	m 4562 (202			PER AR									83-	0241	107 F	² age 2
Pa	art V Lis	tertainment	rty (Include a	utomobiles, c	ertain ot	her vehic	cles, cert	tain airci	raft, ar	nd proper	ty used fo	r				
	No	te: For any	vehicle for w (a) through (c	hich vou are	using the	e standar Section B	rd mileag , and Se	ge rate c ection C	or dedu if app	ucting lea	se expens	se, com	plete on	ly 24a,		
		Section A	- Depreciation	on and Other	Informa	ation (Ca	aution: S	See the i	nstruc	tions for l	imits for p	asseng	er autor	nobiles.)		
24a	Do you have	evidence to	support the bu	siness/investm	ient use c	laimed?	Y	es	No	24b f "	es," is th	e evide	nce writt	ten?	Yes	No
	(a) Type of pr (list vehicle		(b) Date placed in service	(c) Business investmer use percenta	it o	(d) Cost or ther basis	Chur	(e) is for depresiness/inve use only	estment	(f) Recovery period	Met	g) hod/ ention	Depre	h) eciation uction	(Elec section co	n 179
25			lowance for q													
			n a qualified b									25				
26	Property us	ed more tha	an 50% in a c	ualified busin	ness use	:				1	1					
					%											
			- I I		%											
					%											
27	Property us	ed 50% or	less in a qual	ified business	s use:					1	1					
					%						S/L ·					
					%						S/L -					
					%						S/L -					
28	Add amoun	ts in colum	n (h), lines 25	through 27.	Enter hei	re and or	n line 21,	page 1				28				
29	Add amoun	ts in colum	n (i), line 26. E	Enter here and	d on line	7, page	1			<u></u>				. 29		
					Section	B - Infor	mation	on Use	of Vel	nicles						
Cor	mplete this s	ection for v	ehicles used	by a sole pro	prietor, p	artner, c	or other '	'more th	an 5%	owner,"	or related	persor	n. lf you j	provideo	l vehicles	
to y	our employe	es, first an	swer the que	stions in Sect	tion C to	see if yo	u meet a	an excep	otion to	o complet	ing this se	ection f	or those	vehicles	s.	
												ig the coolien it				
						(a)	(b)		(c)	(d) Vehicle		(e) Vehicle		(f)	
30	Total busines	s/investment	t miles driven d	luring the	Ve	hicle	Vel	nicle	1	/ehicle					Vehi	cle
	vear (don't in	clude comm	uting miles)	-												
31			driven during													
			oncommuting													
-																
33	Total miles															
00			2													
34			ble for persor		Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
04							100	110								
25			orimarily by a													
30			ted person?	more												
00							1						-			
30			able for perso													
	use?		Castian O	- Questions	for Emr	lovere V	Nho Dro	vide Ve	hieles	for Lloo l	w Thoir E	mploy	000			
A			determine if											ron't		
			elated person		exceptio	11 10 0011	pleting	Section	D IUI V	/enicles u	seu by en	ipioyee	s who a	Tent		
_			ten policy sta		vrahihita	all porco		ofvobio	los inc		mmuting	by you	r		Yes	No
37	man models in the second											by you			105	140
~~	employees	(ten policy sta					vobiolog		ot oommi	ting by y				·	
38																
			structions for													+
			vehicles by e												·	
40			han five vehic													
			, and retain th													
41			rements conc												·	1
-	A CONTRACTOR OF		o 37, 38, 39, 4	40, or 41 is "\	es," dor	n't compl	ete Sect	tion B to	or the c	covered ve	ehicles.					
P	art VI An				(1-)	1	(-)		Т	(م)		(0)			(f)	
		(a) Description	of costs	Da	(b) ate amortizatio	n	(C) Amortiza	ble		(d) Code		(e) Amortiz	ation		(f) mortization	
					begins		amour			section		period or pe	ercentage	f	or this year	
42	Amortizatio	on of costs t	that begins d	uring your 20	21 tax ye	ear:			1			-				
					: :	_										

· · 5 , *

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1 - 2

43	Amortization of costs that began before your 2021 tax year	43
-10		
44	Total Add amounts in column (f). See the instructions for where to report	44

d. · ·

			a fa b			a
			EXTENDED TO JULY 17, 202	2		
	0	00	Return of Organization Exempt From		.	OMB No. 1545-0047
Forr	" 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	(except private for	ax (Indations)	2021
			Do not enter social security numbers on this form as it m			
Depa Interr	rtment o ial Rever	f the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the la	1512 J.		Open to Public Inspection
AF	or the	2021 calend	ar year, or tax year beginning ${\tt SEP1, 2021}$ and ending	AUG 31, 2	2022	
Bo	heck if	C Name of	forganization	D Employer	dentificati	on number
	Addres					
_	_change	CASP	ER ARTISTS GUILD			
-	_chang]Initial		usiness as		241107	
=]return Final		and street (or P.O. box if mail is not delivered to street address) Room/s			F F
L	Jreturn/ termin ated	-	WEST MIDWEST own, state or province, country, and ZIP or foreign postal code		265-26	the second se
	Ameno	· · · · · ·	ER, WY 82601	G Gross receipts H(a) Is this a g		176,205.
	Applic		nd address of principal officer: JENNIEY ELLIOTT		dinates?	
	pendir		AS C ABOVE	H(b) Are all subo		
IT	ax-exe	empt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or			See instructions
			CASPERARTGUILD.ORG	H(c) Group ex		
			X Corporation Trust Association Other ► L	Year of formation: 19	979 м St	ate of legal domicile: WY
Pa	rt I	Summary				
e			e the organization's mission or most significant activities: TO NURTU			
ano	1 N		ING AS WELL AS TO INCREASE ACCESS TO			
verr	5 50 10		x if the organization discontinued its operations or disposed of r			
Go			ting members of the governing body (Part VI, line 1a)			10
ş			lependent voting members of the governing body (Part VI, line 1b)			<u> 10</u> 5
Activities & Governance			of volunteers (estimate if necessary)			0
ctiv			d business revenue from Part VIII, column (C), line 12			0.
٩			business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year		Current Year
e	8	Contributions	and grants (Part VIII, line 1h)	194,5	536.	99,155.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)	5,3	342.	11,606.
Rev			come (Part VIII, column (A), lines 3, 4, and 7d)		26.	49.
_			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,8		7,434.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	220,7		118,244.
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
~			to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A), lines 5-10)	140,5		121,933.
Expenses			undraising fees (Part IX, column (A), line 11e)	140,5	0.	0.
per			ing expenses (Part IX, column (D), line 25) ► 0 •			
ň			es (Part IX, column (A), lines 11a-11d, 11f-24e)	85,3	304.	117,806.
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)	225,8	310.	239,739.
	19	Revenue less	expenses. Subtract line 18 from line 12	-5,0)11.	-121,495.
s or				Beginning of Currer	nt Year	End of Year
Net Assets or Fund Balances	20		Part X, line 16)	1,250,4		1,127,874.
et As	21		(Part X, line 26)		123.	-628.
			fund balances. Subtract line 21 from line 20	1,249,9	997.	1,128,502.
10 State	art II	Signatur	I declare that I have examined this return, including accompanying schedules and st	atamanta and to the h	act of my kn	owledge and belief, it is
			. Declaration of preparer (other than officer) is based on all information of which pre			owiedye and beller, it is
uuc,	COTTEL				90.	
Sig	n	Signatur	e of officer	Date		
Her		JENN	IEY ELLIOTT, DIRECTOR			
			print name and title			
		Print/Type pre	parer's name Preparer's signature	Date	Check	PTIN
Paid	I	ROXY L.	SKOGEN, CPA			P00072753
Prep	arer		▶ SKOGEN, COMETTO & ASSOCIATES, P.C.	Firm's	EIN 🕨 83	0232451
Use	Only	Firm's address	▶ 104 SOUTH WOLCOTT, SUITE 735		100-	
			CASPER, WY 82601	Phone	no. (307)234-5395
						X Yes No
1320	01 12-0	9-21 LHA I	For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

