Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Inspection

AF	or tne	2021 calendar year, or tax year beginning and	enaing					
B c	heck if pplicable	C Name of organization		D Employer identific	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 number				
	Final return/	506 W MICHIGAN ST		(218)733-7586				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 725,731.				
	Amende return	DOLOTH, MN 55802		H(a) Is this a group re				
	Applica tion pending	F Name and address of principal officer: OCANNE COOMBE		for subordinates	? Yes X No			
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
		mpt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) (or 527	If "No," attach a	list. See instructions			
_		e: ► WWW.THEHISTORYPEOPLE.ORG		H(c) Group exemptio				
		organization: X Corporation Trust Association Other	L Year	of formation: 1922 N	1 State of legal domicile; MN			
Pa		Summary						
Ф		Briefly describe the organization's mission or most significant activities: TO D						
auc	-	DISSEMINATE THE HISTORICAL KNOWLEDGE OF S						
ž	2 (Check this box 🕨 🔛 if the organization discontinued its operations or dispos	ed of more					
Activities & Governance				3	17			
		Number of independent voting members of the governing body (Part VI, line 1b)			17			
		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			14			
		otal number of volunteers (estimate if necessary)			50			
Act		otal unrelated business revenue from Part VIII, column (C), line 12			0.			
	1 d	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.			
Revenue				Prior Year	Current Year			
		Contributions and grants (Part VIII, line 1h)		654,096.	702,703.			
		Program service revenue (Part VIII, line 2g)		7,977.	7,952.			
		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		166. 23,202.	237. 12,118.			
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		685,441.	723,010.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		33,054.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		288,020.				
es	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		200,020.	422,655.			
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
χ̈	b	Total fundraising expenses (Part IX, column (D), line 25) 54,09		325,902.	335,835.			
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		646,976.	758,490.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		38,465.	-35,480.			
_ v		Revenue less expenses. Subtract line 18 from line 12						
Net Assets or Fund Balances	20 7	Total assets (Dayt V. line 16)	В	3,960,680.	End of Year 3,937,254.			
Asse Bala	20 7	otal assets (Part X, line 16) otal liabilities (Part X, line 26)		33,042.	24,424.			
let /	21 T	Net assets or fund balances. Subtract line 21 from line 20		3,927,638.	3,912,830.			
Pa	rt II	Signature Block		3,321,030.	3,312,030.			
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of my	knowledge and helief it is			
		, and complete. Declaration of preparer (other than officer) is based on all information of wh		-	Milowidago and bollof, it is			
,	0011001	A complete Book and or property (other than others) to be odd on an information of the	non properor	That any information				
Sigr	,	Signature of officer		Date				
Her		JOANNE COOMBE, EXECUTIVE DIRECTOR						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid	ľ	MICHAEL J PETERSON, CPA MICHAEL J PETERS	SON, O	08/22/22 if self-employ	P01833529			
		Firm's name ▶ WIPFLI LLP	· · · · · · · · · · · · · · · · · · ·		39-0758449			
	Only	Firm's address 1502 LONDON ROAD, SUITE 200						
_		DULUTH, MN 55812		Phone no. 21	8.722.4705			
May	the IR	S discuss this return with the preparer shown above? See instructions			X Yes No			

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Га	otatement of Program 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:	OMEDM
	THE GENERAL NATURE AND PURPOSE OF THE SOCIETY SHALL BE THE DISC PRESERVATION, AND DISSEMINATION OF KNOWLEDGE ABOUT THE HISTORY	<u> </u>
	PREHISTORY OF ST. LOUIS COUNTY AND THE STATE OF MINNESOTA. IN A	
	TO COLLECTING AND PRESERVING OBJECTS OF MATERIAL CULTURE AND	DUITION
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ?	Yes _A_No
•	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes _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	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	penses, and
	revenue, if any, for each program service reported.	10 100
4a	(Code:) (Expenses \$ 574,502. including grants of \$ 0.) (Revenue \$	18,180.
	THE ST. LOUIS COUNTY HISTORICAL SOCIETY SERVED PRIMARILY THE RE	
	OF ST. LOUIS COUNTY AND THE VISITING PUBLIC THROUGH MUSEUM, ARC	
	AND INTERNET-BASED SERVICES. THE SOCIETY'S ST. LOUIS COUNTY DE	
	BASED EXHIBITS WERE NOT FULLY OPEN TO THE PUBLIC UNTIL APRIL 1	
	COVID. AS THE STATE DESIGNATED HISTORY SERVICE PROVIDER FOR TH	
	COUNTY, THE SOCIETY SERVED AN ESTIMATED 113,000 DEPOT VISITORS	
	GALLERIES AND AREAS ENHANCED WITH SOCIETY EXHIBITS. 62,832 OF	
	VISITORS WERE TRACKED BY THE LAKE SUPERIOR RAILROAD MUSEUM AND	VIEWED
	THE SOCIETY/LSRM DEPOT SQUARE EXHIBIT.	
	THE SOCIETY AND THE RAILROAD MUSEUM CONTINUED THEIR RECIPROCAL	
	MEMBERSHIP BENEFITS PROGRAM, ALLOWING SOCIETY MEMBERS FREE AND	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 574,502.	

