SPACE (ORIGINALLY BUILT FOR CIVIL WAR VETERANS) WITHIN THE DULUTH	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	}
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
_		
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 521,043.	

# Form 990 (2022) ST LOUIS COUNTY HISTORICAL SOCIETY Part IV Checklist of Required Schedules

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		<u> X</u>
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l		.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11d	Х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX		- 72	х
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<b></b>		
124	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12u		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			7.7
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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Form	990 (2022) ST LOUIS COUNTY HISTORICAL SOCIETY 41-0773	781	Р	age <b>4</b>
Pai	Tt IV Checklist of Required Schedules (continued)			
	<b></b>		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		x
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		$\stackrel{\frown}{}$
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	, , ,	23		x
24a	Schedule J  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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_^
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
25.2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
-	If "Yes," complete Schedule R, Part V, line 2	36		x
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
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O  T V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 1c		1

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ST LOUIS COUNTY HISTORICAL SOCIETY

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No					
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 16								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X					
b	, , , , , , , , , , , , , , , , , , , ,								
С	, , , , , , , , , , , , , , , , , , , ,								
6a									
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	OI:							
_	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Λ					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		Х					
٨		7с		21					
d	,	7e		Х					
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly, on a personal benefit contract?								
g g	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h							
	sponsoring organization have excess business holdings at any time during the year?								
9									
а									
b									
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders 11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13c								
		14a		Х					
14a h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	i-fu							
	excess parachute payment(s) during the year?	15		Х					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		L					
	If "Yes," complete Form 6069.								

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Form **990** (2022)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request \_\_ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records KRISTINA PEDERSON - 715-817-0681 4635 S 22ND RD, SOUTH RANGE, WI 54874

Form **990** (2022)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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. See the instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average hours per week	(do box	not c	Pos heck i ss per	ition	than o	one n an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JOANNE COOMBE	40.00	1						<b>50 550</b>		2 262
EXECUTIVE DIRECTOR	20.00		_	Х				72,550.	0.	3,263.
(2) RONALD HEIN	30.00	٠,,		,,					0	0
PRESIDENT EMERITUS (NON-VOTING)	2 00	Х	_	Х				0.	0.	0.
(3) MARC DENTON STAM VICE PRESIDENT (THRU JUNE)	2.00	х		х				0.	0.	0.
(4) JOHN MARSHALL	3.00							•	0.	<u></u>
SECRETARY	3.00	x		х				0.	0.	0.
(5) DAN STREU	5.00	1						•	•	
TREASURER		х		х				0.	0.	0.
(6) AMANDA GOODMAN	1.00									
VICE-PRESIDENT		Х		Х				0.	0.	0.
(7) KEN BUEHLER	1.00									
HPC LIAISON (NON-VOTING)		Х						0.	0.	0.
(8) CELIA DOMICH	1.00									
EWHS REP		Х						0.	0.	0.
(9) LINDA FOLSTAD	1.00	<u> </u>								
TSHS REP (THRU NOV)		Х						0.	0.	0.
(10) LEONE GRAF	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) ASHLEY GRIMM	1.00	1								
ST LOUIS COUNTY COMM. (NON-VOTING)	1	Х						0.	0.	0.
(12) MICHELE HAKALA-BEEKSMA	1.00	ļ								•
BOARD MEMBER (THRU APRIL)	2 00	Х						0.	0.	0.
(13) KAREN KEENAN	3.00	٠,,							0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(14) MARY KEYES	1.00	₩.						0.	0.	0
HHS REP (15) SAM MAIDA	1.00	Х	$\vdash$					0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(16) JEANNE MAKI	1.00	22						1	0.	0.
VAHS REP	1.00	Х						0.	0.	0.
(17) STEVEN MATTHEWS	1.00	<u> </u>	$\vdash$				<del>                                     </del>	†	•	•
BOARD MEMBER		х						0.	0.	0.
										Form 990 (2022)

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	es (continued)			
(A)	(B)					(D)	(E)	Т		F)		
Name and title	Average	(-1-		Pos	itior			Reportable	Reportable			, nated
	hours per	box	, unle	ss pe	rson i	than is botl	h an	compensation	compensation			unt of
	week		cer ar	nd a d	lirecto	or/trus	tee)	from	from related		otl	her
	(list any	director						the	organizations			nsation
	hours for related	or di	e e			ated		organization	(W-2/1099-MISC/	- 1		n the
	organizations	ustee	trust		e e	Suedu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	ization elated
	below	dual tr	tional	١.	yoldr	st con		1099-1120)		- 1		zations
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			`	. 9	
(18) PAUL MCDONALD	1.00									$\top$		
ST LOUIS COUNTY COMM. (NON-VOTING)		Х						0.	0			0.
(19) CHARLES PALMQUIST	1.00											
MMM REP		Х						0.	0	•		0.
(20) ADAM SODERLIND	3.00											
BOARD MEMBER		Х						0.	0	•		0.
(21) LARRY SOMMER	1.00									$\Box$		
BOARD MEMBER		Х						0.	0	•		0.
(22) RON SUTTON	1.00											
SISU REP (THRU APRIL)		Х						0.	0			0.
(23) JEFFREY WENCL	1.00											
BOARD MEMBER		Х						0.	0	•		0.
(24) MICKEY (MARY) WHITE	1.00											
SISU REP		Х						0.	0	•		0.
						_				$\bot$		
		1										
								70 550	0	+		262
1b Subtotal								72,550.		•	<u> </u>	, 263.
c Total from continuation sheets to Part VI								72,550.				0. ,263.
d Total (add lines 1b and 1c)								· · · · · · · · · · · · · · · · · · ·		•	<u> </u>	, 203.
2 Total number of individuals (including but n	ot limited to th	iose	liste	ed an	oove	e) wn	io re	eceived more than \$100,	,000 of reportable			0
compensation from the organization												es No
3 Did the organization list any <b>former</b> officer,	director trust	ا مم	·0\/ ·	mnl	lovo	0 01	hia	shoet componented omp	lovos on			00 110
											3	Х
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the su								or componentian from t			,	1
•	•		•					•	•		4	Х
and related organizations greater than \$150  5 Did any person listed on line 1a receive or a											•	1
· · · · · · · · · · · · · · · · · · ·	•				,			· ·		,	5	Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	<u>piete Scrieduii</u>	e <i>J 1</i> 0	or st	JCN J	oers	on				<u> `</u>	<u>,                                     </u>	1 22
Complete this table for your five highest co	mpensated inc	lene	nde	nt co	ontra	acto	rs th	nat received more than 9	\$100,000 of compen	sation	from	
the organization. Report compensation for										oution		
(A)				· <u>s</u> ··				(B)			(C)	
Name and business	address	NO	INC	3				Description of s	services	Com	pensa	ation
							$\dashv$					

