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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)

▶ Sponsoring 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 $500,000 and total assets less than $1,250,000 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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 , and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
CASPER ANTIQUE & COLLECTORS CLUB

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO BOX 785

City or town, state or country, and ZIP + 4
CASPER, WY 826020785

D Employer identification number
23-7158227

E Telephone number

F Group Exemption Number ▶

*** *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method ☑ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one)— ☑ 501(c) (7) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 41,792

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	833
	4	Investment income		4	39
	5a	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 (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming,** check here ▶ ☐			
	a	Gross revenue (not including $ _of contributions reported on line 1)	6a	40,920	
	b	Less direct expenses other than fundraising expenses	6b	22,888	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	18,032
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	18,904
Expenses	10	Grants and similar amounts paid (attach schedule)		10	13,803
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	600
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	1,292
	16	Other expenses (describe ▶)		16	450
	17	**Total expenses.** Add lines 10 through 16 ▶		17	16,145
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	2,759
	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	16,004
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	18,763

Part II Balance Sheets—If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	16,004	22	18,763
23	Land and buildings		23	
24	Other assets (describe ▶)		24	
25	**Total assets**	16,004	25	18,763
26	**Total liabilities** (describe ▶)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	16,004	27	18,763

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose?
Support museumsother nonprofits

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 DONATIONS TO 37 MUSEUMS THROUGHOUT WYOMING LIBRARY AND VARIOUS NONPROFIT ORGANIZATIONS
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **28a**

29
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **29a**

30
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **30a**

31 Other program services (attach schedule) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . . ▶ **32**

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	**(b)** Title and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-.)**	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		
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 period covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	*Section 501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 39a 0			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40a	*Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	*Section 501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations 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		

41 List the states with which a copy of this return is filed ▶ _____

42a The organization's books are in care of ▶ Betty D Hazen Telephone no ▶ (307) 234-2963

Located at ▶ PO BOX 785 Casper, WY ZIP + 4 ▶ 826020785

			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		No
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	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 ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44		No
45	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		No

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
46	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		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances

50(f) Total number of other employees paid over $100,000 . . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation

51(d) Total number of other independent contractors each receiving over $100,000 . . . . . ▶

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

****** — Signature of officer — 2010-03-26 — Date

CHARLENE HOWELL PRESIDENT — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed	Preparer's identifying number (See instructions)
Vickie A Ujvary CPA	2010-03-26	☑	

Firm's name (or yours if self-employed), address, and ZIP + 4: Vickie A Ujvary CPA LLC, 322 South Ash Street, Casper, WY 82601 — EIN ▶ — Phone no ▶ (307) 237-1477

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

Additional Data

Software ID:
Software Version:
EIN: 23-7158227
Name: CASPER ANTIQUE & COLLECTORS CLUB

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Charlene Howell PO BOX 785 Casper, WY 826020785	President 5	0	0	0
Lynn Bell PO BOX 785 Casper, WY 826020785	Vice President 1	0	0	0
Juanita Japp PO BOX 785 Casper, WY 826020785	Second VP 1	0	0	0
Mary Lou Sherry PO BOX 785 Casper, WY 826020785	Secretary 1	0	0	0
Betty D Hazen PO BOX 785 Casper, WY 826020785	Treasurer 5	0	0	0
Daniel Horkan PO BOX 785 Casper, WY 826020785	Director 1	0	0	0
John Japp PO BOX 785 Casper, WY 826020785	Director 1	0	0	0
Thomas Phillips PO BOX 785 Casper, WY 826020785	Director 1	0	0	0
Jerry Sunderland PO BOX 785 Casper, WY 826020785	Director 1	0	0	0
Ed Spears PO BOX 785 Casper, WY 826020785	Past President 1	0	0	0

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
CASPER ANTIQUE & COLLECTORS CLUB

Employer identification number
23-7158227

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☑ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

WY

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 ANTIQUE SHOW (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	40,920			40,920
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	40,920			40,920
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	22,888			22,888
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				22,888
	11 Net income summary Combine lines 3, column d, and line 10 ▶				18,032

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		No
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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TY 2009 Grants and Similar Amounts Paid Schedule