Form 990 (2021) 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	Х	
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		Х
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		Х
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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	۰		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		
8	, ,		Х	
_	Schedule D, Part III	8	Λ	
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		X
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,			
	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			
	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		X
d	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
J	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
				X
14a		14a		 ^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		445		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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			_V
40	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		<u> </u>
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		<u> X</u>
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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

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Form	990 (2021) ST LOUIS COUNTY HISTORICAL SOCIETY 41-0773	781	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)		V	N.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
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			
	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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
2	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"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		X
	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		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	X	
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			₩
04	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	34		х
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
-	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	 T	
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 2	_		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	(gambling) winnings to prize winners?	1c		

132004 12-09-21

Form **990** (2021)

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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3а	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		<u> </u>
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		—
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			۱
	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			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			7.7
а	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		X
	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?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_^
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
Ü		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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 13b			
	Enter the amount of reserves on hand	44-		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
15		15		X
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	13		Ë
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, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		1
	If "Yes." complete Form 6069.			

Form **990** (2021)

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 17 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. 17 **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 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 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, Х and branches to ensure their operations are consistent with the organization's exempt purposes? 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? The organization's CEO, Executive Director, or top management official Х 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 ROBERT LARKIN - 218-834-5590

Form **990** (2021)

55616

409 3RD AVE, TWO HARBORS, MN

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(((D)	(E)	(F)
Name and title	Average		not c		more	than (Reportable	Reportable	Estimated
	hours per		, unle					compensation	compensation	amount of
	week (list any	ror					Ĺ	from the	from related organizations	other compensation
	hours for	director				P		organization	(W-2/1099-MISC/	from the
	related	ee or	trustee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)	·	and related
	below	Individual trustee or	Institutional	cer	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	High	Former			
(1) JOANNE COOMBE	40.00	1								
EXECUTIVE DIRECTOR	 	<u> </u>		Х				72,550.	0.	3,258.
(2) RON HEIN	25.00								_	_
PRESIDENT		Х		Х				0.	0.	0.
(3) MARC DENTON STAM	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) JOHN MARSHALL	3.00									
SECRETARY		Х		Х				0.	0.	0.
(5) DAN STREU	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) NEILL ATKINS	1.00									
BOARD MEMBER (THRU APRIL)		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									
TSHS REP		Х						0.	0.	0.
(10) AMANDA GOODMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) LEONE GRAF	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) ASHLEY GRIMM	1.00									
ST LOUIS COUNTY COMM. (NON-VOTING)		Х						0.	0.	0.
(13) MICHELE HAKALA-BEEKSMA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) KAREN KEENAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) MARY KEYES	1.00									
HHS REP		Х						0.	0.	0.
(16) SAM MAIDA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) JEANNE MAKI	1.00									-
VAHS REP		х						0.	0.	0.
132007 12-09-21	•		•				•	•		Form 990 (2021

Form 990 (2021) ST LOUIS									41-07	73'	781	Page 8
Part VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			(C				(D)	(E)			(F)
Name and title	Average	(do		Posi heck r			one	Reportable	Reportable			imated
	hours per week			ss per id a di				compensation	compensation	ו י		ount of
	(list any						Ĺ	from the	from related organizations			ther ensation
	hours for	direct				_		organization	(W-2/1099-MIS	- 1		m the
	related	9e 0r	stee			nsate		(W-2/1099-MISC/	1099-NEC)	,		nization
	organizations	trust	lal tru		yee	om pe		1099-NEC)	,		•	related
	below	Individual trustee or director	In stit utio nal tru stee	.ec	Key employee	Highest compensated employee	ner				orgai	nizations
	line)	Indi	Insti	Officer	Key	High	Former					
(18) MATHEW MAROLT	1.00											•
MMM REP (THRU APRIL)	1 00	Х						0.		0.		0.
(19) PAUL MCDONALD ST LOUIS COUNTY COMM. (NON-VOTING)	1.00	Х						0.		0.		0.
(20) CHARLES PALMQUIST	1.00							0.		٠.		0.
MMM REP	1.00	Х						0.		0.		0.
(21) ADAM SODERLIND	1.00											
BOARD MEMBER		Х						0.		0.		0.
(22) LARRY SOMMER	1.00											
BOARD MEMBER	1 00	Х	_					0.		0.		0.
(23) RON SUTTON SISU REP	1.00	Х						0.		0.		0.
EISO KEI		77						0.		•		<u> </u>
1b Subtotal								72,550.		0.	3	,258.
c Total from continuation sheets to Part VII								0.		0.		
d Total (add lines 1b and 1c)							<u> </u>	72,550.		0.	3	,258.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			0
compensation from the organization												0 Yes No
3 Did the organization list any former officer,	director truct	00 l	.0	mnl	0) (0)	0 0	hio	hoot componented omp	lovos on	ſ		Tes NO
line 1a? If "Yes," complete Schedule J for so	•		•	•	•		_	•	•		3	Х
4 For any individual listed on line 1a, is the su										···	J	
and related organizations greater than \$150											4	х
5 Did any person listed on line 1a receive or a	,		•							····		
rendered to the organization? If "Yes." com	· ·				-			-			5	Х
Section B. Independent Contractors												
1 Complete this table for your five highest cor	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of compe	ensat	ion from	n
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng wi	ith c	or wi	thin		ear.			
(A) Name and business	address	NIC	ONE	7				(B) Description of s	ervices	С	(C) ompen	
		146	7141					2 00011,p11011 01 0				
							_					
2 Total number of independent contractors (in	acluding but pr	ot lin	niter	t to t	thos	e lie	ted	above) who received me	ore than			
\$100,000 of compensation from the organiz	•	J. 111			()		22373, WHO 10001V00 HR	2. 3 trial 1			