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2022) ST LOUI
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any lin	e in this Part VIII			
		Officer if Schedule O contains a response of	Thole to any iin	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts ts	1	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues					
e, E		Fundraising events1c	874.				
ifts Ir A		d Related organizations 1d					
ni.G			545,998.				
Sic		All other contributions, gifts, grants, and	,				
ĒΈ		All other contributions, girts, grants, and	105,400.				
들 된							
E D		Noncash contributions included in lines 1a-1f 1g \$	889.	650 050			
<u>5</u> <u>5</u>		n Total. Add lines 1a-1f		652,272.			
			Business Code				
φ	2	MEMBERSHIPS	900099	8,880.	8,880.		
, ķ							
še							
E S							
ara Re		d					
Program Service Revenue							
<u>Ф</u>		All other program service revenue					
		Total. Add lines 2a-2f		8,880.			
	3	Investment income (including dividends, interes	t, and				
		other similar amounts)		21.			21.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
	·	(i) Real	(ii) Personal				
	_		()				
		a Gross rents					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory   7a					
		Less: cost or other basis					
<u>o</u>		and sales expenses <b>7b</b>					
Revenue		Gain or (loss) 7c					
ě		. ,					
Æ		d Net gain or (loss)					
ther	8	a Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a	5,422.				
		Less: direct expenses 8b	5,422.				
		Net income or (loss) from fundraising events		0.			
		Gross income from gaming activities. See					
	•	Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances10a	5,718.				
		Less: cost of goods sold 10b	0.				
		Net income or (loss) from sales of inventory		5,718.	5,601.		117.
			Business Code				
ns	11	a [					
e Te	• •						
Miscellaneous Revenue							
Sce			900099	5 0 2 0			5 0 2 0
Ĕ		d All other revenue		5,828.			5,828.
		Total. Add lines 11a-11d		5,828.	1 1 101		F 0.55
	12	Total revenue. See instructions		672,719.	14,481.	0.	5,966.

#### 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). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 75,813. 30,325. 26,535. 18,953. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 243,696. 203,850. 27,582. 12,264. Other salaries and wages 7 Pension plan accruals and contributions (include 742. 2,968. 1,710. 516. section 401(k) and 403(b) employer contributions) 10,378. 16,934. 5,026. 1,530. Other employee benefits 9 27,506. 19,254. 5,501. 2,751. 10 Payroll taxes 11 Fees for services (nonemployees): Management 5,217. 13,043. 6,522. 1,304. Legal 8,630. 2,157. 21,575. 10,788. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 3,983. 1,992. 1,991. Advertising and promotion 12 15,582. 7,848. 5,426. 2,308. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 4,890. 2,445. 2,445. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 116. 29. 58. 29. 20 Payments to affiliates 100,116. 100,116. 21 42,249. 52,811. 7,922. 2,640. Depreciation, depletion, and amortization 22 15,739. 9,443. 6,296. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 42,805. 27,642. 2,527. 12,636. MUSEUM EXPENSES REPAIRS & MAINTENANCE 35,001. 29,868. 3,500. 1,633.  $13,\overline{161}$ 13,854. 693. PROJECT COSTS 4,095. 1,638. 1,638. 819. d MISCELLANEOUS 5.745. 5.219. 526. e All other expenses 696,272. 521,043. 123,581. 51,648. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Part )	<b>^</b>	Balance Sneet					
		Check if Schedule O contains a response or no	te to any	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			350.	1	350
2	2	Savings and temporary cash investments			424,826.	2	417,373
;	3	Pledges and grants receivable, net			3		
4	4	Accounts receivable, net		4			
(	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the		5			
(	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe	d in sect	tion 4958(c)(3)(B)		6	
္ ေ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			34,400.	8	31,283
₹   9	9	B			7,631.	9	4,037
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	693,126.			
	b	Less: accumulated depreciation	10b	533,796.	173,771.	10c	159,330
11	1	Investments - publicly traded securities			11		
12	2	Investments - other securities. See Part IV, line		12			
10	3	Investments - program-related. See Part IV, line		13			
14	4	Intangible assets			14		
15	5	Other assets. See Part IV, line 11			3,296,276.	15	3,258,832
16	6	Total assets. Add lines 1 through 15 (must equ	3,937,254.	16	3,871,205		
17	7	Accounts payable and accrued expenses		14,395.	17	9,865	
18	8	Grants payable		18			
19	9	Deferred revenue	4,797.	19	4,797		
20	0	Tax-exempt bond liabilities				20	
2	1	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
ပ္မ 22	2	Loans and other payables to any current or form					
<u> </u>		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
<u>ا</u> 23	3	Secured mortgages and notes payable to unrel			5,232.	23	2,894
24		Unsecured notes and loans payable to unrelate				24	
2	5	Other liabilities (including federal income tax, page 1)	-				
		parties, and other liabilities not included on line	s 17-24).	. Complete Part X			
	_	of Schedule D		·····	24 424	25	17 FF <i>C</i>
26	6	Total liabilities. Add lines 17 through 25	<u></u>	7	24,424.	26	17,556
ဖ		Organizations that follow FASB ASC 958, ch	eck here	e X			
ဦ   ္	_	and complete lines 27, 28, 32, and 33.			2 700 757	0=	2 7/2 061
		Net assets without donor restrictions	3,780,757.		3,742,061 111,588		
28	8	Net assets with donor restrictions			134,073.	28	111,500
<u> </u>		Organizations that do not follow FASB ASC 9					
<u>ہ</u>   ہ	_	and complete lines 29 through 33.			00		
29		Capital stock or trust principal, or current funds			29		
88   30		Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated in			3,912,830.	31	3,853,649
		Total net assets or fund balances		3,912,830.	32	3,853,649	
33	ა	Total liabilities and net assets/fund balances			3,331,434.	33	5,071,205