· ,	A.			83-02	2 4 1107 F	Page 2
	CASPER ARTIS	TS GUILD				
rm 990 (2021) Part III Statement of F	Program Service Ac	r note to any line in this Part III				
Check if Schedule	Dization's mission:	RTISTS IN WYOMIN EXCITING ARE EX	A NO WELL.	AS TO INCR	EASE	
Briefly describe the organ	ND EDUCATE AF	RTISTS IN WYOMIN	NG AS WELL	FOR ALL.		
TO NURTURE A	ANTNGFUL AND	RTISTS IN WYOMIN EXCITING ARE EX	(PERIENCES	TOR HE		
ACCESS TO ME.	ANTINOTOL					
			i i i i i i i i i i i i i i i i i i i	d on the		
	dertake any significant pr	ogram services during the yea	r which were not liste		Yes	X No
prior Form 990 or 990 E	new services on Schedu	ule O. significant changes in how it c).		m convices?	Yes	X No
If "Yes, describe those	ase conducting, or make	significant changes in how it c	onducts, any progra	III Sel VICes :		
3 Did the organization cea	e changes on Schedule O).		annions as measure	d by expenses.	
Describe the organizati	on's program service acc). complishments for each of its the amount	hree largest program	tions to othors the t	otal expenses, a	ind
4 Describe the organization Section 501(c)(3) and 5	01(c)(4) organizations are	complishments for each of its to e required to report the amoun	t of grants and alloca			
revenue, if any, for each	h program service reporte	ed.			26	940.)
4a (Code:) (Exper	nses \$ 196,	ed. , 108 • including grants of \$			WORKSHOT	PS
PROVIDE EDU	CATION AND EN	JOYMENT OF ART	THROUGH EX	HIBITIONS,	WORKSHO	
AND GALLERY	SALES.					
1110 011						
				10		
4b (Code:) (Expe	enses \$	including grants of \$) (Revenue \$		
4c (Code:) (Expe	enses \$	including grants of \$) (Revenue \$		
4d Other program service	es (Describe on Schedule	· O.)				
4d Other program service (Expenses \$	71. Pis. 1987. 2017	0.) ng grants of \$ 196,108.) (Revenue \$)	

Form 990 (2021)

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 Form 990 (2021)
 CASPER ARTISTS GUILD
 83-0241107
 Page 3

 Part IV
 Checklist of Required Schedules
 83-0241107
 Page 3

. . . .

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
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		X
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		х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		X
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, for escrow or custodial account liability, 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," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		v
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10	1977 1977	X
11	as applicable.		-	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 iu		
~	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		Х
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
2	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101-		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		- 21
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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 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 Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	20200		
	complete Schedule G, Part III	19		X
20a		20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domestic government on Part IA, column (A), the TET Tes, complete ochedule I, Parts Fand II	1 41		1 4 2

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 Form 990 (2021)
 CASPER
 ARTISTS
 GUILD

 Part IV
 Checklist of Required Schedules (continued)

. . . .

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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 employees? If "Yes," complete	00		Х
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		Δ
240	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 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction 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 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	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	00		v
~~	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		х
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? <i>If</i> "Yes," <i>complete</i>			
52	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
0.	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, 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, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	0		
b	Enter the number of Forms W-2d included on the ra. Enter of in for applicable	4		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1c		
	(gambling) winnings to prize winners?		000	(0001)

	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		10.
		5	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	. 3b	
4a	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)?	. 4a	
b	If "Yes," enter the name of the foreign country		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		
b			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. 5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		
	any contributions that were not tax deductible as charitable contributions?	. 6a	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		
-	were not tax deductible?	. 6b	
7 a	organizations that may receive deductible contributions under section 170(c).		
b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	? 7a	
	i ros, did the organization notify the donor of the value of the goods are any interval	7b	
d	to file Form 8282?	7c	
е	Did the organization receive and finite way for the year		
f	Did the organization during the	7e	
		7f	
8	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the Sponsoring organization have excess business holdings at any time during the use?	7g	
•	sponsoring organization have excess business holdings at any time during the year?	7h	
9	Sponsoring organization		
	sing organizations maintaining doner and in a white during the year?		
h ſ	Did the sponsorial	8	
b [0 0	Did the sponsorial	8	
ь [10 ș	Did the sponsoring organization make any taxable distributions under section 4966?	8 9a	
b[10 § alr	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a	
b[10 § alr	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
b [10 s a lr b G 1 s	Did the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter: hitiation fees and capital contributions included on Part VIII, line 12 aross receipts, included on Form 990, Part VIII, line 12 formula for a formula formul	9a	
b [10 s a lr b G 1 S a G	Did the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter: nitiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 10a 10b	9a	
b [0 s 1 b G 1 S a G b G	Did the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter: nitiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 10b	9a	
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b [l0 s a lr b G 1 S a G b Gr a Se b lf "	Did the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter: nitiation fees and capital contributions included on Part VIII, line 12 across receipts, included on Form 990, Part VIII, line 12, for public use of club facilities across income from members or shareholders ross income from other sources. (Do not net amounts due or paid to other sources against nounts due or received from them.) Yes, " enter the amount of tax-exempt interest roganization filing Form 990 in line effect	9a	
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b [lo s a lr b G 1 S a G b G a G b G b G a Se b lf " Sec a ls th Not	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: nitiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ection 501(c)(12) organizations. Enter: ross income from members or shareholders ross income from other sources. (Do not net amounts due or paid to other sources against nounts due or received from them.) Yes," enter the amount of tax-exempt interest received or accrued during the year Yes," enter the amount of tax-exempt interest received or accrued during the year Yes, See the instruction licensed to issue qualified health plage in	9a	
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b [10 s a lr b G 1 s a G b G a G b G b G b G b G b G b G c a G b G b G c b G c b G c b G c b G c c c c c c c c c c c c c	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Initiation fees and capital contributions included on Part VIII, line 12 initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities into sponsoring organizations. Enter: into sponsoring organizations. Enter: ross income from members or shareholders nounts due or received from them.) into advisor of the sources. (Do not net amounts due or paid to other sources against into advisor of index of the sources against into advisor of advisor of the alth insurance issuers. into advisor of advisor of advisor of advisor is required to maintain by the states in which the intraction is licensed to issue qualified health plans int e amount of reserves on hand intraction receive any payments for indoor tanning services during the tax year? iss, "has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O iss, "as et he instructions and file Form 4720, Schedule N. is parachute payment(s) during the year? is ganization an educational information tanning services during the tax year? <td>9a 9b 12a 3a</td> <td></td>	9a 9b 12a 3a	
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CASPER ARTISTS GUILD

