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A For the 2011 calendar year, or tax year beginning 01-01-2011 , and ending 12-31-2011		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CASPER ANTIQUE & COLLECTORS CLUB	
	D Employer identification number 23-7158227	
	E Telephone number	
	F Group Exemption Number ▶	
	Number and street (or P O box, if mail is not delivered to street address) PO BOX 785	Room/suite
	City or town, state or country, and ZIP + 4 CASPER, WY 826020785	

G Accounting method ☒ 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:

J Tax-Exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(7) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☒ If the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 46,611**

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
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Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	1,911
	4	Investment income		4	420
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	b	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	44,280	
	c	Less direct expenses from gaming and fundraising events	6c	24,262	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)		6d	20,018
	7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
8	Other revenue (describe in Schedule O)		8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	22,349	
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	13,448
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	600
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	2,476
	16	Other expenses (describe in Schedule O)		16	545
	17	Total expenses. Add lines 10 through 16		17	17,069
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	5,280
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	17,262
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	22,542

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	17,262	22	22,542
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	Total assets	17,262	25	22,542
26	Total liabilities (describe in Schedule O)	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	17,262	27	22,542

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28	DONATIONS TO 37 MUSEUMS THROUGHOUT WYOMING LIBRARY AND VARIOUS NONPROFIT ORGANIZATIONS (Grants \$)	If this amount includes foreign grants, check here	28a	
29				
	(Grants \$)	If this amount includes foreign grants, check here	29a	
30				
	(Grants \$)	If this amount includes foreign grants, check here	30a	
31	Other program services (describe in Schedule O) (Grants \$)	If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)		32	

Part IV

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

Check if the organization used Schedule O to respond to any question in this Part IV

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

Part V

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

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ ED REISH Telephone no ▶ (307) 237-9405 PO BOX 785 Located at ▶ Casper, WY ZIP + 4 ▶ 826020785		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
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

d	Total number of other independent contractors each receiving over \$100,000	
52	Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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	***** Signature of officer	2012-03-19 Date				
	ED REISH TREASURER Type or print name and title					
Paid Preparer's Use Only	Preparer's signature	Vickie A Ujvary	Date 2012-03-19	Check if self-employed <input checked="" type="checkbox"/>	Preparer's taxpayer identification number (See instructions)	
	Firm's name (or yours if self-employed), address, and ZIP + 4	Vickie A Ujvary CPA LLC 322 South Ash Casper, WY 826012416			EIN	
					Phone no (307) 237-1477	
May the IRS discuss this return with the preparer shown above? See instructions						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
CASPER ANTIQUE & COLLECTORS CLUB

Employer identification number
23-7158227

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☒ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☒ No

b

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

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

3

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

WY

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

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			ANTIQUE SHOW			(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	44,280			44,280	
	2	Less Charitable contributions					
3	Gross income (line 1 minus line 2)	44,280			44,280		
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes					
	6	Rent/facility costs	24,262			24,262	
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses					
	10	Direct expense summary Add lines 4 through 9 in column (d). ▶					(24,262)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶					
							20,018

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))
Direct Expenses	1	Gross revenue				
	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶						()
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶						

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 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

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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2011

