

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2010
Open to Public Inspection

A F	or the	2010 calendar year, or tax year beginning and	ending		
B c	heck if oplicable	C Name of organization		D Employer identific	eation number
	Address change	Wyoming Lodging & Restaurant Associat:	ion		
	Name change	Doing Business As		83-02	204942
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Termin-	1825 Carey Ave		(307)	<u>) 634-8816</u>
	Amende	City or town, state or country, and ZIP + 4		G Gross receipts \$	425,438.
	Applica tion	Cheyenne, WY 82001		H(a) Is this a group re	
	pending	F Name and address of principal officer:Lynn Birleffi		for affiliates?	Yes X No
		same as C above		H(b) Are all affiliates incl	uded? Yes No
1 T	ах ехе	mpt status 501(c)(3) _X 501(c)(6) ◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach a l	list. (see instructions)
JV	Vebsite	e: www.wlra.org		H(c) Group exemption	
		organization: Corporation Trust X Association Other ▶	L Year	of formation: 1950 M	State of legal domicile: WY
Pa		Summary			
ø	1 E	Briefly describe the organization's mission or most significant activities: The	<u>Associ</u>	<u>ation brings</u>	s together
Activities & Governance		members of the industry to share new idea			
Ľ	2 (Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	
Š		Number of voting members of the governing body (Part VI, line 1a)		3	25
<u>م</u>	I .	Number of independent voting members of the governing body (Part VI, line 1b)		4	500
es	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		. 5	0
Σ	6	Total number of volunteers (estimate if necessary)		6	0
Act		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_		Net unrelated business taxable income from Form 990-T, line 34			0.
Revenue	Z		<u> </u>	Prior Year	Current Year
		Contributions and grants (Part VIII, line 1h)	<u> </u>	0.	0.
	<u></u>	Program service revenue (Part VIII, line 2g)		308,090.	424,553.
æ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	2,322.	885.
_	-	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	\vdash	0.	0.
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		310,412.	425,438.
	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	0.	0.
ļ	- I	Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.
es.	<u>∃</u> 15 :	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	0.	<u> </u>
Expenses	16a	Professional fundraising fees (Part IX, column (A) fine 11e) 2011	Λ <u></u>		<u>U•</u>
쭜	b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	204 020	302 969
_	17 '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	-	394,838. 394,838.	<u>392,868.</u>
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	_	-84,426.	392,868. 32,570.
<u> </u>	19_	Revenue less expenses. Subtract line 18 from line 12			
Sice		T. I. I	В	eginning of Current Year 159,686.	End of Year 192, 256.
SSE	20	Total assets (Part X, line 16)		139,000.	0.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		159,686.	192,256.
Fig.	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	•		1,22,230.
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	es and staten	nents, and to the hest of m	v knowledge and belief, it is
		t, and complete / geclaration of preparer (other than officer) is based on all information of w			
	, 00.1100	X 10 200 /2 1/1/2		UITE	7//
Sig	n	Signature of officer	_	Date /	
Hei		Lynn Birleffi, Secretary			
		Type or print name and title			
		PrintType preparer's name Preparer's signature		Date Check	PTIN
Pai	d		.c	04/14/11 sett-employe	ed
Pre	parer	Firm's name Scott Kelsey, P.C.		Firm's EIN	
Use	Only	Firm's address 712 East 20th Street			
		Cheyenne, WY 82001		Phone no. (<u>307) 432-2538</u>
Ma	y the If	RS discuss this return with the preparer shown above? (see instructions)		 	X Yes No

	990 (2010) Wyoming Lodging & Restaurant Association 83-0204942 Page 2
rai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	WLRA is committed to improving the business climate and profit of the
	lodging, restaurantand tourism industry.
	Duddha annangatan undadaha annangatan dan dan dan dan dan dan dan dan dan d
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. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	, ,, ,
_	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
4-	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$) Organized and hold an annual most ing and expedition for informing
	Organized and held an annual meeting and exposition for informing members regarding current industry trends and regulations
	members regarding current industry trends and regulations
4b	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
40	Published and mailed monthly newsletters to all members.
	I dollaned and malled monthly newsletters to all members.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/(2000:)/(2000:00 V)/(2000:00 V
A ~4	Other program services (Describe in Schedule O.)
→u	(Expenses \$ including grants of \$) (Revenue \$)
<u>م</u>	Total program service expenses
70	I OME PLOGRAM OF THOU OUTDOOD F

