Form     990-EZ     Refurm of Organization Exempt From Income Tax Under sectors 50:6, 327. et 497(20) of the Internet Newrue Code (except private for instructions)     2022       De not effer social security numbers to this form, as it may be made public. Go to www.irs.gow/Form990EZtor instructions and the latest information     2022       A Fort the 2022 calends year, or tax year beginning Cores in agricult to the 2022 calends year, or tax year beginning Since in agricult to the 2022 calends year, or tax year beginning Cores in agricult to the 2022 calends year, or tax year beginning Cores in agricult to the 2022 calends year, or tax year beginning Cores in agricult to the 2022 calends year, or tax year beginning Cores in agricult to the 2022 calends year, or tax year beginning Cores in agricult to the 2022 calends year, or tax year beginning Cores in agricult to the 2022 calends year, or tax year beginning Cores in agricult to the 2022 calends year, or tax year beginning Cores in agricult to the 2022 calends year, or tax year beginning Cores in agricult to the 2022 calends year, or tax year beginning Cores in agricult to the 2022 calends year, or tax year beginning Cores in agricult to the 2022 calends year, or tax year beginning Cores in agricult to the 2022 beginning Core in agricult to the 20		-		Short Form			OMB No. 1545-0047
Description         Do not enter sacial security numbers on this form, as it may be made public.         Open to Public Inspection           Berling and the sace dender year, or tax year beginning         , 202, and ending         , 203, 203, and ending         , 203, and ending         , 203, 203, and ending         , 203, 203, and ending         , 203, 203, and endi	Forr	n 9	90-EZ	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code			2022
Description         Colic www.irs.gov/Form990EZ for instructions and the latest information         Open to Public Impection           A         For the 2022 calendar year, or tax year beginning         ,2022, and ending         .         .           A         For the 2022 calendar year, or tax year beginning         ,2022, and ending         .         .         .         .           A         For the 2022 calendar year, or tax year beginning         ,2022, and ending         . <td< td=""><th></th><td></td><td></td><td></td><td>ublic.</td><td></td><td></td></td<>					ublic.		
B         Other Statistics         C           How so where campe interteam         LATAH COUNTY HISTORICAL SOCIETY 327 E 24D ST MOSCOW, ID 83843         D         Engloyer identification number (208) 882-1004           Hand Rechmand Application model Application model	Depa Interi	rtment nal Rev	of the Treasury venue Service				
B         Other Statistics         C           How so where campe interteam         LATAH COUNTY HISTORICAL SOCIETY 327 E 24D ST MOSCOW, ID 83843         D         Engloyer identification number (208) 882-1004           Hand Rechmand Application model Application model	А	For t	he 2022 calend	ar year, or tax year beginning . 2022, and ending			
Impartant matrix       IATAH COUNTY HISTORICAL SOCIETY 327 E 2010 ST matrix       B2-0302030 (2010)         Impartant matrix       IATAH COUNTY HISTORICAL SOCIETY matrix       Impartant Societion Matrix       Impartant matrix       Imparta					DE	Employer	identification number
32.7 E 2.ND ST MolSCOW, ID 83843       E Vestore number (2028) 882-1004         Anendoz etan Anendoz etan Anendoz etan Anendoz etan Anendoz etan Anendoz etan MolSCOW, ID 83843       E Vestore number (2028) 882-1004         Form of organization result       Cash _ Accural Other (specify): HTTP://WWh.LSTARL.TD.US/HISTORICALSOCIETY/ IT are exerget static (shex of yon p- Sistic)       H Check. X    fit the organization is not requered to attach Schedule B (form 990).         K       Form of organization:       X Corporation _ Trut _ Association _ Other:       H Check. X    fit the organization is not requered to attach Schedule B (form 990).         K       Form of organization:       X Corporation _ Trut _ Association _ Other:       Association _ Other:         L       Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets(e revenue including government fees and contracts _ 1 101,339.       126,674.         Pardia Hermership dues and assessments.       1 101,339.       14,960.         4 investment income.       5a       5b         5a Gross anount from sale of assets other than inventory.       5a         5a Gross anoune from gaming and fundraising events (not including \$ c Gross income from gaming and fundraising events (not including \$ c Gross income from gaming and fundraising events (not including \$ c Gross profit or (loss) from sale of assets of inventory (subtract line 7b from line 7a)       7c       789.         9 Total revenue. Add lines 1, 2, 3, 4, 5c. 6d, 7e, and 8       9 <th></th> <td>Addres</td> <td>s change</td> <td></td> <td></td> <td></td> <td></td>		Addres	s change				
Instrumentation         MOSCOW, ID 83843         (208) 882-1004           Product number         F. Group Exemption           Addressin serving         (208) 682-1004           Product number         F. Group Exemption           Addressin serving         (208) 682-1004           Vebsite:         (208) 682-1004           Vebsite:         (100) 100           Vebsite:         (100) 100           Vebsite:         (100) 100           Add lines 50, 6c, and 7b to line 9 to determine gross receipts:         (100) 100           Check if the organization used Schedule 0 to respond to any question in this Part I         (100) 100 rmore, or if total assets or Fund Balances (see the instructions for Part I)           Check if the organization used schedule 0 to respond to any question in this Part I         (101) 1393           Vebragen service: revenue including government fees and contracts         (200) 11, 310, 310           2         Program service: revenue including government fees and contracts         (200) 11, 310, 310, 310, 314, 960, 314, 960, 314, 960, 314, 960, 314, 960, 314, 960, 314, 960, 314, 960, 314, 960, 314, 960, 316, 316, 316, 316, 316, 316, 316, 316		Name					
Imaintochange       Imaintochange       Imaintochange         Annotestime       F Group Exemption         Annotestime       F Group Exemption         Annotestime       F Group Exemption         I construing Withod:       Imaintochange         J Tax-exempt status (thek net) required to attach Schedule B       Status (thek net) required to attach Schedule B         J Tax-exempt status (thek net) required to attach Schedule B       Imaintochange         J Tax-exempt status (thek net) required to attach Schedule B       Status (thek net) required to attach Schedule B         J Tax-exempt status (thek net) required to attach Schedule D to respond to any question in the Part I       Imaintochange         Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)         Check if the organization:       I 101,339.         Program service reveue including government fees and contracts       2 1,312.         Membership dues and sessesments       3 14,960.         due to asset so ther than invertory       5a         b Less: cost or drom said asses dent than invertory       5a         c casis income from fundrasing events (add lines 5a and for grater than \$15,000)       6a         of such grass income from gaming and fundrasing events (add lines 5a and set)       5c         c data grass income from gaming and fundrasing events (add lines 5a and add s			MO		L '		
Improvements       Number         G Accounting Method:       ICash       Accrual Other (specify):       H       Check       If the organization is not required to attach Schedule B         // Corm 990.       Image: State (disk only one)       Image: State (disk one)       Image: State			urn/terminated			. ,	
G       Accounting Method:       Image: Accounting Method:							xemption
I Website:       HTTP:///WWM_LTATAH.ID.US/HISTORICALSOCIETY/       (Form 900, 100, 100, 100, 100, 100, 100, 100,				X Cash Accrual Other (specify):			organization is not
J       Tax-exempt status (direck only one) - [X] 501(X3]       501(3)       (form 4 organization)       (form 990).         K       Form of organization:       XI Corporation       Trust       Association       Other:         L       Add lines 50, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if Idal       \$             126,674.       \$             126,674.       \$             126,674.       \$             126,674.       \$             126,674.       \$             131,332.       \$             126,674.       \$             131,332.       \$             126,674.       \$             131,332.       \$             131,332.       \$             131,332.       \$             131,332.       \$             131,333.       \$             131,332.       \$             131,332.       \$             131,332.       \$             14,960.       \$             1,332.       \$             14,960.       \$             1,332.       \$             14,960.       \$             1,277.       \$             15a Gross amount from sale of assets other than inventory.       \$             5a        \$             5c        \$             5c        \$             6 Gaming and fundraising events (so that back (so ther back (so the			•				
K       Form of organization:       X       Corporation       Trust       Association       Other:         L       Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, if fortal assets (7ex11, column (8)) are \$500,000 or more, if form 990-field of Form 99	J	Tax-e			orm 990)	).	
L       Add lines 5b, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II, column (8)) are \$300,000 or more, life Form 990 instead of Form 990-EZ       \$126,674.         Part II, Revenue, EXpenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)       Image: Specific Column (8) are \$300,000 or more, or if total assets (Part II, column (8)) are \$300,000 or more, or if total column (8) are \$300,000 or more, or if total column (8) are \$300,000 or more, or if total column (8) are \$300,000 or more, or if total column (8) are \$300,000 or more, or if total column (8) are \$300,000 or more, or if total column (8) are \$400,000 or more, \$510,000 or more, \$400,000 or more, or if total column (8) are \$400,000 or more, \$510,000 or more, \$510,000 or more, or if total column (8) are \$400,000 or more, \$510,000 or more, \$510,000 or \$							
assets (Part II, column (B)) are \$500.000 or more, file Form 990 instead of Form 990-E2       \$ 126,674.         Part II       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)         Check if the organization used Schedule O to respond to any question in this Part I       I         1       Contributions, gifts, grants, and similar amounts received       1       101,339.         2       Program service revenue including government fees and contracts       2       1,312.         3       Membership dues and assessments       4       1,277.         b Less: cost or other basis and sales expenses       5b       5c         c Gam of (0ss) from sale of assets other than inventory.       5a       6c         b Less: cost or other basis and sales expenses       5b       5c         c Gam of (0ss) from gaming (attach Schedule G if greater than \$15,000)       6a       5c         b Gross income from qaming (attach Schedule G if greater than \$15,000)       6b       5,657.         c Less: cost of goods sold       7a       2,129.         b Less: cost of goods sold       7b       1,340.         c Gross profit or (loss) from gaming and fundraising events       7a       2,129.         b Less: cost of goods sold       10       10         c Gross sporiti (loss) from sales of inventory (subtract lin			5		total		
Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)         Check if the organization used Schedule O to respond to any question in this Part I       I         1       Contributions, gifts, grants, and similar amounts received       1       101, 339.         2       Program service revenue including government fees and contracts       2       1, 312.         3       Membership dues and assessments.       4       1, 277.         4       Investment income.       4       1, 277.         5       Gross amount from sale of assets other than inventory.       5a       5b         6       Gaming and fundraising events income from gaming (attach Schedule G if greater than \$15,000)       6a       5c         6       Gross income from gaming and fundraising events (not including \$       of contributions for fundraising events (not including \$       of contributions for \$1,000.       6a         9       Less: cost of goods sold       .       .       .       .       .         2       Gross income from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).       .       .       .       .       .         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       123, 899.       .       .       .       .         1	-	asse	ts (Part II, colur	nn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$	126,674.
1       Contributions, gifts, grants, and similar amounts received       1       101, 339.         2       Program service revenue including government fees and contracts       2       1, 21, 312.         3       Membership dues and assessments.       3       14, 960.         4       Investment income.       5a         5a Gross amount from sale of assets other than inventory       5a         6 Garning and fundraising events:       5b         6 Gross income from garning (attach Schedule G if greater than \$15,000)       6a         b Cess: cost or other maganing (attach Schedule G if the sum of such gross income from garning (attach Schedule G if the sum of such gross income and contributions events \$15,000)       6b         5 c C Easis direct expenses from garning and fundraising events       6c       1, 435.         6 Met income or (loss) from gaining and fundraising events (add lines 6a and 6b and subtract line 6c).       7a       2, 1229.         b Less: cost of goods sold       7b       1, 340.       7c         7a Gross sales of inventory, less returns and allowances       7a       2, 1229.         b Less: cost of goods sold       0.       7b       1, 340.         c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c       789.         8 Other revenue (describe in Schedule O)       10       11	Pa	rt I	Revenue, I	Expenses, and Changes in Net Assets or Fund Balances (see the	instru	ctions	for Part I)
Program service revenue including government fees and contracts         2         11,312           3         Membership dues and assessments         3         14,960.           4         Investment income.         5a           5a         Gross amount from sale of assets other than inventory         5a           5b         5b         5c           6         Gaming and fundraising events:         5c           a Gross income from qaming (attach Schedule G if greater than \$15,000)         6a           5 direct expenses income from qaming and fundraising events:         6b           5 dord such gross income from gaming and fundraising events:         6b           6 d A, 2222.         6d           7a         Gross profit or (loss) from gaming and fundraising events:         6c           6 d A, 2222.         7a         2, 129.           b Less: cost of goods sold         7a         2, 129.           b Less: cost of goods sold         7c         789.           8 Other revenue (describe in Schedule O)         10         11           12         Salaries, other compensation, and employee benefits         12           13         Professional fees and other payments to independent contractors         13         520.           14         11         13         5							Х
3       Membership dues and assessments       3       14/960.         4       Investment income.       4       1,277.         5a       Gross amount from sale of assets other than inventory.       5a       5a         5       5b       5c       5c         6       Garning and fundraising events:       5b       5c         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       6a       5c         b       Gross income from fundraising events (not including \$ of contributions from fundraising events (not including \$ events;       6c       1,435.         b       d Net income and contributions exceeds \$15,000)       6a       6d       4,222.         7a       Gross income from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).       6d       4,222.         7a       Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c       789.         8       Other revenue (describe in Schedule 0)       10       10       10         10       Gards and similar amounts paid (list in Schedule 0)       10       11       12         11       Salaries, other compensation, and employee benefits       12       57,481.       13       520.         12       Salaries, other compensation, and employee benefits		1					
4       Investment income.       4       1,7237.         5a       Gross amount from sale of assets other than inventory.       5a       5b       5c         5a       Gross and sales expenses.       5b       5c       5c         6       Gaming and fundraising events:       6a       5c       5c         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       6a       5c       5c         b       Gross income from fundraising events (not including \$       5c       5c       6c       1,435.         d       Het income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).       6d       4,222.       7a       2,129.       7b       1,340.       7c       789.         8       Other revenue (describe in Schedule O)       9       123,899.       10       7c       789.       11       11         12       Satares, other compensation, and employee benefits       12       57,461.       11       11         13       Professional fees and other payments to independent contractors       13       520.       16       52,323.         14       Occupancy, rent, utilities, and maintenance.       14       14       11       11         14       Setties paid to or for memb			0				
Sa Gross amount from sale of assets other than inventory       5a         b Less: cost or other basis and sales expenses       5b         c Gain or (loss) from sale of assets other than inventory (subtrat line 5b from line 5a)       5c         6 Gaming and fundraising events:       a Gross income from fundraising events (not including \$       of contributions         b Gross income from fundraising events (not including \$       of contributions       of contributions         rot such gross income and contributions exceeds \$15,000)       6a       5,657.         c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtrat line 6c)       6d       4,2222.         7a       2,129.       7b       1,340.         7c       789.       8       0 ther revenue (describe in Schedule O)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       123,899.         10       Grants and similar amounts paid (list in Schedule O)       10         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12       57,481.         13       Fordesional fees and other payments to independent contractors       13       520.         14       Occupancy. rent, utilities, and maintenance.       14       15 <t< td=""><td></td><td></td><td>•</td><td></td><td></td><td></td><td></td></t<>			•				
b Less: cost or other basis and sales expenses       5b       5c         c Gain or (loss) from gale of assets other than inventory (subtract line 5b from line 5a)       5c         a Gross income from gaming (latch Schedule G if greater than \$15,000)       6a       5c         b Gross income from gaming (latch Schedule G if greater than \$15,000)       6a       5c         b Gross income from fundraising events (not including \$		•				4	1,277.
C Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)       5c         6 Garning and fundraising events:       a Gross income from gaming (attach Schedule G if greater than \$15,000)       6a         a Gross income from fundraising events (not including \$       of contributions         from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b       5,657.         c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       4,222.         7a Gross sales of inventory, less returns and allowances       7a       2,129.         b Less: cost of goods sold       7c       789.         8 Other revenue (describe in Schedule O)       7c       789.         9 Total revenue (describe in Schedule O)       10         11 Benefits paid to or for members       11         12 Salaries, other compensation, and employee benefits       12       57,481.         13 Fortessional fees and other payments to independent contractors       13       520.         14 Occupancy, rent, utilities, and maintenance       14       15         15 Printing, publications, postage, and shipping       15       2,323.         16 Other expenses (describe in Schedule O)       16       59,232.3.         17 Total expenses. Add lines 10 through 16. <th></th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
6       Gaming and fundraising events:         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       6a         b       Gross income from gaming (attach Schedule G if greater than \$15,000)       6a         b       Gross income from gaming (attach Schedule G if greater than \$15,000)       6a         b       Gross income from fundraising events (not including \$        of contributions          of such gross income and contributions exceeds \$15,000)       6b       5,657.         c       Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).       6d         7a       Gross sales of inventory, less returns and allowances       7a       2,129.         b       Less: cost of goods sold       7c       789.         8       Other revenue (describe in Schedule 0)       8       9         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       123, 899.         10       Grants and similar amounts paid (list in Schedule 0)       10       11         11       Salaries, other compensation, and employee benefits       12       57, 481.         13       Professional fees and other payments to independent contractors       13       520.         14       Cocupancy, rent, utilities, and maintenance       14						50	
c Less: direct expenses from gaming and fundraising events       6c       1,435.         d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).       6d       4,222.         7a Gross sales of inventory, less returns and allowances       7a       2,129.       7b         b Less: cost of goods sold       7c       789.         c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c       789.         8 Other revenue (describe in Schedule O)       8       9       123,899.         10 Grants and similar amounts paid (list in Schedule O)       10       10         11 Benefits paid to or for members       11       12       57,481.         12 Salaries, other compensation, and employee benefits       12       57,481.       13       520.         14 Occupancy, rent, utilities, and maintenance       14       15       2,392.       16       16       59,323.       17       119,716.       18       4,183.       19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       179,006.       20         20       0ther changes in net assets or fund balances (explain in Schedule O)       20       21       183,189. <th>0</th> <td>6</td> <td>Gaming and fu</td> <td>indraising events:</td> <td></td> <td>50</td> <td></td>	0	6	Gaming and fu	indraising events:		50	