Name: CASPER ANTIQUE & COLLECTORS CLUB

EIN: 23-7158227

Item No.	1
Class of Activity	FORT CASPAR MUSEUM
Donee's Name	
Donee's Address	4001 FORT CASPAR RD CASPER, WY 82604
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	CARBON COUNTY MUSEUM
Donee's Name	
Donee's Address	PO BOX 52 RAWLINS, WY 82301
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	CENTENNIAL VALLEY HISTORICAL ASSOC
Donee's Name	
Donee's Address	PO BOX 201 CENTENNIAL, WY 82058
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	CROOK COUNTY MUSEUM
Donee's Name	
Donee's Address	PO BOX 63 SHERIDAN, WY 82729
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	BIG HORN COUNTY HISTORICAL SOCIETY
Donee's Name	
Donee's Address	PO BOX 566 BIG HORN, WY 82833
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	GLENDO HISTORICAL MUSEUM
Donee's Name	
Donee's Address	204 S YELLOWSTONE GLENDO, WY 82213
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	GLENROCK HISTORICAL COMMISSION
Donee's Name	
Donee's Address	PO BOX 417 GLENROCK, WY 82637
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	GRAND ENCAMPMENT MUSEUM
Donee's Name	
Donee's Address	PO BOX 43 ENCAMPMENT, WY 82325
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	GOODS WARBIRD MUSEUM
Donee's Name	
Donee's Address	1910 NEWPORT CT CASPER, WY 82609
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	CASPER HUMANE SOCIETY
Donee's Name	
Donee's Address	849 EAST E STREET Casper, WY 82601
Amount (FMV)	1,870
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	GREYBULL MUSEUM
Donee's Name	
Donee's Address	PO BOX 348 GREYBULL, WY 82426
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	HOMESTEADERS MUSEUM
Donee's Name	
Donee's Address	PO BOX 54 POWELL, WY 82435
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	HOOF PRINTS OF THE PAST
Donee's Name	
Donee's Address	PO BOX 114 KAYCEE, WY 82639
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	14
Class of Activity	HOT SPRINGS COUNTY MUSEUM
Donee's Name	
Donee's Address	700 BROADWAY THERMOPOLIS, WY 82443
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	15
Class of Activity	JACKSON HOLE MUSEUM
Donee's Name	
Donee's Address	PO BOX 1005 JACKSON HOLE, WY 83001
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	16
Class of Activity	HOMESTEADERS MUSEUM
Donee's Name	
Donee's Address	PO BOX 250 TORRINGTON, WY 82240
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	17
Class of Activity	LARAMIE PEAK MUSEUM
Donee's Name	
Donee's Address	161 N WHEATLAND HWY WHEATLAND, WY 82201
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	18
Class of Activity	LITTLE SNAKE RIVER
Donee's Name	
Donee's Address	PO BOX 13 SAVERY, WY 82332
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	19
Class of Activity	MEDICINE BOW MUSEUM
Donee's Name	
Donee's Address	PO BOX 187 MEDICINE BOW, WY 82329
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	20
Class of Activity	MEEETEETSEE MUSEUM
Donee's Name	
Donee's Address	PO BOX 248 MEETEETSEE, WY 82433
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	21
Class of Activity	MOUNTAIN MAN MUSEUM
Donee's Name	
Donee's Address	PO BOX 909 PINEDALE, WY 82941
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	22
Class of Activity	MUSEUM OF THE AMERICAN WEST
Donee's Name	
Donee's Address	1445 MAIN STREET LANDER, WY 82520
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	23
Class of Activity	PARCO-SINCLAIR MUSEUM
Donee's Name	
Donee's Address	PO BOX 247 SINCLAIR, WY 82334
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	24
Class of Activity	PIONEER MUSEUM
Donee's Name	
Donee's Address	PO BOX 65 TEN SLEEP, WY 82442
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	25
Class of Activity	RIVERTON MUSEUM
Donee's Name	
Donee's Address	700 E PARK AVE RIVERTON, WY 82501
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	26
Class of Activity	ROCK SPRINGS HISTORICAL SOCIETY
Donee's Name	
Donee's Address	201 B STREET ROCK SPINGS, WY 82901