Form **990** (2021)

Form 990 (2021) ST LOUI
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	All other contributions, gifts, grants, and	6,275. 533,352. 163,076. 4,616.				
Ν	_	Total. Add lines 1a-1f		702,703.			
	2 a b	MEMBERSHIPS	Business Code 900099	7,952.	7,952.		
Program Service Revenue	c d e f	All other program service revenue					
	g	-		7,952.			
	3	Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond p	>	237.			237.
	5 6 a	Royalties (i) Real Gross rents 6a	(ii) Personal				
	С	Less: rental expenses 6b Rental income or (loss) 6c Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory 7a (i) Securities	(ii) Other				
ther Revenue	c d	Less: cost or other basis and sales expenses 7b Gain or (loss) 7c Net gain or (loss)	>				
Other		Gross income from fundraising events (not including \$ 6,275. of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses	3,235. 2,721.				
		Less: direct expenses	<u>∠,1∠⊥•</u>	514.			514.
	9 a	Gross income from gaming activities. See Part IV, line 19		314.			314.
	С	Net income or (loss) from gaming activities Gross sales of inventory, less returns	<u> </u>				
		and allowances 10a Less: cost of goods sold 10b Net income or (loss) from sales of inventory	10,654.	10,654.	10,228.		426.
			Business Code	, , , , , ,	, == -		=
Miscellaneous Revenue	11 a						
ane	b						
cell.	С						
Mis F	d	All other revenue	900099	950.			950.
	е	Total. Add lines 11a-11d		950.	10 100	0	2 127
	12	Total revenue. See instructions	>	723,010.	18,180.	0.	2,127.

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, 75,808. 30,323. 26,533. 18,952. 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) 296,891. 257,882. 27,080. 11,929. Other salaries and wages 7 Pension plan accruals and contributions (include 2,120. 643. 1,117. 360. section 401(k) and 403(b) employer contributions) 14,719. 9,048. 1,309. 4,362. Other employee benefits 9 33,117. 23,182. 6,623. 3,312. 10 Payroll taxes 11 Fees for services (nonemployees): Management 11,792. 23,583. 9,433. 2,358. Legal 10,225. 2,045. 20,450. 8,180. 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.) 2,380. 1,190. 1,190. Advertising and promotion 12 20,695. 9,876. 7,479. 3,340. 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 3,349. 1,675. 1,674. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 446. 223. 112. 111. 20 Payments to affiliates 85,116. 85,116. 21 12,357. 82,380. 65,904. 4,119. Depreciation, depletion, and amortization 22 14,613. 8,768. 5,845. 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.) 34,607. 29,396. 3,461. 1,750. REPAIRS & MAINTENANCE MUSEUM EXPENSES 19,426. 11,420. 6,671. 1,335. 11,671. 11,087. 584. PROJECT COSTS 4,816. COST OF GOODS SOLD -4,816. 12,303. 5,866. 4,449. 1,988. All other expenses 758,490. 574,502. 129,890. 54,098. 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