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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			
	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			v
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04=		
4	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24 U		
ZJa	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZUa		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			77
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
30	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?			- 22
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (2010)

_		040	_	E
	990 (2010) Wyoming Lodging & Restaurant Association 83-0204 t V Statements Regarding Other IRS Filings and Tax Compliance	942	P	age 5
Par	Observed A Oaks and the Oaks and the consequence of a province than the Book V			
	Check it Schedule O contains a response to any question in this Part V			 _
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 0			
-	Little the hamber of Forms W 24 moladed in time 14. Little 6 in not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
0-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	-10		_
2a	filed for the calendar year ending with or within the year covered by this return 2a 0			
	The for the salestan year enemy than a state of the salestan year enemy that the salestan year enemy th	2b		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2-		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			, v
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		+
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	اما		х
	any contributions that were not tax deductible?	6a		^
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	e L		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	 		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		\vdash
	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 required			
	to file Form 8282?	7c	 	_
	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8_		\vdash
9	Sponsoring organizations maintaining donor advised funds.			1
a	•	9a		\vdash
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	+	+
10	Section 501(c)(7) organizations. Enter:			1
a	Initiation fees and capital contributions included on Part VIII, line 12	}		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ł		
11	Section 501(c)(12) organizations. Enter:		1	
a	Gross income from members or shareholders	1		
b			i	
	amounts due or received from them.)	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

 $\textbf{Note.} \ \ \textbf{See the instructions for additional information the organization must report on Schedule O.}$

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

X

13a

14a

12b

13b

Form 990 (2010) Wyoming Lodging & Restaurant Association 83-0204942 Page 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 in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			<u>X</u>
Sec ¹	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 25			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 500			
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 customanly performed by or under the direct supervision			
	of officers, directors or 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	Does the organization have members or stockholders?	6_	X	_
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	<u>7a</u>	X	
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following.			
	The governing body?	_8a_	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Ι	
	5 4 4 4 4 4 4 4 6 6 6 6 6 6 6 6 6 6 6 6		Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b_	77	
	Has the organization provided a 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.		.	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	401	₹.	
_		12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	40-		v
12	··	12c		X
13 14	Does the organization have a written whistleblower policy?	_13_		X
15	Does 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? The organization's CEO, Executive Director, or top management official	45-	· ·	
a h	Other officers or key employees of the organization	15a		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	_15b		Λ
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
···a	taxable entity during the year?	46-		x
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	<u>16a</u>		
D	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	46h		
Sec	tion C. Disclosure	<u>16b</u>		l
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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
10	public inspection. Indicate how you make these available. Check all that apply.	101		
	Own website Another's website X Upon request			
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, an	.d €i	nessi	
19	statements available to the public.	u ima	ııcıaı	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat	ion: 🏲		
20	WAGAN - (307) 634-8816	ion: 🏓		
	1825 Carey Ave. 82001			

Form 990 (2010)	Wyoming	Lodging a	& Res	taurant	Association	83-0204942	Page
Part VII Compens	ation of Officers.	Directors, Tr	ustees.	Key Emplo	vees. Highest Com	pensated	

Employees, and Independent Contractors

Employees, and Independent Contractors

Check if Schedule O contains a response to any question 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B))			(D)	(E)	(F)	
Name and Title	Average			Pos				Reportable	Reportable	Estimated	
	hours per	(cl	neck	all	that	app	ly)	compensation	compensation	amount of	
	week (describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
John Eastman		1									
Chair	5.00	X		X			L	0.	0.	0	
Barry Sims			Ì		ŀ						
President	5.00	X		X	_	_		0.	0.	0	
Jim Waldrop											
President Elect	5.00	X		X				0.	0.	0	
Chris Brown										_	
Vice President	5.00	<u> X</u>	ļ	X		┝		0.	0.	0	
Tom Kiel											
Treasurer	5.00	X		X	<u> </u>	<u> </u>	_	0.	0.	0	
Lynn Birleffi		l		l							
Secretary	20.00	X		X	_	_		0.	0.	0	
			l								
		₩		-	-	-					
		+	<u> </u>	 -			\vdash				
				Ì							
		+	 	 	┢	 	_				
		+	\vdash	H	\vdash	┼					
							l				
		+	-	-	╁	\vdash	\vdash				
		+	+-	╁─	\vdash		\vdash				
			l				ļ				
		+	╁╾	┢		╁	╁			-	
		+	t	\vdash	\vdash	1	t^{-}	 		_	
		\top	t	\vdash	 		T				
							}				
		\top	T	T	T	T	T				
			-	1							