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x - 1

Governance, Man							No"	response
to line 8a, 8b, or 10b be	low, describe the c	circumstances, pr	rocesses, or ch	anges on Schedul	le O. See instr	uctions.		

Check if Schedule O contains a response or note to any	y line in this Part VI
--------------------------------------------------------	------------------------

X

Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	0			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	0			1021
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with					20
	officer, director, trustee, or key employee?				2		х
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form				4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as				5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			. –	-		
	more members of the governing body?				7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	persons other than the governing body?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ear by t	he followina:				
а	The governing body?				8a	х	
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 rea			. –			
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F			<u>. </u>	•		
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			1	l0a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such of			. –			
2	and branches to ensure their operations are consistent with the organization's exempt purposes?			1	0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo				1a		X
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	.,	y	F			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			1	l2a		x
b							
c				· F	2b		
0	on Schedule O how this was done			1	l2c		
13	Did the organization have a written whistleblower policy?			. –	13		X
14	Did the organization have a written document retention and destruction policy?				14		X
15	Did the process for determining compensation of the following persons include a review and approv			. –			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'						
а	The organization's CEO, Executive Director, or top management official			1	15a	х	
	Other officers or key employees of the organization				15b	Х	
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			· [
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a				1.8
iou	taxable entity during the year?			1	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			. –			
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga						1
	exempt status with respect to such arrangements?			1	16b		
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 (1024 or 1024-A, if applicable), 990, a	and 9	90-T (section 501(c	(3)s	only	avail	able
.0	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain	n on S	Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or		5.	and	finar	ncial	
.5	statements available to the public during the tax year.		P				
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks	and records 🕨				
20	CASPER ARTISTS' GUILD - 307-265-2655						
	321 W MIDWEST AVE, CASPER, WY 82601						

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orm 990 (2	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	ensated	
Part VII	Compensation of Officers, Directors, Hustees, Rey Employees, Higher		
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per	er box, unless person is		than	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) TYLER CESSOR	40.00	x						46 155	0.	0
EXECUTIVE DIRECTOR (2) MICHELE SOULEK	2.00	Δ	-		-	-		46,155.	0.	0.
DIRECTOR	2100	x						0.	Ο.	0.
(3) SUZANNE MORLOCK	2.00									
DIRECTOR		X						0.	0.	0.
(4) JENNIFER JOHNSON	2.00									0
DIRECTOR	2.00	X				-	-	0.	0.	0.
(5) BRIAN HELLING	2.00	x						0.	0.	0.
DIRECTOR (6) GAGE WILLIAMS	2.00	1		-	-	-			0.	0.
DIRECTOR		x						0.	0.	0.
(7) CASSIE MURPHY DIRECTOR	2.00	x						0.	0.	0.
(8) ROBERT MARTINEZ CO-CHAIR	2.00			x				0.	0.	0.
(9) LAURA HUNTER CO-CHAIR	2.00	-		x				0.	0.	0.
(10) STEVE KNOX	2.00	-		x				0.	0.	0.
TREASURER (11) CARL OLESON	2.00									
VICE PRESIDENT		-	-	X		-	-	0.	0.	0.
		1	-	-	-	-	-			
		1								
		-								
		-								
		+	+							

Form 990 (2021) CASPER A	RTISTS (GUI	LL)					83-024	110	7 ғ	Page 8
Part VII Section A. Officers, Directors, Trus	stees, Key Em	oloy	ees,	and	d Hi	ghe	st C		es (continued)			
(A) Name and title	(B) Average hours per week (list any	box, offic	not cł unles	ss pe	ition more rson	than is bot pr/trus	n an	(D) Reportable compensation from the	(E) Reportable compensation from related	ion amount of ed other ons compensation ISC/ from the		t of r
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)			ne tion ted
1b Subtotal c Total from continuation sheets to Part V								46,155. 0.	0			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but number)								46,155. eceived more than \$100	0,000 of reportable	•		0.
compensation from the organization											Yes	0 No
3 Did the organization list any former officer												x
line 1a? <i>If "Yes," complete Schedule J for s</i> 4 For any individual listed on line 1a, is the s								her compensation from		3	-	
and related organizations greater than \$15										4		X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	Product Address - Contracting Bernards									5		x
Section B. Independent Contractors 1 Complete this table for your five highest co	ompensated in	dene	ande	nt c	ont	racto	ors t	hat received more than	\$100.000 of compe	nsatio	n from	
the organization. Report compensation for										isation	1 HOIII	
(A) Name and business	s address	N	ONE	3				(B) Description of s	services		(C) pensati	on
							_					
2 Total number of independent contractors			mite	d to	the	ise li	ster	above) who received r	nore than			
2 Total number of independent contractors	(including but i		into	- 10								

0

. . . .

