EXTENDED TO JULY 15, 2022

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Open to Public Inspection

		of the Treasury nue Service	,	Form990 for instructions and	-	•	Open to Public Inspection	
						UG 31, 2021	mopodation	
_	Check if		f organization			D Employer identific	cation number	
_	applicable	e:	organization			2 Employer racinam		
Г	Addres	ss CASP	ER ARTISTS GUILD					
Ē	Name change		usiness as			83-02411	07	
	Initial return		and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone numbe		
Ē	Final return/	3 2 1	WEST MIDWEST			307-265-		
	termin- ated		own, state or province, country, and i	ZIP or foreign postal code		G Gross receipts \$	313,142.	
	Ameno		ER, WY 82601	9 -		H(a) Is this a group re		
Application for subordinates?								
pending SAME AS C ABOVE H(b) Are all subordinates included?								
$\overline{1}$	Tax-exe	empt status:	X 501(c)(3) 501(c)()		or 527	1	list. See instructions	
			CASPERARTGUILD.ORG	(/ / /		H(c) Group exemptio		
K	Form of	organization:	X Corporation Trust As:	sociation Other	L Year		1 State of legal domicile: WY	
	art I	Summary			<u> </u>		Ü	
	1	Briefly describ	e the organization's mission or most	significant activities: TO N	URTURE	AND EDUCAT	E ARTISTS	
Activities & Governance		IN WYOM	ING AS WELL AS TO	INCREASE ACCESS	TO ME	ANINGFUL AN	D EXCITING	
rna	2	Check this bo	x lack if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its net as	ssets.	
ove	3		ting members of the governing body	(5		3	9	
Ğ	4		lependent voting members of the gov	. , , , , , , , , , , , , , , , , , , ,			9	
80	5		of individuals employed in calendar y				7	
/iţi	6		of volunteers (estimate if necessary)				0	
cţì	7 a		d business revenue from Part VIII, co				0.	
⋖	b		business taxable income from Form				0.	
				, ,		Prior Year	Current Year	
Revenue	8	Contributions	and grants (Part VIII, line 1h)			188,976.	194,536.	
	9		(5			12,758.	5,342.	
eve	10	•	come (Part VIII, column (A), lines 3, 4,			816.	26.	
8	11		e (Part VIII, column (A), lines 5, 6d, 8c,			30,500.	20,895.	
			- add lines 8 through 11 (must equal			233,050.	220,799.	
			milar amounts paid (Part IX, column (A			0.	0.	
			to or for members (Part IX, column (A			0.	0.	
ý	1	•	compensation, employee benefits (F	, , , , , , , , , , , , , , , , , , , ,		115,648.	140,506.	
Expenses	16a		undraising fees (Part IX, column (A), li			0.	0.	
be	b		ing expenses (Part IX, column (D), line		0.			
û	17		es (Part IX, column (A), lines 11a-11d,	· —		99,049.	85,304.	
			s. Add lines 13-17 (must equal Part I)			214,697.	225,810.	
			expenses. Subtract line 18 from line			18,353.	-5,011.	
or			·			ginning of Current Year	End of Year	
Net Assets or	20	Total assets (I	Part X, line 16)			1,255,228.	1,250,420.	
ASS	21	•	(Part X, line 26)			2,012.	423.	
iset iset	22	Net assets or	fund balances. Subtract line 21 from	line 20		1,253,216.	1,249,997.	
	art II	Signature	e Block		•			
Un	der pena	Ilties of perjury,	I declare that I have examined this return,	including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is	
tru	e, correc	t, and complete	. Declaration of preparer (other than office	r) is based on all information of wh	hich preparer	has any knowledge.		
Sig	gn	Signatur	e of officer			Date		
He		▶ BRIA	N HELLING, TREASUR	ER				
		Type or p	orint name and title					
		Print/Type pre	parer's name	Preparer's signature		Date Check	PTIN	
Pa	id		SKOGEN, CPA			if self-employe	₽00072753	
Pre	eparer	Firm's name	SKOGEN, COMETTO	& ASSOCIATES, P	.C.	Firm's EIN	83-0232451	
Use Only Firm's address 104 SOUTH WOLCOTT, SUITE 735								
			CASPER, WY 82601			Phone no. (3	07)234-5395	
Ma	y the IF	RS discuss thi	s return with the preparer shown abo	ve? See instructions		·	X Yes No	

rai	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO NURTURE AND EDUCATE ARTISTS IN WYOMING AS WELL AS TO INCREASE
	ACCESS TO MEANINGFUL AND EXCITING ARE EXPERIENCES FOR ALL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 176,124. including grants of \$) (Revenue \$ 18,295.)
	PROVIDE EDUCATION AND ENJOYMENT OF ART THROUGH EXHIBITIONS, WORKSHOPS
	AND GALLERY SALES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 176,124.