Wyoming Lodging & Restaurant Association

83-0204942

Page 8

Form 990 (2010)

Part VIII . Statement of Revenue (D) Revenue excluded from (A) (B) (C) Total revenue Related or Unrelated business tax under sections 512, 513, or 514 exempt function revenue revenue Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a 1b **b** Membership dues Fundraising events 1c <u>1</u>d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f Q Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** 265,653. 265,653. 2 a Membership Dues 561000 Program Service Revenue 561000 93,864. 93,864. ь Annual Meetings c Program Services 561000 39,111. 39,111. 16,375. 16,375. 561000 a Golf 9,550. 561000 9,550. e Advertising f All other program service revenue 424,553. Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 885. 885. other similar amounts) Income from investment of tax-exempt bond proceeds Rovalties (ii) Personal (i) Real 6 a Gross Rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 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 Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 425,438. 425,438. 0. Total revenue. See instructions.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must com	plete column (A) but are			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		-		
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in	_			
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				-
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes .				
11	Fees for services (non-employees)·				
а	Management	189,725.			
b	Legal	124.	<u>.</u>		
	Accounting	6,100.			<u>-</u>
d	Lobbying				
е	, , , , , , , ,				
f	Investment management fees				
g	Other			 -	
12	Advertising and promotion				
13	Office expenses	9,058.			
14	Information technology	2,500.			
15	Royalties				
16	Occupancy	12 621			
17	Travel .	13,631.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	70 754			
19	Conferences, conventions, and meetings	79,754.		<u> </u>	
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	- "			- <u></u>
23	Insurance			_	
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line				
	24f amount exceeds 10% of line 25, column (A)				
_	amount, list line 24f expenses on Schedule 0.) Dues	37,352.			
a		25,057.			
b	3 4	9,587.			
c d		9,050.	<u> </u>		
a e	0.16 7	3,522.		,	
-	All other expenses	7,408.			
т 25	Total functional expenses. Add lines 1 through 24f	392,868.			
25 26	Joint costs, Check here I if following SOP				
20	98-2 (ASC 958-720). Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

-OHI	wyoming Lodging & Restaurant Association	03-0404	944	Pag	30 IZ
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				نا
1	Total revenue (must equal Part VIII, column (A), line 12)	1	42	5,4	38.
2	Total expenses (must equal Part IX, column (A), line 25)	2	39	2,8	68.
3	Revenue less expenses. Subtract line 2 from line 1	3	3:	2,5	70.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	159	9,6	86.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	193	2,2	56.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.			_
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form	9 90 (2010)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

See separate instructions.

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

•	36Ction 30 (C)(4), (3), or (0) organiza	mons complete l'art in.			
Nan	ne of organization			Em	ployer identification number
	Wyomino	Lodging & Resta	urant Assoc	iation	83-0204942
Pa	rt I-A Complete if the or	ganization is exempt und	der section 501(c)	or is a section 527	organization.
2	Provide a description of the organic Political expenditures Volunteer hours	zation's direct and indirect politi	cal campaign activities		\$0.
Pa	art I-B Complete if the or	ganization is exempt und	der section 501(c)	0(3).	
	Enter the amount of any excise tax				\$
	Enter the amount of any excise tax				\$
	If the organization incurred a section	, ,	•		Yes No
_	Was a correction made?	,	•	•	Yes No
t	If "Yes," describe in Part IV.	•			
	art I-C Complete if the or	ganization is exempt un	der section 501(c)	, except section 50	1(c)(3).
1	Enter the amount directly expende	d by the filing organization for se	ection 527 exempt fund	ction activities	\$0.
2	Enter the amount of the filing organ	nization's funds contributed to o	ther organizations for s	section 527	
	exempt function activities	•		>	·\$0.
3	Total exempt function expenditure	s. Add lines 1 and 2. Enter here	and on Form 1120-POI		1
	line 17b		•		·\$
4	Did the filing organization file Form	1120-POL for this year?			L Yes L No
5	Enter the names, addresses and e made payments. For each organiza contributions received that were p political action committee (PAC). If	ation listed, enter the amount pa romptly and directly delivered to	aid from the filing organ a separate political org	ization's funds Also enter ganization, such as a sepa	the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-6	contributions received and
_					
		1		I	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2010