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,7					
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,2					
3	Revenue less expenses. Subtract line 2 from line 1	3		3,5					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,91	2,8	30.				
5	5 Net unrealized gains (losses) on investments5								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B)) 10 3,								
Part XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.							
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	3a		X						
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit									
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2022)				

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** 

Name	Of the organization	יייים בטוואייי.	Y HISTORICAL	SOCTE	יידי∨			1-0773781				
Part						ee instructions		:1-0773701				
	ganization is not a private found					oo modadaan	·					
1	A church, convention of ch					1)(A)(i).						
2	A school described in <b>sect</b>				11 17 0(5)(	• ,,,,,,,						
3	A hospital or a cooperative		•		(h)(1)(A)(ii	ii)						
4	A medical research organiz					•	(iii). Enter	the hospital's name.				
	city, and state:		· ,				(,.	,				
5	An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental ur	it describ	ed 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.)											
8	A community trust describe		(1)(A)(vi). (Complete Par	t II.)								
9	An agricultural research org			-	ed in coniu	unction with a	and-grant	college				
	or university or a non-land-	-			-		-	-				
	university:		,		, ,	,	J					
10	An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, an	d gross receipts from				
	activities related to its exer											
	income and unrelated busi	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.				
	See section 509(a)(2). (Co	mplete Part III.)										
11	An organization organized	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).						
12	An organization organized	and operated exclusi	ively for the benefit of, to	perform t	ne functio	ns of, or to car	ry out the	purposes of one or				
	more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r <b>section</b> :	509(a)(2).	See section 5	09(a)(3). (	Check the box on				
	lines 12a through 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	12g.					
а	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving				
	the supported organization			majority o	f the direc	ctors or trustee	s of the s	upporting				
	organization. You must o	=										
b	Type II. A supporting org	•				-		-				
	control or management of			ame perso	ns that co	ntrol or manag	e the sup	ported				
	organization(s). You mus	-				6						
С	Type III functionally inte	=					y integrate	ea witn,				
لہ	its supported organizatio		•	•	•	•	نمم محمما	=ation(a)				
d	Type III non-functionally					• •	•	* *				
	that is not functionally int requirement (see instruct	-		-		-	an allenii	veriess				
е	Check this box if the orga	•	-				I Type III					
·	functionally integrated, o					Type I, Type I	i, Type iii					
f F	Enter the number of supported of		many integrated supports									
	Provide the following information	•										
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other				
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)				
				<u> </u>	<u> </u>							
Total						I		I				

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	,,	•	-			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	,	, ,	, ,	, , .=-		,
	membership fees received. (Do not						
	include any "unusual grants.")	667,229.	557,240.	654,096.	702,703.	652,272.	3233540.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	40,824.	40,824.	40,824.	40,824.	40,824.	
4	Total. Add lines 1 through 3	708,053.	598,064.	694,920.	743,527.	693,096.	3437660.
5	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 shown on line 11,						
	column (f)						167,492.
6	Public support. Subtract line 5 from line 4.						3270168.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	708,053.	598,064.	694,920.	743,527.	693,096.	3437660.
	Gross income from interest,		•	•	•	•	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	212.	229.	166.	237.	21.	865.
9	Net income from unrelated business				-		
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						3438525.
	Gross receipts from related activities,	etc (see instruction	nns)			12	161,057.
	First 5 years. If the Form 990 is for the						
	organization, check this box and <b>stor</b>						
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		14	95.10 %
	Public support percentage from 2021		•	.,,		15	93.67 %
	<b>33 1/3% support test - 2022.</b> If the o					<u> </u>	
	<b>stop here.</b> The organization qualifies						
h	33 1/3% support test - 2021. If the o						
_	and <b>stop here.</b> The organization qual	-					
17a	10% -facts-and-circumstances test						
., .	and if the organization meets the fact						
	meets the facts-and-circumstances te					ow the organiz	
h	10% -facts-and-circumstances test					7a and line 15 is 1	10% or
IJ	more, and if the organization meets the	-					10/0 01
	organization meets the facts-and-circu				-		
18	<b>Private foundation.</b> If the organization		-	•			
	Tittate loundation. If the organization	and Hot Grieck a l	55% OF III 6 15, 108	a, 100, 17a, 01 170	, oricon triis box ai		(Form 990) 2022

,

# Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below please complete Part II.)