Form 990 (2020) CASPER ARTISTS GUILD Part IV Checklist of Required Schedules

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		х
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	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		х
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			l
	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 Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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		X
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		х
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		Х
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	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," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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

Form 990 (2020) 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			37
04 -	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
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			
	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		
2 5a	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		X
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			37
	Schedule L, Part I	25b		X
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? <i>If</i> "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
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? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?			X
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions <i>in res, complete schedule in</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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			₩.
25 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
ט	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?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			N _a
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

CASPER ARTISTS GUILD Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a 7					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s?	2b	Х			
	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		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C)	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	ıthority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	count)?	4a		X		
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 Acc	· · ·					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \dots		5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		Х		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		<u> </u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-			37		
	any contributions that were not tax deductible as charitable contributions?		6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	•					
_	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).		_		Х		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servi		7a				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?	•	70		Х		
٨	If "Yes," indicate the number of Forms 8282 filed during the year		7c		21		
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h				
_	8 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 year?							
9							
а			9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b		10b					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	I1a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
		l1b					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	I2b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a				
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1					
		I3b					
		13c	44		X		
14a			14a				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneratives assess payable to payment(s) diving the year?		4.5		Х		
	excess parachute payment(s) during the year?		15				
16	If "Yes," see instructions and file Form 4720, Schedule N.	incomo?	16		Х		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	iricome?	16		A		
	If "Yes," complete Form 4720, Schedule O.						

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes on schedule 0. See instructions.			
	Check if Schedule O contains a response or note to any 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	4		
	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	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			7.7
	of officers, directors, trustees, or key employees to a management company or other person?	3		X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l _		v
	more members of the governing body?	7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			х
•	persons other than the governing body?	7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	X	
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		21
000	tion B. I oncies (mis Section B requests information about policies not required by the internal nevertile code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- 114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	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, and 990-T (Section 501(c)(c)	3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finai	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CASPER ARTISTS' GUILD - 307-265-2655			
	321 W MIDWEST AVE, CASPER, WY 82601			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)						
Name and title	Average	e (do		Position (do not check more than one				than	one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is b officer and a director/tri			is bot	h an	compensation	compensation	amount of		
	week	_			irecto	or/trus	itee)	from	from related	other		
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the		
	related	e or d	stee			sated		(W-2/1099-MISC)	(44-27 1099-141130)	organization		
	organizations	truste	al trus		yee	mper		(** = / ********************************		and related		
	below	ridual	Institutional trustee	ь	Key employee	Highest compensated employee	Jer.			organizations		
	line)	Indiv	Instii	Officer	Key 6	High emp	Former					
(1) TYLER CESSOR	40.00											
EXECUTIVE DIRECTOR		Х						46,817.	0.	0.		
(2) HILARY CAMINO	2.00							_	_	_		
DIRECTOR		Х						0.	0.	0.		
(3) REBECCA TAVERS	2.00											
DIRECTOR		Х						0.	0.	0.		
(4) CARLI HOLCOMB	2.00							_	_	_		
DIRECTOR		Х						0.	0.	0.		
(5) ROBERT MARTINEZ	2.00							_	_	_		
DIRECTOR		Х						0.	0.	0.		
(6) EATHAN MURPHY	1.00							_	_	_		
DIRECTOR		Х						0.	0.	0.		
(7) DAVE BRYSON	2.00							_	_	_		
INTERIM PRESIDENT				Х				0.	0.	0.		
(8) CAYLA NIMMO	1.00							_	_	_		
SECRETARY				Х				0.	0.	0.		
(9) BRIAN HELLING	2.00								_			
TREASURER				Х				0.	0.	0.		
(10) GAGE WILLIAMS	2.00								_			
VICE PRESIDENT				Х				0.	0.	0.		
		<u> </u>	_	<u> </u>	<u> </u>	_	_					
		<u> </u>	_	<u> </u>	<u> </u>	\vdash	<u> </u>					
		-										
										- 000		

Form **990** (2020)

83-0241107

Part VII Section A. Officers, Directors, Tru (A)	(B)				C)	_		(D)	(E)			(F)	
Name and title	Average hours per	per (do not check more than one box, unless person is both an					h an	Reportable compensation	Reportable compensation	า	l	timate nount (
	week	-	cer ar	nd a d	irecto	or/trus	tee)	from	from related		l	other	
	(list any hours for	· director						the organization	organizations (W-2/1099-MIS		l	pensa om the	
	related	tee or (stee			en sa tec		(W-2/1099-MISC)	(W 2/ 1000 WIIO	Ο)	l .	anizati	
	organizations	al trus	onal tru		loyee	comp(l .	d relate	
	below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
1b Subtotal								46,817.		0.			0.
c Total from continuation sheets to Part \								0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	46,817.		0.			0.
Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	bov	e) wl	no re	eceived more than \$100	0,000 of reportable	Э			C
												Yes	No
3 Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>		-	•		•		_		-		3		Х
 For any individual listed on line 1a, is the sand related organizations greater than \$15 	um of reportab	le c	omp	ensa	atior	n and	d otl		the organization		4		Х
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes," con	nplete Schedul	e J t	or s	uch	pers	son					5		X
Section B. Independent Contractors									*				
1 Complete this table for your five highest c the organization. Report compensation fo	•								•	pens	ation f	rom	
(A) Name and busines	s address	N	INC	Ξ				(B) Description of s	services	C	(C ompe		n
Total number of independent contractors \$100,000 of compensation from the organ		ot li	mite	d to		se li	stec	d above) who received n	nore than				

