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SCANNED MAY : 0 2012

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.

Open to Public Inspection

OMB No 1545-0047

А	or the	2011 calendar year, or tax year beginningand	enaing		
B	Check if applicable	C Name of organization		D Employer identific	cation number
	Address change	Wyoming Lodging & Restaurant Associat:	ion		
	Name change	Doing Business As		83-0	204942
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Termin- ated	1825 Carey Ave.		(307	<u>) 634-8816</u>
	Amende return	City or town, state or country, and ZiP + 4		G Gross receipts \$	<u>398,589.</u>
	Applica tion	Cheyenne, WY 82001		H(a) Is this a group re	turn
	pending	F Name and address of principal officer:Lynn Birleffi		for affiliates?	Yes X No
		same as C above		H(b) Are all affiliates inc	luded? Yes No
<u> </u>	Tax-exe	mpt status.	or 527		list. (see instructions)
		www.wlra.org		H(c) Group exemption	
		organization: Corporation Trust X Association Other	I Year		State of legal domicile: WY
		Summary			
a)	1 E	Briefly describe the organization's mission or most significant activities. $\overline{ ext{The}}$	Assoc:	<u>lation</u> bring	s together
Activities & Governance	<u>r</u>	members of the industry to share new idea	as, pr	<u>covide conti</u>	nuing
Ž	2 (Check this box if the organization discontinued its operations or dispose	sed of mor	e than 25% of its net as	sets.
Ş.	3 1	lumber of voting members of the governing body (Part VI, line 1a)		. 3	25
Ğ	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	500
တ္		otal number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0
įį		otal number of volunteers (estimate if necessary)		6	0
妄	1 -	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
Þ	1	Net unrelated business taxable income from Form 990-T, line 34		. 7b	0.
	1			Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		0.	0.
Ž	9 F	Program service revenue (Part VIII, line 2g)		424,553.	398,075.
Revenue	10 1	nvestment income (Part VIII, column (A), lines 3, (4, and 7d)		885.	514.
æ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	1	otal revenue - add lines 8 through 1-1-(must-equal Part VIII, column (A), line 12)		425,438.	398,589.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to dr for members (Part IX, column (A), line 4)		0.	0.
w		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
se	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		fotal fundraising expenses (Part IX, column (D), line 25)	o. ⊢		· · · · · · · · · · · · · · · · · · ·
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	 -	392,868.	427,093.
	1	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		392,868.	427,093.
	1	Revenue less expenses. Subtract line 18 from line 12	-	32,570.	-28,504.
	3	tevenue less expenses. Oubtract inte 10 nom inte 12	R	eginning of Current Year	End of Year
sts (20	Fotal assets (Part X, line 16)	- ا	192,256.	163,752.
SSE	20	Total liabilities (Part X, line 16)		0.	0.
Net Assets or	21 22 1	•	•	192,256.	163,752.
F	art II	Net assets or fund balances. Subtract line 21 from line 20		172,250.	103,732.
_		ties of perjury, I declare that I have examined this return, including accompanying schedule	es and state	nents, and to the hest of m	v knowledge and belief, it is
		, and complete. Declaration of preparer (other than officer) is based on all information of w			y kilomoago ana bollon, te lo
	3, 00,700	A CONTROL OF PROPERTY CONTROL AND CONTROL OF THE CO	mon propun	n nuo ung mono ugo:	
Sig		Signature of offices VV		Date	<u> </u>
He		Lynn Birleffi, Secretary		.5.2	2.12
пе		Type or print name and title			
_	- t	Print/Type preparer's name Preparer's signature	I	Date Check	PTIN
Pai	id	** * *	.c.	05/01/12 setf-employ	
	parer	Firm's name Scott Kelsey, P.C.		Firm's EIN	83-0327758
	e Only	Firm's address 712 East 20th Street		1 IIII 3 LIN	03 0341130
USI	o omy	Cheyenne, WY 82001		Phone no. (307) 432-2538
<u></u>					X Yes No
MS	y the IF	S discuss this return with the preparer shown above? (see instructions)			LALITES LINO

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	1990 (2011) Wyoming Lodging & Restaurant Association 83-0204	<u> 1942 Page 2</u>
Par	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.	
	Todging, Testadiantand Codifism Industry:	
		