\$100,000 of compensation from the organization

. · . · ·

	t VIII				nec -	or note to ony line	in this Dart VIII			[
		Check if Schedule O	conta	ains a respo	nse (or note to any line	(A) (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude
	1 a	Federated campaigns		1a						
	b	Membership dues		1b		9,885.				
	С	Fundraising events		1c						
	d	Related organizations		1d						
		Government grants (cont							1995	
5	f	All other contributions, gifts,		2						
		similar amounts not include	d abov			89,270.				
	•	Noncash contributions included i								
5	h	Total. Add lines 1a-1f					99,155.			
					ļ	Business Code				
	2 a	EDUCATIONAL				900099	11,606.	11,606.		
	b									
	С									
	d				_					
	е				_					
		All other program service					11 606			
+	1	Total. Add lines 2a-2f	1997 C	dartic science and sold			11,606.			
	3	Investment income (inclu	0			S	4.0			
		other similar amounts)					49.			49
	4	Income from investment								
	5	Royalties								
		a		(i) Real		(ii) Personal				
		Gross rents				6,850.				
		Less: rental expenses	6b			0.				
		Rental income or (loss)	6c			6,850.	C 050	C 050		
		Net rental income or (loss	·	(i) Socurit			6,850.	6,850.		
	7 a	Gross amount from sales of	1.00	(i) Securit	Ies	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses						Children and the second		
		Gain or (loss)	10							
		Net gain or (loss)			<u> </u>					
	8 а	Gross income from fundrais								
		including \$								
		contributions reported or				25,034.			1.245	
		Part IV, line 18			8a 8b					
		Less: direct expenses				second seco	-7,900.			-7,90
		Net income or (loss) from Gross income from gami				►	7,900.			1,900
	9 a									
	Ŀ	Part IV, line 19			9a 9b					
		Net income or (loss) from								
		Gross sales of inventory,			<u></u>					
	iu a	and allowances			100	33 511				
	ь.				104	25,027.				
		Less: cost of goods sold					8,484.	8,484.		
+	С	Net income or (loss) from	i sale	S OF INVENTO	ıy	Business Code	0,404.	0,404.		
an	11 a									
нечепие	b				No. Contraction of the					
Re	c									
		All other revenue								
- E	0	Total. Add lines 11a-11d				P	118,244.	26,940.	0.	-7,85

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Form 990 (2021) CASPER ARTISTS GUILD 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).

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	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				n del un del con Sierre l
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				-
5	Compensation of current officers, directors,				
	trustees, and key employees	40,741.		40,741.	
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	73,115.	73,115.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	8,077.	5,187.	2,890.	
11	Fees for services (nonemployees):				
	Management				
	Legal	1 0 2 7	1 0 2 7		
	Accounting	1,837.	1,837.		
	Lobbying				
	Professional fundraising services. See Part IV, line 17 Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	9,610.	9,610.		
13	Office expenses	4,767.	4,767.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
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	00.016	00.016		
22	Depreciation, depletion, and amortization	28,216.	28,216.		
23		4,243.	4,243.		v
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	REPAIRS & MAINTENANCE	33,197.	33,197.		
b	UTILITIES	14,970.	14,970.		
С	EDUCATIONAL EXPENSE	10,482.	10,482.		
d	DUES & SUBSCRIPTIONS	3,660.	3,660.		
е	All other expenses	6,824.	6,824.		
25	Total functional expenses. Add lines 1 through 24e	239,739.	196,108.	43,631.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				E 000 (200

132010 12-09-21

x × x *

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CASE	PER	ART:	ISTS	GUILD	

83-0241107 Page 11

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		Check if Schedule O contains a response or not	e to any li	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			53,244.	1	7,476.
	2	Savings and temporary cash investments			97,383.	2	34,673.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,750.	4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial cor	ntributor, or 35%			
		controlled entity or family member of any of thes	se person:	S		5	
	6	Loans and other receivables from other disquali	fied perso	ons (as defined			
		under section 4958(f)(1)), and persons described	d in sectio	on 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	188,561.	1,098,043.	10c	1,069,827.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line	I1			12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	15,898.
	16	Total assets. Add lines 1 through 15 (must equ			1,250,420.	16	1,127,874.
	17	Accounts payable and accrued expenses			423.	17	-628.
	18	Grants payable				18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form		and the second s			
Liabilities		trustee, key employee, creator or founder, subs					
-iab		controlled entity or family member of any of the				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24). C	Complete Part X		0.5	
		of Schedule D			423.	25	-628.
	26	Total liabilities. Add lines 17 through 25			423.	26	-020.
S		Organizations that follow FASB ASC 958, che	eck here				
nce		and complete lines 27, 28, 32, and 33.				27	
sala	27	Net assets without donor restrictions		CAMO ENADA ENDO		28	
Вр	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 9				20	
Fur							
or	00	and complete lines 29 through 33. Capital stock or trust principal, or current funds			0.	29	0.
ets	29	Paid-in or capital surplus, or land, building, or eq			0.		0.
Net Assets or Fund Balances	30	Retained earnings, endowment, accumulated in			1,249,997.	++	1,128,502.
et ,	31 32	Total net assets or fund balances			1,249,997.		1,128,502.
z	32	Total liabilities and net assets/fund balances			1,250,420.	33	1,127,874.
	00	rotar habilitios and not about inter buildings					000

Form 990 (2021)
Part X Balance Sheet

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Form 990 (2021)

Form	990 (2021) CASPER ARTISTS GUILD	83-024	1107	Pac	ae 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	118		
2	Total expenses (must equal Part IX, column (A), line 25)	2			39.
3	Revenue less expenses. Subtract line 2 from line 1	3	-121	.,4	95.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,249	9,9	97.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			Ο.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,128	3,5	02.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	- T			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 ((2021)

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SCI	HEDULE A	

(Form	990)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

	2021
	Open to Public Inspection
Employe	er identification number

OMB No. 1545-0047

1

Name of the organization

Department of the Treasury

Internal Revenue Service

		CASP	ER ARTISTS	GUILD				8	3-0241107
Pa	art I	Reason for Public (Charity Status.	All organizations must o	omplete th	nis part.) S	See instructions.		
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative							
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(i	ii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in					bed in		
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov							
7	7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public descr					public described in			
		section 170(b)(1)(A)(vi). (C							
8	H	A community trust describe							
9		An agricultural research org						•	0
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of t	he colleg	e or
40	V	university:							
10	X	An organization that norma							
		activities related to its exem							
		income and unrelated busin		(less section 511 tax) fro	om busine	sses acqu	lired by the orga	anization	after June 30, 1975.
44		See section 509(a)(2). (Cor		webs to test for mublic or	fatis Oas				
11 12	H	An organization organized a							
12		An organization organized a more publicly supported or							
		lines 12a through 12d that							FIECK THE DOX ON
а		Type I. A supporting orga							aivina
ŭ		the supported organization							0 0
		organization. You must c			a majority (5 01 110 5	apporting
b		Type II. A supporting org			tion with it	s support	ed organization	(s), by ha	vina
		control or management o					•		•
		organization(s). You mus	· · · · · · · · · · · · · · · · · · ·						
С		Type III functionally inte	in Die in the second		in connect	tion with, a	and functionally	integrate	ed with,
		its supported organization						U	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	with its supporte	ed organi	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ribution re	quirement and a	an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II,	, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.			
f		er the number of supported of	•						
g		vide the following information i) Name of supported		d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(1) Amount of m		(vi) Amount of other
	(organization	(ii) EIN	(described on lines 1-10	in your governi	ng document?	(v) Amount of m support (see inst		support (see instructions)
				above (see instructions))	Yes	No			
				the other than the other that the					
								ar ar	
Tota	al								

