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Department of the Treasury

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)

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

OMB No 1545-0047 2010 Open to Public

		enue Servi		porting rodan		mspection
<u>A</u>	For the		endar year, or tax year beginning , and ending			
В	Check if app	plicable	C Name of organization		D Emplo	oyer identification number
	Address ch	nange	The Art Association of Jackson Hole			
	Name chan	nge	Doing Business As		74-	2547735
		•	Number and street (or P O box if mail is not delivered to street address)	oom/suite	E Teleph	none number
ᆜ	Initial return	n	P.O. Box 1248		307	7-733-6379
	Terminated	d [City or town, state or country, and ZIP + 4		١	
	Amended re	return	Jackson WY 83001		G Gross rece	eipts\$ 765,539
ᆷ		Ĩ	F Name and address of principal officer		<u> </u>	
	Application	n pending	Richard Collister	H(a) Is this a g	roup return for a	affiliates? Yes X No
			Same as C Above	H(b) Are all a	ffiliates inclu	ded? Yes No
			ballic as c ribove			ist (see instructions)
_			[V]		,	,
<u></u>		mpt status				
_	Website		rtassociation.org	H(c) Group e		
	Form of org			of formation 1	964	M State of legal domicile WY
P	art I		ımmary			
	1 B	•	scribe the organization's mission or most significant activities			
Ф		The .	Art Association supports the arts in Jackson Hole by	providir	ıg	
		educ	ational opportunities with classes, events, & exhibit	ions lir	nking	
Si.		arti	sts, art resources and the community.			
5 5	2 C	Check thi	is box ▶ 🗍 if the organization discontinued its operations or disposed of more than 25% of	of its net asse	ets	
20			of voting members of the governing body (Part VI, line 1a)		3	21
≥ 8	1		of independent voting members of the governing body (Part VI, line 1b)		4	21
₹			nber of individuals employed in calendar year 2010 (Part V, line 2a)		5	14
풄			nber of volunteers (estimate if necessary)		6	192
ح			elated business revenue from Part VIII, column (C), line 12		7a	172
豐			ated business taxable income from Form 990-T, line 34		7b	0
\frac{1}{2}	DIN	vet uniter	ated business taxable income from Form 990-1, line 34	Prior Yea		Current Year
₹	8 0	Contributi	ions and grants (Part VIII, line 1h)		4,384	258,934
	1		service revenue (Part VIII, line 2g)		9,064	503,829
Revenie ANNE Activities Describite		_	nt income (Part VIII, column (A), lines 3, 4, and 7d)	52	142	2,776
&				··· - · · - · · - · · · - · · · · · · ·	172	2,110
			renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7.0	3,590	765,539
	 		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7.0	3, 390	103,339
			nd similar amounts paid (Part IX, column (A), lines 1–3)		1 000	
			paid to or for members (Part IX, column (A), line 4)		1,000	500
nses	1		other compensation, employee benefits (Part IX, column (A), lines 5–10)	46	2,529	422,879
ens			onal fundraising fees (Part IX, column (A), line 11e)			······································
Expe	b T	rotal fund	draising expenses (Part IX, column (D), line 25) ▶ 93,963			
Ш	17 C	Other exp	censes (Part IX, column (A), lines 11a-11d, 11f-24f)		6,755	379,738
	18 T	Fotal exp	enses Add lines 13–17 (must equal Part IX, column (A), line 25)		0,284	803,117
_	19 R	Revenue	less expenses Subtract line 18 from line 12		6 , 694	-37 <u>,578</u>
Sor	<u> </u>		KEUEIVED	Beginning of Cu		End of Year
Net Assets or	20 T		ets (Part X, line 16)		8,437	136,679
# # # # # # # # # # # # # # # # # # #	21 T	Fotal liab	ulities (Part X, line 26) ts or fund balances. Subtract line 21 from line 20		1,457	7,277
Ž	22 N	Vet asset	ts or fund balances Subtract line 21 from line 20	16	6,980	129,402
	art II		gnature Block			
			perjury, I declare that I have examined this return, including accompanying schedules and statements, ar		f my knowled	ige and belief, it is
tr	ue, correc	ct, and co	emplete Declaration of preparer (other than officer) is based on all information of which preparer has any	knowledge		
			And S Why L			
Si	gn	S	Signature of officer	•-	Date	
	ere		David S Muskat BOARD AFDIR	ecrops	Dece	mber 14,201)
	-	/ 7	Type or print name and title			
_		Print/Tvi	pe preparer's name Preparer's signature	Date	Check	ıf PTIN
Pai	id		K. Brown		1	mployed P00027225
Pre	eparer				Firm's EIN	83-0254487
	e Only	Firm's n	P.O. Box 1845		IIII S EIIY F	00 0201107
- 3	,	E	T 1	١.	Thon	307-733-3938
8.4-	u the ID			!	hone no	
_			s this return with the preparer shown above? (see instructions)			Yes No
DA		WOLK K6	eduction Act Notice, see the separate instructions.	17		Form 990 (2010)
				617		/4/