c Less: direct expenses from gaming and fundraising events       6c       1,435.         d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).       6d       4,222.         7a Gross sales of inventory, less returns and allowances       7a       2,129.       7b         b Less: cost of goods sold       7c       789.         c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c       789.         8 Other revenue (describe in Schedule O)       8       9       123,899.         10 Grants and similar amounts paid (list in Schedule O)       10       10         11 Benefits paid to or for members       11       12       57,481.         12 Salaries, other compensation, and employee benefits       12       57,481.       13       520.         14 Occupancy, rent, utilities, and maintenance       14       15       2,392.       16       16       59,323.       17       119,716.       18       4,183.       19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       179,006.       20         20       0ther changes in net assets or fund balances (explain in Schedule O)       20       21       183,189. <th>nu</th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	nu						
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c Less: direct expenses from gaming and fundraising events       6c       1,435.         d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).       6d       4,222.         7a Gross sales of inventory, less returns and allowances       7a       2,129.       6d       4,222.         b Less: cost of goods sold       7b       1,340.       7c       789.         c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       8       9       123,899.         10       Grants and similar amounts paid (list in Schedule 0)       10       11       11         11       12       Salaries, other compensation, and employee benefits       12       57,481.         12       Salaries, other compensation, and employee benefits       13       520.         12       Solaries, other compensation, and employee benefits       13       520.         13       Professional fees and other payments to independent contractors       13       520.         14       Occupancy, rent, utilities, and maintenance       14       15       2,392.         16       Other expenses (describe in Schedule 0)       16       59,323.       17       119,716.         18       Excess or (deficit) for the year (subtract line 17 from line 9)       18       4,183.       <	Re				5,657		
6b and subtract line 6c)       6d       4,222.         7a       Gross sales of inventory, less returns and allowances       7a       2,129.         b Less: cost of goods sold       7b       1,340.       7c         7b       7b       1,340.       7c       789.         8       Other revenue (describe in Schedule O)       9       123,899.       9       123,899.         10       Grants and similar amounts paid (list in Schedule O)       10       11       12       57,481.         12       Salaries, other compensation, and employee benefits       11       12       57,481.       13       520.         14       Occupancy, rent, utilities, and maintenance       14       15       2,392.       16       0ther expenses (describe in Schedule O)       16       59,323.         15       2,392.       16       Other expenses (describe in Schedule O)       17       119,716.         16       Other expenses (describe in Schedule O)       18       4,183.         17       119,716.       17       119,716.         18       Excess or (udficit) for the year (subtract line 17 from line 9).       18       4,183.         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year       19		С	Less: direct ex				
6b and subtract line 6c)       6d       4,222.         7a       Gross sales of inventory, less returns and allowances       7a       2,129.         b Less: cost of goods sold       7b       1,340.       7c         7b       7b       1,340.       7c       789.         8       Other revenue (describe in Schedule O)       9       123,899.       9       123,899.         10       Grants and similar amounts paid (list in Schedule O)       10       11       12       57,481.         12       Salaries, other compensation, and employee benefits       11       12       57,481.       13       520.         14       Occupancy, rent, utilities, and maintenance       14       15       2,392.       16       0ther expenses (describe in Schedule O)       16       59,323.         15       2,392.       16       Other expenses (describe in Schedule O)       17       119,716.         16       Other expenses (describe in Schedule O)       18       4,183.         17       119,716.       17       119,716.         18       Excess or (udficit) for the year (subtract line 17 from line 9).       18       4,183.         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year       19		h	Net income or	(loss) from gaming and fundraising events (add lines 6a and			
b Less: cost of goods sold       7b       1,340.         c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)       7c       789.         8 Other revenue (describe in Schedule O)       8       9       123,899.         9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       123,899.         10 Grants and similar amounts paid (list in Schedule O)       10       10         11 Benefits paid to or for members       11       12         12 Salaries, other compensation, and employee benefits       12       57,481.         13 Professional fees and other payments to independent contractors       13       520.         14 Occupancy, rent, utilities, and maintenance       14       15       2, 392.         16 Other expenses (describe in Schedule O)       15       2, 392.       16       59, 323.         17 Total expenses. Add lines 10 through 16.       17       119, 716.       18       4,183.         19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       179,006.       20         20 Other changes in net assets or fund balances (explain in Schedule O)       20       21       183,189.			6b and subtrac	t liné 6c)			4,222.
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)7c789.8 Other revenue (describe in Schedule O)89 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8910 Grants and similar amounts paid (list in Schedule O)1011 Benefits paid to or for members1112 Salaries, other compensation, and employee benefits1213 Professional fees and other payments to independent contractors1314 Occupancy, rent, utilities, and maintenance1415 Printing, publications, postage, and shipping1516 Other expenses (describe in Schedule O)1617 Total expenses. Add lines 10 through 161718 Excess or (deficit) for the year (subtract line 17 from line 9)1819 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year19 Net assets or fund balances at end of year. Combine lines 18 through 202120 Other changes in net assets or fund balances at end of year. Combine lines 18 through 2021							
8       Other revenue (describe in Schedule O)       8         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       123, 899.         10       Grants and similar amounts paid (list in Schedule O)       10         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12       57, 481.         13       Professional fees and other payments to independent contractors       13       520.         14       Occupancy, rent, utilities, and maintenance       14       15         15       Printing, publications, postage, and shipping       15       2, 392.         16       Other expenses (describe in Schedule O)       16       59, 323.         17       Total expenses. Add lines 10 through 16       17       119, 716.         18       Excess or (deficit) for the year (subtract line 17 from line 9)       18       4, 183.         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       179, 006.         20       Other changes in net assets or fund balances (explain in Schedule O)       20       21       183, 189.							
9Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 89123, 899.10Grants and similar amounts paid (list in Schedule O)1011Benefits paid to or for members1112Salaries, other compensation, and employee benefits1213Professional fees and other payments to independent contractors1314Occupancy, rent, utilities, and maintenance1415Printing, publications, postage, and shipping1516Other expenses (describe in Schedule O)1717Total expenses. Add lines 10 through 161718Excess or (deficit) for the year (subtract line 17 from line 9)1819Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year1919179,006.2021183,189.							789.
In the second							100.000
Section111112Salaries, other compensation, and employee benefits1257,481.13Professional fees and other payments to independent contractors13520.14Occupancy, rent, utilities, and maintenance1415Printing, publications, postage, and shipping152,392.16Other expenses (describe in Schedule O)SEE1659,323.17Total expenses. Add lines 10 through 1617119,716.18Excess or (deficit) for the year (subtract line 17 from line 9)184,183.19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year19179,006.2021183,189.2021183,189.		-					123,899.
Section12Salaries, other compensation, and employee benefits1257,481.13Professional fees and other payments to independent contractors13520.14Occupancy, rent, utilities, and maintenance1415Printing, publications, postage, and shipping1416Other expenses (describe in Schedule O)SEE SCHEDULE O17Total expenses. Add lines 10 through 161718Excess or (deficit) for the year (subtract line 17 from line 9)1819Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year1919179,006.202021183,189.							
Yee Total expenses. Add lines 10 through 16.13520.18Excess or (deficit) for the year (subtract line 17 from line 9).161719Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).184,183.20Other changes in net assets or fund balances (explain in Schedule O).2021183,189.	ŝ						57 481
152,392.16Other expenses (describe in Schedule O)SEE SCHEDULE O17Total expenses. Add lines 10 through 161718Excess or (deficit) for the year (subtract line 17 from line 9)1819Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year19179,006.202021183,189.	nse						
152,392.16Other expenses (describe in Schedule O)SEE SCHEDULE O17Total expenses. Add lines 10 through 161718Excess or (deficit) for the year (subtract line 17 from line 9)1819Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year19179,006.202021183,189.	xpe	14					
17Total expenses. Add lines 10 through 1617119, 716.18Excess or (deficit) for the year (subtract line 17 from line 9)184, 183.19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)19179, 006.20Other changes in net assets or fund balances (explain in Schedule O)202021Net assets or fund balances at end of year. Combine lines 18 through 2021183, 189.	ш	15	Printing, public	cations, postage, and shipping		15	2,392.
18Excess or (deficit) for the year (subtract line 17 from line 9)184,183.19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)19179,006.20Other changes in net assets or fund balances (explain in Schedule O)202021Net assets or fund balances at end of year. Combine lines 18 through 2021183,189.		16					
Sign In Sign19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)19179,006.20202021Net assets or fund balances at end of year. Combine lines 18 through 2021183,189.							119,716.
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 183,189.	s	18	Excess or (de	icit) for the year (subtract line 17 from line 9)		18	4,183.
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 183,189.	set	19				10	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 183,189.	t As	20					179,006.
	Ne						102 100
	BA4					21	