Form 990 (2020) CASPER 7
Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue Related or exempt function revenue Begging to the Membership dues 1 a Federated campaigns b Membership dues 1 b T7, 251. 1 d Related or ganariations 2 d Related or ganariat			Chack if Schodula O.s.	contains a rosponso	or note to any lin	o in this Dart VIII			
Total revenue Felated or exempt function revenue between the function revenue business revenue function revenue business revenue control for the function revenue business revenue function revenue control functions included above the function function function functions function functions function function functions function function functions function function function functions function function functions function funct			Crieck ii Scrieddie O C	oritairis a response	or note to arry in	/ 4 \			(D)
Table Tabl						` ,	·		Revenue excluded
Business Code 900099 5,342 5,342						Total Tovolido		business revenue	
Business Code 900099 5,342 5,342									sections 512 - 514
Business Code 900099 5,342 5,342	nts	1 a	Federated campaigns	1a					
Business Code 900099 5,342 5,342	ou si	b	Membership dues	1b	17,251.				
Business Code 900099 5,342 5,342	S, (С	Fundraising events	1c					
Business Code 900099 5,342 5,342	i ii								
Business Code 900099 5,342 5,342	Bi:				25,500.				
Business Code 900099 5,342 5,342	Sign								
Business Code 900099 5,342 5,342	e E	٠,			151 785				
Business Code 900099 5,342 5,342	[등문]			···	131,703.				
Business Code 900099 5,342 5,342	no no	_				104 F26			
Page	<u>a</u> 0	h	Total. Add lines 1a-1f			194,536.			
Section Sect									
g Total. Add lines 2a-2f	Se	2 a	EDUCATIONAL		900099	5,342.	5,342.		
g Total. Add lines 2a-2f	ه ڲ	b							
g Total. Add lines 2a-2f	S 2	С							
g Total. Add lines 2a-2f	ean	d							
g Total. Add lines 2a-2f	g a	_							
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds 5 Royalties. 6 a Gross rents 6 b Less: rental expenses. 6 c Rental income or (loss) 6 c 1,000. 6 c 1,000. 7 a Gross amount from sales of assets other than inventory 7 b Less: cost or other basis and sales expenses. 7 b C Gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses 0 c Net income or (loss) from gaming activities 10 a Gross ales of inventory, less returns and allowances 10a 63,477. 10b Ensiess Corde Rusiness Co	۲ <u> </u>	f	All other program convice r	rovonuo					
3 Investment income (including dividends, interest, and other similar amounts) 26 .		'				5 342			
other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 7 a Gross income from fundraising events (not including \$	\rightarrow					3,342.			
Income from investment of tax-exempt bond proceeds Solution Royalties		3				26			26.
1						۷0.			۷٥٠
Ga Gross rents Ga (ii) Personal Ga 1,000 Ga 1,000 Ga 1,000 Ga 1,000 Ga Ga Ga Ga Ga Ga Ga		4							
Page 20 Page		5	Royalties						
b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 7 a Gross income from fundraising events (not including \$				(i) Real	, ,				
C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 b C Gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses C Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Rusiness Code Putsiness Code		6 a	Gross rents	6a	1,000.				
C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses C Gain or (loss) 7 d Net qain or (loss) 8 a Gross income from fundraising events (not including \$		b	Less: rental expenses	6b	0.				
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$			ľ	6c	1,000.				
To a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b 7c d Net gain or (loss) 7c d Net gain or (loss) 5c or or or including \$		d				1,000.	1,000.		
assets other than inventory b Less: cost or other basis and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$			· 'I				,		
b Less: cost or other basis and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss) 5c of contributions reported on line 1c). See Part IV, line 18 8b 40,819 c Net income or (loss) from gaming activities 5c Net income or (loss) from sales of inventory 5c Net income or (loss		<i>1</i> u		''	(4) = 11121				
and sales expenses 7b 7c			· •	1 a					
including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 10 a Gross sales of inventory 11,953. 11,953.	o l	D		l					
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including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 10 a Gross sales of inventory 11,953. 11,953.	ĕ								
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Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory D Less: cost of goods sold C Net income or (loss) from sales of inventory Pusiness Code			including \$	of					
b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 10 a Gross sales of inventory Income or (loss) from sales of inventory 10 a Gross sales of inv			contributions reported on I	line 1c). See					
b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 10 a Gross sales of inventory 11,953.			Part IV, line 18	8a	48,761.				
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11,953. 11,953.		b			40,819.				
9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses 9 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code 9 a 9 a 9 a 9 a 9 b 10 a Gross sales of inventory, less returns and allowances 10 a 63,477. 10 b 51,524.					•	7,942.			7,942.
Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code 9a 9b 10a 63,477. 10b 51,524.				· -		, -			, -
b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code		Ju							
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code C Net income or (loss) from sales of inventory Business Code									
10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code									
and allowances				· · —					
b Less: cost of goods sold 10b 51,524. c Net income or (loss) from sales of inventory 11,953.		10 a	Gross sales of inventory, le	ess returns	60 455				
c Net income or (loss) from sales of inventory 11,953. 11,953.			and allowances						
Rusiness Code		b	Less: cost of goods sold	10k	51,524.				
Business Code 11 a b c d All other revenue		С	Net income or (loss) from s	sales of inventory		11,953.	11,953.		
and b c d All other revenue	<u>"</u>		, ,						
Becelland b c d All other revenue	ğ "	11 a							
gen d All other revenue	ine Tuk								
g d All other revenue	ella Ve	5							
E I U AN OUTER LEVERIUE	Re	ن	All other revenue						
2 Tatel Add lines 11s 11d	Σ								
e Total. Add lines 11a-11d					·····	220 700	18 205	0	7.968.