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	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 and section 4947(a)(1) trusts are required to report the amount of grants and allo	
	· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_	others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	Organized and held an annual meeting and exposition for information	ıng
	members regarding current industry trends and regulations	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	Published and e-mailed monthly newsletters to all members.	
4c	(Code) (Expenses \$,
		. <u></u>
		-
_		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses	
-10	I Otal program service expenses >	Form 990 (2011)

>

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 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

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form **990** (2011)

16

17

18

19

20a 20b X

X

X

Х

X

Form **990** (2011)

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

Wyoming Lodging & Restaurant Association 83-0204942 Form 990 (2011) 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. $\overline{\mathbf{x}}$ Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 25 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 in Schedule O. 500 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 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 7a X more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Яa a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 8b 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 in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b

ıa	has the organization provided a complete copy of this Form 990 to all members of its governing body before him gifte form:	114	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		X
3	Did the organization have a written whistleblower policy?	13		X
4	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	
b	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).			
l6a	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	ction C. Disclosure		_	

List the states with which a copy of this Form 990 is required to be filed None

None

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available

for public inspection. Indicate how you made these available. Check all that apply.

Own website

Another's website

X
Upon request

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

WAGAN - (307) 634-8816

1825 Carey Ave. 82001

Form 990 (2011)					Association	83-0204942	Pag	ge 7
Part VII Compens	ation of Officers,	Directors, T	rus	stees, Key Emplo	yees, Highest Com	pensated		
	s, and Independe							
. Check if Sch	edule O contains a res	sponse to any qu	ıestı	ion 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.

Check this box if neither the organi	(B)				C)	.,		(D)	(E)	(F)
Name and Title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week		cer an	id a d	irecto	or/trus	tee)	from	from related	other
	(describe	Individual trustee or director						the	organizations	compensation
	hours for related	B or d	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	Institutional trustee		e g	m Deal		(44-27 1033-141100)		and related
	ın Schedule	idual	E G		Key employee	est co	 ==			organizations
	O)	la dje	in SE	Officer	Key	Highest compensated employee	Former			
(1) John Eastman										
Chairman	5.00	X		X		<u> </u>		0.	0.	0.
(2) Barry Sims						İ				_
President	5.00	X	ļ	X		<u> </u>	_	0.	0.	0.
(3) Jim Waldrop				ļ						_
President Elect	5.00	X		X		_	_	0.	0.	0.
(4) Chris Brown					ĺ					
Vice President	5.00	X		X		_		0.	0.	0.
(5) Tom Kiel										
Treasurer	5.00	X	<u> </u>	X		_		0.	0.	0.
(6) Lynn Birleffi		i		l						
Secretary	20.00	X	-	X		_	ļ	0.	0.	0.
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83-0204942

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Form 990 (2011)

Statement of Revenue Part VIII (D)
Revenue
excluded from
tax under (C) (A) (B) Related or Unrelated Total revenue exempt function business sections 512 revenue revenue 513, or 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b b Membership dues c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 9 Noncash contributions included in lines 1a-1f \$ h Total, Add lines 1a-1f **Business Code** 205,741. 2 a Membership Dues 561000 205,741. Program Service Revenue 92,205. b Annual Meetings 561000 92,205. 74,339. 561000 74,339. c Program Services 16,240. 561000 16,240. a Golf e Advertising 561000 9,550. 9,550. f All other program service revenue 398,075 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 514. 514 other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (ii) Personal 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) Secunties (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 \$ 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 а 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 b d All other revenue e Total, Add lines 11a-11d 398,589. 398,589 0. Total revenue. See instructions.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon	se to any question in th			
	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 United States. See Part IV, line 21				
2	Grants and other assistance to individuals in		-		
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		<u> </u>		
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 salaries and wages				
8	Pension plan accruals and contributions (include				
•	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
	Management	191,230.			
b	Legal				
c	Accounting	7,450.			
d	Lobbying	.,,			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g	Other				· ·
12	Advertising and promotion				
13	Office expenses	7,410.			
14	Information technology	3,245.			
15	Royalties				
16	Occupancy				
17	Travel	14,427.			
18	Payments of travel or entertainment expenses			-	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	56,198.			
20	Interest	•			
21	Payments to affiliates	2,380.			
22	Depreciation, depletion, and amortization	•		-	
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Deared Manack December	61,709.			
b	Dues	36,139.			
c	Legislative Reception	20,247.	-		
ď	Advertising Expenses	9,750.			
e	All other expenses	16,908.			
25	Total functional expenses. Add lines 1 through 24e	427,093.			
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)				

