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Short Form Return of Organization Exempt From Income Tax

2009

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

Department of the Treasury Internal Revenue Service



A For the 2009 calendar year, or tax year beginning, 2009, and ending

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C CARBON COUNTY ARTS GUILD, PO BOX 585, RED LODGE, MT 59068. D Employer identification number: 23-7260614. E Telephone number: 406-446-1370. 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: [X] Cash [] Accrual Other (specify)

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

I Website: WWW.CARBONCOUNTYDEPOTGALLERY.ORG

J Tax-exempt status (check only one) - [X] 501(c) (3) (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.

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. \$ 264,452.

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

Table with 21 rows and 2 columns. Row 1: Contributions, gifts, grants, and similar amounts received: 35,871. Row 2: Program service revenue including government fees and contracts: 9,044. Row 3: Membership dues and assessments: 10,015. Row 4: Investment income: 1,388. Row 5a: Gross amount from sale of assets other than inventory. Row 5b: Less: cost or other basis and sales expenses. Row 5c: Gain or (loss) from sale of assets other than inventory. Row 6: Special events and activities (complete applicable parts of Schedule G). Row 6a: Gross revenue (not including \$ 472. of contributions reported on line 1): 75,195. Row 6b: Less: direct expenses other than fundraising expenses: 32,783. Row 6c: Net income or (loss) from special events and activities (Subtract line 6b from line 6a): 42,412. Row 7a: Gross sales of inventory, less returns and allowances: 132,939. Row 7b: Less: cost of goods sold: 80,931. Row 7c: Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a): 52,008. Row 8: Other revenue (describe). Row 9: Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8: 150,738. Row 10: Grants and similar amounts paid (attach schedule). Row 11: Benefits paid to or for members. Row 12: Salaries, other compensation, and employee benefits: 74,304. Row 13: Professional fees and other payments to independent contractors: 4,155. Row 14: Occupancy, rent, utilities, and maintenance: 9,119. Row 15: Printing, publications, postage, and shipping: 5,776. Row 16: Other expenses (describe SEE STATEMENT 1): 42,607. Row 17: Total expenses. Add lines 10 through 16: 135,961. Row 18: Excess or (deficit) for the year (Subtract line 17 from line 9): 14,777. Row 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): 217,476. Row 20: Other changes in net assets or fund balances (attach explanation). Row 21: Net assets or fund balances at end of year. Combine lines 18 through 20: 232,253.

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.

Table with 27 rows and 3 columns. (See the instructions for Part II.) (A) Beginning of year (B) End of year. Row 22: Cash, savings, and investments: 82,645. Row 23: Land and buildings: 130,836. Row 24: Other assets (describe SEE STATEMENT 2): 3,995. Row 25: Total assets: 217,476. Row 26: Total liabilities (describe): 0. Row 27: Net assets or fund balances (line 27 of column (B) must agree with line 21): 217,476.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

SCANNED DEC 9 2010

Handwritten notes: 2-11-9 and 13

Part V Other Information (Note the statement requirements in the instrs for Part V.) SEE STATEMENT 5

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 41 regarding organizational activities, financial reporting, and state filing.

42a The organization's books are in care of MARIE CLUTTER Telephone no Located at PO BOX 436 RED LODGE MT ZIP + 4 59068

Table for question 42b regarding foreign financial accounts and question 42c regarding foreign offices. Includes Yes/No columns and a line for foreign country name.

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

Table for questions 44 and 45 regarding donor advised funds and controlled entities. Includes Yes/No columns.

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		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
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 and deferred compensation	(e) Expense account and other allowances
NONE				

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
NONE		

d Total number of other independent contractors each receiving over \$100,000

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.

Sign Here *R. Marie Clutter* Signature of officer 11-4-10
Date

R. Marie Clutter, treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature *Mud A* Date *11/3/2010* Check if self-employed Preparer's Identifying Number (See instructions) XXXXXXXXXX

Firm's name (or yours if self-employed), address, and ZIP + 4 *MRACHEK POPP & ASSOCIATES P.C.*
P.O. BOX 668
RED LODGE, MT 59068

EIN *81-0419663*
Phone no *(406) 446-3473*

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.



Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization CARBON COUNTY ARTS GUILD	Employer identification number 23-7260614
-------------------------------------------------------------	-----------------------------------------------------

Part II Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III – Functionally integrated d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) a family member of a person described in (i) above?		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the supported organizations.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	25,490.	25,949.	24,378.	26,886.	34,634.	137,337.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....	4,305.	7,355.	8,395.	8,800.	10,780.	39,635.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4 Total. Add lines 1-through 3...	29,795.	33,304.	32,773.	35,686.	45,414.	176,972.
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).						0.
6 Public support. Subtract line 5 from line 4						176,972.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	29,795.	33,304.	32,773.	35,686.	45,414.	176,972.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,878.	3,059.	4,668.	2,139.		12,744.
9 Net income from unrelated business activities, whether or not the business is regularly carried on...						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV..	216.	61.	238.	206.		721.
11 Total support. Add lines 7 through 10.....						190,437.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	92.9%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	91.4%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33-1/3 support test – 2008. 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. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2009 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization... ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (add lns 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part III 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.

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
	JULY FUNDRAISE (event type)	CRAFT FAIRS (event type)	1 (total number)	(Add col (a) through col (c))
1 Gross receipts	60,122.	8,640.	6,905.	75,667.
2 Less: Charitable contributions	432.		40.	472.
3 Gross income (line 1 minus line 2).	59,690.	8,640.	6,865.	75,195.
DIRECT EXPENSES				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	330.		548.	878.
7 Food and beverages	3,191.			3,191.
8 Entertainment	250.		250.	500.
9 Other direct expenses	25,125.	775.	2,314.	28,214.
10 Direct expense summary. Add lines 4- through 9 in column (d)				32,783.
11 Net income summary. Combine lines 3, column (d) and line 10				42,412.

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.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(Add col (a) through col (c))			
1 Gross revenue				
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				

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?

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers?

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?

	YES	NO
9a		
10a		
11		
12		

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 contact 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 of the third party:

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____

11/01/10

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**STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

ADVERTISING AND PROMOTION	\$ 2,983.
ART SHOW COSTS	3,076.
BANK CHARGES	5,235.
DEPRECIATION	8,311.
DUES & SUBSCRIPTIONS	814.
EXHIBIT FEES/COSTS	729.
INFORMATION TECHNOLOGY	487.
INSURANCE	1,087.
LICENSES	277.
LIVE PERFORMANCE FEES & COSTS	5,023.
MISCELLANEOUS	56.
OFFICE EXPENSES	5,188.
STUDENT AWARDS	1,640.
TELEPHONE	2,193.
TRAVEL	989.
WORKSHOP INSTRUCTOR/EXP	4,519.
TOTAL	\$ 42,607.

**STATEMENT 2
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
FURNITURE AND FIXTURES	\$ 1,817.	\$ 804.
MACHINERY AND EQUIPMENT	2,178.	1,833.
TOTAL	\$ 3,995.	\$ 2,637.

**STATEMENT 3
FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>PROGRAM SERVICE EXPENSES</u>
SCHOLARSHIPS PROVIDED FOR COLLEGE STUDENTS INCLUDES FOREIGN GRANTS: NO		1,000.
TOTAL	\$ 0.	\$ 1,000.