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).

Sect	on 501(c)(3) and 501(c)(4) organizations must com	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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,	46,155.		46,155.	
6	trustees, and key employees Compensation not included above to disqualified	40,1330		40,133.	
O	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	82,277.	82,277.		
8	Pension plan accruals and contributions (include	,	,		
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	12,074.	8,543.	3,531.	
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	2,216.	2,216.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	2 571	2 571		
12	Advertising and promotion	3,571. 7,907.	3,571. 7,907.		
13	Office expenses	7,907.	7,907.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,676.	27,676.		
23	Insurance	3,656.	3,656.		
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 O.)	10 -00	10 -00		
а	UTILITIES	12,523.	12,523.		
b	EDUCATIONAL EXPENSE	11,761.	11,761.		
С	DUES & SUBSCRIPTIONS	3,621.	3,621.		
d	ARTIST FEES	3,500.	3,500.		
	All other expenses	8,873. 225,810.	8,873. 176,124.	49,686.	0.
25	Total functional expenses. Add lines 1 through 24e	445,81U.	1/0,124.	49,000.	U •
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)				
	11 02 00				Eorm 990 (2020)

Form 990 (2020)

Part X | Balance Sheet

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any I	ine in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		72,561.	1	53,244.
	2	Savings and temporary cash investments	116,016.	2	97,383.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4	1,750.	
	5	Loans and other receivables from any current or former o				
		trustee, key employee, creator or founder, substantial cor				
		controlled entity or family member of any of these person		5		
	6	Loans and other receivables from other disqualified person				
		under section 4958(f)(1)), and persons described in section	on 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ŕ	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	1,258,388.			
	b	Less: accumulated depreciation 10b	160,345.	1,066,651.	10c	1,098,043.
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		1,255,228.	16	1,250,420.
	17	Accounts payable and accrued expenses		2,012.	17	423.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of	Schedule D		21	
es	22	Loans and other payables to any current or former officer	, director,			
Liabilities		trustee, key employee, creator or founder, substantial cor	ntributor, or 35%			
jab		controlled entity or family member of any of these person	_		22	
_	23	Secured mortgages and notes payable to unrelated third			23	
	24	Unsecured notes and loans payable to unrelated third pa			24	
	25	Other liabilities (including federal income tax, payables to				
		parties, and other liabilities not included on lines 17-24).	Complete Part X			
		of Schedule D		2 012	25	422
	26	Total liabilities. Add lines 17 through 25		2,012.	26	423.
S		Organizations that follow FASB ASC 958, check here				
nce		and complete lines 27, 28, 32, and 33.				
ala	27	Net assets without donor restrictions			27	
P E	28	Net assets with donor restrictions			28	
Ξ		Organizations that do not follow FASB ASC 958, check	k nere			
<u>p</u>		and complete lines 29 through 33.		0		0
ets	29	Capital stock or trust principal, or current funds		0.	29	0.
\SS(30	Paid-in or capital surplus, or land, building, or equipment		1,253,216.	30	1,249,997.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or		1,253,216.	31	1,249,997.
Z	32	Total net assets or fund balances		1,255,218.	32	1,250,420.
	33	Total liabilities and net assets/fund balances		1,400,440.	33	1,430,440.