Form 990 (2011) Wyoming Lodging & Restaurant Association 83-0204942 Page 11

Part X **Balance Sheet** (A) Beginning of year End of year 142,718. 113,951. Cash - non-interest-bearing 49,538. 49,801. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Assets Notes and loans receivable, net 7 inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 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 15 192,256. 163,752. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 17 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 iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 192,256. 163,752. Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 192,256. <u>163,752.</u> 33 163,752. 192,256 Total liabilities and net assets/fund balances

Form **990** (2011)

-orm	1990 (2011) wyoming Louging & Restaurant Association	03-0404	<u>:744</u>	Pag	38 IZ
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
	•	1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>8,5</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>93.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>8,5</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> 19</u>	<u>2,2</u>	<u>56.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>0.</u>
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	16	<u>3,7</u>	<u>52.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
				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	O.	1		
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
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	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:				
	X 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 Sil	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	ired audit		}	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u>L</u>
			Form	990 ((2011)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

➤ See separate instructions.

2011

Open to Public Inspection

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 35c (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organiza	ations: Complete Part III.		·	
Nam	ne of organization				nployer identification number
	Wyomino	<u>r Lodging & Resta</u> ganization is exempt und	aurant Assoc	iation	83-0204942
Pa	art I-A Complete if the or	ganization is exempt un	der section 501(c)	or is a section 527	organization.
2	Provide a description of the organi Political expenditures Volunteer hours	ization's direct and indirect politi	cal campaign activities	ın Part IV. ▶	*\$ <u>0.</u>
Pa	art I-B Complete if the or	ganization is exempt un	der section 501(c)	(3)	
	Enter the amount of any excise tax	•			
	Enter the amount of any excise tax	•		5	→ \$
	If the organization incurred a section	, ,	•		Yes No
	a Was a correction made?			·	Yes No
b	b If "Yes," describe in Part IV.				
Pa	art I-C Complete if the or	ganization is exempt un	der section 501(c)	, except section 50	
1	Enter the amount directly expende	ed by the filing organization for s	ection 527 exempt fund	ction activities	• \$O
2	Enter the amount of the filing organ	nization's funds contributed to c	other organizations for s	section 527	_
	exempt function activities		•	-	·\$ <u>0.</u>
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here	and on Form 1120-POL	- ,	
	line 17b			. •	*\$
	Did the filing organization file Form	· ·			Yes No
5	Enter the names, addresses and e made payments. For each organization	ation listed, enter the amount pa	aid from the filing organi	zation's funds Also ente	r the amount of political
	contributions received that were p			•	arate segregated fund or a
	political action committee (PAC). If	r additional space is needed, pro	ovide information in Pan	t IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds. If none, enter	contributions received and

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

Schedule C (Form 990 or 990-EZ) 2011

LHA

Schedule C (Form 990 or 990-EZ) 2011 TP Part II-A Complete if the org	Wyominanizatio	ng Lod n is exer	ging & Rest npt under section	aurant Asso n 501(c)(3) and file	<u>ciatio 83-(</u> ed Form 5768)204942 Page 2
(election under sec			•			
A Check if the filing organization	ion belong	s to an affil	ated group (and list in	Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and shar	e of exces	s lobbying e	expenditures).			
3 Check 🕨 🔲 if the filing organizat	ion check	ed box A ar	d "limited control" pro	visions apply.		
		ying Exper	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
						
1a Total lobbying expenditures to influ	•			}		
b Total lobbying expenditures to influ	`	="	iy (direct lobbying)	·		
c Total lobbying expenditures (add li		(סונ)				
d Other exempt purpose expenditure			n			
e Total exempt purpose expenditure	-		•			
f Lobbying nontaxable amount. Ente						
If the amount on line 1e, column (a) o	r (b) is:		bying nontaxable am	7		
Not over \$500,000			the amount on line 1e.			
Over \$500,000 but not over \$1,000		•	O plus 15% of the exc			
Over \$1,000,000 but not over \$1,5			0 plus 10% of the exc			
Over \$1,500,000 but not over \$17,	000,000		0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	<u>.</u> .	\$1,000,	000.			
	. 050/				· · · · · · · · · · · · · · · · · · ·	
g Grassroots nontaxable amount (en		•		:		
h Subtract line 1g from line 1a. If zero				•		
i Subtract line 1f from line 1c. If zero	· ·					
j If there is an amount other than ze	_	r line 1h or	line 1i, did the organiza	ation file Form 4720		<u> </u>
reporting section 4911 tax for this	year?					Yes No
,		nt made a s	eraging Period Under ection 501(h) election e instructions for line	n do not have to comp		
	Lobi	ying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						-
(150% of line 2d, column (e))						
, , , , , , , , , , , , , , , , , , , ,						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990 EZ) 2011 Wyoming Lodging & Restaurant Associatio 83-0204942 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)).