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	27
Class of Activity	RED ONION MUSEUM
Donee's Name	
Donee's Address	203 PINE STREET UPTAIN, WY 82730
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	28
Class of Activity	SALT CREEK MUSEUM
Donee's Name	
Donee's Address	PO BOX 253 MIDWEST, WY 82643
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	29
Class of Activity	SARATOGA MUSEUM
Donee's Name	
Donee's Address	PO BOX 1131 SARATOGA, WY 82331
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	30
Class of Activity	SWEETWATER COUNTY MUSEUM
Donee's Name	
Donee's Address	80 WEST FLAMING GORGE WAY Green River, WY 82935
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	31
Class of Activity	ST STEPHENS HERITAGE CENTER
Donee's Name	
Donee's Address	PO BOX 278 ST STEPHENS, WY 82524
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	32
Class of Activity	WASHAKIE COUNTY MUSEUM
Donee's Name	
Donee's Address	1115 OBIE SUE AVENUE WORLAND, WY 82401
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	33
Class of Activity	WESTERN HISTORY CENTER
Donee's Name	
Donee's Address	RT 1 BOX 31 LINGLE, WY 82223
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	34
Class of Activity	WRIGHT CENTENNIAL MUSEUM
Donee's Name	
Donee's Address	PO BOX 598 WRIGHT, WY 82732
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	35
Class of Activity	AMERICAN LEGION AUXILLIARY
Donee's Name	
Donee's Address	LEGION LANE Casper, WY 82609
Amount (FMV)	1,134
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	36
Class of Activity	CENTRAL WYOMING SENIOR CENTER
Donee's Name	
Donee's Address	1831 EAST 4TH STREET CASPER, WY 82601
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	37
Class of Activity	NCHS ANGELS FOUNDATION
Donee's Name	
Donee's Address	903 S ELM Casper, WY 82601
Amount (FMV)	323
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	38
Class of Activity	CONVERSE COUNTY LIBRARY
Donee's Name	
Donee's Address	518 S 4TH Glenrock, WY 82637
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	39
Class of Activity	CAMPBELL COUNTY ROCKPILE
Donee's Name	
Donee's Address	900 WEST 2ND STREET GILLETTE, WY 82717
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	40
Class of Activity	ANNA MILLER MUSEUM
Donee's Name	
Donee's Address	PO BOX 698 NEWCASTLE, WY 82701
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	41
Class of Activity	ALZHEIMERS AFFILIATION OF WYOMING
Donee's Name	
Donee's Address	900 WARNER COURT CASPER, WY 82604
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	42
Class of Activity	CONVERSE COUNTY LIBARY
Donee's Name	
Donee's Address	300 WALNUT Douglas, WY 82633
Amount (FMV)	251
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	43
Class of Activity	RAWLINS ROCHELLE ANIMAL SHELTER
Donee's Name	
Donee's Address	PO BOX 953 Rawlins, WY 82301
Amount (FMV)	50
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	44
Class of Activity	CENTRAL WYOMING HOSPICE PROGRAM
Donee's Name	
Donee's Address	319 SOUTH WILSON CASPER, WY 82601
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	45
Class of Activity	SENIOR CITIZEN CENTER
Donee's Name	
Donee's Address	1841 EAST 4TH CASPER, WY 82601
Amount (FMV)	50
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	46
Class of Activity	AMERICAN CANCER SOCIETY
Donee's Name	
Donee's Address	141 SOUTH CENTER CASPER, WY 82601
Amount (FMV)	50
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	47
Class of Activity	GLENROCK PALEONTOLOGICAL MUSEUM
Donee's Name	
Donee's Address	PO BOX 1362 Glenrock, WY 82637
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	48
Class of Activity	JOHNSON COUNTY JIM GATCHELL MUSEUM
Donee's Name	
Donee's Address	PO BOX 596 Buffalo, WY 82834
Amount (FMV)	225
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

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TY 2009 Other Expenses Schedule

Name: CASPER ANTIQUE & COLLECTORS CLUB

EIN: 23-7158227

Description	Amount
INSURANCE	350
INVESTMENT MANAGEMENT FEE	75
SECRETARY OF STATE FEE	25