Schedule A (Form 990) 2021 Part II

(Form 990) 2021 CASPER ARTISTS GUILD 83-0241107 Page 2 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
5	The portion of total contributions			and the state of the	ā — 96 — 8 — 94	frank stratus,	
	by each person (other than a			1. 1. 1. 1. 1.			
	governmental unit or publicly	a hadan ba		- 8	6.13.2.31	1.000	
	supported organization) included						
	on line 1 that exceeds 2% of the			8 1 1 1 2			
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.			1			
_	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(u) 2011	(6) 2010	(0/_0.0	(0) = = = =	(0)=0=1	(1)
8	Gross income from interest.						
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
0	Net income from unrelated business						
9							
	activities, whether or not the						
40	business is regularly carried on						
10							
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11						10	
12						12 501(c)(2)	
13	First 5 years. If the Form 990 is for th						
Co	organization, check this box and stor ction C. Computation of Publ						
				column (f)		14	%
	Public support percentage for 2021 (I						%
15	Public support percentage from 2020	Schedule A, Part		an line 19 and line	14 in 22 1/20/ or	more check this he	
1 6a	a 33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies	as a publicly supp	orted organizatio		d line 15 is 22 1/2	% or more check th	
Ł	33 1/3% support test - 2020. If the c						
	and stop here. The organization qual	ifies as a publicly	supported organ	ization	- 10 10 10-	and line 14 is 100/	
17a	a 10% -facts-and-circumstances tes	t - 2021. If the org	anization did not	Check a box on lin	ie 13, 16a, or 16b	, and line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organization	on qualifies as a	publicly supported	organization		
ł	o 10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ	umstances test. T	he organization of	qualifies as a public	ly supported orga	anization	
18	Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 17	b, check this box	and see instruction	S 🏲 📖

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

CASPER ARTISTS GUILD

(Complete only if you checked the box on line 10 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.)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 134,516. 127,410. 200,729. 194,536. 99,060. 756,251. 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 53,939. 42,806. 32,293. 63,477. 45,117. 237,632. 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 258,013. 6 Total. Add lines 1 through 5 188,455. 170,216. 233,022. 144,177. 993,883. 7a Amounts included on lines 1, 2, and 3 received from disgualified persons 35,805. 36,027. 71,832. b Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 35,805. 36,027. 71 832. 922,051. 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support (e) 2021 Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (f) Total 188,455. 9 Amounts from line 6 170,216. 233,022. 258,013. 144,177. 993,883. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 4,134. 77. 816. 26. and income from similar sources 49. 5,102. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 77. 4,134. 816. 26. 49. 5,102. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 120. 52 50 222. assets (Explain in Part VI.) 192,709. 170,345. 233,888. 258,039. 144,226. 999, 207. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 92.28 16 Public support percentage from 2020 Schedule A, Part III, line 15 88.03 16 % Section D. Computation of Investment Income Percentage .51 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f) 17 % 18 Investment income percentage from 2020 Schedule A, Part III, line 17 .84 18 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► X b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

132023 01-04-22

Schedule A (Form 990) 2021

CASPER ARTISTS GUILD

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

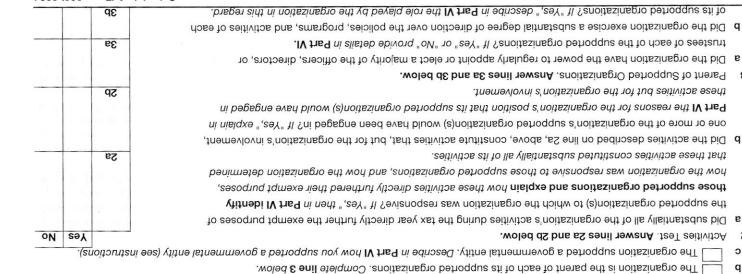
- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c	1600	
4a		
44		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
	1	
9a		
9b		
30		
9c		
10a		
10b		

		(By reason of the relationship described on line 2, above, did the organization's supported organizations have a	3
		5	the organization maintained a close and continuous working relationship with the supported organization(s).	
		3 1 1	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	8 B.		Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	2
		F	organization's governing documents in effect on the date of notification, to the extent not previously provided?	
			year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
			organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
		- 1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	٢
٥N	səY			
	L		stion D. All Type III sqrt IIA. Droits an organizations	Sec
		F	the supported organization(s).	
			or management of the supporting organization was vested in the same persons that controlled or managed	
		ñ., , , ,	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
			Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	٢
٥N	SaY			
			tion C. Type II Supporting Organizations	Sec
		2	supervised, or controlled the supporting organization.	
	- 196		Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
			organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
			Did the organization operate for the benefit of any supported organization other than the supported	2
		ŀ	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
			organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
			effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
			more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
			Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	۴
٥N	səY			
			tion B. Type I Supporting Organizations	Sec
		11 c	detail in Part VI.	
			A 35% controlled entity of a person described on line 11a or 11a above? If "Yes" to line 11a, 11b, or 11c, provide	С
		drr	A family member of a person described on line 11a above?	q
		ett	1 t below, the governing body of a supported organization?	
			A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	е
			Has the organization accepted a gift or contribution from any of the following persons?	11
٥N	səY			
			t IV Supporting Organizations (continued)	
9 əɓ	Ed 1	OTTE	dule A (Form 990) 2021 CASPER ARTISTS GUILD 83-02	eqos
	-u L	ULLV		

on E. Type III Functionally Integrated Supporting Organizations	Secti
Sheck the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).)
The organization satisfied the Activities Test. Complete line 2 below.	е

income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's significant voice in the organization's investment policies and in directing the use of the organization's



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supported organizations played in this regard.

