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## Form 990-EZ

Department of the Treasury Internal Revenue Service

## **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

Open to Public Inspection

. 4			ar year	, or tax year beginning	January 1	, 2008, and en	ding Decen	ber 31	, 20 08
E	_	Check if applicable		C Name of organization			D Emplo	yer iden	tification number
Ĺ	Address	-	use IRS tabel or	Gatchell Museum Associa	ation, Inc.		83	:	0298456
Ļ	∐ Name ch	•	print or	Number and street (or P O box	, if mail is not delive	red to street address)	Room/surte E Telep	hone nur	mber
ŀ	_ Initial ret ☐ Terminat		type. See	P. O. Box 596			( 30)	7)	684-9331
F	Amende		Specific	City or town, state or country,	and ZIP + 4		<del>_</del>	Exemp	
Ì	=	on pending	Instruc- tions.	Buffalo, Wyoming 82834			Numb	-	<b>→</b>
Ξ	• Sect	ion 501(c)(3)	omaniz	ations and 4947(a)(1) nonexer	nnt charitable tri	ete muet attach	G Accounting me	thod:	☑ Cash ☐ Accrual
	- 0001	ردارې۱ ده اردې	-	npleted Schedule A (Form 990	<del>-</del>	oto most attach	Other (specify)		E Casii
-		<del></del>			· · · · · · · · · · · · · · · · · · ·		<u> </u>		
. 4	Websi	te: ▶					H Check ► □		edule B (Form 990,
9.			check or	nly one)— 🗹 501(c) ( <b>3</b> ) <b>∢</b> (ins	rort po \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7(a)(1) or	990-EZ, or 990		dule D (FOITH 550,
							1	<u>.</u>	COS COO A
				on is not a section 509(a)(3) supported in the section is not a section 509(a)			pts are normally <b>not</b>	more tha	in \$25,000. A return is
			<del></del>	<del> </del>		<del>. `</del>	and of Form 000 F7	▶ \$	
98 888	Part			ne 9 to determine gross receipts,				• •	r Dod IV
<b>%</b>				nses, and Changes in N		runo balances	(See the instruct		
_	1		_	s, grants, and similar amounts				1	3025
AON	2	Program s	service i	revenue including governme	nt fees and con	tracts		2	/ /
	3	Membersh	nip dues	s and assessments				3	/ 12275
~	4	Investmen	t incom	ne				4	之 (33892)
ယ	5a	Gross amo	ount fro	m sale of assets other than	inventory		<u> </u>		
2010	b	Less: cost	or other	er basis and sales expenses			·		+ 5/0.240
<b>3</b>	_ c	Gain or (los	ss) from	sale of assets other than inve	ntory (Subtract lin	ie 5b from line 5a) (	attach schedule).	60	1,8 2010
	<b>2</b> 6			vities (complete applicable parts of S				#  .	/
	ē∣ a			ot including \$				1 2 1	ÚÚÚ
$\square$	2	reported of		=		ا ما	26663	OGI	DEN, UTAH
2010 0	_ ь	•		nses other than fundraising		6b	38953	7	
	1 -			ss) from special events and			ne 6a)	6c	(12290)
6	' I			ventory, less returns and allo		7a			
6	٠ .	Less: cost		-		7b	(	1	
<b>ر</b> الا			_	ess) from sales of inventory (				7c	,,
	8			escribe > account interes		ilom ille raj .		8	1534
				dd lines 1, 2, 3, 4, 5c, 6c, 7		OF IN ASSE		9	(29348)
	10					CLIVED	7	10	(200.0)
4	10			r amounts paid (attach sche			J	11	1506
4	11	•		or for members		V:2 & 2010 : 12	81 · · · · ·	12	2750
٢	12			mpensation, and employee			51	13	
'Yc	13			and other payments to inde	PA		3	14	·····
	H 14	•	• •	utilities, and maintenance		EM TIST	'  · · · · ·	15	5888
•	1 13	Printing, p	ublicati	ons, postage, and shipping describe ► stock purchas	. hand non-n		J		23125
	16							16	····
-	17	·				<del></del>		17	33269
	g 18	Excess or	(deficit)	) for the year (Subtract line	17 from line 9).			18	(62617)
	18 19 20 1			nd balances at beginning of					
•	₹	end-of-year figure reported on prior year's return)						19	436150
	[ 20 ]			net assets or fund balances				20	
_	21			d balances at end of year. (				21	373532
1	Part II								of Form 990-EZ.
		(See the instructions for Part II.)  (A) Beginnin							(B) End of year
	<b>22</b> Cas	h, savings.	and inv	estments			4361	50 22	373532
:								23	
			-	<b>&gt;</b>				24	
		al assets .				•	4361	50 25	373532
				De ▶				-0- 26	4-
	27 Net	assets or t	fund ba	lances (line 27 of column (l	B) must agree w	rith line 21)	4351	50 27	373532