Form 990-EZ (2022) LATAH					82	-030	2030 Page 2
Part II Balance Sheets	s (see the inst	ructions for Part II) ule O to respond to any ques	tion in this Part II				X
	allori useu Scheu	ule o to respond to any ques	uon in this part in .		nning of yea		(B) End of year
22 Cash, savings, and invest	stments			( ) Dogi	75,873		83,362.
					97,674		95,608.
24 Other assets (describe in	Schedule O)	SEE SCHEDUI	E O		5,459		4,219.
					179,006		183,189.
					000		0.
	,	olumn (B) must agree with lir			179,006		
	-		•		1/9,000	0.2/	<u>183,189</u> . Expenses
Part III Statement of Progr	ization used Sch	mplishments (see the instructi edule O to respond to any que	UIIS IUI FAIL III)		Х		
What is the organization's primary exer						(Requ	uired for section 501 and 501(c)(4)
Describe the organization's primary over	nipr purpose. <u>5EE</u>	COMPLICIE O	three largest program	n services	35		izations; optional
Describe the organization's pro measured by expenses. In a cl	lear and concise i	nanner, describe the service	s provided, the numb	er of pers	ons	for ot	hers.)
benefited, and other relevant in	nformation for eac	n program title.					
28 <u>SEE SCHEDULE O</u>							
(Grants \$	) If thi	s amount includes foreign gra	ants, check here			28a	101,759.
29							
(Grants \$	) If thi	s amount includes foreign gra	ants, check here			29a	
30							
(Grants <u>\$</u>	)  f thi	s amount includes foreign gr	ants, check here			30a	
<u> </u>		dule O)					
(Grants \$	•	s amount includes foreign gr				31a	
· · ·		es 28a through 31a)				32	101,759.
Part IV List of Officers							
		edule O to respond to any que					
			(c) Reportable compensa	1	) Health benefit		· · · · · · · · · · · · · · · · · · ·
(a) Name and title		(b) Average hours per week devoted to	(Forms W-2/1099-MIS	/ contr	ibutions to empl it plans, and de	ovee	(e) Estimated amount of
		position	(if not paid, enter -0-		compensation	leneu	other compensation
JOANN WESTBERG							
PRESIDENT		4	2	0.		0.	0.
RONALD GOBLE		E.	-	••		••	••
VICE PRESIDENT			2	0.		0.	0.
LENELLE MCINTURFF		2		0.		0.	0.
TREASURER			2	0.		0.	0.
LEE SAPPINGTON		2	2	0.		0.	0.
CECDEWADY				0		0	0
SECRETARY			2	0.		0.	0.
DENISE THOMSON						~	•
DIRECTOR			L	0.		0.	0.
NANCY RUTH PETERSO	<u>)N</u>		.			_	
DIRECTOR		]		0.		0.	0.
EARL BENNETT			.]				
DIRECTOR		1	L]	0.		0.	0.
KATHERINE AIKEN							
DIRECTOR		1		0.		0.	0.
STEVE TALBOTT						T	
DIRECTOR		1	L	0.		0.	0.
KELLY ZAKARIASEN							
DIRECTOR		1	L	0.		0.	0.
MURF RAQUET							
DIRECTOR		1	1	0.		0.	0.
ANN HOSTE		-		~ •		5.	0.
DIRECTOR		ſ	D	0.		Ο.	0.
		l		0.		υ.	0.
TOM LAMAR		-	.	0		^	^
DIRECTOR		1	L]	0.		0.	0.
BAA		TEEA0812L	ng/28/22				Form 990-EZ (2022)