Schedule A (Form 990) 2021 CASPER ARTISTS GUILI			83-0241107 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Sup	and the second state of the second		
1 Check here if the organization satisfied the Integral Part Test as a q	C 0.00 0000		Part VI). See instructions.
All other Type III non-functionally integrated supporting organization	ns must complete	Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):		a celúbro ver á e	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amou	unt,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Andreas in the state of the	
2 Enter 0.85 of line 1.	2	and the series when the series of the	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	al dat og ligt eft still at f	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6	a dhaga ang ƙwai 🕸	
7 Check here if the current year is the organization's first as a non-fur	nctionally integrate	ed Type III supporting o	rganization (see
instructions).			A TAN 25

Schedule A (Form 990) 2021

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f Total of lines 3a through 3e

j

line 7:

and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

g Applied to underdistributions of prior years h Applied to 2021 distributable amount

a Applied to underdistributions of prior years b Applied to 2021 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

4 Distributions for 2021 from Section D,

Part VI. See instructions.

i Carryover from 2016 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

\$

_	t V Type III Non-Functionally Integrated 509		ninctions (continue			
	ion D - Distributions	a)(a) Supporting Orga	inizations (continue			
1	Amounts paid to supported organizations to accomplish exe	empt purposes				
2	Amounts paid to perform activity that directly furthers exem					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations					
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)				
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which t	he organization is responsive				
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2021 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
		(i)	(::)			
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	(ii) Underdistributions Pre-2021			
Sect	ion E - Distribution Allocations (see instructions) Distributable amount for 2021 from Section C, line 6	.,	Underdistributions			
	, , , , , , , , , , , , , , , , , , ,	.,	Underdistributions			
1	Distributable amount for 2021 from Section C, line 6	.,	Underdistributions			
1	Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reason-	.,	Underdistributions			
1 2 3	Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reason- able cause required - <i>explain in</i> Part VI). See instructions.	.,	Underdistributions			
1 2 3 a	Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reason- able cause required - <i>explain in</i> Part VI). See instructions. Excess distributions carryover, if any, to 2021	.,	Underdistributions			
1 2 3 a b	Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reason- able cause required - <i>explain in</i> Part VI). See instructions. Excess distributions carryover, if any, to 2021 From 2016	.,	Underdistributions			
1 2 3 a b c	Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reason- able cause required - <i>explain in</i> Part VI). See instructions. Excess distributions carryover, if any, to 2021 From 2016 From 2017	.,	Underdistributions			

83-0241107 Page 7 s (continued)

Current Year

(iii) Distributable

Amount for 2021

 $a_{\rm c} = 2$

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Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021 CASPER ARTI	ISTS GUILD	83-0241107 Page 8
Part VI	Supplemental Information. Provide the 6 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6 line 1; Part IV, Section D, lines 2 and 3; Part IV, S	explanations required by Part II, line 10; Part II, line 17a (5, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part E, lines 2, 5, and 6. Also complete this part for any additi	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V Section B line 1a: Part V
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Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

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2021

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
	35,805.	36,027.	0.	0.	0
5					
2					
Total to Schedule A,	35,805.	36,027.			

123172 04-01-21

CASPER ARTISTS GUILD

Schedule B (Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

Departm	ent of th	ne Trea	asury	
Internal I	Revenue	e Servi	ce	

Name of the organization

Organization type (check one):

CASPER ARTISTS GUILD

8	3.	- (12	41	1	07	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

K For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization

Page 2 Employer identification number

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CASPER ARTISTS GUILD

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83-0241107

Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	WYOMING ARTS COUNCIL 2301 CENTRAL AVE, BARRETTT BUILDING, SECOND FLOOR CHEYENNE, WY 82002	\$ <u>5,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	WYOMING HUMANITIES COUNCIL 1315 E LEWIS STREET LARAMIE, WY 82072	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	HUGHES FOUNDATION PO BOX 12649 JACKSON, WY 83002	\$8,610.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021)

CASPER ARTISTS GUILD

Name of organization

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	Butereceived
-		\$	
(a) No.		(c)	()
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No.	(b)	(c)	(d)
from	(b) Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
		\$	
(a)		(c)	()
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
-			
-		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of honcash property given	(See instructions.)	Date received
-			
		\$	
(a)		(c)	8.56
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received

\$

Page 3

Employer identification number

83-0241107

Schedule	B (Form 990) (2021)		Page 4
Name of o	organization		Employer identification number
CASPE	R ARTISTS GUILD		83-0241107
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line ent charitable, etc., contributions of \$1,000 or I	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transf Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, a		Relationship of transferor to transferee

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Schedule E	B (Form 990) (2021)		Page 4				
Name of or	rganization		Employer identification number				
CACDEI			92 0241107				
Part III	R ARTISTS GUILD Exclusively religious, charitable, etc., contribution	ons to organizations described in s	83-0241107 section 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, ch	through (e) and the following line en	ntry. For organizations				
	Use duplicate copies of Part III if additional s	pace is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gif	[
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
	·						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	·						
	(e) Transfer of gift						
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
	·						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of git	ft				
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gi	ft				
	Transferee's name, address, an	ud ZIP + 4	Relationship of transferor to transferee				

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SC	HEDULE D	Supplementa					OMB No. 1545-0047
(Forr	n 990)	► Complete if the org Part IV, line 6, 7, 8, 9, 10					ZUZI
Depart	ment of the Treasury		Attach to Form 990).			Open to Public
	Revenue Service	Go to www.irs.gov/Form9	90 for instructions a	and	the latest information.		Inspection
Nam	e of the organizat	CASPER ARTISTS GUI	ת.ד			Em	bloyer identification number 83-0241107
Par	tl Organiz	ations Maintaining Donor Advise		er S	Similar Funds or A	CCOL	Ints. Complete if the
		on answered "Yes" on Form 990, Part IV, lir					
			(a) Donor ad	lvise	d funds	b) Fun	ds and other accounts
1	Total number at e	and of year					
2		of contributions to (during year)					
3		of grants from (during year)					
4		at end of year					
5		ion inform all donors and donor advisors in		ts he	eld in donor advised fun	ds	
	are the organizati	on's property, subject to the organization's	exclusive legal cont	rol?			Yes No
6	Did the organizati	ion inform all grantees, donors, and donor a	advisors in writing the	at gra	ant funds can be used o	only	
		poses and not for the benefit of the donor of				-	
-		vate benefit?					
Pa	1	vation Easements. Complete if the or				, line 7	•
1		nservation easements held by the organizat		ply).	7		
		on of land for public use (for example, recrea	ation or education)	_	Preservation of a histo		- 10 W. 1933 In
		of natural habitat			Preservation of a certi	fied hi	storic structure
		on of open space					
2	and the second state of th	a through 2d if the organization held a quali	ified conservation co	ntrib	oution in the form of a co	nserv	
	day of the tax yea					-	Held at the End of the Tax Year
a		conservation easements				2a	
b		tricted by conservation easements				2b	
c		rvation easements on a certified historic st				2c	
a		rvation easements included in (c) acquired onal Register				2d	
3		ervation easements modified, transferred, re					during the tax
U	year ►		, entinguistice	.,	ioniniaiou oʻj ino oʻga		
4		where property subject to conservation ea	asement is located >	•			
5	Does the organiza	ation have a written policy regarding the pe	eriodic monitoring, ins	spec	tion, handling of		
		nforcement of the conservation easements	-				Yes No
6	Staff and volunte	er hours devoted to monitoring, inspecting	, handling of violatior	ns, a	nd enforcing conservati	on eas	sements during the year
	▶						
7	Amount of expen	ses incurred in monitoring, inspecting, han	dling of violations, ar	nd er	nforcing conservation ea	aseme	nts during the year
	▶\$						
8		ervation easement reported on line 2(d) abo					
	and section 170(h	h)(4)(B)(ii)?					Yes No
9		ibe how the organization reports conservat					
		nd include, if applicable, the text of the foot	note to the organizat	tion's	s financial statements th	hat des	scribes the
De	organization's ac	counting for conservation easements. ations Maintaining Collections of	of Art Historical	Tre	assures or Other	Simi	ar Assats
ra		if the organization answered "Yes" on Form			easures, or other	Sinn	ai A35613.
		n elected, as permitted under FASB ASC 9			conus statement and ba	lanco	shoot works
1a							
		reasures, or other similar assets held for pu n Part XIII the text of the footnote to its fina				ance of	public
L		n elected, as permitted under FASB ASC 9				e she	et works of
b		asures, or other similar assets held for publi					
		wing amounts relating to these items:	o shi ishion, oddoati	, 0		p	
	internet and the second	luded on Form 990, Part VIII, line 1					\$
		ded in Form 990, Part X					\$
2		n received or held works of art, historical tro					
		ounts required to be reported under FASB ,				10000 (Constant)	

