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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 private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final 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 province, country, and ZIP or foreign postal code

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 Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other _____

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, column (B)) below are \$500,000 or more, file Form 990 instead of Form 990-EZ ☒ \$ 40,268

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 <input checked="" type="checkbox"/>									
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	695
	4	Investment income						4	6
	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	39,567		
	c	Less direct expenses from gaming and fundraising events				6c	23,516		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)						6d	16,051
	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	16,752	
Expenses	10	Grants and similar amounts paid (list in Schedule O)						10	13,147
	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	550
	14	Occupancy, rent, utilities, and maintenance						14	
	15	Printing, publications, postage, and shipping						15	1,067
	16	Other expenses (describe in Schedule O)						16	450
	17	Total expenses. Add lines 10 through 16						17	15,214
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	1,538
	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	17,946
	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	19,484

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	17,946	22	19,484
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	17,946	25	19,484
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)	17,946	27	19,484

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

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

DONATIONS TO 49 MUSEUMS LIBRARIES AND OTHER VARIOUS NON-PROFIT ORGANIZATIONS
28 THROUGHOUT THE STATE OF WYOMING
(Grants \$) If this amount includes foreign grants, check here

29

(Grants \$) If this amount includes foreign grants, check here

30

(Grants \$) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

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

Expenses
(Required for section 501 (c)(3) and 501(c)(4) organizations, optional for others)

28a

29a

30a

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
BARBARA REISH President	5 00	0	0	0
CHARLEEN HOWELL Vice President	1 00	0	0	0
JENNY MILLER Secretary	1 00	0	0	0
ED REISH Treasurer	5 00	0	0	0
RICHARD BETTS Director	1 00	0	0	0
BETTY HAZEN SUPER FLEA DIRECTOR	1 00	0	0	0
DAN HORKAN Past President	1 00	0	0	0

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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 ▶ <u>ED REISH</u> Telephone no ▶ <u>(307) 237-9405</u> Located at ▶ <u>PO BOX 785 Casper, WY</u> ZIP + 4 ▶ <u>826020785</u>		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b	No
c	At any time during the calendar year, did the organization maintain an office outside 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 <input type="checkbox"/> 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 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? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i>	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? <i>If "No," provide an explanation in Schedule O</i>	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		
48	Is the organization a school as 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 title of each employee	(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 business address of each independent contractor	(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 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	***** Signature of officer		2016-05-13 Date				
	ED REISH TREASURER Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name Vickie A Ujvary CPA		Preparer's signature		Date 2016-05-13	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00152103
	Firm's name <input checked="" type="checkbox"/> Vickie A Ujvary CPA LLC					Firm's EIN <input checked="" type="checkbox"/> 01-0724288	
	Firm's address <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input 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" on 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

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

a

☐ Mail solicitations

b

☐ Internet and 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?		(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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total▶						

3

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

Part II Fundraising Events.

Complete if the organization answered "Yes" on 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	(b)Event #2	(c)Other events	(d)
		ANTIQUE SHOW (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1	Gross receipts	39,567		39,567
	2	Less Contributions			
	3	Gross income (line 1 minus line 2)	39,567		39,567
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	10,320		10,320
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	13,196		13,196
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			23,516
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			16,051

Part III Gaming.

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

Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<div><div><input type="checkbox"/> Yes_____ %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes_____ %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes_____ %</div><div><input type="checkbox"/> No</div></div>	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d). ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a

Is the organization licensed to conduct 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 conduct 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 conducted 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. 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).

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization CASPER ANTIQUE & COLLECTORS CLUB	Employer identification number 23-7158227
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990 Schedule O, Supplemental Information