Calendar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose  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	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<ol> <li>Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")</li> <li>Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</li> <li>Gross receipts from activities that are not an unrelated trade or business under section 513</li> <li>Tax revenues levied for the organization's benefit and either paid to</li> </ol>						
include any "unusual grants.")  2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any 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  4 Tax revenues levied for the organization's benefit and either paid to						
<ul> <li>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</li> <li>3 Gross receipts from activities that are not an unrelated trade or business under section 513</li> <li>4 Tax revenues levied for the organization's benefit and either paid to</li> </ul>						
merchandise sold or services performed, or facilities furnished in any 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  4 Tax revenues levied for the organization's benefit and either paid to					1	
merchandise sold or services performed, or facilities furnished in any 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  4 Tax revenues levied for the organization's benefit and either paid to						
any 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  4 Tax revenues levied for the organization's benefit and either paid to						
organization's tax-exempt purpose  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						
<ul> <li>3 Gross receipts from activities that are not an unrelated trade or business under section 513</li> <li>4 Tax revenues levied for the organization's benefit and either paid to</li> </ul>						
are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's benefit and either paid to						
iness under section 513  Tax revenues levied for the organization's benefit and either paid to						
Tax revenues levied for the organization's benefit and either paid to						
ization's benefit and either paid to						
· I						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)  Section B. Total Support						
		T		I	1	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	•		•		. , . ,	· —
check this box and stop here						
Section C. Computation of Public						
<b>15</b> Public support percentage for 2022 (li	ne 8, column (f), c	livided by line 13,	column (f))		15	
16 Public support percentage from 2021					16	(
Section D. Computation of Inves	tment Income	e Percentage			, ,	
17 Investment income percentage for 20	<b>22</b> (line 10c, colu	mn (f), divided by li	ine 13, column (f))		17	(
18 Investment income percentage from 2	<b>2021</b> Schedule A,	Part III, line 17			18	(
19a 33 1/3% support tests - 2022. If the					33 1/3%, and line 17	' is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2021. If the						nd
line 18 is not more than 33 1/3%, chec						
	n did not check a					

232023 12-09-22

# Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
_		
3c		
_		
4a		
Al-		
4b		
4c		
70		
5a		
5b		
5c		
6		
_		
7		
_		
8		
9a		
Ju		
9b		
9с		
10a		
10b		
A /Farm	~ ^^^	2022

	added (1 diff 350/2022	, , ,	_ ' '	age <b>o</b>
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			•
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	, ,	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ü	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	,	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	) <u> </u>		
· a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	ne)	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	_u		
D	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	, ,			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		

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**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." *describe in* **Part VI** *the role played by the organization in this regard.* 

Pa	t V   Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mus					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see		
	instructions).	. •		•		

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

8 Breakdown of line 7:
 a Excess from 2018
 b Excess from 2019
 c Excess from 2020
 d Excess from 2021
 e Excess from 2022

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

ST LOUIS COUNTY HISTORICAL SOCIETY

**Employer identification number** 41-0773781

Par			or Accounts.	Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(h) Funds a	nd other accounts
4	Total number at end of year	(a) Borior advised failes	(b) i dilds ai	Tid Other accounts
1 2	Total number at end of year			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	L ead funde	
3	are the organization's property, subject to the organization's	_		Yes No
6	Did the organization inform all grantees, donors, and donor a			165 140
Ū	for charitable purposes and not for the benefit of the donor o			
			· ·	Yes No
Par				100 140
1	Purpose(s) of conservation easements held by the organization		,,	
•	Preservation of land for public use (for example, recrea		of a historically impo	ortant land area
	Protection of natural habitat	· —	of a certified historic	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the forr	of a conservation	easement on the last
	day of the tax year.			at the End of the Tax Year
а	Total number of conservation easements		2a	
С	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel			ng the tax
	year			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling o		
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	servation easemen	ts during the year
_	<del></del>			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements du	ring the year
•	Decree de la constitución de la		//- \	
8	Does each conservation easement reported on line 2(d) abov			□ Vaa □ Na
•		on accompate in its revenue and evenue		Yes No
9	In Part XIII, describe how the organization reports conservation	·		, the
	balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements.	iote to the organization's illiancial state	ients that describes	s trie
Par	t III Organizations Maintaining Collections of	Art. Historical Treasures. or C	ther Similar As	sets.
	Complete if the organization answered "Yes" on Form			
	If the organization elected, as permitted under FASB ASC 95		and halance sheet	works
	of art, historical treasures, or other similar assets held for put	·		
	service, provide in Part XIII the text of the footnote to its finar	· ·	·	•
b	If the organization elected, as permitted under FASB ASC 95			s of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			,
	(i) Revenue included on Form 990, Part VIII, line 1		\$	889.
2	If the organization received or held works of art, historical treatments			•
	the following amounts required to be reported under FASB A		- ··	
а	Revenue included on Form 990, Part VIII, line 1	· ·	\$	
	Assets included in Form 990, Part X			
-	For Paperwork Reduction Act Notice, see the Instructions			edule D (Form 990) 2022