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b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

a Revenue included on Form 990, Part VIII, line 1

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Schedule D (Form 990) 2021

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	dule D (Form 990) 2021 CASPER	ARTISTS GU		torical Tr	easures, o	r Othei		83-02 ar Asse			ige 2
3	Using the organization's acquisition, accessi	on, and other record	ds, check	k any of the	following that	make sig	nificant	use of its			
	collection items (check all that apply):				0						
а	Public exhibition	c	1 🗌 I	Loan or exc	hange progra	m					
b	Scholarly research	e									
с	Preservation for future generations							no o los soles a costa -			
4	Provide a description of the organization's co	ollections and explai	in how th	ney further t	he organizatio	n's exem	pt purpo	se in Part	t XIII.		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be ma	aintained as part of	the organ	nization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arran								line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contributior	ns or other ass	ets not ir	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount	t	
С	Beginning balance						1c				
d	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the e	xplanatic	on has been	provided on F	Part XIII]
Par	t V Endowment Funds. Complete i	f the organization ar	nswered	"Yes" on Fo	orm 990, Part	IV, line 10).				
		(a) Current year	(b) P	rior year	(c) Two years	s back (e	d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment 🕨		%								
b	Permanent endowment 🕨	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	at are held a	and administer	ed for the	e organiz	zation	r		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requ	ired on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Pa	t VI Land, Buildings, and Equipn										
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV								
	Description of property	(a) Cost or o basis (invest			t or other (other)		cumulate reciation		(d) Boo	k value	Э
1a	Land			17	79,500.				17	9,5	00.
	Buildings				12,939.	1	84,9	41.		7,9	
	Leasehold improvements										
	Equipment				2,920.		5	91.		2,3	29.
	Other				3,029.		3,0				0.
-	. Add lines 1a through 1e. (Column (d) must e		t X, colur	nn (B), line					1,06	9,8	27.
								O . h . duda	D /Earr		

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Schedule D (Form 990) 2021

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Schedule D (Form 990) 2021 CASPER ART	ISTS GUILD	8	3-0241107 Page
Part VII Investments - Other Securities. Complete if the organization answered "Yes	" on Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)	-		
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
(1)			,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
) Description		(b) Book value
(1)			
(2)			
(3)	and the second		
(4)			
(5)			
(6)			
(7)	And		
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)		•
Part X Other Liabilities.	,		
Complete if the organization answered "Yes	" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line :	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ine 25)		
Total. (Column (b) must equal Form 990, Fart A, Col. (b) II		· · · · · · · · · · · · · · · · · · ·	<u> </u>

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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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Sche	dule D (Form 990) 2021 CASPER ARTISTS GUILD		83-0241107 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Reve	nue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.	
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 (losses) on investments	2a	and see
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	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.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With Expe	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.	
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		
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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 XIII.)	4b	
с	Add lines 4a and 4b	PORTALIANI. V	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	rt XIII Supplemental Information.		

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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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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SCHEDULE G (Form 990)		ntal Information Regardin			W1025 0773			DMB No. 1545-0047
(101111000)		e organization answered "Yes" or organization entered more than \$	n Form 15,000	990, I on Fo	Part IV, line 17, 18, o rm 990-EZ, line 6a.	or 19,	or if the	2021
Department of the Treasury Internal Revenue Service		Attach to Form 99						Open to Public
Name of the organizatio	n Go	to www.irs.gov/Form990 for inst	ruction	is and	I the latest informat		Employer ide	Inspection Intification number
	CASPER	ARTISTS GUILD					83-0241	
Part I Fundrais	sing Activities	Complete if the organization answ	vered "Y	'es" o	n Form 990, Part IV,	line 17	7. Form 990-E2	Z filers are not
 Indicate whether th a Mail solicita b Internet and c Phone solic d In-person so 2 a Did the organization key employees list 	tions l email solicitations itations olicitations on have a written o ted in Form 990, P) highest paid indiv	ed funds through any of the follow e Solicita f Solicita g Specia or oral agreement with any individua art VII) or entity in connection with viduals or entities (fundraisers) pure	ation of ation of al fundra al (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees,	Yes	
(i) Name and addres or entity (fund		(ii) Activity		Did raiser ustody trol of utions?	(iv) Gross receipts to from activity		Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total				•				
And a second	ich the organizatio	n is registered or licensed to solicit	contrib	outions	s or has been notified	d it is e	exempt from re	egistration
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CASPER ARTISTS GUILD

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 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

 ART OF THE
 FEAST &
 (d) Total events

 PARTY
 FRIGHT
 7

			PARTY	FRIGHT	7	(add col. (a) through					
ae			(event type)	(event type)	(total number)	col. (c))					
Revenue	1	Gross receipts	11,806.	7,262.	5,966.	25,034.					
	2	Less: Contributions									
	3	Gross income (line 1 minus line 2)	11,806.	7,262.	5,966.	25,034.					
	4	Cash prizes			850.	850.					
S	5	Noncash prizes									
Direct Expenses	6	Rent/facility costs		1,308.		1,308.					
rect Ex	7	Food and beverages	135.	2,465.	2,957.	5,557.					
Δ	8	Entertainment	350.	2,040.	400.	2,790.					
	9	Other direct expenses	8,032.		12,961.	22,429.					
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		▶	32,934.					
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)		►	-7,900.					
Pa	Part III Gaming, Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than										