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		20,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2		25,8	
3	Revenue less expenses. Subtract line 2 from line 1	3		-5,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,25	3,2	16.
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		1,7	92.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,24	.9,9	97.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
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	d 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 the	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 Scl	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CASPER ARTISTS GUILD 83-0241107 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support				•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)		'	12	
	First 5 years. If the Form 990 is for th	`	,			501(c)(3)	
	organization, check this box and stop	•			•		
Sec	tion C. Computation of Publ	c Support Pe	rcentage				·····
	Public support percentage for 2020 (I			column (f))		14	%
						15	%
	5 Public support percentage from 2019 Schedule A, Part II, line 14						ox and
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizati	on qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not	check a box on lin			
	more, and if the organization meets th	ne facts-and-circur	mstances test, ch	eck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. T	he organization q	ualifies as a publicl	y supported orgar	nization	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruction	ns

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

Se	ction A. Public Support	ciew, piedee cemp	noto i ait iii)				
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	106,102.	134,516.	127,410.	200,729.	194,536.	763,293.
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	105,494.	53,939.	42,806.	32,293.	63,477.	298,009.
3	Gross receipts from activities that	-	-	-	-	-	
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	211,596.	188,455.	170,216.	233,022.	258,013.	1061302.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	45,910.	35,805.	36,027.			117,742.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
,	Add lines 7a and 7b	45,910.	35,805.	36,027.			117,742.
	Public support. (Subtract line 7c from line 6.)		00,000	00,027			943,560.
	ction B. Total Support						2 20 7 2 2 2 2
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	211,596.	188,455.	(c) 2018 170, 216.	(d) 2019 233,022.	(e) 2020 258,013.	1061302.
	Gross income from interest,	,		,		· · · · · · · · · · · · · · · · · · ·	
	dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,000.	4,134.	77.	816.	26.	9,053.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	4,000.	4,134.	77.	816.	26.	9,053.
	Net income from unrelated business activities not included in 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	1,317.	120.	52.	50.		1,539.
13	assets (Explain in Part VI.)	216,913.	192,709.	170,345.	233,888.	258,039.	1071894.
	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	ion,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	88.03 %
	16 Public support percentage from 2019 Schedule A, Part III, line 15						
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20					17	.84 %
	1 00						
198	19a 33 1/3% support tests - 2020. 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						
k	more than 33 1/3%, check this box at 33 1/3% support tests - 2019. If the						and X
	line 18 is not more than 33 1/3%, che	•			•		
20	Private foundation. If the organization			•		•	

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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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		
2-		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
51-		
5b 5c		
6		
0		
7		
8		
3		
9a		
9b		
90		
9с		
10-		
10a		
10b		
m 990 or 99	0-EZ	2020

Pai	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ily member of a person described in line 11a above?	11b		
С	A 35%	6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>		pported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
				Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	•	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
2		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described in line 2, above, did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's orted organizations played in this regard.	2		
Sec		Tree organizations played in this regard. Type III Functionally Integrated Supporting Organizations	3		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
ı a		The organization satisfied the Activities Test. Complete line 2 below.	•		
b		The organization satisfied the Additional Tests of Application of the Supported Organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	15)	
2		ies Test. Answer lines 2a and 2b below.		Yes	No
		abstantially all of the organization's activities during the tax year directly further the exempt purposes of			110
-		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		ne organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in line 2a, above, constitute activities that, but for the organization's involvement,	==		
-		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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 amount,			
	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
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		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Par	rt v Type III Non-Functionally integrated 505	e(a)(3) Supporting Org	anizations _{(continu}	ed)		
Secti	ction D - Distributions Current Year					
1	Amounts paid to supported organizations to accomplish ex		1			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpos	ns	3			
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - prior IRS approval - prior -	rovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.	,		6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which	the organization is responsive	е			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2020 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
	·	(i)	(ii)		(iii)	
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	s	Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2020					
а	From 2015					
b	From 2016					
С	From 2017					
d	From 2018					
е	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2020 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2016					
	Excess from 2017					
С	Excess from 2018					
	Excess from 2019					

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

David MI	1 430
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A

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

2020

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2016 Amount	2017 Amount	2018 Amount	2019 Amount	2020 Amount
	45,910.	35,805.	36,027.	0.	0.
Total to Schedule A, Part III, Line 7a	45,910.	35,805.	36,027.		

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization Employer identification number

CASPER ARTISTS GUILD 83-0241107

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	I-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General l	Rule					
	X 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 F	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 or 990-EZ), 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					
but it mu	st answer "No" on F	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 le filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

CASPER ARTISTS GUILD

83-0241107

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	\$19,926.	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 COMMUNITY FOUNDATION 1472 N 15TH STREET, SUITE 201 LARAMIE, WY 82072	\$\$ <u></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		
3	DORAN AND NANCY BOSTON 108 E. 10TH STREET CASPER, WY 82601	\$\$9,500.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	WYOMING CULTURAL TRUST 2301 CENTRAL AVENUE CHEYENNE, WY 82002	\$6,100.	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		
5	SMALL BUSINESS ADMINISTRATION 409 3RD ST SW WASHINGTON, DC 20416	\$ 25,500.	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		
6	SHANE AND JOANN TRUE 4075 PLACID DR. CASPER, WY 82604	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

CASPER ARTISTS GUILD

83-0241107

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
7	MCMURRY FOUNDATION PO BOX 2016 CASPER, WY 82602	\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	WYOMING BUSINESS COUNCIL 214 WEST 15TH ST. CHEYENNE, WY 82002	\$\$	Person X Payroll		
(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)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	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)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)		

83-0241107

CASPER ARTISTS GUILD

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization Employer identification number 83-0241107 CASPER ARTISTS GUILD Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.)

