

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2017** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CARBONDALE CLAY CENTER		D Employer identification number 84-1429155
	Doing business as		E Telephone number 9709632529
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	135 MAIN STREET		G Gross receipts \$ 228,005.
	City or town, state or province, country, and ZIP or foreign postal code CARBONDALE, CO 81623		
F Name and address of principal officer: ANGELA BRUNO SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **HTTP://WWW.CARBONDALECLAY.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1997** **M** State of legal domicile: **CO**

Part I Summary			
1 Briefly describe the organization's mission or most significant activities: PROMOTION OF CERAMIC ARTS			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	2
	6 Total number of volunteers (estimate if necessary)	6	6
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 72,484.
9 Program service revenue (Part VIII, line 2g)		112,776.	130,819.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	2,513.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,841.	31,345.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		206,101.	207,551.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	73,349.	93,002.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 14,257.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	121,429.	125,392.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	194,778.	218,394.	
19 Revenue less expenses. Subtract line 18 from line 12	11,323.	-10,843.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 268,737.	End of Year 259,006.
	21 Total liabilities (Part X, line 26)	3,170.	4,282.
	22 Net assets or fund balances. Subtract line 21 from line 20	265,567.	254,724.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	ANGELA BRUNO, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name BOB SOMMERFELD	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00645017
	Firm's name ▶ REESE HENRY & COMPANY, INC.	Firm's EIN ▶ 84-0803727	Phone no. 970-925-3771		
	Firm's address ▶ 400 EAST MAIN ST., SUITE 2 ASPEN, CO 81611				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No