Form 990-EZ (2022) LATAH COUNTY HISTORICAL SOCIETY 82-0302	2030	Ρ	age 3
Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	SEE S		<u>.   </u>
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		Yes	No
If "Yes," provide a detailed description of each activity in Schedule O	33		Х
a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions			Х
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		х
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a	0.		
b Did the organization file Form 1120-POL for this year?	37b		Х
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	0.		
39 Section 501(c)(7) organizations. Enter:	0.		
a Initiation fees and capital contributions included on line 9	0.		
b Gross receipts, included on line 9, for public use of club facilities	0.		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	<u> </u>		
	).		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess	<u>·</u>		
benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.	0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T			x
41 List the states with which a copy of this return is filed: NONE			
42a The organization's		-10	0.4
Located at: 327 E 2ND MOSCOW ID ZIP + 4 83E	<u>)8) 882</u> 243	-10	<u>04</u>
	<u></u>	Yes	No
b 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)?	42b	105	X
If "Yes," enter the name of the foreign country:			Λ
······································	-		

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States?	42c	
If "Yes," enter the name of the foreign country:		-

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here		. П	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44;	a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a		Х
ł	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44 b		х
(	bid the organization receive any payments for indoor tanning services during the year?	44 c		Х
(	I If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44 d		
45 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
ł	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45 b		Х
RAA	TEEA0812L 09/28/22 F	orm 99	0-F7	(2022)

