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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form

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

OMB No 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , and ending 12-31-2012

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

C Name of organization
CASPER ANTIQUE & COLLECTORS CLUB

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

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

D Employer identification number
23-7158227

E Telephone number

F Group Exemption Number ▶

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 ▶ $ 42,348

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
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	940
	4	Investment income		4	92
	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	41,316	
	c	Less direct expenses from gaming and fundraising events	6c	23,485	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	17,831
	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	18,863
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	17,830
	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	2,116
	16	Other expenses (describe in Schedule O)		16	548
	17	**Total expenses.** Add lines 10 through 16 ▶		17	21,094
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-2,231
	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	22,542
	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	20,311

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	22,542	22	20,311
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	22,542	25	20,311
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)	22,542	27	20,311

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . ☐

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

What is the organization's primary exempt purpose?
To support museums and 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 47 MUSEUMS LIBRARIES AND OTHER VARIOUS NON-PROFIT ORGANIZATIONS THROUGHOUT THE STATE OF WYOMING (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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V **Other Information** (Note the Schedule A and personal benefit contract 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
35a	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

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

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶ _____			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here . . . . . ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ 43

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? 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	**46**		No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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	**47**		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . .	**48**		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	**49a**		
b	If "Yes," was the related organization a section 527 organization?	**49b**		

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 title of each employee paid more than $100,000	**(b)** Average hours per week devoted to position	**(c)** Reportable compensation (Forms W-2/1099-MISC)	**(d)** Health benefits, contributions to employee benefit plans, and deferred compensation	**(e)** Estimated amount of other compensation

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 . . . . . ▶ ☐ **Yes** ☑ **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

****** 2013-03-18

Signature of officer Date

ED REISH TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☑ if self-employed	PTIN
	Vickie A Ujvary CPA	2013-03-18		P00152103

Firm's name ▶ Vickie A Ujvary CPA LLC — Firm's EIN ▶ 01-0724288

Firm's address ▶ 322 South Ash Street, Casper, WY 826012416 — Phone no (307) 237-1477

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

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

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 email 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

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

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 ANTIQUE SHOW (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	41,316			41,316
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	41,316			41,316
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	14,127			14,127
	7 Food and beverages	1,700			1,700
	8 Entertainment				
	9 Other direct expenses	7,658			7,658
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(23,485)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				17,831

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

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

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

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ 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 of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ 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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation

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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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
CASPER ANTIQUE & COLLECTORS CLUB