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

10//1 000 22 (2000)					· age -
Part III Statement of Program Service Accom	plishments (See the insti	ructions for Part	III.)		Expenses
What is the organization's primary exempt purpose?	rovide Foundation for We	stern History Mu	seum	(Red	uired for 501(c)(3) (4) organizations
Describe what was achieved in carrying out the organization	a clear and cond	ise manner,	and	4947(a)(1) trusts;	
describe the services provided, the number of persons be		rmation for each p	rogram title.	optio	onal for others.)
28 Fall Gathering and Golf Tourament to generate for	und for foundation				
					4000
(Grants \$ ) If this amount incli				28a	1039
29 Nate Champion Bronze Statue Project to comme					
outdoor display					
					37514
(Grants \$ 4950 ) If this amount include Museum 50th Anniversay Celebration / Prison W				29a	3/314
(Grants \$ 1130) If this amount incli	ides foreign grants, check			30a	400
	· · · · · · · · · · · · · · ·			334	
(Grants \$ ) If this amount incli	udes foreign grants, check	here	. ▶ □	31a	
32 Total program service expenses (add lines 28a th	rough 31a)		•	32	38953
Part IV List of Officers, Directors, Trustees, and Key				structio	ons for Part IV.)
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributio employee benefit	ns to	(e) Expense account and
(b) Name and address	devoted to position	enter -0)	deferred comper		other allowances
Sue Myers	Chairman				
222 E. Keays, Buffalo, WY 82834					
Margo Mader	Vice-Chairman		ļ		
520 N. DeSmet Ave., Buffalo, WY 82834					
Paula Hanson	Secretary				
299 Brock Rd., Kaycee,WY 82639					
Robert "Skip" Hancock 200 E. Keays, Buffalo WY 82834	Treasurer				
200 E. Neays, Bullalo VVI 02034					
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Pa	Other Information (Note the statement requirements in the instructions for Part VI.)			<u> </u>	
			Yes	No	
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1	
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		1	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.				
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		1	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		1	
	Enter amount of political expenditures, direct or indirect, as described in the instructions.   Did the organization file Form 1120-POL for this year?	37b		1	
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 unpaid at the start of the period covered by this return?  If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	38a		1	
39	Section 501(c)(7) organizations. Enter:	7			
	Initiation fees and capital contributions included on line 9				
	Gross receipts, included on line 9, for public use of club facilities			i	
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶				
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction				
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		1	
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
d	Enter amount of tax on line 40c reimbursed by the organization ▶				
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	40e		<b>✓</b>	
41	List the states with which a copy of this return is filed. ▶		34-23		
42a	Telephone no. ► (307) Located at ► 211 Upper French Creek Road, Buffalo, Wyoming  ZIP + 4				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ı	Var	No	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	res	NO \	
	account)?	420		<b>V</b>	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:	42c		<b>✓</b>	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here			▶ □	
70	and enter the amount of tax-exempt interest received or accrued during the tax year		•		
			Yes	No	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		<b>✓</b>	
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1	
		- 004	\ <del>-</del> -		

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Form	990-EZ	(2008)

Par		and complete the tables for lines 50 a	. All section 501(c)(3) and 51.	organizat	ions mu	ist answer questi	ons 4	5–49		
46	Did th	e organization engage in direct or indirect p	political campaign activities	es on beha	alf of or 1	n opposition to		Yes	No	
<b>.</b> .	candid	dates for public office? If "Yes," complete S	Schedule C, Part I				46		✓	
		e organization engage in lobbying activities					47		<b>✓</b>	
48	Is the	organization operating a school as describe	ed in section 170(b)(1)(A)(	ii)? If "Yes	," compl	ete Schedule E .	48		<b>✓</b>	
49a	Did the organization make any transfers to an exempt non-chantable related organization?						49a		<b>✓</b>	
b	If "Yes	s," was the related organization(s) a section	527 organization?				49b	<u> </u>	✓	
50	Comp each r	lete this table for the five highest compensate eceived more than \$100,000 of compensate	ated employees (other the ion from the organization	an officers . If there is	, director s none, e	rs, trustees and key enter "None."	emplo	oyees	) who	
	(a) Na	ame and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Com	pensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expensount ar allowar	nd	
Total	numbe	er of other employees paid over \$100,000	None							
		ensation from the organization. If there is no (a) Name and address of each independent contractor			<b>(b)</b> Ty	pe of service	(c) Con	npensa	tion	
							•			
Total	numb	er of other independent contractors each re	<del></del>	. ▶		None				
Sign Here		Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration			on all info <del>n</del>		r has an	ý knov		
		David W. Hall - Treasurer								
		Type or print name and title			<del></del>					
Paid		Preparer's signature	Date	s	Check if self-		urer's Identifying Number (Se			
Prepai Use O		Firm's name (or yours				EIN ►				
	'' II <b>y</b>	if self-employed), address, and ZIP + 4				Phone no ► ( )				
May t	he IRS	discuss this return with the preparer show	vn above? See instruction	ns			□ Y	es 🗆	No	
						F	orm <b>99</b> 0			