Х

Form 990-E	EZ (2022) LATAH COUNTY HISTO	RICAL SOCIETY				82-03	02030	F	Page 4
46 Did th	ne organization engage, directly or indirect	ly, in political campaign	activities on	behalf of or	in oppos	sition to		Yes	No
	idates for public office? If "Yes," complete						46		Х
Part VI	Section 501(c)(3) Organization		unationa A	17 10h an		nd complete	the table	~	
	All section 501(c)(3) organization for lines 50 and 51.	ons must answer y	uestions 4	F/ -490 and	u oz, a	ina complete		5	
	Check if the organization used	Schedule O to resp	ond to any	y question	in this	s Part VI			. 🗌
47 Did th	ne organization engage in lobbying activitie	e or have a costion 501	(b) election i	n offoot duri	na tha t	av voar2 lf "Vac		Yes	No
	blete Schedule C, Part II								Х
	e organization a school as described in see		-						Х
	ne organization make any transfers to an	•	-						Х
	es," was the related organization a section blete this table for the organization's five h								
emplo	oyees) who each received more than \$100	,000 of compensation fr	om the organ	ization. If th	ere is no	one, enter "Non	e."		
	(a) Name and title of each employee	(b) Average hours per week devoted to position		compensation /1099-MISC/ ·NEC)	contribu benefit p	Health benefits, utions to employee plans, and deferred pompensation	(e) Estimate other con		
NONE		-							
		_							
		-							
		-							
51 Com	number of other employees paid over \$10 plete this table for the organization's five h pensation from the organization. If there is	ighest compensated inde	ependent cor	ntractors who	o each r	eceived more th	an \$100,000	) of	
	(a) Name and business address of each independent co			(b) Type o	of service	_	(c) Com	pensatio	n
NONE									
d Total	number of other independent contractors	each receiving over \$10	0,000						
	ne organization complete Schedule A? No Neted Schedule A						X <sub>Ye</sub>	s	No
Under penalties true, correct, a	of perjury, I declare that I have examined this return, includi and complete. Declaration of preparer (other than officer	ng accompanying schedules and s ) is based on all information of	tatements, and to which preparer ha	the best of my kn as any knowledg	iowledge an ge.	d belief, it is			
Sign	Signature of officer				Date				
JIJII	JOANN WESTBERG				PRES	IDENT			
Here									
Here	Type or print name and title Print/Type preparer's name	Preparer's signature		Date			PTIN		
Here Paid	Type or print name and title	Preparer's signature		Date		Check if	PTIN 2000552	15	

ricparti				
	Firm's address	315 S. ALMON	Firm's EIN	46-0531452
		MOSCOW, ID 83843	Phone no.	(208) 882-5547
May the IRS	6 discuss this re	turn with the preparer shown above? See instructions		XYes No
BAA				Form 990-EZ (2022)