Employer identification number
23-7158227

Identifier	Return Reference	Explanation
O01	List of grants and similar amounts paid Part I line 10	Activity FORT CASPER MUSEUM Street 4001 FORT CASPER RD City, State, Zip CASPER WY 82604 Amount 800 Activity CARBON COUNTY MUSEUM Street PO BOX 52 City, State, Zip RAWLINS WY 82301 Amount 300 Activity CENTENNIAL VALLEY HISTORICAL ASSOC Street PO BOX 201 City, State, Zip CENTENNIAL WY 82058 Amount 300 Activity CROOK COUNTY MUSEUM Street PO BOX 63 City, State, Zip SHERIDAN WY 82729 Amount 300 Activity BIG HORN COUNTY HISTORICAL SOCIETY Street PO BOX 566 City, State, Zip BIG HORN WY 82833 Amount 300 Activity GLENDO HISTORICAL MUSEUM Street 204 S YELLOWSTONE City, State, Zip GLENDO WY 82213 Amount 300 Activity GLENROCK HISTORICAL COMMISSION Street PO BOX 417 City, State, Zip GLENROCK WY 82637 Amount 300 Activity GRAND ENCAMPMENT MUSEUM Street PO BOX 43 City, State, Zip ENCAMPMENT WY 82325 Amount 300 Activity GLENROCK PALEONTOLOGICAL FOUNDATION Street PO BOX 1362 City, State, Zip GLENROCK WY 82637 Amount 300 Activity CONVERSE COUNTY LIBRARY Street 300 WALNUT City, State, Zip DOUGLAS WY 82633 Amount 500 Activity GREYBULL MUSEUM Street PO BOX 348 City, State, Zip GREYBULL WY 82426 Amount 300 Activity HOMESTEADERS MUSEUM Street PO BOX 54 City, State, Zip POWELL WY 82435 Amount 300 Activity HOOF PRINTS OF THE PAST Street PO BOX 114 City, State, Zip KAYCEE WY 82639 Amount 300 Activity HOT SPRINGS COUNTY MUSEUM Street 700 BROADWAY City, State, Zip THERMOPOLIS WY 82443 Amount 300 Activity JACKSON HOLE MUSEUM Street PO BOX 1005 City, State, Zip JACKSON HOLE WY 83001 Amount 300 Activity HOMESTEADERS MUSEUM Street PO BOX 250 City, State, Zip TORRINGTON WY 82240 Amount 300 Activity LARAMIE PEAK MUSEUM Street 161 N WHEATLAND HWY City, State, Zip WHEATLAND WY 82201 Amount 300 Activity LITTLE SNAKE RIVER Street PO BOX 13 City, State, Zip SAVERY WY 82332 Amount 300 Activity MEDICINE BOW MUSEUM Street PO BOX 187 City, State, Zip MEDICINE BOW WY 82329 Amount 300 Activity MEETEETSEE MUSEUM Street PO BOX 248 City, State, Zip MEETEETSEE WY 82433 Amount 300 Activity MOUNTAIN MAN MUSEUM Street PO BOX 909 City, State, Zip PINEDALE WY 82941 Amount 300 Activity MUSEUM OF THE AMERICAN WEST Street 1445 MAIN STREET City, State, Zip LANDER WY 82520 Amount 300 Activity PARCO-SINCLAIR MUSEUM Street PO BOX 247 City, State, Zip SINCLAIR WY 82334 Amount 300 Activity PIONEER MUSEUM Street PO BOX 65 City, State, Zip TEN SLEEP WY 82442 Amount 300 Activity RIVERTON MUSEUM Street 700 E PARK AVE City, State, Zip RIVERTON WY 82501 Amount 300 Activity ROCK SPRINGS HISTORICAL SOCIETY Street 201 B STREET City, State, Zip ROCK SPINGS WY 82901 Amount 300 Activity RED ONION MUSEUM Street 203 PINE STREET City, State, Zip UPTAIN WY 82730 Amount 300 Activity SALT CREEK MUSEUM Street PO BOX 253 City, State, Zip MIDWEST WY 82643 Amount 300 Activity SARATOGA MUSEUM Street PO BOX 1131 City, State, Zip SARATOGA WY 82331 Amount 300 Activity SWEETWATER COUNTY MUSEUM Street 80 WEST FLAMING GORGE WAY City, State, Zip GREEN RIVER WY 82935 Amount 300 Activity ST STEPHENS HERITAGE CENTER Street PO BOX 278 City, State, Zip ST STEPHENS WY 82524 Amount 300 Activity WASHAKIE COUNTY MUSEUM Street 1115 OBIE SUE AVENUE City, State, Zip WORLAND WY 82401 Amount 300 Activity WESTERN HISTORY CENTER Street RT 1 BOX 31 City, State, Zip LINGLE WY 82223 Amount 300 Activity WRIGHT CENTENNIAL MUSEUM Street PO BOX 598 City, State, Zip WRIGHT WY 82732 Amount 300 Activity NATRONA COUNTY 4H CLUB Street 2011 FAIRGROUNDS ROAD City, State
O02	Description of other expenses Part I line 16	Description Amount INSURANCE 425 INVESTMENT MANAGEMENT FEE 95 SECRETARY OF STATE FEE 28

Additional Data

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

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

(a) Name and title	**(b)** Average hours per week devoted to position	**(c)**Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	**(d)** Health benefits, contributions to employee benefit plans, and deferred compensation	**(e)** Estimated amount of other compensation
DAN HORKAN President	5 00	0	0	0
BARBARA REISH Vice President	1 00	0	0	0
Juanita Japp Second VP	1 00	0	0	0
Mary Lou Sherry Secretary	1 00	0	0	0
ED REISH Treasurer	5 00	0	0	0
JOHN JAPP Director	1 00	0	0	0
ED SPEARS Director	1 00	0	0	0
BETTY HAZEN SUPER FLEA DIRECTOR	1 00	0	0	0
LYNN A BELL Past President	1 00	0	0	0