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educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part X | Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	ote to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			350.	1	350.
	2	Savings and temporary cash investments			401,551.	2	424,826.
	3	Pledges and grants receivable, net	44,983.	3	0.		
	4	Accounts receivable, net		1,530.	4	0.	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	ostantial c	ontributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	sons (as defined				
		under section 4958(f)(1)), and persons describ	ed in sec	ion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			39,216.	8	34,400
Ä	9	Prepaid expenses and deferred charges			3,474.	9	7,631.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	661,466.			
	b	Less: accumulated depreciation	10b	487,695.	194,239.	10c	173,771.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		3,275,337.	15	3,296,276	
	16	Total assets. Add lines 1 through 15 (must ed			3,960,680.	16	3,937,254
	17	Accounts payable and accrued expenses			20,939.	17	14,395.
	18	Grants payable	4 505	18	4 505		
	19	Deferred revenue	4,797.	19	4,797.		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, suk					
iak		controlled entity or family member of any of the			7 206	22	E 121
_	23	Secured mortgages and notes payable to unr			7,306.	23	5,232.
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	,	·			
		of Schedule D			33,042.	25	24,424.
	26			▶ ▼	33,042.	26	24,424.
S		Organizations that follow FASB ASC 958, c	neck ner				
nce	07	and complete lines 27, 28, 32, and 33.			3,730,320.	27	3,780,757.
ala	27	Net assets with departmentations			197,318.	28	132,073.
d B	28	Net assets with donor restrictions Organizations that do not follow FASB ASC			177,310.		132,073
-un		and complete lines 29 through 33.	956, CHE	ck fiere			
ō	20				29		
ets	29	Capital stock or trust principal, or current fund Paid-in or capital surplus, or land, building, or				30	
\ss	30	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	31				3,927,638.	32	3,912,830.
Ž	32	Total liabilities and not assets/fund balances		3,960,680.	33	3,937,254.	
	33	Total liabilities and net assets/fund balances			3,300,000.	აპ	5,337,23

Form **990** (2021)

Pai	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			<u> 10.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2			90.			
3	Revenue less expenses. Subtract line 2 from line 1	3			80.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,92		$\frac{38.}{72.}$			
5	5 Net unrealized gains (losses) on investments							
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	3,91	2,8	<u>30.</u>			
Pa	rt 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	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2021)			

132012 12-09-21

SCHEDULE A

(Form 990)

Total

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

2021

Open to Public Inspection

Employer identification number Name of the organization ST LOUIS COUNTY HISTORICAL SOCIETY 41-0773781 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	• •	,	
	membership fees received. (Do not						
	include any "unusual grants.")	557,159.	667,229.	557,240.	654,096.	702,703.	3138427.
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	40 045	40 004	40 004	40 004	40 004	000 041
	the organization without charge	40,045.	40,824.	40,824.	40,824.	40,824.	203,341.
	Total. Add lines 1 through 3	597,204.	708,053.	598,064.	694,920.	743,527.	3341768.
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,						010 250
	column (f)						210,352.
	Public support. Subtract line 5 from line 4.						3131416.
		() 22.7	# N = 2 / 2	() 22/2	()) 2222	() 222 (
	ndar year (or fiscal year beginning in)	(a) 2017 597, 204.	(b) 2018 708, 053.	(c) 2019 598, 064.	(d) 2020 694, 920.	(e) 2021 743,527.	(f) Total 3341768.
	Amounts from line 4	397,204.	700,053.	390,004.	094,920.	743,347.	3341/00.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	357.	212.	229.	166.	237.	1,201.
_	and income from similar sources	337.	212.	449.	100.	437.	1,201.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						3342969.
	Total support. Add lines 7 through 10 Gross receipts from related activities,	oto (ooo inatruotia	\			12	155,518.
12	First 5 years. If the Form 990 is for th	•	,	ourth or fifth toy v			133,310.
10	organization, check this box and stop			•			ightharpoonup
Sec	etion C. Computation of Publi						
	Public support percentage for 2021 (li			column (f))		14	93.67 %
15						15	92.50 %
	33 1/3% support test - 2021. If the c					ore, check this box	
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the c						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te			-			▶ □
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line			
	more, and if the organization meets th	ne facts-and-circum	nstances test, chec	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	>

Schedule A (Form 990) 2021

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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to r expended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.5	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

1		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3a	1		
3a			
3a			
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	2		
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3c	3a		
3c			
3c			
4a	3b		
4a			
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	3с		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
4c 5a 5b 5c 6 7 8 8 9a 9b 9c	4a		
4c 5a 5b 5c 6 7 8 8 9a 9b 9c			
4c 5a 5b 5c 6 7 8 8 9a 9b 9c			
5a 5b 5c 6 7 8 9a 9b	4b		
5a 5b 5c 6 7 8 9a 9b			
5a 5b 5c 6 7 8 9a 9b			
5a 5b 5c 6 7 8 9a 9b			
5b	4c		
5b			
5c 6 7 8 9a 9b 9c	5a		
5c 6 7 8 9a 9b 9c	Eh		
6 7 8 9a 9b 9c			
7 8 9a 9b	50		
7 8 9a 9b			
7 8 9a 9b			
7 8 9a 9b			
7 8 9a 9b	6		
9a 9b 9c			
9a 9b 9c			
9a 9b 9c	7		
9a 9b 9c			
9a 9b 9c	8		
9b 9c			
9b 9c			
9c	9a		
9c			
	9b		
10a	9с		
10a			
10a			
	10a		
10b 10b 2001			

132024 01-04-21 Schedule A (Form 990) 2021

Pa	t IV Supporting Organizations (continued)			.g
	100.1.1.1000)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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 Part VI 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			
0	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			
	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			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	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 Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1				
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in.	struction	(e)	
2	Activities Test. Answer lines 2a and 2b below.	struction	Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
	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,			
	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			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