Form 990 (2010) The Art Associa			35	Page 2
Check if Schedule O cor	tains a response to any o	question in this Part III		
1 Briefly describe the organization's mission The Art Association su educational opportunit artists, art resources	pports the arts ies with classes	, events, & ext	e by providir nibitions lir	ng nking
Did the organization undertake any signific prior Form 990 or 990-EZ? If "Yes," describe these new services on Significant services of Significa		year which were not listed on	the	Yes X No
3 Did the organization cease conducting, or services? If "Yes," describe these changes on Sched		it conducts, any program		Yes X No
Describe the exempt purpose achievemen 501(c)(3) and 501(c)(4) organizations and others, the total expenses, and revenue, if	ts for each of the organization's t section 4947(a)(1) trusts are req	uired to report the amount of g		
4a (Code) (Expenses \$ The Art Association of children in 2010.	194,385 including grain Jackson Hole of)(Revenue \$ classes to 1,	100,844) ,070
4b (Code) (Expenses \$	213,574 including gra	nts of \$) (Revenue \$	154,849)
The Art Association of to 1,000 adult student	Jackson Hole of			
4c (Code) (Expenses \$ 22 lectures and exhibi members.	98,635 including gra tions were atter) (Revenue \$ visitors and	55,371) community
4d Other program services (Describe in Sch	edule O)			
(Expenses \$	including grants of \$) (Revenue	\$	
4e Total program service expenses ▶	506,594			

	With Choomist of Hoganica Constants		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		163	110
•	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	- 1	Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Χ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u> _
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	1		
	complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-			
	endowments? If "Yes," complete Schedule D, Part V	10		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			.,,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			.,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		.,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		v
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	405		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
l4a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14a		
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	4.4h		Х
		14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	_ 13		X
10	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		<u> </u>
. ,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		<u> </u>	 ^` -
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			 ^`
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	I	X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some			
IJ	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		
	Total and mail about a de all mail independent indet attach addition and action of the food individually			

F	Checkist of Required Schedules (Continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			v
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and I!	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	22		Х
22	on Part IX, column (A), line 2? If "Yes," to Bot VII. Section A. line 3.4. or 5 should component on of the	22		_ ^_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated		İ	
		1 22		Х
240	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
248	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	242		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
_	Did the organization minest any proceeds or tax-exempt bonds beyond a temporary period exception. Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240	-	
C	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
200	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	230		- 11
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	205		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1		
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			}
	If "Yes," complete Schedule L, Part III	27	'	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	i		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Χ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	İ		
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		İ	١
	IV, and V, line 1	34	ļ	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	 	Х
а	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," complete Schedule R,		ĺ	
20	Part V, line 2	'		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			.,
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		l v
20	Part VI	37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note . All Form 990 filers are required to complete Schedule O	38	Х	
	10. Hote. Air offit 330 lifets are required to complete sofiedule O		<u>, 990</u>	(2040

-			1	 4
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			ı
	organization, have excess business holdings at any time during the year?		8	
9	Sponsoring organizations maintaining donor advised funds.			Γ
а	Did the organization make any taxable distributions under section 4966?		9a	Ĺ
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		ĺ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		l
11	Section 501(c)(12) organizations. Enter].	l
а	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources		}	ĺ
	against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		_

13a

14a

14b

Form 990 (2010)

13b

13c

13

Section 501(c)(29) qualified nonprofit health insurance issuers.

the organization is licensed to issue qualified health plans

Enter the amount of reserves on hand

a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Did the organization receive any payments for indoor tanning services during the tax year?

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	990 (2010) The Art Association of Jackson Hole 74-2547735	w an		age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below. "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	in Sc	u iui	ام مار
		111 30	Heud	ii C
	O. See instructions Check if Schedule O contains a response to any question in this Part VI			X
S-0-0	tion A. Governing Body and Management			127
Sec	tion A. Governing body and Management		Yes	No
4-	Enter the number of voting members of the governing body at the end of the tax year 1a 21		163	
1a	Enter the number of voting members included in line 1a, above, who are independent 1b 21	1		
ь 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
2	any other officer, director, trustee, or key employee?	2	1	Χ
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members of stockholders, or other persons who may elect one or more members			
1 a	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ū	the year by the following			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Χ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Cod	e.)	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such			
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	_X_	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		X
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		<u>X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			`
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	i		١
	with a taxable entity during the year?	16a		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		L
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available			
	for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,			
	and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► Art Assoc. of Jackson Hole P.O. Box 1248	, ,,	2 ~	270
_ <u>J</u> a	ackson WY 83001 30°	<u>1–73</u>	<u>კ-</u> 6	3/9

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the orga (A) Name and Title	(B) Average		(C) esition (check all that apply)					(D) Reportable	(E) Reportable	(F) Estimated
Name and Thie	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Jennifer Crawfor										_
Executive Director	40.00	X						52 , 520	0	0
(2) Karen Stewart										
Interim Exec Dir.	40.00	X						4,688	0	0
(3) Huntley Baldwin									_	_
Board Member	2.00	X		<u> </u>		$oxed{oxed}$		0	0	0
(4) Agnes Bourne								, _	_	_
Board Member	2.00	X						0	0	0
(5) Mariam Diehl									_	
Board Member	2.00	X						0	0	0
(6) Chelcie Jonke									_	
Board Member	2.00	X		<u> </u>				0	0	0
(7)Jim Lewis								_	_	_
Board Member	4.00	X			ļ	_		0	0'	0
(8)Eliza Mathieu		ļ	ŀ					_		_
Board Member	2.00	X			<u> </u>	ļ		0	0	0
(9) Camille Obering						1				•
Board Member	2.00	X	<u> </u>		<u> </u>	ļ		0	0	0
(10) Leya Oswald					İ					
Board Member	2.00	X	<u> </u>	ļ	ļ			0	0	0
(11) Mike Faems		1								
Board Member	2.00	X	ļ	<u> </u>	<u> </u>	ļ		0	0	_ 0
(12) Nancy Resor		l					Ì			•
Board Member	2.00	X	_	<u> </u>	ļ	ــــ	-	0	0	0
(13) Judie Schmidlapp		1		1						_
Board Member	2.00	X		<u> </u>	<u> </u>	<u> </u>	<u> </u>	0	0	0
(14) Barbara Simms									_	_
Board Member	2.00	X		ļ	_	ـ		0	0	0
(15) Eric Logan			1	1		1			_	_
Board Member	1.00	X	_	 	ļ	ऻ_	_	0	0	0
(16) Linda MacGregor									_	_
Board Member	1.00	X		1	1	1		0	0	Form 990 (2010)

orm 990 (2010) The	Art	Association	of	Jackson	Hole	74-2547735	
							Compensated Employees (c	