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))
Rev	1	Gross revenue				
ş	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)		•	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		Þ	
	l Is i	ter the state(s) in which the organization condu the organization licensed to conduct gaming a	ctivities in each of these	states?		
t) If "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
	-					

Sch	hedule G (Form 990) 2021 CASPER ARTISTS GUILD 83-	-0241	107	Page 3							
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		%							
1	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:	05	1								
	Name										
	Address										
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No							
I	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:										
i	a Is the organization required under state law to make charitable distributions from the gaming proceeds to										
	retain the state gaming license?		Yes	No							
I	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the										
	organization's own exempt activities during the tax year 🕨 \$										
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, li	nes 9,	9b, 10b,							
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.										

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83-0241107 Page	מי	ARTISTS GUII	CASPER	Corm 990)

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

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Open to Public Inspection Employer identification number 83-0241107

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OMB No. 1545-0047

CASPER ARTISTS GUILD

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ARTS EXPERIENCES FOR ALL.

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FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION DOES NOT PROVIDE A COPY OF FORM 990 TO THE BOARD MEMBERS

PRIOR TO SENDING IT TO THE IRS. HOWEVER, THE FORM IS REVIEWED BY THE

TREASURER WITH THE CPA PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 15:

BOARD OF DIRECTORS REVIEWS COMPENSATION OF DIRECTOR AND OTHER KEY EMPLOYEES

AND ESTABLISHES SALARY BASED ON SEVERAL FACTORS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST.

2021 DEPRECIATION AND AMORTIZATION REPORT

No.	Description	Date Acquired	Method	Life	C on v	De Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS	5- 1-180009X		11100	25-55			7			- Art Sile	1		
1	LEASEHOLD IMPROVEMENTS	09/03/15	SL	39.00	MM1	5 1,016,791.				1,016,791.	156,432.		26,072.	182,504.
4	ELECTRICAL UPGRADE	12/03/20	SL	39.00	MM1	48,000.				48,000.	923.	a a 10 Mu	1,231.	2,154
5	AUTOMATIC RESTROOM DOORS	07/08/21	SL	39.00	MM1	5 3,578.				3,578.	15.		92.	107
7	BASEMENT REMODEL, RAILING AND CAGE	03/12/21	SL	39.00	MM1	5 4,570.				4,570.	59.		117.	176
	* 990 PAGE 10 TOTAL BUILDINGS					1,072,939.		- 12 (An 13 14		1,072,939.	157,429.		27,512.	184,941
	FURNITURE & FIXTURES													
2	TELEPHONE SYSTEM	04/30/15	SL	7.00	1	5 3,029.				3,029.	2,742.		287.	3,029
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					3,029.				3,029.	2,742.		287.	3,029
	MACHINERY & EQUIPMENT	. 7. 1						ni x m Gli i						
6	ACCESSIBLE WHEEL	03/22/21	SL	7.00	1	5 2,920.				2,920.	174.		417.	591
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					2,920		Se u l	6 958 P.	2,920.	174.		417.	591
	OTHER													
3	LAND	09/03/15	L			179,500				179,500.			٥.	
	* 990 PAGE 10 TOTAL OTHER					179,500.				179,500.	٥.		٥.	0
	* GRAND TOTAL 990 PAGE 10 DEPR					1,258,388.				1,258,388.	160,345.		28,216.	188,561
	a fa da 2015, seram		<u>1</u> 90			é		• • • • • •						

128111 04-01-21

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Form 4562				Amortizatio			OMB No. 1545-0172	
		ZUZI						
Department of the Treasury Internal Revenue Service (99)		Attachment Sequence No. 179						
Internal Revenue Service (99) Go to www.irs.gov/Form4562 for instructions and the latest information Name(s) shown on return Business or activity to which this form relate							Identifying number	
CASPER ARTIS				FORM 990 PA	AGE 10		83-0241107	
Part I Election To Ex	pense Certain Prop	erty Under Section 17	79 Note: If you have	any listed property, c	omplete Part	V before	you complete Part I.	
1 Maximum amount (s							1,050,000	
2 Total cost of section								
3 Threshold cost of se		2,620,000						
4 Reduction in limitation								
5 Dollar limitation for tax year			-0 If married filing separat	tely, see instructions				
6	(a) Description of p	property	(b) Cos	t (business use only)	(c) Elected c	ost		
7 Listed property. Ente								
8 Total elected cost of								
9 Tentative deduction.	. Enter the smalle	r of line 5 or line 8				9		
10 Carryover of disallov								
11 Business income lim								
12 Section 179 expense						12		
13 Carryover of disallov				🕨 13				
Note: Don't use Part II o Part II Special De				nclude listed property				
15 Property subject to s 16 Other depreciation (i Part III MACRS De	including ACRS)					15	28,216	
	•		Section A					
17 MACRS deductions	for assets placed	in service in tax ve	ars beginning before	e 2021		17		
18 If you are electing to group						1		
				Year Using the Gene		tion Syst	em	
(a) Classification			(c) Basis for depreciat (business/investment only - see instruction	tion (d) Recovery	(e) Convention	(f) Method	(g) Depreciation deduction	
19a 3-year property								
b 5-year property								
c 7-year property								
d 10-year property	1							
e 15-year property	1							
f 20-year property	/							
g 25-year property	1			25 yrs.		S/L		
		/		27.5 yrs.	MM	S/L		
h Residential rental property	/		27.5 yrs.	MM	S/L			
	/		39 yrs.	MM	S/L			
i Nonresidential re	eal property	/			MM	S/L		
Se	ction C - Assets	Placed in Service	During 2021 Tax Y	ear Using the Altern	ative Deprec	iation Sy	stem	
20a Class life						S/L		
b 12-year				12 yrs.		S/L		
c 30-year		/		30 yrs.	MM	S/L		
d 40-year		1		40 yrs.	MM	S/L		
Part IV Summary	(See instructions.)							
21 Listed property. Ent	er amount from lir	ne 28				21		
22 Total. Add amounts	from line 12, lines	s 14 through 17, lin	es 19 and 20 in colu					

23

116251 12-21-21 LHA For Paperwork Reduction Act Notice, see separate instructions.

portion of the basis attributable to section 263A costs

23 For assets shown above and placed in service during the current year, enter the