	Ose duplicate copies of Part III if additional	space 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 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.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(S) I di pode di giit	(0) 000 01 girt	(a) Decemption of new gire is not
		(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
			- I
		(e) Transfer of gift	
	Transferee's name, address, al	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CASPER ARTISTS GUILD

Employer identification number 83-0241107

Par	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		
Par	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
•			0/1-1/41/171/21
8	Does each conservation easement reported on line 2(d) above and partial 470(h)(A)(D)(i)0		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	·	
	balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements.	note to the organization's linancial staten	nents that describes the
Par	rt III Organizations Maintaining Collections o	of Art Historical Treasures or C	Other Similar Assets
ı uı	Complete if the organization answered "Yes" on Form		other emmar 7,000to.
12	If the organization elected, as permitted under FASB ASC 95		and halance sheet works
ıu	of art, historical treasures, or other similar assets held for pul	·	
	service, provide in Part XIII the text of the footnote to its fina		•
h	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	· · · · · · · ·	
	provide the following amounts relating to these items:		anoranos or pasie service,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		g, p. 5 g
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

Pai	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, c	or Othe	r Similar A	ssets(co	ntinue	d)
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following tha	t make si	gnificant use	of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	ne organizati	on's exen	npt purpose ir	n Part XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, hi	istorical trea	sures, or oth	er similar	assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's co	ollection?			Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered '	'Yes" on	Form 990, Pa	rt IV, line 9,	, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other as	sets not i	included		_	
	on Form 990, Part X?							. L Yes	, L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
								Amo	unt	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
	Ending balance									
	Did the organization include an amount on F							. Yes	, [No
b	If "Yes," explain the arrangement in Part XIII.								<u> </u>	
Pai	t V Endowment Funds. Complete i	f the organization ar	swered	"Yes" on Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three years	back (e) F	our yea	ars back
1a	Beginning of year balance									
b	Contributions									
	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 curr	rent year end baland	e (line 1	g, column (a	ı)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	red for th	e organizatio	า		
	by:								Ye	s No
	(i) Unrelated organizations							3a	(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza)	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Pai	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 990), Part I	V, line 11a. S	See Form 990), Part X, I	line 10.			
	Description of property	(a) Cost or o basis (investr		(b) Cost basis	or other (other)	٠,	cumulated reciation	` ′	ook va	
1a	Land				9,500.					500.
	Buildings			1,07	2,939.	1	57,429	9	15,	510.
	Leasehold improvements									
	Equipment				2,920.		174.			746.
	Other				3,029.		2,742			287.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	mn (B), line 1	0c.)			1,0	98,	043.

Schedule D (Form 990) 2020 CASPER ARTI	STS GUILD	83	3-0241107 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"		-	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	id-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"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	id-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
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	a 11d Soc Form 990 Part V line 15	
	Description	e 11d. Gee 1 om 1990, 1 art X, line 13.	(b) Book value
(1)			(b) Doon value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 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 2	5.
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) line 25.)

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... □

(9)

Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
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		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d				
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 Sta	tements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
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			
d				
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		
h	Other (Describe in Part XIII.)	4b		
D	Other (Describe III) art Alli.)			
		•	4c	
с <u>5</u>	Add lines 4a and 4b			
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	5	

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

CASPER ARTISTS GUILD

Employer identification number 83-0241107

Part I Fundraising Activities required to complete this par	Complete if the organization answe	red "Y	es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
 Indicate whether the organization rais a	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ion of ion of fundra (includerofess	non-g gover lising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con or con contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			•			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is exempt from re	egistration

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events ANNUAL NONE (add col. (a) through CARNIVAL col. (c)) (event type) (event type) (total number) Revenue 38,415. 38,415 1 Gross receipts 2 Less: Contributions 38,415. 38,415. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 38,415. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain: ___

Sch	nedule G (Form 990 or 990-EZ) 2020 CASPER ARTISTS GUILD 8	3-024110	7 Page 3
11	Does the organization conduct gaming activities with nonmembers?		
	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	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	□ No
	· · · · · · · · · · · · · · · · · · ·		
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	t	
	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 ►		
	Name		-
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t		
_	organization's own exempt activities during the tax year > \$		
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); are	nd Part III, lines 9	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990 or 990-EZ)	CASPER ARTISTS	GUILD	83-0241107	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)			

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

Inspection

Name of the organization

CASPER ARTISTS GUILD

Employer identification number 83-0241107

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ARTS EXPERIENCES FOR ALL.
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 C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CORRECT PRIOR YEAR PAYROLL LIABILITIES 1,792.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