	(A)	(B)			"	C)			(D)	(E)		(F)	
	Name and Title	Average hours per week	<u> </u>			k all t	hat a		Reportable compensation from	Reportable compensation from related	E	Estimated amount of other	
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or a	mpensation from the rganization ind related ganizations	
(17) S	uzanna Hamilton						Δ.						
Boar	d Member	1.00	Х						0	0			0
	ohn Frechette	1.00	Х						0	0			0
	d Member avid Muskat	1.00	^			_			0	0			
	d Member	1.00	Х						0	0			0
	ally Byrne									_			
	ident	4.00_			Х				0	0	ļ		0
	ohn Wright Chair	2.00			Х				0	0			0
	ick Collister	2.00		_	7		<u> </u>						
Trea	surer	4.00			Х				0	0		 	0
(23) C	hristopher Sanc	vig .											•
	etary	2.00	-		X				0	0			0
(24)	•												
(25)													
(26)						-							
(27)											-	-	
(28)													
1b :	Sub-total	l						>	57,208				
	Total from continuation shee	ets to Part VII, S	ectio	n A				>	F.7. 000		ļ		
2	Total (add lines 1b and 1c) Total number of individuals (in	_			hose	list	ed at	ove	57,208 e) who received more than \$	5100,000 in	1		
	eportable compensation from	tne organization		<u>U</u>								Yes	No
	Did the organization list any fo employee on line 1a? If "Yes,"								yee, or highest compensate	d		3	X
4 1	For any individual listed on line	e 1a, is the sum of	of rep	orta	ble o	omp	ensa	ation	and other compensation fr	om the	ľ		
	organization and related organ	nizations greater	than	\$15	0,00	07 lt	"Yes	i," C	omplete Schedule J for suci	h		4	X
5	Did any person listed on line 1									ndıvıdual			
	or services rendered to the or		es," (comp	olete	Sch	edule	e J f	or such person			5	X
	on B. Independent Contract Complete this table for your five		nsat	ed ır	ndep	ende	ent co	ontra	actors that received more th	an \$100,000 of			
	compensation from the organi									(B)	—т	(C)	
	Name and	(A) business address							Descrip	(B) tion of services	+	(C) Compens	sation
									······································				
						-							
			-					_					
		. <u> </u>										·····	
	Total number of independent or received more than \$100,000								se listed above) who	0			

Form 990 (2010) The Art Association of Jackson Hole 74-2547735

Pa	rt V	II Staten	nent of Reve	nue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
10 10		Foderaled con		140	····			·		012,010,011
ants Ints		Federated can		1a 1b			,			
PE		Membership d					,			
a ta		Fundraising ev		1c						
<u>.ee</u>		Related organ		1d		40,200				,
Sin		Government grants		1e		40,200				
ğ ja	t	All other contribution and similar amounts				210 724		,		
달림	•			1f		218,734				
Contributions, gifts, grants and other similar amounts	g		ns included in lines 1a	-11	\$		258,934	,		
-	n	Total. Add line	s ra-ii			Busn. Code	230, 334			
Program Service Revenue	2a	Art Fai:	~			900099	207,594	207,594		
Ş	b	Class F				900099	170,898	170,898		
8	C	Rental				900099	42,209	42,209		
Ē	ď		as Bazaar			900099	24,667	24,667		
E	e	Gallery				900099	24,246	24,246		
g		•	am service reve	nue		900099	34,215	34,215		
옵		Total. Add line				>	503,829			
\exists	3		ome (including	dıvıden	ds, intere	st,				
		and other simi				▶ [2,776			2,776
}	4	Income from in	nvestment of tax	-exem	t bond pr	oceeds ▶ [
	5	Royalties				>				
		·	(ı) Real		(n) P	ersonal				
	6a	Gross Rents					1		,	^
	b	Less rental exps								
	С	Rental inc or (loss)	·							
	_d	Net rental inco	me or (loss)		·	•				
	7a	Gross amount from sales of assets	(ı) Secuntie	s	(11)	Other		`	`	
		other than inventory								
	b	Less cost or other								
		basis & sales exps								
	C	Gain or (loss)	<u> </u>		1					
	d	Net gain or (lo								
ē	8a		om fundraising evei	nts						
e l		(not including \$								
Other Reven			eported on line 1c)							•
ē		See Part IV, line		a						
ott		Less direct ex		b)		—		•	İ	
	C		(loss) from fund om gaming activitie		events		,			······································
	Эa	See Part IV, line	-						,	
	.	Less direct ex		a b						
			(loss) from gam		nutios	•				
			f inventory, less	iiig ac	Willes					····
	104	returns and al		а					`	
	h	Less cost of g		b			-			
			(loss) from sale	_	entory	•				
	Ť		ellaneous Revenu		<u> </u>	Busn. Code				
	11a	· · · · ·								
	b									
	C									
	d	All other rever	nue							
	е	Total. Add line	es 11a–11d			>				
	12	Total revenue	e. See instruction	ns		<u> </u>	765,539	503,829	0	2,776