3b

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2 Acquisition indebtedness applicable to non-exempt-use assets

_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	
_	Minimum Asset Amount (add line 7 to line 6)	8	
<u>8</u>	thin mid it is a second to the second	•	
	tion C - Distributable Amount	<u> </u>	Current Year
	·	1	Current Year
	tion C - Distributable Amount	1 2	Current Year
	tion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
Sec	tion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1.	1 2	Current Year
Sec	tion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A)	1 2 3	Current Year

2

emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

e Excess from 2021

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

Schedule D (Form 990) 2021

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	or Ac	count	S. Comp	olete if	the
		(a) Donor adv	/ised	funds	(k) Fund:	s and other	er acco	ounts
1	Total number at end of year	. ,							
2	Aggregate value of contributions to (during 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		helo	d in donor advise	d fund	S			
	are the organization's property, subject to the organization's	exclusive legal contro	l?					Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ad								
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose co	onferrir	ng			
	impermissible private benefit?							Yes	No.
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	on Form 990, P	art IV, I	ine 7.			
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	ly).						
	Preservation of land for public use (for example, recreat	tion or education)	\sqsubseteq	Preservation of a	a histor	rically in	nportant I	and are	ea
	Protection of natural habitat	l		Preservation of a	a certifi	ied histo	oric struct	ure	
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	tribu	tion in the form o	f a con				
	day of the tax year.				ŀ		ield at the	ENG OT	the Tax Year
а	Total number of conservation easements				}	2a			
b	•					2b			
C	Number of conservation easements on a certified historic stru				Г	2c			
d	Number of conservation easements included in (c) acquired a				e	٠. ا			
•	listed in the National Register				L	2d			
3	Number of conservation easements modified, transferred, rele	eased, extinguisned, o	or te	rminated by the d	organiz	ation di	uring the i	ax	
4	year ▶ Number of states where property subject to conservation eas	oment is leasted							
5	Does the organization have a written policy regarding the peri		—	on handling of					
3	violations, and enforcement of the conservation easements it							Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			l enforcina conse			L		
Ū		naraming of Violationio,	,	. criteroning cortec	or vacior	1 040011	iorito darii	ig tho	y ou.
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservati	on eas	ements	durina th	e vear	
	▶ \$	g ,						- ,	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents	of section 170(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?	•						Yes	☐ No
9	In Part XIII, describe how the organization reports conservation								
	balance sheet, and include, if applicable, the text of the footn	ote to the organizatio	n's f	inancial statemer	nts that	t descri	bes the		
	organization's accounting for conservation easements.								
Par	t III Organizations Maintaining Collections of		rea	sures, or Oth	ner Si	milar	Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.							
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its r	rever	nue statement an	nd balar	nce she	et works		
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educati	ion,	or research in fur	therand	ce of pu	ıblic		
	service, provide in Part XIII the text of the footnote to its finan	icial statements that o	desc	ribes these items	S.				
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its reve	nue	statement and ba	alance	sheet w	orks of		
	art, historical treasures, or other similar assets held for public	exhibition, education	i, or	research in furthe	erance	of publi	c service,		
	provide the following amounts relating to these items:								4 616
	(i) Revenue included on Form 990, Part VIII, line 1					> \$			<u>4,616.</u>
.=							3	, 09	5,162.
2	If the organization received or held works of art, historical trea				gain, p	rovide			
	the following amounts required to be reported under FASB AS								
a	Revenue included on Form 990, Part VIII, line 1								
b	Assets included in Form 990, Part X					▶ \$			

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

Pai	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, or O	ther S	imilar A	ssets	(contir	nued)	ago
3	Using the organization's acquisition, accession							,		
	collection items (check all that apply):									
а	X Public exhibition	d	X Loan or exc	hange program						
b	X Scholarly research	е	X Other QU	ANTIFICA	TION	SOF	COLL	ECTI	ONS	3
С	c X Preservation for future generations									
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
	to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the organization	n answered "Ye	s" on Fo	rm 990, Pa	art IV, lir	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contribution	s or other assets	not incl	luded				_
	on Form 990, Part X?						Ш	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
								Amoun	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	ustodial account	liability?	?	Ш	Yes		No
_	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete i									
		(a) Current year	(b) Prior year	(c) Two years b		Three years		(e) Four		
1a	Beginning of year balance	184,791.	112,794.	 		120	,891.		110,	321.
b	Contributions	1,750.	55,055.	 	00.					
С	Net investment earnings, gains, and losses	21,922.	22,852.	16,1	37.	-13,	,143.		12,	047.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	6,099.	5,420.	 		5 ,	,475.			222.
f	Administrative expenses	1,250.	490.		33.		237.			255.
g	End of year balance	201,114.	184,791.	112,7	94.	102,	,036.		120,	891.
2	Provide the estimated percentage of the curr	•	e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	100	_%							
b	Permanent endowment ► .0000	%								
С	Term endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	•								
3а	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered	for the o	organizatio	n	ſ	1	
	by:								Yes	No
	(i) Unrelated organizations							3a(i)	Х	
	(ii) Related organizations							3a(ii)		<u>X</u>
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipm		Dest IV Bee 44 - 0	F		- 40				
	Complete if the organization answered			Ī						
	Description of property	(a) Cost or o				umulated		(d) Boo	k valu	е
		basis (investn	ierit) basis	(other)	aepre	ciation	-			
1a	Land									
b	Buildings			0 600		0 600	+			
С	Leasehold improvements			9,689.		9,689			, ,	0.
d	Equipment			5,577.	45	8,006	•		7,5	
	Other			6,200.			+		6,2	
Tota	l. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. column (B), line 1	0c.)			<u> </u>		3,7	
						50	hedule l	D (Forn	n uani	2021