		Public Charity Status and Public Support				oort	OMB No. 1545-0047
SCHEDULE A (Form 990)	Co	mplete if the organiza	ation is a section 501(c)	(3) orga	nization		2022
Attach to Form 990 or Form 990-EZ.						Open to Public	
Department of the Treasury Internal Revenue Service Go to <b>www.irs.gov/Form990</b> for instructions and the latest information.						Inspection	
Name of the organization						Employer identific	ation number
LATAH COUNTY H						82-030203	
			ganizations must co			•	ns.
<u> </u>		· ·	r lines 1 through 12, che	,		,	
			f churches described in		170(b)	(1)(A)(i).	
			ach Schedule E (Form 99				
· · ·	•		ation described in sect			. ,	
4 A medical res	-	ion operated in conjun	ction with a hospital des	cribed in	secti	on 1/0(b)(1)(A)(III). Ent	er the hospital's
5 An organizati section 170(b	on operated for )(1)(A)(iv). (Co	the benefit of a college mplete Part II.)	e or university owned or	operatec	l by a go	vernmental unit describ	ed in
6 🗌 A federal, sta	te, or local gove	rnment or government	tal unit described in se	ection 17	70(b)(1)(/	A)(v).	
7 An organizati in section 17	on that normally 0(b)(1)(A)(vi). ((	receives a substantia Complete Part II.)	I part of its support from	i a gover	nmental	unit or from the genera	I public described
8 A community	trust described	in section 170(b)(1)(A	)(vi). (Complete Part II.)	)			
			section 170(b)(1)(A)(ix)				
	or a non-land-gr	ant college of agricultu	ure (see instructions). E	nter the	name, c	ity, and state of the coll	ege or
university:							
from activities investment in	come and unrel	xempt functions, subie	an 33-1/3% of its support ot to certain exceptions income (less section 51 art III.)	and (2)	no more	e than 33-1/3% of its su	poort from gross
11 An organizati	on organized an	id operated exclusively	to test for public safety	. See	section	509(a)(4).	
or more public	cly supported or	ganizations described	for the benefit of, to per in section 509(a)(1) or porting organization and	section	509(a)(	2). See section 509(a)(3	e purposes of one 8). Check the box on
organization(	porting organiza s) the power to r t IV, Sections A	equiarly appoint or ele	sed, or controlled by its oct a majority of the direc	supporte tors or t	d organ rustees	ization(s), typically by g of the supporting organi	iving the supported zation. You must
management	porting organiza of the supportin te Part IV, Sect	g organization vested	ntrolled in connection wi in the same persons tha	ith its su it control	pported or man	organization(s), by havi age the supported organ	ng control or ization(s). You
c Type III funct	ionally integrat s) (see instruction	ed. A supporting orgar ons). You must comp	nization operated in conr olete Part IV, Sections A	nection v A, D, and	vith, and I E.	functionally integrated	with, its supported
functionally in	tegrated. The o	rganization generally r	organization operated in nust satisfy a distribution s A and D, and Part V.	connect n require	ion with ment ar	its supported organizati ad an attentiveness requ	on(s) that is not iirement (see
e Check this bo integrated, or	x if the organiza Type III non-fu	ation received a written nctionally integrated su	determination from the upporting organization.	IRS that	it is a T	ype I, Type II, Type III f	unctionally
	-	about the supported o		1		ſ	i
(i) Name of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the tion listed loverning ment?	<ul><li>(v) Amount of monetary support (see instructions)</li></ul>	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
		i					

**(**B)

(C)

(D)

(E)

Total

Page 2

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	tion A. Public Support							
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support		1					
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activity	ties, etc. (see inst	ructions)			12		
13	First 5 years. If the Form 990 is for organization, check this box and	or the organization stop here	's first, second, th	nird, fourth, or fifth	tax year as a sec	tion 501(c)(3)		
Sec	tion C. Computation of Pu	iblic Support	Percentage					
14	Public support percentage for 202		•••••				%	
15	Public support percentage from 20	J21 Schedule A, P	art II, line 14				%	
16a	5a 33-1/3% support test-2022. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b	b 33-1/3% support test-2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	7a 10%-facts-and-circumstances test –2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
	10%-facts-and-circumstances tes or more, and if the organization m organization meets the facts-and-	neets the facts-and circumstances test	d-circumstances to st. The organization	est, check this box on qualifies as a pu	and stop here. blicly supported of	Explain in Part VI rganization	how the	
18	Private foundation. If the organiz	ation did not chec	k a box on line 13	, 16a, 16b, 17a, or	17b, check this bo	ox and see instruct	ions	
BAA						Schedule	A (Form 990) 2022	