or each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
f the lobbying activity.	Yes	No	Amo	ount
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:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through	1i)?			
c Media advertisements?				-
d Mailings to members, legislators, or the public?				
e 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?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			_	-
i Other activities?				
j 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)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		\		
Part III-A Complete if the organization is exempt under section 501(c)(4) 501(c)(6).	, section 501(c)(5), or se	ection	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		Х
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	
3 Did the organization make only includes lobbying expenditures of \$2,000 or less:	ar?	3		х
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are ans				e 3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are ans		R (b) Part		e 3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are ans answered "Yes." 1 Dues, assessments and similar amounts from members	wered "No" Of			e 3, is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are ans answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts)	wered "No" Of	R (b) Part		e 3, is
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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.

Open to Public

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

➤ Attach to Form 990. ➤ See separate instructions.

Wyoming Lodging & Restaurant Association

83-0204942

Employer identification number

Pa	rt 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			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			İ
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			ĺ
				l
þ	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	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			ĺ
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	<u> </u>
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to			1
	establish compensation of the CEO/Executive Director. Explain in Part III	1		
	Compensation committee 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			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	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.			
	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:		ł	
а	The organization?	5a		
b	Any related organization?	5b		<u> </u>
	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.		ŀ	
	The organization?	6a	ļ	
b	Any related organization?	6b		
_	If "Yes" to line 6a or 6b, describe in Part III.			1
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			
	Initial 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		
	negulations section 33 4830°0(0)?	ן ש	1	<u> </u>

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

Schedule J (Form 990) 2011

Schedule J (Form 990) 2011 Wyoming Lodging

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(5)	(Q)	(E)	(F)
					Retirement and	Nontaxable	Total of columns	Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	other deferred compensation	benefits	(B)(i)·(D)	reported as deferred in prior Form 990
			COLLEGE	000000000000000000000000000000000000000				
	Ξ							
_	⊞							
	(E)							
2	(ii)							
	(E)							
3	Œ							
	Ξ							
4	€							
	(3)					:		
5	(ii)							
	(ι)							
9	(ii)							
	Ξ							
7	⊞							
	Ξ							
8	(1)							
	Ξ							
6	₿							
	Ξ							
10	⊞							
	Ξ							
11	⊞							
	Ξ							
12	Ξ							
	Ξ							
13	Ξ							
	Ξ							
14	⊞							•
	Ξ							
15	⊞							
	Ξ							
16	⊞							

Schedule J (Form 990) 2011

SCHEDULE L

Department of the Treasury

(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-F7, Part V, line 38a or 40b

OMB No 1545-0047

Open To Public Inspection

Internal Revenue Service

or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization **Employer identification number** 83-0204942 Wyoming Lodging & Restaurant Association Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) Approved by board or (g) Written (c) Original principal (a) Name of interested (b) Loan to or from (e) In (d) Balance due person and purpose the organization? default? agreement? committee? То From Yes No Yes No **Total** Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of the organization assistance

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

Schedule L (Form 990 or 990-EZ) 2011

Schedule L (Form 990 or 990-EZ) 2011 Wyoming Lodging & Restaurant Association 83-0204942 Page 2 **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (d) Description of (a) Name of interested person (c) Amount of organization's transaction transaction person and the organization revenues? Yes No Lynn Birleffi WAGAN is 100% owned 197,480.WLRA is man X Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). Sch L, Part IV, Business Transactions Involving Interested Persons: (a) Name of Person: Lynn Birleffi (b) Relationship Between Interested Person and Organization: WAGAN is 100% owned by Lynn. (c) Amount of Transaction \$ 197,480. (d) Description of Transaction: WLRA is managed through WAGAN contract. (e) Sharing of Organization Revenues? = No

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.

OMB No 1545-0047 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: The entire board of directors will also review the form at its winter 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. Wyoming Lodging & Restaurant Association has always used a separate committee to review its financial statements and Form 990.