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

		complete column (A) but are			(D)
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	, 8b, 9b, and 10b of Part VIII.		0.,,		
1	Grants and other assistance to governments and				
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in	,			
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	į			. ,
	U S. See Part IV, lines 15 and 16	500	500		
4	Benefits paid to or for members	500	500		
5	Compensation of current officers, directors,				
	trustees, and key employees			-	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	372,391	202,867	101,271	68,253
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				<u></u>
9	Other employee benefits	12,077	12,077		·
10	Payroll taxes	38,411	20,925	10,446	7,040
11	Fees for services (non-employees).				
а	Management				
h	Legal	2,550		2,550	
c	Accounting				
Ч	Lobbying				
•	Professional fundraising services. See Part IV, line 17	•			
	Investment management fees				
,	Other				
g 42					·
12	Advertising and promotion				
13	Office expenses				
14	Information technology				,
15	Royalties	138,036	103,527	34,509	
16	Occupancy	8,831	8,831	<u> </u>	
17	Travel	0,031	0,031		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	00 000	10 000	2 005	
22	Depreciation, depletion, and amortization	22,883	19,988	2,895	
23	Insurance	· · · · · · · · · · · · · · · · · · ·			
24	Other expenses. Itemize expenses not covered		1		
	above (List miscellaneous expenses in line 24f If				
	line 24f amount exceeds 10% of line 25, column		•		
	(A) amount, list line 24f expenses on Schedule O)				· · · · · · · · · · · · · · · · · · ·
а	Outside Services Prog 1	69,680	42,315	24,655	2 , 710
b	Outside Services Prog 2	42,316	42,316		
С	COGS	20,347	20,347		* * *.
d	Advertising	12,274		1,772	10,502
e	Operating Supplies Prog 2	10,189	10,189		
f		52,632	22,712	24,462	5,458
25	Total functional expenses. Add lines 1 through 24f	803,117	506,594	202,560	93,963
26	, [7]		•		
_0	SOP 98-2 (ASC 958-720) Complete this line				
	only if the organization reported in column				
	(B) joint costs from a combined educational campaign and fundraising solicitation				
DAA		<u> </u>	<u>. </u>		Form 990 (2010)

£.9	art X	Balance Sheet			(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing	<u> </u>			1	-1,397
	2	Savings and temporary cash investments			125,017	2	39,236
	3	Pledges and grants receivable, net			5,014	3	
	4	Accounts receivable, net				4	253
	5	Receivables from current and former officers, directors, tr	rustees, kev				
		employees, and highest compensated employees. Comp					
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined a	under section				
		4958(f)(1)), persons described in section 4958(c)(3)(B), a					
		employers and sponsoring organizations of section 501(c					
		employees' beneficiary organizations (see instructions)				6	
ş	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	4,288
		Land, buildings, and equipment, cost or					
		other basis Complete Part VI of Schedule D	10a	225,995			
	ь	Less accumulated depreciation	10b	131,696	108,406	10c	94,299
	11	Investments—publicly traded securities	,			11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		238,437	16	136,679
-	17	Accounts payable and accrued expenses			11,875	17	872
	18	Grants payable				18	
	19	Deferred revenue			59 , 582	19	4,604
	20	Tax-exempt bond liabilities				20	
တ္သ	21	Escrow or custodial account liability Complete Part IV of	Schedule D			21	
iti	22	Payables to current and former officers, directors, trustee	s, key				
Liabilities		employees, highest compensated employees, and disqua	alified persons				
Lia		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third	parties			23	
	24	Unsecured notes and loans payable to unrelated third pa	rties			24	
	25	Other liabilities Complete Part X of Schedule D				25	1,801
	26	Total liabilities. Add lines 17 through 25			71,457	26	7,277
es		Organizations that follow SFAS 117, check here ▶	and complete	•			`
2		lines 27 through 29, and lines 33 and 34.			-		
<u> </u>	27	Unrestricted net assets				27	
ŭ	28	Temporarily restricted net assets		!		28	
Б	29		بالمقدم			29	
H		Organizations that do not follow SFAS 117, check her	e ▶ X and				
Net Assets or Fund Balances		complete lines 30 through 34.				•	
ŝ	30	Capital stock or trust principal, or current funds				30	
se	31	Paid-in or capital surplus, or land, building, or equipment	fund		132,101	31	132,101
As	32	Retained earnings, endowment, accumulated income, or	other funds		34,879		-2,699
et .	33	Total net assets or fund balances			166,980		· · · · · · · · · · · · · · · · · · ·
Z	34	Total liabilities and net assets/fund balances			238,437	34	136,679

Form **990** (2010)

orn	1990 (2010) The Art Association of Jackson Hole 74-2547735			P	ge 12				
	art XI Reconciliation of Net Assets								
	Check if Schedule O contains a response to any question in this Part XI								
				•					
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1	•	765,	539				
2	Total expenses (must equal Part IX, column (A), line 25)	2		303,	117				
3	Revenue less expenses Subtract line 2 from line 1	3		-37,	578				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5									
6	Other changes in net assets of fund balances (explain in concesse c)								
	column (B))	6		129,	402				
Pa	art XII Financial Statements and Reporting								
	Check if Schedule O contains a response to any question in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990 Cash Accrual X Other Modified F	ccr		1					
•	Accounting method used to prepare the Form 990 Cash Accrual X Other Modified Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in								
	Schedule O.			1					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	X				
	Were the organization's financial statements audited by an independent accountant?		21		X				
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight								
•	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		20	.	1				
	If the organization changed either its oversight process or selection process during the tax year, explain in								
	Schedule O				1				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were								
	issued on a separate basis, consolidated basis, or both								
	Separate basis Consolidated basis Both consolidated and separate basis								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in								
	the Single Audit Act and OMB Circular A-133?		_3a		<u> </u>				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the								
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3t	Ш.	Ш				
			Fc	rm 99	(2010)				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Open to Public