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

						4.4			
Sche <b>Par</b>	dule D (Form 990) 2022 ST LOUI t III Organizations Maintaining C	S COUNTY H			r Sin			73781	Page 2
3	Using the organization's acquisition, accessi							(COITHII)	<u>eu)</u>
	collection items (check all that apply):	,	,	J	5				
а	X Public exhibition	d	Loan or exc	hange program					
b	X Scholarly research	е		ANTIFICATI	ONS	OF	COLL	ECTIO	NS
С	X Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further th	e organization's exe	mpt p	urpose	in Part X	(III.	
5	During the year, did the organization solicit o	r receive donations of	of art, historical treas	sures, or other simila	r asse	ets			
_	to be sold to raise funds rather than to be ma							Yes	X No
Par	t IV Escrow and Custodial Arranger reported an amount on Form 990, Pal		ete if the organizatio	n answered "Yes" or	n Forn	n 990, P	Part IV, li	ne 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contributions	or other assets not	includ	ded			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII				_				
					L			Amount	
С	Beginning balance					1c			
d	d Additions during the year								
е									
f	Ending balance				L	1f		1	
	Did the organization include an amount on Fe	* *	•		•		L	Yes	No No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i								
		(a) Current year	(b) Prior year		(d)	hree year		(e) Four y	
1a	Beginning of year balance	201,114.	184,791.	112,794.		102	,036.	1	20,891.
b	Contributions		1,750.	55,055.		1.6	200.		12 142
С.	Net investment earnings, gains, and losses	-32,527.	21,922.	22,852.		10	,137.		13,143.
d	Grants or scholarships								
е	Other expenditures for facilities	6,969.	6 000	F 420		_	216		E 47E
_	and programs	1,600.	6,099. 1,250.	5,420. 490.			233.		5,475.
	Administrative expenses	160,018.	,	184,791.		112	,794.	1	02,036.
g	End of year balance		201,114.	·		112	, / 34 •		02,036.
2	Provide the estimated percentage of the curr			) neld as:					
a	Board designated or quasi-endowment	100	_%						
b	Permanent endowment .0000 Term endowment .0000	%							
С	Term endowment .0000	•							
	The percentages on lines 28, 20, 200, 20, Sno	DICLECTED LOUW							

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

# Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements		29,689.	29,689.	0.
<b>d</b> Equipment		567,237.	504,107.	63,130.
e Other		96,200.		96,200.
Total. Add lines 1a through 1e. (Column (d) must equa	159,330.			

Schedule D (Form 990) 2022

Yes No

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			-
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 000 Dort IV line	11a Saa Farm 000 Dart V lina 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of year market value
	(b) Dook value	(c) Method of Valdation. Cost of end	-or-year market value
(1)			
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Other Assets.  Complete if the organization answered "Yes" of the organization and the organization		11d. See Form 990, Part X, line 15.	(h) Daalaaska
<u>```</u>	Description		(b) Book value 160,01
(1) ASSETS HELD BY OTHERS (2) COLLECTIONS AND EXHIBITS			3,096,05
(3) RIGHT OF USE ASSET - FINAN	CF T.FACF		2,76
\- <i>I</i>	CE DEAGE		2,70
(4) (5)			
(6)			
(7)			
(8)			
(9)			
	15)		3,258,83
बाः (Column (b) must equal Form 990. Part X. col. (B) line			
tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	10.,		
art X Other Liabilities.  Complete if the organization answered "Yes" of		11e or 11f. See Form 990, Part X, line 25.	
art X Other Liabilities.		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Other Liabilities.  Complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization of liability		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Other Liabilities.  Complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete in the c		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" of the organization and the organization answered of the organization and the		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" c  (a) Description of liability  (1) Federal income taxes  (2)  (3)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" of the organization answered of the organization and the organization and the organization of the organization and the organization of the organization and the organization of the organizatio		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" of the Complete if the organization answered of the Complete if the Organization and Org		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" of (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2022