Return Reference	Explanation
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 82604Amount 200Activity CARBON COUNTY MUSEUM Street PO BOX 52 City, State, Zip RAWLINS, WY 82301Amount 200Activity CENTENNIAL VALLEY HISTORICAL ASSOC Street PO BOX 201 City, State, Zip CENTENNIAL, WY 82058Amount 200Activity CROOK COUNTY MUSEUM Street PO BOX 63 City, State, Zip SHERIDAN, WY 82729Amount 200Activity BIG HORN COUNTY HISTORICAL SOCIETY Street PO BOX 566 City, State, Zip BIG HORN, WY 82833Amount 200Activity GLENDO HISTORICAL MUSEUM Street 204 S YELLOWSTONE City, State, Zip GLENDO, WY 82213Amount 200Activity GLENROCK HISTORICAL COMMISSION Street PO BOX 417 City, State, Zip GLENROCK, WY 82637Amount 200Activity GRAND ENCAMPMENT MUSEUM Street PO BOX 43 City, State, Zip ENCAMPMENT, WY 82325Amount 200Activity GLENROCK PALEONTOLOGICAL FOUNDATION Street PO BOX 1362 City, State, Zip GLENROCK, WY 82637Amount 200Activity CONVERSE COUNTY LIBRARY Street 300 WALNUT City, State, Zip DOUGLAS, WY 82633Amount 200Activity GREY BULL MUSEUM Street PO BOX 348 City, State, Zip GREY BULL, WY 82426Amount 200Activity HOMESTEADERS MUSEUM Street PO BOX 54 City, State, Zip POWELL, WY 82435Amount 200Activity HOOF PRINTS OF THE PAST Street PO BOX 114 City, State, Zip KAY CEE, WY 82639Amount 200Activity HOT SPRINGS COUNTY MUSEUM Street 700 BROADWAY City, State, Zip THERMOPOLIS, WY 82443Amount 200Activity JACKSON HOLE MUSEUM Street PO BOX 1005 City, State, Zip JACKSON HOLE, WY 83001Amount 200Activity HOMESTEADERS MUSEUM Street PO BOX 250 City, State, Zip TORRINGTON, WY 82240Amount 200Activity LARAMIE PEAK MUSEUM Street 161 N WHEATLAND HWY City, State, Zip WHEATLAND, WY 82201Amount 200Activity LITTLE SNAKE RIVER Street PO BOX 13 City, State, Zip SAVERY, WY 82332Amount 200Activity MEDICINE BOW MUSEUM Street PO BOX 187 City, State, Zip MEDICINE BOW, WY 82329Amount 200Activity MEETEETSEE MUSEUM Street PO BOX 248 City, State, Zip MEETEETSEE, WY 82433Amount 200Activity MOUNTAIN MAN MUSEUM Street PO BOX 909 City, State, Zip PINEDALE, WY 82941Amount 200Activity MUSEUM OF THE AMERICAN WEST Street 1445 MAIN STREET City, State, Zip LANDER, WY 82520Amount 200Activity PARCO-SINCLAIR MUSEUM Street PO BOX 247 City, State, Zip SINCLAIR, WY 82334Amount 200Activity PIONEER MUSEUM Street PO BOX 65 City, State, Zip TEN SLEEP, WY 82442Amount 200Activity RIVERTON MUSEUM Street 700 E PARK AVE City, State, Zip RIVERTON, WY 82501Amount 200Activity ROCK SPRINGS HISTORICAL SOCIETY Street 201 B STREET City, State, Zip ROCK SPINGS, WY 82901Amount 200Activity RED ONION MUSEUM Street 203 PINE STREET City, State, Zip UPTAIN, WY 82730Amount 200Activity SALT CREEK MUSEUM Street PO BOX 253 City, State, Zip MIDWEST, WY 82643Amount 350Activity SARATOGA MUSEUM Street PO BOX 1131 City, State, Zip SARATOGA, WY 82331Amount 200Activity SWEETWATER COUNTY MUSEUM Street 80 WEST FLAMING GORGE WAY City, State, Zip GREEN RIVER, WY 82935Amount 200Activity ST STEPHENS HERITAGE CENTER Street PO BOX 278 City, State, Zip ST STEPHENS, WY 82524Amount 200Activity WASHAKIE COUNTY MUSEUM Street 1115 OBIE SUE AVENUE City, State, Zip WORLAND, WY 82401Amount 200Activity WESTERN HISTORY CENTER Street RT 1 BOX 31 City, State, Zip LINGLE, WY 82223Amount 200Activity WRIGHT CENTENNIAL MUSEUM Street PO BOX 598 City, State, Zip WRIGHT, WY 82732Amount 200Activity WOUNDED WARRIOR PROJECT Street PO BOX 758517 City, State, Zip TOPEKA, KS 66675Amount 500Activity AMERICAN LEGION AUXILIARY
Description of other expenses Part I line 16	Description AmountINSURANCE 425SECRETARY OF STATE FEE 25