	nt of the Treasury evenue Service	′	► Att	tach to Form 990 or Form 990)-EZ.	▶ \$	See sepa	rate ins	truction	s.			pectic	
	the organization	n										ntification nu	mber	
		T	he Art Asso	ciation of Jack	son	Н	ole_			74-	<u>-254</u>	7735		
Part	Reas	on f	or Public Charity	Status (All organization	s mu	st c	omple	te this	part.)	See ir	struct	ions.		
The orga	nization is not	a priv	ate foundation becaus	e it is. (For lines 1 through 11, o	check o	only	one box))						
1 🗌	A church, con	venti	on of churches, or asse	ociation of churches described	ın sect	tion	170(b)(1)(A)(i).						
2	A school desc	cribed	I in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	A hospital or	а соо	perative hospital service	ce organization described in se	ction 1	170(1	o)(1)(A)(i	ii).						
4	A medical res	earch	n organization operated	in conjunction with a hospital	describ	oed i	n sectio	170(b)	(1)(A)(iii). Enter	the hos	pital's name		
	city, and state													
5	An organizati	on op	erated for the benefit of	of a college or university owned	or ope	erate	d by a go	vernme	ntal unit	describ	ed ın			
			A)(iv). (Complete Part											
6				overnmental unit described in s										
7 X	-			substantial part of its support fro	om a g	over	nmental	unit or fr	om the g	general	public			
	described in s	sectio	on 170(b)(1)(A)(vi). (Co	omplete Part II)										
8 📙	•			70(b)(1)(A)(vi). (Complete Part										
9 📙) more than 33 1/3% of its supp								1		
	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													
	• •	_							from bu	sinesse	es			
🗀		-), 1975 See section 509(a)(2)										
10	-		-	exclusively to test for public saf						aut tha				
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section													
	•			ne type of supporting organizati							COLIGII			
	a Type		b Type II	c Type III-Function				d l		e III–Oti	her			
е 🗌				anization is not controlled direct	•	•								
ب ا				r than one or more publicly sup										
	or section 509			,,,										
f				rmination from the IRS that it is	а Туре	e I, T	ype II, or	Type III	support	ing				
•	organization,					•		•.	• •	J				Г٦
g	Since August	17, 2	006, has the organizat	ion accepted any gift or contrib	ution fr	rom a	any of the	•						
ŭ	following per													
	• .			ntrols, either alone or together	with pe	ersor	s describ	oed in (ii)	and				Yes	No
				supported organization?								11g(i)		
	(ii) A family	meml	per of a person describ	ed in (i) above?								11g(ii		
	(iii) A 35% c	ontrol	led entity of a person d	escribed in (i) or (ii) above?								11g(ii)	
<u>h</u>	Provide the f	ollow	ng information about the	ne supported organization(s)										
	e of supported		(ii) EIN	(iii) Type of organization			rganization		ou notify		ls the	(vii) An		F
org	janization	ĺ		(described on lines 1–9 above or IRC section			ited in your document?		nization in of your	organızat (i) organı		sup	port	
				(see instructions))	<u> </u>		Jocument:		oort?		S.?			
					Ye	es	No	Yes	No	Yes	No			
(A)											l			
		<u></u>	_ _							ļ				
(B)								ŀ	1					
								ļ			├			
(C)								ļ						
								 	<u> </u>		 			
(D)														
(F)		 	· 					<u> </u>	ļ					
(E)		[1			[{	[
		 			-			ļ	<u> </u>					
		l .						l	l	1	1 1			

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							
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 201		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	211,245	339,322	318,859	280,331	281	, 969	1,431,726
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	211,245	339,322	318,859	280,331	281	,969	1,431,726
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)	` '						170,805
6	Public support. Subtract line 5 from line 4		-		İ			1,260,921
	tion B. Total Support		#1.000 7	4.2.0000	44) 0000	(-) 204	<u>. T</u>	40 T-1-1
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 201		(f) Total
7	Amounts from line 4	211,245	339,322	318,859	280,331	281	,969	1,431,726
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,425	8,971	4,869	142	2	,776	21,183
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 IV)							
11	Total support. Add lines 7 through 10							1,452,909
12	Gross receipts from related activities, etc.						12	1,402,009
13	First five years. If the Form 990 is for the		second, third, four	th, or fifth tax year	as a section 501(c	:)(3)		
	organization, check this box and stop here							>
Sec	tion C. Computation of Public St						T	
14	Public support percentage for 2010 (line 6			1 (1)}			14	86.79%
15	Public support percentage from 2009 Sche			2 and line 44 is 25	1/20/ or mara -h	ook this	15	88.64%
16a	33 1/3% support test—2010. If the organi				o 1/3% of more, ch	eck mis		▶ [X]
j.	box and stop here. The organization quali 33 1/3% support test—2009. If the organi				is 33 1/3% or mor	re.		
b	check this box and stop here. The organiz				, 12 22 11 7 70 OI IIIOI	~ ,		▶ []
17a					or 16b and line	14 is		٠
110	10% or more, and if the organization meet							
	Part IV how the organization meets the "fa							
b	organization 10%-facts-and-circumstances test—200							>
U	15 is 10% or more, and if the organization							
	Explain in Part IV how the organization me					licly		
40	supported organization Private foundation. If the organization did							>
18	instructions	THUL CHECK A DOX O	e 13, 10a, 10b	, ira, or irb, chec	or this box and see	•		> []

(Complete only if you checked the box on line 9 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.)