Pai	Reconciliation of Revenue per Audited Financial		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part			Ι	671 700
1	Total revenue, gains, and other support per audited financial statement	ts		1	674,798.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1.1	25 620		
a	Net unrealized gains (losses) on investments		-35,628.	-	
b	Donated services and use of facilities		40,824.	-	
С	Recoveries of prior year grants		2 117	-	
d	Other (Describe in Part XIII.)	•	-3,117.		2 070
е	Add lines 2a through 2d			2e	2,079. 672,719.
3	Subtract line 2e from line 1			3	6/2,/19.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)				0
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. lin	ne 12.)	- Fynanaa nay F	5	672,719.
Pai	rt XII Reconciliation of Expenses per Audited Financia		n Expenses per F	return.	
	Complete if the organization answered "Yes" on Form 990, Part				722 070
1	Total expenses and losses per audited financial statements			1	733,979.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1	40 004		
а	Donated services and use of facilities		40,824.		
b	Prior year adjustments	l l		-	
С	Other losses			-	
d	Other (Describe in Part XIII.)				40.004
е	Add lines 2a through 2d			2e	40,824.
3	Subtract line 2e from line 1			3	693,155.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b	3,117.		
С	Add lines 4a and 4b			4c	3,117.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.	line 18.)		5	696,272.
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a			; Part X, I	ine 2; Part XI,
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	ride any additional infor	mation.		
PAF	RT V, LINE 4:				
	11 11 11 11				
тні	BOARD HAS ESTABLISHED AN ENDOWMENT	FUND. THE	ASSETS OF T	HE FU	JND ARE
HEI	D BY THE DULUTH-SUPERIOR AREA COMMUN	NITY FOUNDAT	ION (DSACF)	AND	THE
			,		
DEI	POT FOUNDATION (DEPOT) (SEE NOTE 4).	DSACF AND	THE DEPOT H	AVE A	AUTHORITY
то	HOLD, MANAGE AND INVEST THE FUNDS HE	ELD ON BEHAL	F OF THE SO	CIETY	<i>.</i>
DS2	ACF DISTRIBUTES NET INCOME AT LEAST A	ANNUALLY. T	HE DISTRIBU	TIONS	SARE
<u>AV</u>	AILABLE FOR THE PURPOSES OF THE SOCI	TY. THE SOC	IETY MAY RE	QUEST	<u> </u>
ADI	DITIONAL DISTRIBUTIONS IN ACCORDANCE	WITH THE AG	REEMENT WIT	'H DS	ACF.
ד א כו	om v itne ).				

PART X, LINE 2:

THE SOCIETY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF

THE INTERNAL REVENUE CODE, AND THE SOCIETY ASSESSES WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION OF THE TECHNICAL MERITS OR THE POSITIONS, ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION. IF THE TAX POSITION DOES NOT MEET THE MORE LIKELY THAN NOT RECOGNITION THRESHOLD, THE BENEFIT OF THE TAX POSITION IS NOT RECOGNIZED IN THE FINANCIAL STATEMENTS. THE SOCIETY RECORDED NO ASSETS OR LIABILITIES FOR UNCERTAIN TAX POSITIONS OR UNRECOGNIZED TAX BENEFITS. INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE SOCIETY'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION ON UNRELATED BUSINESS INCOME.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD - BOOKS

-3,117.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD - BOOKS

3,117.

FORM 990, SCHEDULE D, PAGE 2, PART III, LINE 4:

THE ORGANIZATIONS COLLECTIONS CONSIST OF ARTWORKS, AMERICAN INDIAN OBJECTS, MILITARY ARTIFACTS, HISTORICAL CLOTHING, FURNITURE, TEXTILES, FOREST HISTORY ITEMS, AND ARCHIVAL MATERIALS. THESE ITEMS FURTHER THE ORGANIZATIONS EXEMPT PURPOSE OF DISCOVERY, PRESERVATION, AND DISSEMINATION OF KNOWLEDGE ABOUT THE HISTORY OF ST. LOUIS COUNTY AND THE STATE OF MINNESOTA BY BEING AVAILABLE TO THE GENERAL PUBLIC THROUGH THE ORGANIZATIONS MUSEUM AND HISTORICAL RESEARCH CENTER.

Schedule D (Form 990) 2022

### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number ST LOUIS COUNTY HISTORICAL SOCIETY 41-0773781

Par	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ution amoun	IS
1	Art - Works of art						
2	Art - Historical treasures		9	889.	APPRAISAL V	ALUE	
3	Art - Fractional interests						
4	Books and publications	I					
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other (						
29	Number of Forms 8283 received by the orga	-	•				
	for which the organization completed Form 8	3283, Part V, D	Oonee Acknowledg	ement <b>29</b>			_
						Yes	No
30a	During the year, did the organization receive						
	must hold for at least 3 years from the date of		ntribution, and whi	ich isn't required to be used	for		177
	exempt purposes for the entire holding perio	d?				30a	<u> </u>
	If "Yes," describe the arrangement in Part II.					77	
31	Does the organization have a gift acceptance				ions?	31 X	+
32a	Does the organization hire or use third partie		_				\ <b>v</b>
						32a	X
	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in	column (c) fo	r a type of property	tor which column (a) is chec	:Ked,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232142 09-09-22