LHA

Schedule C (Form 99 Part II-A Con	90 or 990 EZ) 2010	Wyomino	Loc	lging & Res	<u>taurant Ass</u> n 501(c)(3) and fil	ociation3-()204942 Page 2
	ction under sect			pt under sectio		lea Form 5706	•
							·
A Check	if the filing organizat	=		•			
B Check ▶ L	rf the filing organizat	ion checked b	ox A and	i "ilmitea control" pro	visions apply.	(.) Educa	(I.) Affiliated annual
		s on Lobbying itures" means		ditures ts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying	expenditures to influ	ence public o	oinion (gi	ass roots lobbying)			
b Total lobbying	expenditures to influ	ence a legislat	tive body	(direct lobbying)			
c Total lobbying	expenditures (add iir	nes 1a and 1b))				
d Other exempt	purpose expenditure	s					
e Total exempt p	ourpose expenditures	(add lines 1c	and 1d)				
f Lobbying nont	axable amount. Ente	r the amount f	rom the	following table in bot	h columns		
If the amount or	n line 1e, column (a) or	(b) is: 1	he lobb	ying nontaxable am	ount is:		
Not over \$500	•		20% of th	e amount on line 1e			
Over \$500,000	but not over \$1,000	,000 \$	100,000	plus 15% of the exc	ess over \$500,000.		
	00 but not over \$1,50		3175,000	plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,0	00 but not over \$17,0	000,000	225,000	plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,			\$1,000,00	00.			
g Grassroots no	ntaxable amount (ent	ter 25% of line	1f) .				
h Subtract line 1	g from line 1a. If zero	or less, enter	-0-				
i Subtract line 1	f from line 1c. If zero	or less, enter	-0-				
j If there is an a	mount other than zer	o on either line	a 1h or lir	ne 1ı, dıd the organız	ation file Form 4720		
reporting secti	on 4911 tax for this y	/ear?					Yes No
		ations that ma	ade a se		Section 501(h) n do not have to com es 2a through 2f on pa		
		Lobbying	Expend	litures During 4-Ye	ar Averaging Period		
Calend (or fiscal year	· .	(a) 2007	,	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nont							
b Lobbying ceilii	•						
(150% of line 2	2a, column(e))						
c Total lobbying	expenditures		- +				
4 0							
	ntaxable amount			<u> </u>		 	
e Grassroots ce	-		j				
(150% OT line 2	2d, column (e))				-		
f Grassroots lob	bying expenditures			<u> </u>			

Schedule C (Form 990 or 990-EZ) 2010 Wyoming Lodging & Restaurant Association 3-0204942 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)	(b)
		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or				_
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
n	Other activities? If "Yes," describe in Part IV				
	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				-
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				_
	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).		3		X
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes." Dues, assessments and similar amounts from members	irt III-A, III	ne 3 is a	nswered	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical			
-	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b			2b		
C	Total		. 2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		. 4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5_		
	t IV Supplemental Information				
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II-B,	line 1ı. Also	o, complete	this part
for a	ny additional information.				
					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions

Wyoming Lodging & Restaurant Association

83-0204942

Employer identification number

Pa	art I Questions Regarding Compensation		_		
			Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items				
	First-class or charter travel Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (e.g , maid, chauffeur, chef)				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b_			
2	g				
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?				
_					
3	,				
	CEO/Executive Director. Check all that apply.				
	Compensation committee X Written employment contract				
	Independent compensation consultant Compensation survey or study				
	Form 990 of other organizations X Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	1			
7	organization or a related organization:				
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		x	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X	
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X	
·	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.	10			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.				
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:				
а	The organization?	5a			
b	Any related organization?	5b			
	If "Yes" to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:				
а	The organization?	6a			
b	Any related organization?	6b			
	If "Yes" to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments				
	not described in lines 5 and 6? If "Yes," describe in Part III	7			
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	ınıtıal contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?	9			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2010