	if the organization rails to	quality under	the tests liste	a below, picae	o complete r		
	tion A. Public Support			T		T	
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants,")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any 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, and 3 received from disqualified persons						
b	Amounts included on lines 2 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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)				<u>,</u>		
	tion B. Total Support			1	r	T	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
С	Add lines 10a and 10b				<u> </u>	ļ	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on		-				
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)			<u> </u>	<u> </u>	1	
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	, second, third, for	rth, or fifth tax year	as a section 501(c)(3)	.
Sec	tion C. Computation of Public St	upport Percen	tage				
15	Public support percentage for 2010 (line 8	, column (f) divided	by line 13, colum	n (f))		15	%
16	Public support percentage from 2009 Sche					16	%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2010 (la			, column (f))		17	%
18	Investment income percentage from 2009					18	%
19a	33 1/3% support tests—2010. If the organ						. —
	17 is not more than 33 1/3%, check this bo						▶ _
b	33 1/3% support tests—2009. If the organ						⊾ ┌──
	line 18 is not more than 33 1/3%, check th						
20	Drivete foundation of the erganization did	i nai chack a hav c	n line 1/1 10a or	IUN CHACK this hav	and see instruction	ane	▶ }

Page 4

Schedule A (Form 990 or 990-EZ) 2010 The Art Association of Jackson Hole 74-2547735

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010 Open to Public Inspection

Name of the	organization		Employe	r identification number
The A	rt Association of Jackson Hole		74-2	547735
Part I	Organizations Maintaining Donor Advised F	unds or Other Similar Funds or		
	organization answered "Yes" to Form 990, Pa			
		(a) Donor advised funds	(b)	Funds and other accounts
1 Total n	number at end of year			
2 Aggreg	gate contributions to (during year)		 	
	gate grants from (during year)			
	gate value at end of year	<u></u>		
	e organization inform all donors and donor advisors in writing th			ra., m.,
	are the organization's property, subject to the organization's exc			Yes No
	e organization inform all grantees, donors, and donor advisors in			
-	or charitable purposes and not for the benefit of the donor or dor	or advisor, or for any other purpose		
Part II	ring impermissible private benefit? Conservation Easements. Complete if the organization	ranization answered "Yes" to For	m 990 F	Yes No
	se(s) of conservation easements held by the organization (chec		111 330, 1	arriv, into r.
	eservation of land for public use (e.g., recreation or education)	Preservation of an historically im	nortant land	1 area
	otection of natural habitat	Preservation of a certified historic	•	a urca
> ≕	eservation of open space	Treservation of a continea historic	o siruciaro	
	ete lines 2a through 2d if the organization held a qualified consi	ervation contribution in the form of a conser	rvation	
	ent on the last day of the tax year			
	, .			Held at the End of the Tax Yea
a Total n	number of conservation easements		2a	
b Total a	creage restricted by conservation easements		2b	
c Numbe	er of conservation easements on a certified historic structure inc	iluded in (a)	2c	
d Numbe	er of conservation easements included in (c) acquired after 8/17	/06, and not on a		
historic	structure listed in the National Register		2d	
3 Numbe	er of conservation easements modified, transferred, released, e	xtinguished, or terminated by the organizati	on during t	he
tax yea	ar >			
4 Numbe	er of states where property subject to conservation easement is	located >		
5 Does to	he organization have a written policy regarding the periodic moi	nitoring, inspection, handling of		
violatio	ons, and enforcement of the conservation easements it holds?			Yes No
6 Staff a	nd volunteer hours devoted to monitoring, inspecting, and enfor	cing conservation easements during the ye	ear	
>				
7 Amoun	nt of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year		
▶ \$				
8 Does e	each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)		
	section 170(h)(4)(B)(ii)?			∐ Yes ∐ No
	XIV, describe how the organization reports conservation easen	-	•	
	e sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that de	scribes the	
	zation's accounting for conservation easements	11'-4	0::	
Part III	Organizations Maintaining Collections of Art Complete if the organization answered "Yes" if		Similar A	Assets.
1a If the o	organization elected, as permitted under SFAS 116 (ASC 958), i	not to report in its revenue statement and ba	alance she	 et
	of art, historical treasures, or other similar assets held for public			
public s	service, provide, in Part XIV, the text of the footnote to its finance	ial statements that describes these items		
b If the o	organization elected, as permitted under SFAS 116 (ASC 958), t	o report in its revenue statement and balan	ce sheet	
works (of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	rance of	
public :	service, provide the following amounts relating to these items			
(i) Re	evenues included in Form 990, Part VIII, line 1		>	\$ ·
(ii) As	sets included in Form 990, Part X		•	\$
2 If the o	organization received or held works of art, historical treasures, o	r other similar assets for financial gain, pro-	vide the	
followir	ng amounts required to be reported under SFAS 116 (ASC 958)	relating to these items		
	ues included in Form 990, Part VIII, line 1		•	\$
b Assets	included in Form 990, Part X			\$
or Paperwo	ork Reduction Act Notice, see the Instructions for Form 990	•		Schedule D (Form 990) 2010