	UNTY HISTORIC	AL SOCIETY 41-	0773781 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" ((a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end-o	f year market value
(A) E:	(b) book value	(c) Method of Valuation. Cost of end-c	n-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other(A)			
(B)			
(C)			
(D)			
(E)	1		
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	f-year market value
(1)			
(2)			
(3)			
(4)	1		
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description	, ,	(b) Book value
(1) ASSETS HELD BY OTHERS			201,114.
(2) COLLECTIONS AND EXHIBITS			3,095,162.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			2 006 086
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>: 15.) </u>	>	3,296,276.
	on Form 000 Dort IV line	11a or 11f Coo Form 000 Bort V line 25	
Complete if the organization answered "Yes" of a) Description of liability	on Form 990, Part IV, line	Tie or Tif. See Form 990, Part X, line 25.	(b) Book value
"			(b) Book value
(1) Federal income taxes			
(2)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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) 2021

(7) (8)

		ادا	770 <i>6</i> 00
		1	779,690.
1 1	00 670		
	40,674		
	40,824.		
	4 016		
			FC C00
			56,680. 723,010.
		3	723,010.
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Part IV, lines 1b a	and 2b; Part V, line 4	; Part X, I	ine 2; Part XI,
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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 COU	ALA HT	STORICAL S	SOCIETY	41-0	1131	/ 8 T	
Pai	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini	_	S
1	Art - Works of art							
2	Art - Historical treasures	X	63	4,616.	APPRAISAL V	ALUE	3	
3	Art - Fractional interests							
4	Books and publications							
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								
22	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (, .						
29	Number of Forms 8283 received by the organiz	_	,					
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29			1	
				=			Yes	No
30a	During the year, did the organization receive by			•	•			
	must hold for at least three years from the date							37
	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.						37	
31	Does the organization have a gift acceptance p	•	•	•	tions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				37
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is che	cked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE 0 (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:
UNLIMITED YEARLY ACCESS TO THE RAILROAD MUSEUM.
ANOTHER 99,000 VISITORS VIEWED THE SOCIETY OWNED PUBLIC MONUMENTS
(TUSKEE AIRMAN JOE GOMER AND VIETNAM PRISONER OF WAR DAVID WHEAT) AND A
SERIES OF WALL MOUNTED EXHIBITS AT THE DULUTH AIRPORT.
A NEW FREE-STANDING 12 PANEL EXHIBIT ON DULUTHIAN JOE GOMER, A TUSKEGEE
AIRMAN AND FOUNDER OF THE VETERANS MEMORIAL HALL PROGRAM WAS ADDED TO
THE SOCIETY TRAVELING EXHIBITS PROGRAM (19 EXHIBITS TOTAL). THESE
EXHIBITS WERE VIEWED BY OVER 200,000 INDIVIDUALS, INSIDE AND OUTSIDE OF
THE DEPOT, INCLUDING INSTALLATIONS AT THE BONG HERITAGE CENTER
(SUPERIOR, WI), AND THE CROSS RIVER HERITAGE CENTER.
THE SOCIETY ARCHIVAL COLLECTIONS ARE HOUSED WITHIN THE NORTHEAST
MINNESOTA HISTORICAL COLLECTIONS AT THE UNIVERSITY OF MINNESOTA, DULUTH
KATHRYN A. MARTIN LIBRARY. TEN PLUS LINEAR FEET OF ARCHIVAL MATERIALS
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

ST LOUIS COUNTY HISTORICAL SOCIETY

Employer identification number 41-0773781

WERE DONATED TO SOCIETY IN 2021 FOR PROCESSING AND TRANSFER TO THE UMD

LIBRARY. SOCIETY OWNED COLLECTIONS ARE ON PERMANENT LOAN, ASSURING

SAFE STORAGE, PROFESSIONAL CARE, PUBLIC ACCESS. THE SOCIETY VALUES

THIS PARTNERSHIP, DATING BACK TO THE 1980'S, WHEN THE STATE HISTORICAL

SOCIETY CREATED A SYSTEM OF REGIONAL RESEARCH CENTERS. THE

COLLABORATIVE STRUCTURE HAS EVOLVED OVER THE DECADES SINCE ITS

INCEPTION, AND EXEMPLIFIES THE IMPORTANCE OF HISTORICAL RECORDS TO THE

ACADEMIC COMMUNITY AND THE GENERAL PUBLIC SERVED THROUGH THE

COLLECTIONS. HERITAGE CENTER (MN) AND THE B'NAI ABRAHAM SYNAGOGUE

CULTURAL CENTER (VIRGINIA, MN)