FORM 990	990 PAGE 10						066							
Asset No.	et Description	Date Acquired	Method	Life	v No.	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													
	1 LEASEHOLD IMPROVEMENTS	09/03/15	SL	39,00	MM1 6	1,016,791.				1,016,791.	130,360.		26,072.	156,432.
	4 ELECTRICAL UPGRADE	12/03/20	SI	39.00	16	48,000.				48,000.			923.	923.
	5 AUTOMATIC RESTROOM DOORS	07/08/21	SL	39.00	16	3,578.				3,578.			15.	15.
	BASEMENT REMODEL, RAILING 7 AND CAGE	03/12/21	SL	39.00	16	4,570.				4,570.			. 69	.63
	* 990 PAGE 10 TOTAL BUILDINGS					1,072,939.				1,072,939.	130,360.		27,069.	157,429.
	FURNITURE & FIXTURES													
	2 TELEPHONE SYSTEM	04/30/15	SL	7.00	16	3,029.				3,029.	2,309.		433.	2,742.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					3,029.				3,029.	2,309.		433.	2,742.
	MACHINERY & EQUIPMENT													
	6 ACCESSIBLE WHEEL	03/22/21	SL	7.00	16	2,920.				2,920.			174.	174.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					2,920.				2,920.	0.		174.	174.
	OTHER													
	3 LAND	09/03/15	ч			179,500.				179,500.			0.	
	* 990 PAGE 10 TOTAL OTHER					179,500.				179,500.	0.		0	0
	* GRAND TOTAL 990 PAGE 10 DEPR					1,258,388.				1,258,388.	132,669.		27,676.	160,345.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					1,199,320.			0	1,199,320.	132,669.			159,174.
02811	028111 04-01-20				1									

028111 04-01-20

(D) - Asset disposed

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

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10		
	2020 DEFINE CIALION AND AMOUNTALION NEFON	FORM 990 PAGE 10

FORM	√ 990	FORM 990 PAGE 10						066							
Asset No.	set o.	Description	Date Acquired	Method	Life	O C >	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
		ACQUISITIONS					.890,63			0	.890,63	0.			1,171.
		DISPOSITIONS/RETIRED					0			0	0	0			0.
		ENDING BALANCE					1,258,388.			0	1,258,388.	132,669.			160,345.
		ENDING ACCUM DEPR										160,345.			
		ENDING BOOK VALUE										1,098,043.			
02811	028111 04-01-20	11-20													

028111 04-01-20

(D) - Asset disposed

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

4562 Form

Depreciation and Amortization (Including Information on Listed Property)

Information on Listed Property)

► Attach to your tax return.

990

OMB No. 1545-0172

Attachment

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

C^{7}	ASPER ARTISTS GUILD			FODI	M 990 P	ACF 10		83-0241107
	art Election To Expense Certain Prope	rty Under Section 1	79 Note: If you				V hefore	
	Manager and the state of the st					-	1 4	1,040,000.
								1,040,000.
	Total cost of section 179 property place							2,590,000.
	Threshold cost of section 179 property Reduction in limitation. Subtract line 3							2,330,000
<u>5</u>	Dollar limitation for tax year. Subtract line 4 from line (a) Description of pr		-u II married IIIIr	(b) Cost (busine		(c) Elected of	-	
_	(4) =			(-) (,,	(-)		
_								
7	Listed property. Enter the amount from	line 29			7			
	Total elected cost of section 179 prope			lines 6 and 7			8	
	Tentative deduction. Enter the smaller							
	Carryover of disallowed deduction from							
	Business income limitation. Enter the s							
	Section 179 expense deduction. Add li		,		, , , , , , , , , , , , , , , , , , , ,			
	Carryover of disallowed deduction to 2							
	te: Don't use Part II or Part III below for							
P	art II Special Depreciation Allowa	nce and Other D	epreciation (Don't include	listed property	y.)		
14	Special depreciation allowance for qua	lified property (oth	ner than listed	l property) pla	aced in service	during		
	the tax year						14	
15	Property subject to section 168(f)(1) ele							
	Other depreciation (including ACRS)						16	27,676.
P	art III MACRS Depreciation (Don't	include listed pro	perty. See ins	structions.)				
			Sec	ction A				
17	MACRS deductions for assets placed i	in service in tax ye	ears beginning	g before 2020		<u></u>	<u>.</u> 17	
18	If you are electing to group any assets placed in ser	vice during the tax year	into one or more o	general asset acco	unts, check here .	<u></u> ▶ ∟		
	Section B - Assets	-			Ising the Gene	eral Deprecia	tion Syst	em
	(a) Classification of property	(b) Month and year placed in service	(business/inv	depreciation vestment use nstructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
198	a 3-year property							
b	5-year property							
	7-year property							
	10-year property							
e	15-year property							
f	20-year property							
	25-year property				25 yrs.		S/L	
,	n Residential rental property	/			27.5 yrs.	MM	S/L	
	The sideritial relital property	/			27.5 yrs.	MM	S/L	
i	Nonresidential real property	/			39 yrs.	MM	S/L	
	,	/				MM	S/L	
	Section C - Assets F	Placed in Service	During 2020	Tax Year Us	ing the Altern	ative Deprec	iation Sy	stem
	01 1:6						S/L	
<u>20a</u>				+				
	12-year				12 yrs.		S/L	
_ t	12-year 30-year	/			30 yrs.	MM	S/L	
_ t	12-year 30-year d 40-year	/				MM MM		
P	12-year 30-year	/			30 yrs.	_	S/L	

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

portion of the basis attributable to section 263A costs

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

27,676.