Schedule A (Form 990) 2022

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	78,817.	99,897.	103,327.	94,352.	116,299.	492,692.
2	Gross receipts from admissions,	1070171		10070271	9170021	110/2001	1927092.
	merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose	1,439.	1,702.	1,783.	1,392.	2,129.	8,445.
3	Gross receipts from activities that are not an unrelated trade		i		i.		•
	or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5	The value of services or facilities furnished by a						0.
	governmental unit to the						
c	organization without charge	00.056	101 500	105 110	05 544	110, 400	0.
	Total. Add lines 1 through 5 Amounts included on lines 1,	80,256.	101,599.	105,110.	95,744.	118,428.	501,137.
	2, and 3 received from disgualified persons	0.	0	0	0	0	0
h	Amounts included on lines 2	0.	0.	0.	0.	0.	0.
5	and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support. (Subtract line 7c from line 6.)						501,137.
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6.	80,256.	101,599.	105,110.	95,744.	118,428.	501,137.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	0.4.4	1 1 4 0	0.47	0.4.0	1 077	
b	similar sources Unrelated business taxable	844.	1,148.	947.	849.	1,277.	5,065.
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
-	Add lines 10a and 10b	844.	1,148.	947.	849.	1,277.	5,065.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in Part VI.). SEE PART VI	2 007	700				
13	Total support. (Add lines 9,	3,907.	728.				4,635.
.0	10c, 11, and 12.)	85,007.	103,475.	106,057.	96,593.	119,705.	510,837.
14	First 5 years. If the Form 990 is for organization, check this box and	r the organization' stop here	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
Sec	tion C. Computation of Pu						
15	Public support percentage for 2022						98.10 %
16	Public support percentage from 20						97.15 %
	tion D. Computation of Inv		5				
17	Investment income percentage for	-		-			0.99 %
18	Investment income percentage fro						0.92 %
19a	33-1/3% support tests—2022. If the is not more than 33-1/3%, check t	his box and stop	here. The organization	ation qualifies as a	publicly supporte	d organization	I7 Х
b	33-1/3% support tests—2021. If the line 18 is not more than 33-1/3%,						
20	Private foundation. If the organiza		•	а I	1 3		
RAA			TEE 00/03	00/00/22		Sabadula A	(Form 990) 2022

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <i>Part VI</i> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination .	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <i>Part VI</i> what controls the organization put in place to ensure such use.	Зc		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5а		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <i>Part VI.</i>	6		
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).	7		
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).	8		
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 <b>Part VI.</b>	9a		
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 <i>Part VI.</i>	9b		
С	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 <b>Part VI.</b>	9c		
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.	10a		
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.)	10b		

Schedule A	(Form	990)	2022
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Part IV Supporting Organizations (continued)			
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and the governing body of a supported organization?	11c below, 11a		
b A family member of a person described on line 11a above?	11b		
C 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		
Section B. Type I Supporting Organizations			

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		

#### Section 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

## Section 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 <i>Part VI</i> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete *line* 2 below.
- b The organization is the parent of each of its supported organizations. Complete *line* 3 below.
- c The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

#### 2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in *Part VI identify those supported organizations and explain* how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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 inPart 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.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- a 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.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

2a

2b

3a

Yes

No

# Schedule A (Form 990) 2022LATAH COUNTY HISTORICAL SOCIETYPart VType III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Section A — Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

BAA

Schedule A (Form 990) 2022

Par	t v Trype III Ivon-Functionally Integrated 509(a)(3) Supp	Sorting Organization	is (continuea)		
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	Ses		1	
2	Amounts paid to perform activity that directly furthers exempt purpose		tions,		
	in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supp	oorted organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions.Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organiz	zation is responsive (prov	vide details	8	
9	in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6			9	
10				10	
		()		1.0	(ii)
	ion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ons	(iii) Distributable Amount for 2022
	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required – explain in <i>Part VI</i> ). See instructions.				
3	Excess distributions carryover, if any, to 2022				
	From 2017				
b	From 2018				
	From 2019				
	From 2020				
-	From 2021				
1	Total of lines 3a through 3e				
ç	Applied to underdistributions of prior years				
ŀ	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <i>Part VI</i> . See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
C	Excess from 2021				
e	Excess from 2022				

BAA

Schedule A (Form 990) 2022

Part VI

## LATAH COUNTY HISTORICAL SOCIETY

Page 8

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Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE		2022		2021	 2020	2	019		2018
ROYALTIES MISCELLANEOUS	TOTAL <u>Ş</u>	(	). \$	0.	\$ 0.	\$ \$	728. 728.	\$ \$	116. <u>3,791.</u> <u>3,907.</u>

SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

82-0302030

Department of the Treasury Internal Revenue Service Name of the organization

#### LATAH COUNTY HISTORICAL SOCIETY

FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

COMPUTER SUPPLIES	\$	2,403.
DEPRECIATION. DUES AND SUBSCRIPTIONS.		3,306. 1,448.
EXHIBITS		32.
HIRING COSTS		3,774.
INSURANCE		5,079.
MISCELLANEOUS		5,959.
OFFICE EXPENSE		388.
PROFESSIONAL FEES		675.
PROGRAMS		4,651.
REPAIRS AND MAINTENANCE		11,164.
SECURITY		1,836.
STAFF DEVELOPMENT		4,737.
SUPPLIES		172.
UTILITIES		10,537.
VOLUNTEER PROGRAM		2,838.
WEBSITE		324.
TOTAL	, <u>\$</u>	59,323.

## FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

	B	EGINNING		ENDING
MACHINERY AND EQUIPMENT	<u>\$</u>	<u>5,459.</u>	<u>\$</u>	<u>4,219.</u>
	. \$	5,459.	\$	4,219.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE COLLECTION, RESTORATION AND PRESERVATION OF HISTORICAL ARTIFACTS; OPERATION AND PRESERVATION OF THE MCCONNELL MANSION; EXHIBITS, PROGRAMS AND PUBLICATIONS FOR PUBLIC EDUCATION.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PRESERVATION OF MCCONNELL MANSION AS A MUSEUM FOR THE BENEFIT OF LATAH COUNTY,

IDAHO. PRESERVATION OF HISTORICAL ARTIFACTS AND PHOTOGRAPHS THAT RELATE TO THE HISTORICAL PAST OF MOSCOW, IDAHO AND LATAH COUNTY, IDAHO.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
LATAH COUNTY HISTORICAL SOCIETY	82-0302030
	·