AWARDS:

THE SOCIETY PRESIDENT AND THE SOCIETY ERIE MINING HISTORY PROJECT TEAM

WERE RECOGNIZED FOR EXCELLENCE IN RESEARCHING, WRITING AND PUBLISHING A

BOOK AND PRODUCING A TRAVELING EXHIBIT DOCUMENTING THE HISTORY OF A

TACONITE MINE. THE TEAM WAS AWARDED THE 2021 MINNESOTA HISTORY AWARD

BY THE MINNESOTA ALLIANCE OF LOCAL HISTORY MUSEUMS, THE MINING HISTORY

ASSOCIATION'S MARY LEE SPENCE DOCUMENTARY BOOK AWARD, AND THE

BESELME-ORRELL MINING HERITAGE AWARD.

THE SOCIETY'S EXECUTIVE ASSISTANT, AS AN INDEPENDENT AUTHOR, WAS

AWARDED THE 2021 MINNESOTA HISTORY AWARD BY THE MINNESOTA ALLIANCE OF

LOCAL HISTORY MUSEUMS FOR A HISTORY/GENEALOGY BOOK. PROCEEDS FROM BOOK

SALES ARE DONATED TO THE SOCIETY.

THE SOCIETY'S EXECUTIVE DIRECTOR WAS AWARDED THE 2021 VERMILION

COMMUNITY COLLEGE LIFETIME ACHIEVEMENT AWARD

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization Employer identification number

ST LOUIS COUNTY HISTORICAL SOCIETY

GRANT HIGHLIGHTS:

ON FEBRUARY 1, 2021 WORK STARTED ON A \$149,943 LEGACY GRANT FUNDED

PROJECT TO PURCHASE SUPPLIES, DOCUMENT/INVENTORY, ASSESS, PHOTOGRAPH

AND RE-PACKAGE AN ESTIMATED 17,000 3D OBJECTS. THE GRANT FUNDS 8,000

HOURS OF WORK BY TEMPORARY COLLECTIONS ASSISTANTS AND IS EXPECTED TO BE

COMPLETE IN 2022.

NOVEMBER GRANT FOR \$42,475 FROM THE DEPOT FOUNDATION WILL PURCHASE

CUSTOM EXHIBIT CASES FOR DELIVERY IN 2022, EXPANDING THE ABILITY TO

SAFELY AND PROFESSIONALLY DISPLAY ARTIFACTS INSIDE AND OUTSIDE OF

DEDICATED GALLERY SPACES.

AN \$3,000 LLOYD K. JOHNSON GRANT WAS AWARDED IN JUNE TO FUND THE

TRANSCRIPTION OF VETERAN'S ORAL HISTORIES. A \$12,000 GRANT FROM THE

SAME FOUNDATION, AND OVER \$6,000 OF DESIGNATED PRIVATE GIFTS, MADE

POSSIBLE THE PUBLICATION OF A BOOK CELEBRATING THE SOCIETY'S

COLLECTIONS. THE PUBLICATION, RESEARCHED AND WRITTEN BY SOCIETY STAFF,

WILL BE PUBLISHED FOR THE SOCIETY'S CENTENNIAL IN FALL, 2022.

EDUCATIONAL PROGRAM HIGHLIGHTS:

SEVEN HISTORICALLY ACCURATE AND CULTURALLY SENSITIVE LEARNING GUIDES

WERE RESEARCHED BY FORMER SOCIETY PRESIDENT MICHELE HAKALA BEEKSMA AND

OTHER MEMBERS OF THE SOCIETY'S AMERICAN INDIAN ADVISORY COMMITTEE. THE

GUIDES, PRODUCED BY THE SOCIETY, ARE AVAILABLE ON-LINE AND TO MUSEUM

VISITORS, ASSURING A CREDIBLE SOURCE OF INFORMATION AVAILABLE TO

RESEARCHERS.