Sche		sociation of			/4-254				age 2
Pa	art III Organizations Maintaining	Collections of Art, H	istorical Trea	sures, o	r Other Si	milar Asset	s (contin	ued)	
3	Using the organization's acquisition, accession collection items (check all that apply)	, and other records, check	any of the following	g that are a	a significant u	ise of its			
а	Public exhibition	d Loan or	exchange progran	ns					
b	Scholarly research	e 🗍 Other							
C	Preservation for future generations								
4	Provide a description of the organization's colle	ctions and explain how the	y further the organ	nization's e	xempt purpo	se in Part			
•	XIV	•							
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to b				nilar		Ye		No
Da	art IV Escrow and Custodial Arrai	ngements Complete	if the organiz	ation an	swered "Y	'es" to Form			
ΓØ	line 9, or reported an amoun	at on Form 990 Part	X line 21	ation an	0110104	00 10 1 01111	, 000, r a	,	1
10	Is the organization an agent, trustee, custodian			er assets r	not		•		
ıa	included on Form 990, Part X?	of other intermediary for or		ci assets i	101		Ye	. [No
L		nd complete the following to	ible:				יי ניי	5) 140
Đ	If "Yes," explain the arrangement in Part XIV an	id complete the lollowing ta	ible				Amoun		
						1	Amoun		
	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Forr	n 990, Part X, line 21?					Ye	s 🖳	No
- 1	If "Yes," explain the arrangement in Part XIV								
Pa	ert V Endowment Funds. Comple	te if organization and	swered "Yes" 1	to Form	<u>990, Part</u>	IV, line 10.			
		(a) Current year	(b) Prior year	(c) Two	years back	(d) Three years ba	ack (e) Four	years	back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and							•	
	losses								_
d	Grants or scholarships						,		
	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g								**************	
2	Provide the estimated percentage of the year e	nd balance held as				***************************************			***************************************
a		%							
b									
-	Term endowment ▶ %								
	Are there endowment funds not in the possessi	on of the organization that	are held and admi	nistered fo	or the				
Ja	organization by	on or the organization that	are neid and dann	inistored te	n tile		1	Yes	No
	•						, 33/i)	163	140
	(i) unrelated organizations						3a(i)		
	(ii) related organizations		L D0				3a(ii)		-
_	If "Yes" to 3a(ii), are the related organizations li	· · · · · · · · · · · · · · · · · · ·					3b		L
4	Describe in Part XIV the intended uses of the o				· · · · · · · · · · · · · · · · · · ·				
Pa	art VI Land, Buildings, and Equip			-		· · · · · · · · · · · · · · · · · · ·			
	Description of investment	(a) Cost or other basis	(b) Cost or other	basis	(c) Accum	I	(d) Book	value	
		(investment)	(other)		depreci	auon			
1a	Land				***************************************				
b	Buildings		 						
C	Leasehold improvements			,731		7,848		21,	883
d	Equipment		196	,264	1:	23,848		72,	
	Other								
	I. Add lines 1a through 1e. (Column (d) must equ	ıal Form 990, Part X, colum	nn (B), line 10(c))			>		94,	299
						School	ule D (Forr		

 \triangleright

1,801

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

^{2.} FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Sche	dule D (Form 990) 2010 The Art Association of Jackso	n Hole 74-	-2547735	Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finance	ial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9)	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statem		ue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Staten	nents With Expe	nses per Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c_		
d	Other (Describe in Part XIV.)	2d_		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Part XIV Supplemental Information

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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 990-EZ.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

The Art Association of Jackson Hole

Employer identification number

74-2547735

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 A review of the return will be conducted by the officers.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Name	(s) shown on return The Art	Associati	on of Jac	kson	Hole			254	7735
Busin	ess or activity to which this form relates						_		
	ndirect Depreciati	.on							
	rt 1 Election To Expen	se Certain Prop	erty Under Se	ction	179				
	Note: If you have a	iny listed proper	ty, complete P	art V I	pefore you	<u>ı complete P</u>	art I.		
1	Maximum amount (see instructions	s)						1_	500,000
2	Total cost of section 179 property p							2	
3	Threshold cost of section 179 prop				ns)			3	2,000,000
4	Reduction in limitation Subtract lin							4	
5	Dollar limitation for tax year Subtract line		less, enter -0- If man				 	_5	······································
6	(a) Description	of property		(b) Cost	(business use	e only) (c) E	lected cost		
						- -			
7	Listed property Enter the amount f				-	7		8	
8	Total elected cost of section 179 pr			s o and	′			9	
9	Tentative deduction Enter the sma							10	
10 44	Carryover of disallowed deduction Business income limitation. Enter the	•		than ze	ro) or line 5	(see instructions	`	11	· · · · · · · · · · · · · · · · · · ·
11 12	Section 179 expense deduction Ad					(acc mandenona	,	12	
13	Carryover of disallowed deduction				> :	13			
	: Do not use Part II or Part III below					<u> </u>			····
	rt II Special Depreciati			reciati	on (Do no	t include list	ed prop	erty.)	(See instructions)
14	Special depreciation allowance for								
	during the tax year (see instruction:	s)						14	
15	Property subject to section 168(f)(1) election						15	
16	Other depreciation (including ACR							_16	11,973
Pê	rt III MACRS Depreciati	ion (Do not incl	ude listed prop	erty.)	(See instr	uctions.)			
			Secti						
17	MACRS deductions for assets place						. \Box	17_	9,154
18	If you are electing to group any assets p								
	Section B—A	Assets Placed in Se	T		r		ciation Sy	stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investme only-see instruct	ent use	(d) Recovery period	(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property			504					
b	5-year property		8	<u>,781</u>	5.0	HY	200	DB	1,756
С	7-year property								
d	10-year property				 				
<u>е</u>	15-year property				 	<u> </u>			
<u>t</u>	20-year property	,	· · · · · · · · · · · · · · · · · · ·		25 100		C/I		
<u> 9</u>	25-year property				25 yrs 27 5 yrs	MM	S/L S/L		
n	Residential rental property				27 5 yrs	MM	S/L		
	<u> </u>		 		39 yrs	MM	S/L		
i	Nonresidential real property				33 yrs	MM	S/L		
	· · · · · · · · · · · · · · · · · · ·	sets Placed in Serv	rice During 2010 T	ax Year	r Using the /	1			n
20a	Class life		T			T	S/L		
	12-year				12 yrs		S/L		
	40-year				40 yrs	ММ	S/L		
	art IV Summary (See ins	tructions)				• • • • • • • • • • • • • • • • • • • •			
	Listed property Enter amount from							21	
22	Total. Add amounts from line 12, li		ines 19 and 20 in c	olumn (g), and line 2	1 Enter here			
	and on the appropriate lines of you							22	22,883
23	For assets shown above and place							_	
	portion of the basis attributable to	section 263A costs				23			
									4562