Open to Public Inspection

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

CASPER ANTIQUE & COLLECTORS CLUB

Employer identification number

23-7158227

Identifier	Return Reference	Explanation
01 List of grants and similar amounts paid (Part I, line 10)		Activity FORT CASPAR MUSEUM Address 4001 FORT CASPAR RD CASPER WY 82604 Amount 250 Activity CARBON COUNTY MUSEUM Address PO BOX 52 RAWLINS WY 82301 Amount 250 Activity CENTENNIAL VALLEY HISTORICAL ASSOC Address PO BOX 201 CENTENNIAL WY 82058 Amount 250 Activity CROOK COUNTY MUSEUM Address PO BOX 63 SHERIDAN WY 82729 Amount 250 Activity BIG HORN COUNTY HISTORICAL SOCIETY Address PO BOX 566 BIG HORN WY 82833 Amount 250 Activity GLENDO HISTORICAL MUSEUM Address 204 S YELLOWSTONE GLENDO WY 82213 Amount 250 Activity GLENROCK HISTORICAL COMMISSION Address PO BOX 417 GLENROCK WY 82637 Amount 250 Activity GRAND ENCAMPMENT MUSEUM Address PO BOX 43 ENCAMPMENT WY 82325 Amount 250 Activity GLENROCK PALEONTOLOGICAL FOUNDATION Address PO BOX 1362 GLENROCK WY 82637 Amount 250 Activity JOHNSON COUNTY MUSEUM Address PO BOX 596 BUFFALO WY 82834 Amount 250 Activity GREYBULL MUSEUM Address PO BOX 348 GREYBULL WY 82426 Amount 250 Activity HOMESTEADERS MUSEUM Address PO BOX 54 POWELL WY 82435 Amount 250 Activity HOOF PRINTS OF THE PAST Address PO BOX 114 KAYCEE WY 82639 Amount 250 Activity HOT SPRINGS COUNTY MUSEUM Address 700 BROADWAY THERMOPOLIS WY 82443 Amount 250 Activity JACKSON HOLE MUSEUM Address PO BOX 1005 JACKSON HOLE WY 83001 Amount 250 Activity HOMESTEADERS MUSEUM Address PO BOX 250 TORRINGTON WY 82240 Amount 250 Activity LARAMIE PEAK MUSEUM Address 161 N WHEATLAND HWY WHEATLAND WY 82201 Amount 250 Activity LITTLE SNAKE RIVER Address PO BOX 13 SAVERY WY 82332 Amount 250 Activity MEDICINE BOW MUSEUM Address PO BOX 187 MEDICINE BOW WY 82329 Amount 250 Activity MEETEETSEE MUSEUM Address PO BOX 248 MEETEETSEE WY 82433 Amount 250 Activity MOUNTAIN MAN MUSEUM Address PO BOX 909 PINEDALE WY 82941 Amount 250 Activity MUSEUM OF THE AMERICAN WEST Address 1445 MAIN STREET LANDER WY 82520 Amount 250 Activity PARCO-SINCLAIR MUSEUM Address PO BOX 247 SINCLAIR WY 82334 Amount 250 Activity PIONEER MUSEUM Address PO BOX 65 TEN SLEEP WY 82442 Amount 250 Activity RIVERTON MUSEUM Address 700 E PARK AVE RIVERTON WY 82501 Amount 250 Activity ROCK SPRINGS HISTORICAL SOCIETY Address 201 B STREET ROCK SPINGS WY 82901 Amount 250 Activity RED ONION MUSEUM Address 203 PINE STREET UPTAIN WY 82730 Amount 250 Activity SALT CREEK MUSEUM Address PO BOX 253 MIDWEST WY 82643 Amount 250 Activity SARATOGA MUSEUM Address PO BOX 1131 SARATOGA WY 82331 Amount 250 Activity SWEETWATER COUNTY MUSEUM Address 80 WEST FLAMING GORGE WAY GREEN RIVER WY 82935 Amount 250 Activity ST STEPHENS HERITAGE CENTER Address PO BOX 278 ST STEPHENS WY 82524 Amount 250 Activity WASHAKIE COUNTY MUSEUM Address 1115 OBIE SUE AVENUE WORLAND WY 82401 Amount 250 Activity WESTERN HISTORY CENTER Address RT 1 BOX 31 LINGLE WY 82223 Amount 250 Activity WRIGHT CENTENNIAL MUSEUM Address PO BOX 598 WRIGHT WY 82732 Amount 250 Activity ST VINCENT DEPAUL THRIFT STORE Address 301 E H CASPER WY 82601 Amount 1416 Activity WYOMING FOOD BANK OF THE ROCKIES Address 4976 PAIGE MTN VIEW ADDN WY 82604 Amount 600 Activity CENTRAL WYOMING HOSPICE Address 319 S WILSON CASPER WY 82601 Amount 50 Activity CASPER DOLL CLUB Grantee 3512 EAST 24TH ST CASPER WY 82609 Amount 1835 Activity CAMPBELL COUNTY ROCKPILE Address 900 WEST 2ND STREET GILLETTE WY 82717 Amount 250 Activity ANNA MILLER MUSEUM Address PO BOX 698 NEWCASTLE WY 82701 Amount 250 Activity MILL
02 Description of other expenses (Part I, line 16)		Description Amount INSURANCE 425 INVESTMENT MANAGEMENT FEE 95 SECRETARY OF STATE FEE 25

Additional Data

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

Form 990-EZ, Special Condition Description:

Special Condition Description

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
LYNN BELL PO BOX 785 Casper, WY 826020785	President 5	0	0	0
DANIEL HORKAN PO BOX 785 Casper, WY 826020785	Vice President 1	0	0	0
Juanita Japp PO BOX 785 Casper, WY 826020785	Second VP 1	0	0	0
Mary Lou Sherry PO BOX 785 Casper, WY 826020785	Secretary 1	0	0	0
JOHN JAPP PO BOX 785 Casper, WY 826020785	Director 1	0	0	0
BRUCE SMITH PO BOX 785 Casper, WY 826020785	Director 1	0	0	0
ED SPEARS PO BOX 785 Casper, WY 826020785	Director 1	0	0	0
BETTY HAZEN PO BOX 785 Casper, WY 826020785	Director 1	0	0	0