- LEARNING GUIDES DOWNLOADED 553 TIMES
- 900 PRINT COPIES DISTRIBUTED

Schedule O (Form 990) 2021

41-0773781

<u>Schedule O (Form 990) 2021</u>

Name of the organization

ST LOUIS COUNTY HISTORICAL SOCIETY

Employer identification number
41-0773781

ERIE MINING HISTORY PROJECT TEAM DEVELOPED DIGITAL RESOURCES (TEACHER

AND STUDENT LEARNING GUIDES) TO COMPLEMENT THE 2019 AWARD WINNING

PUBLICATION TACONITE: NEW LIFE FOR MINNESOTA'S IRON RANGE . . . THE

HISTORY OF THE ERIE MINING COMPANY

- DIGITAL RESOURCES ACCESSED BY 423 EDUCATORS & STUDENTS

SCHOLARSHIPS:

MIKE COLALILLO SCHOLARSHIP AWARDED AT THE 2021 VETERANS REMEMBRANCE DINNER (\$1,500)

ERIE MINING COMPANY SCHOLARSHIP APPLICATION PROCESS INITIATED IN 2021 (\$1,500)

JAMES JOSEPH HUBERT SCHOLARSHIP ADMINISTRATION/FUNDING/FUNDRAISING
AGREEMENT INITIATED BY HUBER FAMILY.

ALL SCHOLARSHIPS ARE ADMINISTERED THROUGH THE DULUTH SUPERIOR AREA

COMMUNITY FOUNDATION (DSACF). SCHOLARSHIPS RECIPIENTS ARE RECOGNIZED

BY THE SOCIETY

AFFILIATED HISTORICAL ORGANIZATIONS:

THE SOCIETY RE-GRANTED \$85,116 OF OPERATIONAL FUNDING TO SIX AFFILIATED

HISTORICAL ORGANIZATIONS: ELY-WINTON HISTORICAL SOCIETY; TOWER-SOUDAN

HISTORICAL SOCIETY; VIRGINIA AREA HISTORICAL SOCIETY; HIBBING

HISTORICAL SOCIETY; MINNESOTA MUSEUM OF MINING IN CHISHOLM; SISU

HERITAGE, INC. IN EMBARRASS.

THE OPERATIONS OF THE SIX AFFILIATES ARE MONITORED, PER THE SOCIETY

BY-LAWS, TO ASSURE COMPLIANCE WITH THE FUNDER'S (ST. LOUIS COUNTY)

CHILDRIGHT AND COLUMN THE AREA OF AREA OF THE SOCIETY

STIPULATIONS FOR AFFILIATION. THE AFFILIATES ENHANCE THE HISTORICAL

<u>Schedule O (Form 990) 2021</u> Page **2**

Employer identification number Name of the organization 41-0773781 ST LOUIS COUNTY HISTORICAL SOCIETY SERVICES AVAILABLE TO COUNTY RESIDENTS AND VISITORS BY PROVIDING A UNIQUE EXPERIENCE RELATED TO THE GEOGRAPHICAL AREA THEY SERVE OR THE SUBJECT MATTER THEY COVER. SISU HERITAGE FOCUSES ON BUILDING PRESERVATION AND THE MINNESOTA MUSEUM OF MINING COVERS THE CHISHOLM AREA AS WELL AS COLLECTING MINING ARTIFACTS AND ARCHIVAL MATERIALS. AFFILIATED ORGANIZATIONS SERVED ABOUT 13,500 INDIVIDUALS THROUGH THEIR MUSEUMS, PROGRAMS AND EVENTS. SUMMARY: THE YEARLY WORK OF THE SOCIETY, LIKE MOST HISTORICAL ORGANIZATIONS, IS DIFFICULT TO QUANTIFY AND QUALIFY. THE SOCIETY HAS BEEN COLLECTING SINCE 1922. THE UNIQUE ARTIFACTS AND ARCHIVAL MATERIALS HELD IN PUBLIC TRUST REACH HUNDREDS OF THOUSANDS OF INDIVIDUALS, YEARLY, WHEN INCLUDED IN MASS COMMUNICATIONS (BROADCASTING, PUBLISHING AND THE INTERNET). SOCIETY PRESIDENT ROBERT S. MARS JR. (1916 2016) CAPTURED THE IMPORTANCE OF COLLECTIONS BY REMINDING US "THE OBJECTS WE COLLECT AND PRESERVE NOT ONLY TOUCHED THE HANDS OF THEIR FORMER OWNERS, BUT TOUCHED THEIR HEARTS. HE BELIEVED COLLECTIONS CAN TOUCH HEARTS AND OPEN MINDS. HE REMINDED STAFF THAT THEY THEIRS WAS A SACRED RESPONSIBILITY

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

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

- - TO HONOR THE PAST BY PRESERVING TOUCH POINTS FOR FUTURE

GENERATIONS.

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization ST LOUIS COUNTY HISTORICAL SOCIETY

Employer identification number 41-0773781

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.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization ST LOUIS COUNTY HISTORICAL SOCIETY	Employer identification number 41-0773781
FOR COST OF LIVING ADJUSTMENT. BOARD OF GOVERNORS REVIEWS	AND APPROVES ANY
COMPENSATION CHANGES FOR THE EXECUTIVE DIRECTOR PER THE AN	NUAL BUDGET
DEVELOPMENT AND APPROVAL PROCESS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT C	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	PON REQUEST AND
ON THE ORGANIZATION'S WEBSITE.	
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