CLIENT E2001-01

CARBON COUNTY ARTS GUILD

23-7260614

11/01/10

09:07PM

**STATEMENT 4
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
MARGARET MURPHY PO BOX 1370 RED LODGE, MT 59068	DIRECTOR \$ 1.00	0. \$	0. \$	0.
BARB OSTRUM PO BOX 1504 RED LODGE, MT 59068	PRESIDENT 8.00	0.	0.	0.
PAULA CLOW PO BOX 2273 RED LODGE, MT 59068	SECRETARY 2.00	0.	0.	0.
MAGGIE GARRETT PO BOX 2207 RED LODGE, MT 59068	VICE PRESIDENT 1.00	0.	0.	0.
GARY BEELER PO BOX 206 BOYD, MT 59013	DIRECTOR 1.00	0.	0.	0.
MARIE CLUTTER PO BOX 436 RED LODGE, MT 59068	TREASURER 3.00	0.	0.	0.
VONNIE HEARE PO BOX 330 RED LODGE, MT 59068	DIRECTOR 1.00	0.	0.	0.
DAVID MCMASTERS PO BOX 228 JOLIET, MT 59041	DIRECTOR 1.00	0.	0.	0.
NELLIE ISRAEL PO BOX 76 JOLIET, MT 59041	DIRECTOR 1.00	0.	0.	0.
FRAN OWEN PO BOX 86 RED LODGE, MT 59068	DIRECTOR 1.00	0.	0.	0.
M. LYNN SHAURETTE PO BOX 181 BELFRY, MT 59008	PRESIDENT 1.00	0.	0.	0.
JANE DUKE PO BOX 676 ABSAROKEE, MT 59001	DIRECTOR 0	0.	0.	0.

11/01/10

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**STATEMENT 4 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
SUE LOGAN PO BOX 456 RED LODGE, MT 59068	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
DORCI NEWMAN TREMBLAY PO BOX 1717 RED LODGE, MT 59068	DIRECTOR 1.00	0.	0.	0.
ANN WOODROW KANE PO BOX 505 RED LODGE, MT 59068	DIRECTOR 1.00	0.	0.	0.
TOTAL		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**STATEMENT 5
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

12/31/09

2009 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT E2001-01

CARBON COUNTY ARTS GUILD

23-7260614

11/01/10

09:07PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC. BAL DEPR	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
FORM 990/990-PF																
<u>BUILDINGS</u>																
1	BUILDING	4/01/90		80,297							80,297	30,076	S/L	40		2,007
2	FURNACE	1/01/96		5,175							5,175	1,702	S/L	40		129
3	BUILDING/ DECK UPGRADE	9/01/99		30,719							30,719	7,115	S/L	40		768
14	POTTTERS SHED	3/16/01		1,564							1,564	1,209	S/L	10		156
16	BLDG- WIRING + 2 LGT FIXT	1/02/01		1,172							1,172	232	S/L	40		29
17	BLDG IMPROVE-CABINETS ETC	5/01/02		3,235							3,235	540	S/L	40		81
19	DECK EXPANSION/ RAMPS	12/01/02		2,724							2,724	414	S/L	40		68
24	BUILDING IMPROV-GENERAL	4/01/03		1,479							1,479	213	S/L	40		37
35	ROOF- BUILDING + IMPROV	10/18/04		8,432							8,432	1,758	S/L	20		422
36	ELECTRICAL IMPROVEMENT	12/01/04		1,230							1,230	127	S/L	40		31
37	KITCHEN CABINETS	5/01/04		3,775							3,775	439	S/L	40		94
38	ELECTRICAL IMPROVEMENTS	4/01/04		2,264							2,264	270	S/L	40		57
39	PLUMBING- KITCHEN + SINK	6/01/04		1,657							1,657	188	S/L	40		41
41	BAL-ROOF & CABOOSE IMPROV	3/02/05		1,800							1,800	173	S/L	40		45
42	DECK EXTENSION	11/15/05		10,350							10,350	820	S/L	40		259
43	LIGHTING- MAIN GALLERY	4/01/05		2,871							2,871	270	S/L	40		72
56	BUILDING INSULATION	11/15/09		1,403							1,403		S/L	40		6
<u>TOTAL BUILDINGS</u>				160,147		0	0	0	0	0	160,147	45,546				4,302
<u>FURNITURE AND FIXTURES</u>																
6	SIGNAGE	6/15/00		4,087							4,087	3,680	S/L	10		407
8	SIGNAGE	12/31/01		1,361							1,361	986	S/L	10		136
15	SIGNAGE- FINAL PYMT	3/01/01		1,620							1,620	1,269	S/L	10		162