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	<u>Q</u>	(E)	(F)
					Retirement and	Nontaxable	Total of columns	Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or
								10111 330-12
	≘							
-	Ξ							
	ε							:
2	Ξ							
	ε			,				
3	Ξ							
	ε							
4	: 🗉							
	Ξ							
ιο.	: €							
	Ξ							
9	: €							
	ε							
7	: €							
	ε							
80	Ξ							
	ε							
6	: E							
	ε							
10	E							
	(i)							
11	Œ							
	Ξ							
12	Œ							
	(1)							
13	(ii)							
	(i)							
14	E							
	Ξ							
15	(ii)							
	Ξ							
16	(E)							
							Schedu	Schedule J (Form 990) 2010

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Schedule L (Form 990 or 990-EZ) 2010

Inspection

Part I Excess Benefit	Transaction	ons (section	on 501(c)(estaura 3) and section	nt Associat n 501(c)(4) organizatio	ns only).	8	3-02	0494	<u> </u>	
Complete if the orga	inization answ	rered "Yes"	on Form	990, Part IV,	line 25a or 25b, or Fo	rm 990 <u>-</u> E	Z, Part \	/, line 40	b.	Г	
1 (a) Name of dis	qualified pers	on			(b) Description	of transa	ction			(c) Corr	
				-	· · · · · · · · · · · · · · · · · · ·			,		Yes	No
										:	
					· · · · · ·						_
2 Enter the amount of tax imp section 4958	osed on the o	rganization	manager 	s or disqualifi	ed persons during the	year un	der	> \$			
3 Enter the amount of tax, if a	ny, on line 2, a	above, reim	bursed by	y the organiza	ation			▶ \$			
Part II Loans to and/o	r From Inte	erested I	Persons	3.							
			on Form	990, Part IV,	line 26, or Form 990-E	Z, Part \	/, line 38			1	
(a) Name of interested person and purpose	(b) Loan t		(c) Ongi ar	nal principal mount	(d) Balance due		In ault?	by bo	oroved ard or orttee?	(g) W agreei	
	То	From				Yes	No	Yes	No	Yes	No
	1						_		<u> </u>		
							-				
			<u> </u>			-					
						 					_
				▶ \$		 		i.			
Part III Grants or Assis	stance Ben	efiting l	ntereste		s.	<u> </u>		·		1	
Complete if the orga		ered "Yes"					-,-				
(a) Name of interested	person		(b) Relat		een interested person ganization	and			ount an	d type o	f
							 				-
		-					1				
							-				
			_				+				<u>.</u>
	<u> </u>										
			-								

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

Part IV Business Transactions Inve					age 2
	red "Yes" on Form 990, Part IV, line 28a, 28		T	(e) Sha	aring o
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organız rever	zation' nues?
Lynn Birleffi	WAGAN is 100% owned	102 075	WLRA is man	Yes	No X
Jymr Birleili	WAGAN IS 100% OWNER	193,913	WING IS MAIL		_A
Part V Supplemental Information Complete this part to provide addit	ional information for responses to question	s on Schedule L (see	instructions).		
Sch L, Part IV, Business					
(a) Name of Person: Lynn	Birleffi	·····			
(b) Relationship Between	. Interested Person and	d Organizat	ion:	_	
WAGAN is 100% owned by L	ynn.			_	
(c) Amount of Transactio					
(d) Description of Trans	action: WLRA is manag	ed through	WAGAN contr	act.	
(e) Sharing of Organizat	ion Revenues? = No				
				· <u>-</u>	
					
					_

SCHEDULE O (Form 990 or 990-EZ)

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.

2010 Open to Public, Inspection

Department of the Treasury ▶ Attach to Form 990 or 990-EZ. Internal Revenue Service Name of the organization **Employer identification number** Wyoming Lodging & Restaurant Association 83-0204942 Form 990, Part I, Line 1, Description of Organization Mission: education, and stay current with industry regulations. Form 990, Part VI, Section A, line 6: WLRA consists of approximately 500 members within its association. Form 990, Part VI, Section A, line 7a: WLRA's governing board of directors are elected each year by its membership. Form 990, Part VI, Section B, line 11: WLRA secretary Lynn Birleffi will review Form 990 prior to its filing. The entire board of directors will also review the form at its next meeting. Form 990, Part VI, Section B, Line 15a: WLRA board reviews secretary's written contract on an annual basis to determine renewal and amount. Form 990, Part VI, Section C, Line 19: All WLRA governing documents, policies, and financial statements are made available upon request.