Schedule M (Form 990) 2022

## **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ST LOUIS COUNTY HISTORICAL SOCIETY

**Employer identification number** 41-0773781

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
STATE OF MINNESOTA THROUGH ARCHIVAL AND MUSEUM SERVICES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HISTORICAL RESEARCH MATERIAL, THE SOCIETY SHALL MAINTAIN AND OPERATE A
MUSEUM AND MATERIALLY PARTICIPATE IN THE COLLECTIONS AND OPERATIONS OF
A HISTORICAL RESEARCH CENTER ADEQUATE TO SERVE THE REGION ENCOMPASSING
ST. LOUIS COUNTY AND NORTHEASTERN MINNESOTA.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
COUNTY COURT HOUSE IN THE 1980'S.
TO DATE 28,000 OF ST. LOUIS COUNTY'S 35,000 VETERANS ARE IDENTIFIED IN
WITHIN THE VETERANS MEMORIAL HALL VETERAN'S INFORMATION DATABASE.
WWW.VETS-HALL.ORG THE VETERANS MEMORIAL HALL GALLERY AND THE ALBERT
J. AMATUZIO RESEARCH CENTER ARE REPOSITORIES FOR LOCAL VETERANS
HISTORY.
THE ST. LOUIS COUNTY HISTORICAL SOCIETY DEPOT BASED EXHIBITS WERE
AVAILABLE TO OVER 244,206 DEPOT VISITORS IN 2022. VISITOR DATA
COLLECTED /PROVIDED BY DEPOT MANAGEMENT, EMPLOYEES OF ST. LOUIS COUNTY.
AN ESTIMATED 75,000 MORE INDIVIDUALS (ACTUAL NUMBERS NOT AVAILABLE)
VIEWED SOCIETY EXHIBITS AND/OR SOCIETY OWNED ART/ARTIFACTS/MEMORIAL
STATUTES LOCATED THROUGHOUT THE AREA, INCLUDING THE TWO VETERAN
MEMORIAL STATUES AT THE DULUTH INTERNATIONAL AIRPORT; THE ERIE MINING
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** ST LOUIS COUNTY HISTORICAL SOCIETY 41-0773781 COMPANY EXHIBIT INSTALLED THE AURORA CITY HALL; ARTWORKS ON LOAN TO THE KITCHI GAMMI CLUB IN DULUTH; ARTWORKS ON LOAN TO THE JAQUES MUSEUM IN ATKIN AND TRAVELING EXHIBITS LOANED TO DULUTH ASSISTED LIVING FACILITIES. SOCIETY ARCHIVAL COLLECTIONS, ON PERMANENT LOAN TO THE UNIVERSITY OF MINNESOTA DULUTH, CONTINUE TO BE HOUSED AND AVAILABLE TO THE PUBLIC WITHIN THE NORTHEAST MINNESOTA HISTORICAL COLLECTION AS PART OF THE KATHRYN MARTIN LIBRARY. THE UNIVERSITY PROVIDES OUTSTANDING PROFESSIONAL ARCHIVAL ASSISTANCE TO RESEARCHERS. FIFTEEN LINEAR FT. OF ARCHIVAL MATERIAL WERE DONATED TO THE SOCIETY, PROCESSED BY SOCIETY STAFF/INTERNS FOR ADDITION TO THE NMHC COLLECTION. (IN-KIND VALUE OF SPACE OR PROFESSIONAL SERVICES IS NOT AVAILABLE.) THE SOCIETY FILLED THE CURATOR POSITION VACANCY ON MARCH 28, 2022 WITH THE FOLLOWING PRIORITIES: PLANNING FOR THE MOVE OF SOCIETY ART AND ARTIFACT COLLECTIONS FROM THE DEPOT TO OFF-SITE STORAGE BY 12/23; PLANNING AND IMPLEMENTING AN INTERNAL MOVE OF OFFICES AND STORAGE SPACES BY 12/22; COMPLETING A \$150,000 LEGACY GRANT FUNDED INVENTORY/RE-CATALOGING PROJECT BY 6/22. THE INTERNAL MOVE WAS COMPLETED. THE LEGACY GRANT FUNDED INVENTORY/RE-CATALOGING PROJECT WAS COMPLETED JUNE 2022. INVENTORY

PROJECT WILL RESUME WHEN COLLECTIONS ARE MOVED FROM THE DEPOT BUILDING TO SECURE OFF-SITE STORAGE BY 12/23. THE PROJECT IS NOT ELIGIBLE FOR LEGACY GRANT FUNDING UNTIL THE MOVE IS COMPLETED.

(NOTE: EFFECTIVE APRIL 2023, ST. LOUIS COUNTY FORMALLY SECURED OFF-SITE ART/ARTIFACT STORAGE SPACE AND DIRECTLY FUNDS THE LEASED SPACE USE TO

Schedule O (Form 990) 2022 Page 2

Name of the organization

ST LOUIS COUNTY HISTORICAL SOCIETY

HOUSE SOCIETY COLLECTIONS. THE COUNTY, BY FORMAL AGREEMENT, IS

RESPONSIBLE FOR PAYMENT OF YEARLY LEASE FEE OF \$38,500 TO BUILDING

OWNER. THE MAJORITY OF SOCIETY COLLECTIONS PREVIOUSLY HOUSED WITHIN

DEPOT LEASED SPACE WILL MOVE TO COUNTY SECURED SPACE. THE SOCIETY IS

RESPONSIBLE FOR FUNDING THE MOVE AND SECURING IN-KIND SUPPORT. THE

SOCIETY IS RESPONSIBLE FOR COVERING THE EXPENSE OF ADDITIONAL OFF-SITE

STORAGE, IF REQUIRED.)

18,000 INDIVIDUAL 3-D ARTIFACTS ARE ESTIMATED TO BE HELD IN PUBLIC

TRUST. ACTUAL NUMBER CONTINGENT ON COMPLETION OF

INVENTORY/RE-CATALOGING PROJECT.

THE SOCIETY COMPLETED 95% OF PLANNING FOR A NEW EXHIBIT, A COUNTY BUILT

ON IRON: MINING'S PAST, PRESENT & CHALLENGES TO THE FUTURE AND WORKED

TO SECURE MINNESOTA STATE LEGISLATIVE SUPPORT FOR FABRICATION. A

\$10,000 GRANT FROM CLEVELAND CLIFFS WAS SECURED. NOTE: \$385,000 STATE

GRANT AWARDED IN MAY, 2023. THE TOTAL PROJECT BUDGET IS \$640,000.