22

23

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles). 244, 80 you have seeding to support the business/investment relies of the business/investment relies of the discussion allowance for qualified listed property placed in service during the tax year and used from the first year and used more than 50% in a qualified business use. 25 Property used 50% or less in a qualified business use. 27 Property used 50% or less in a qualified business use. 28 Add amounts in column (i), lines 25 through 27. Enter here and on line 21, page 1		24b, columns	(a) through (c) of Section A	, all of S	ection B	, and Se	ection C	if appl	icable.							
(g) type of imperty (list evicicle first)		Section A -	- Depreciation	on and Other	Informa	tion (Ca	ution: S	See the i	nstruct	tions for li	mits for	passenç	ger autor	nobiles.)			
Special dispersion of the property (list vehicles) Special procession Special processio	24a	Do you have evidence to s	support the bu	siness/investme	nt use cla	aimed?	Y	es	No	24b If "Y	es," is tl	ne evide	nce writ	ten?	Yes	No	
used more than 50% in a qualified business use: 26 Property used more than 50% in a qualified business use: 36		Type of property (list vehicles first) Date Placed in investment		Cost or		(hus	Basis for depreciation (business/investment		Recovery N		Method/		Depreciation		Elected section 179		
Property used more than 50% in a qualified business use:	25	Special depreciation alle	owance for q	ualified listed	property	placed	in service	ce durino	the ta	ax year ar	ıd						
Property used more than 50% in a qualified business use:		used more than 50% in	a qualified b	usiness use								. 25					
27. Property used 50% or less in a qualified business use: 1	26									_	.=						
27 Property used 50% or less in a qualified business use:			: :	9	6												
Property used 50% or less in a qualified business use:			: :	9	6												
96 S/L			1 1	9	6												
96 S/L S/L	27	Property used 50% or le	ess in a quali	fied business	use:												
28 Add amounts in column (h), line 26. Enter here and on line 21, page 1 29 Add amounts in column (h), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year (and online 3) the line of the late			: :	9	6						S/L -						
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1			1 1	9	6						S/L -						
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year. 32 Total other personal (noncommuting) miles driven during the year. 33 Total miles driven during the year. 34 Was the vehicle available for personal use during the vehicle available for personal use. 35 Was the vehicle available for personal use. 46 Was the vehicle available for personal use. 58 Was the vehicle available for personal use. 59 Section C - Questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owner or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you on a line of the vehicles to your employees as personal use? 40 Do you provide more than five vehicles to your employees as personal use? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. 42 Amortization of costs that begin before your 2020 tax year: 43 Amortization of costs that began before your 2020 tax year. 44 Amortization of costs that began before your 2020 tax year.			1 1														
Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. Total business/investment miles driven during the year (don't include commuting miles) Vehicle Vehicle																	
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31 Total commuting miles driven during the year 22 Total other personal (noncommuting) miles driven 23 Total other personal (noncommuting) miles driven 24 Was the vehicle available for personal use during off-duty hours? 25 Was the vehicle available for personal use during off-duty hours? 26 Was the vehicle available for personal use than 5% owner or related person? 26 Is another vehicle available for personal use? 26 Was the vehicle available for personal use? 27 Was the vehicle available for personal use? 27 Was the vehicle available for personal use? 28 Was the vehicle available for personal use? 29 Was the vehicle available for personal use? 29 Was the vehicle available for personal use? 20 Was the vehicle available for personal use? 29 Was the vehicle available for personal use? 20 Was the vehicle available for personal use? 20 Was the vehicle available for personal use of vehicles, including commuting, by your employees? 29 Was the vehicle available for personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 29 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 29 Do you treat all use of vehicles by employees as personal use? 20 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 20 Do you go you went the requirements concerning qualified automobile demonstration use? 20 Manoritization	30			Vehicle		Veh	Vehicle		Vehicle		Vehicle		Vehicle		Vehicle		
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35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Note: if your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization Code (a) Description of costs Description of costs that begins during your 2020 tax year: 43 Amortization of costs that began before your 2020 tax year	34				Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
than 5% owner or related person? Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 8 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 9 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) Description of costs (b) Date amortization begins Amortizable amount Amortization of costs that begins during your 2020 tax year: 43 Amortization of costs that began before your 2020 tax year																	
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