1262 The Art Association of Jackson Hole
74-2547735 Federal Statements

74-2547735

6/10/2011

FYE: 12/31/2010

Taxable Interest on Investments

Descript	ion						
		Amount	Unrelated Business Code		Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
Interest Income							
	\$	2,776		14			
Total	\$	2,776					

1262 The Art Association of Jackson Hole 74-2547735 FYE: 12/31/2010

Federal Statements

	Form 990, P	Form 990, Part IX, Line 24f - All Other Expenses	f - All Oth	er Expenses				
Description	ш	Total Expenses		Program Service	Man	Management & General		Fund Raising
שכן	ጭ	5,488 5,218	w		·γ-		ς	4,884
Merchant Fees Operating Supplies Telephone		3,130 4,714 4,117				3, 190 4, 140 4, 117		574
Operating Supplies Prog 1 Outside Services Prog 3		4,023 4,000		00,				
Advertising Prog 1 Advertising Prog 2 Advertising Prog 3		3,519 3,519 2,549		3,519 3,519 2,549				
Operating Supplies Prog 3 Employee Relations Postage Prog 3 Repairs Prog 3		1,905 1,895 1,453		90,44		1,895		
ot Ren		1,323 882 510 370		•		1,323 882 510 370-		·
Repairs Prog 2 Dues & Subscriptions Miscellaneous		296 190 23		296		190		
Total	v.	52, 632	ς, V	22,712	φ.	24,462	w.	5,458

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

(1101 0411441) =	,		-					
Department of the Internal Revenue		► File a	a separate a	application for each return.				
		tomatic 3-Month Extension, complete	e only Part	I and check this box	_		L	▶ X
-	•	•	•	nplete only Part II (on page 2 of this for	m)			. ==
	-			-month extension on a previously filed F	•			
Electronic fili	ng (e-file) . You	u can electronically file Form 8868 if yo	u need a 3-r	month automatic extension of time to file	(6 months	s for		
				nth extension of time. You can electroni				
8868 to reque	st an extension	of time to file any of the forms listed in	Part I or Pa	irt II with the exception of Form 8870, Inf	formation			
Return for Tra	nsfers Associat	ted With Certain Personal Benefit Contr	acts, which	must be sent to the IRS in paper format	t (see			
instructions) F	or more details	s on the electronic filing of this form, vis	sit www irs g	ov/efile and click on e-file for Charities 8	Nonprofi	ts		
Part I	Automatic	c 3-Month Extension of Time.	Only sul	bmit original (no copies needed	d).			
A corporation	required to file	Form 990-T and requesting an automa	tic 6-month	extension-check this box and complete				
Part I only								ightharpoons
All other corpo	orations (includi	ng 1120-C filers), partnerships, REMICs	s, and trusts	must use Form 7004 to request an ext	ension of	time		
to file income	tax returns			·				
Type or	Name of exe	empt organization			Employ	er identi	ification nu	ımber
print	ŀ							
File by the	The Ar	t Association of Ja	ckson	Hole	74-2	5477	35	
due date for		et, and room or suite no If a P O box,						
filing your		ox 1248						
return See instructions		post office, state, and ZIP code For a	foreign addr	ress, see instructions				-
	Jackso		83001					
Enter the Retu	irn code for the	e return that this application is for (file a	separate ap	oplication for each return)				01
Application			Return	Application				Return
ls For			Code	ls For				Code
Form 990		-	01	Form 990-T (corporation)				07
Form 990-B	<u> </u>	*	02	Form 1041-A				08
Form 990-E			03	Form 4720				09
Form 990-P	F	· · · · · · · · · · · · · · · · · · ·	04	Form 5227				10
Form 990-T	(sec 401(a) or	408(a) trust)	05	Form 6069				11
	(trust other tha		06	Form 8870				12
	<u> </u>	Art Assoc. of Jackson						
		P.O. Box 1248						
The books a	are in the care of	Jackson				M.	Y 8300	1
		7-733-6379	FAX No	▶ 307–733–6694		,,,	1 0300	-
		not have an office or place of business						▶ 🗌
•		urn, enter the organization's four digit G		· · · · · · · · · · · · · · · · · · ·	this is			
	group, check th		-	· · · · · · · · · · · · · · · · · · ·				
	-	Is of all members the extension is for	the group, c	and attac	ĢII			
		3-month (6 months for a corporation re	aurod to file	Form 000 T) outonoon of time				
				panization named above. The extension				
			n for the org	anization named above. The extension	15			
	organization's re							
[A	calendar year							
	tax year begini	ning , and ending						
2 If this ta	x year entered	in line 1 is for less than 12 months, che	eck reason	☐ Initial return ☐ Final return				
	hange in accou							
	•	Form 990-BL, 990-PF, 990-T, 4720, or	6069, enter	the tentative tax, less any				
		See instructions			3a	\$		
		Form 990-PF, 990-T, 4720, or 6069, e	-					
		s made Include any pnor year overpay			3b	\$	_	
		t line 3b from line 3a Include your payn	nent with this	s form, if required, by using EFTPS				
		Payment System) See instructions			3c	\$		
Caution. If yo	u are going to	make an electronic fund withdrawal with	h this Form 8	8868, see Form 8453-EO and Form 887	9-EO for			

For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 1-2011)