\$190,000 HAS BEEN COMMITTED OR EXPENDED, TO DATE.

THE INTERACTIVE EDUCATIONAL EXHIBIT IS COMMITTED TO HISTORICAL ACCURACY

AND INCLUSION OF REGIONAL AMERICAN INDIAN PERSPECTIVES ON MINING'S

IMPACTS. NOTE: SOCIETY'S AMERICAN INDIAN ADVISORY COMMITTEE, COMPRISED

OF TRIBAL APPOINTEES, SERVE AS PROJECT ADVISORS.

THE J.C. RYAN FOREST HISTORY ROOM WAS UPGRADED THROUGH THE GENEROSITY

OF A PRIVATE DONOR (\$5,000). SEVEN CUSTOM EXHIBIT CASES WERE PURCHASED,

MADE POSSIBLE BY A \$46,962 DEPOT FOUNDATION GRANT.

PLANNED AND INITIATED THE INTERNAL MOVE OF THE CONTENTS OF CERTAIN

Schedule O (Form 990) 2022 Page 2

Name of the organization

ST LOUIS COUNTY HISTORICAL SOCIETY

Employer identification number
41-0773781

OFFICE AND STORAGE SPACES TO ACCOMMODATE THE INSTALLATION OF A NEW DEPOT HVAC SYSTEM.

\$30,000 OF DONOR DESIGNATED FUNDING WAS PROVIDED IN 2022 FOR UPGRADING
THE MEDAL OF HONOR ROW PROJECT, AS DISPLAY WITH THE VETERANS MEMORIAL
HALL GALLERY.

APPROXIMATELY 1,300 PEOPLE ATTENDED SOCIETY HOSTED EVENTS AT THE DEPOT,

EXCLUSIVE OF DEPOT MANAGEMENT COORDINATED EVENTS. (HISTORY IN A PINT,

CENTENNIAL PARTY, VETERANS REMEMBRANCE DINNER,

ANTIQUE APPRAISALS, NATIVE HERITAGE DAY)

APPROXIMATELY 600 EMAIL, PHONE, OR "DROP-IN" INFORMATION REQUESTS WERE

ADDRESSED BY ADMINISTRATIVE AND CURATORIAL STAFF. ANSWERING THESE

INQUIRIES IS A PART OF REGULAR DUTIES.

TWO ANNUAL SCHOLARSHIPS WERE AWARDED IN COOPERATION WITH THE DULUTH

COMMUNITY FOUNDATION, WITH FUND BALANCE ORIGINATING THROUGH SOCIETY

EFFORTS OR THROUGH PARTNERS. (MIKE COLALILLO MEDAL OF HONOR

SCHOLARSHIP AND ERIE MINING COMPANY SCHOLARSHIP).

FORM 990, PART VI, SECTION A, LINE 6:

THE SOCIETY HAS MEMBERS. LEVELS: \$30 INDIVIDUAL, \$50 FAMILY, \$75

SUPPORTER, \$125 CORNERSTONE, \$250 BENEFACTOR, \$500 PATRON, AND \$1,000

GOVERNORS' CIRCLE

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS ELECT THE BOARD OF GOVERNORS AT ANNUAL MEMBERSHIP MEETING.

Schedule O (Form 990) 2022 Page 2

Name of the organization

ST LOUIS COUNTY HISTORICAL SOCIETY

Employer identification number 41-0773781

FORM 990, PART VI, SECTION A, LINE 7B:

MEMBERS VOTE ON CHANGES TO THE ARTICLES OF INCORPORATION

FORM 990, PART VI, SECTION A, LINE 8B:

ONLY THE EXECUTIVE COMMITTEE MAY ACT ON BEHALF OF THE SOCIETY'S BOARD OF

GOVERNORS. THEY MUST REPORT ALL ACTIONS TAKEN TO THE FULL BOARD OF

GOVERNORS.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY FINANCIAL SERVICES MANAGER, EXECUTIVE DIRECTOR, AND MANAGER OF ADMINISTRATIVE SERVICES. FORM 990 IS APPROVED BY THE AUDIT AND FINANCE COMMITTEE WITH THE EXECUTIVE COMMITTEE AND THEN BY THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS COMPLETE DISCLOSURES ANNUALLY. ANY POTENTIAL CONFLICTS OF

INTEREST ARE DISCLOSED BEFOREHAND TO THE BOARD. DISCLOSURES ARE FILED AND

RECORDED IN THE MINUTES OF THE APPLICABLE BOARD MEETING. BOARD MEMBERS ARE

PROHIBITED FROM VOTING IN MATTERS IN WHICH A CONFLICT EXISTS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD ESTABLISHED THE EXECUTIVE DIRECTOR'S SALARY RANGE BASED ON THE

MINNESOTA COUNCIL OF NONPROFIT'S ANNUAL SALARY SURVEY MATERIALS AND ADJUSTS

FOR COST OF LIVING ADJUSTMENT. BOARD OF GOVERNORS REVIEWS AND APPROVES ANY

COMPENSATION CHANGES FOR THE EXECUTIVE DIRECTOR PER THE ANNUAL BUDGET

DEVELOPMENT AND APPROVAL PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:

chedule O (Form 990) 2022	Page Z
ame of the organization ST LOUIS COUNTY HISTORICAL SOCIETY	Employer identification number 41-0773781
HE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST
OLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	PON REQUEST AND
ON THE ORGANIZATION'S WEBSITE.	
	_
	_