12/31/09

2009 FEDERAL BOOK DEPRECIATION SCHEDULE

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CLIENT E2001-01

CARBON COUNTY ARTS GUILD

23-7260614

11/01/10

09:07PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
22	BLINDS- 1/2 WORKSHOP	12/15/03		345							345	249	S/L	7		49
25	1/2 BLINDS	2/23/04		354							354	246	S/L	7		51
27	PANELS (8) FOR DISPLAY	4/01/04		1,006							1,006	684	S/L	7		144
29	EASELS	6/14/04		111							111	73	S/L	7		16
33	TABLE	9/07/04		36							36	22	S/L	7		5
40	BLINDS- OFFICE AREA	7/01/04		299							299	193	S/L	7		43
TOTAL FURNITURE AND FIXTURE				9,219		0	0	0	0	0	9,219	7,402				1,013
IMPROVEMENTS																
23	CARPETING	2/18/03		4,320							4,320	3,599	S/L	7		617
26	CONCRETE- ENTRYWAY/APRON	10/01/04		3,500							3,500	374	S/L	40		88
28	DISHWASHER,STOVE, HOOD	3/20/04		974							974	461	S/L	10		97
47	CABOOSE RENOVATION	12/05/08		11,347							11,347	63	S/L	15		756
50	OFFICE IMPROVEMENTS	11/17/08		1,605							1,605	9	S/L	15		107
52	ROOF- POTTERS SHED	10/02/08		408							408	10	S/L	10		41
55	CABOOSE IMPROVEMENTS	7/01/09		17,244							17,244		S/L	15		575
TOTAL IMPROVEMENTS				39,398		0	0	0	0	0	39,398	4,516				2,281
MACHINERY AND EQUIPMENT																
4	COMPUTER	6/09/96		1,528							1,528	1,528	S/L	3		0
5	FAX MACHINE	1/01/98		217							217	217	S/L	5		0
7	COMPUTER	8/01/98		1,390							1,390	1,274	S/L	5		0
9	COPY MACHINE	11/20/00		2,000							2,000	2,000	S/L	7		0
10	COMPUTER MODEM	10/09/00		95							95	95	S/L	5		0
11	CREDIT CARD MACHINE	3/12/01		760							760	760	S/L	5		0

12/31/09

2009 FEDERAL BOOK DEPRECIATION SCHEDULE

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CLIENT E2001-01

CARBON COUNTY ARTS GUILD

23-7260614

11/01/10

09 07PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
12	SURGE PROTECTOR	11/12/01		200							200	200	S/L	5		0
13	SHELVING	5/08/01		129							129	129	S/L	7		0
18	COMPUTER UPGRADE	12/15/02		349							349	349	S/L	5		0
20	COMPUTER SUPPLIES/ ZIP	1/20/03		399							399	399	S/L	5		0
21	NEW COMPUTER	12/31/03		1,196							1,196	1,196	S/L	5		0
30	DELL COMPUTER	8/02/04		1,237							1,237	1,091	S/L	5		146
31	ZIP DRIVE/COMPUTER IMPROV	9/30/04		264							264	225	S/L	5		39
32	QUICKBOOKS- NEW VERSION	2/02/04		208							208	208	S/L	3		0
34	COMPUTER DRIVE	9/30/04		50							50	43	S/L	5		7
44	GAS TRIMMER	7/01/07		142							142	42	S/L	5		28
45	REFRIGERTOR	7/18/07		539							539	109	S/L	7		77
46	COMPUTER	7/26/07		1,239							1,239	351	S/L	5		248
48	TELEPHONE SYSTEM	1/01/08		190							190	38	S/L	5		38
49	COMPUTER ZIP DRIVE	3/01/08		139							139	23	S/L	5		28
51	PRINTER	10/31/08		190							190	6	S/L	5		38
53	CAMERA	9/01/09		220							220		S/L	3		24
54	USED COMPUTER	2/25/09		150							150		S/L	3		42
TOTAL MACHINERY AND EQUIPME				12,831		0	0	0	0	0	12,831	10,283				715
TOTAL DEPRECIATION				221,595		0	0	0	0	0	221,595	67,747				8,311
GRAND TOTAL DEPRECIATION				221,595		0	0	0	0	0	221,595	67,747				8,311

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2009	2008	2007	2006	2005
OTHER		206.	238.	61.	216.
TOTAL	\$ 0.	\$ 206.	\$ 238.	\$ 61.	\$ 216.