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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 private foundations)

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs gov/form990.

2016
Open to Public Inspection

Yes X No

Form 990 (2016

OMB No. 1545-0047

For the 2016 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable WYOMING ASSOCIATION OF REALTORS, IN Address change Doing business as 83-0220949 Name change Number and street (or P O box if mail is not delivered to street address) 307-237-4085 Initial return 777 OVERLAND TRAIL STE 220 City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated WY 82601 CASPER 772,768 G Gross receipts \$ Amended return Name and address of principal officer X No H(a) Is this a group return for subordinates? Application pending STEVEN BEAZLEY H(b) Are all subordinates included? 777 OVERLAND TRAIL STE 220 If "No," attach a list (see instructions) WY 82601 CASPER X 501(c) 6) 527 Tax-exempt status 501(c)(3) WWW.WYOREALTORS.COM Website > H(c) Group exemption number Year of formation 1967 X Corporation Trust M State of legal domicile Form of organization Summary Part I 1 Briefly describe the organization's mission or most significant activities REALTOR TRADE ASSOCIATION SCANNED DEC 14 2017, 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 16 Number of voting members of the governing body (Part VI, line 1b) 16 4 6 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 2SO-8 တွဲ NOV 2 I 2017 7a -12,670 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b -4,587 b Net unrelated business taxable income from Form 990-T, line 34 ∩ Prior Year Current Year 24,522 11,355 8 Contributions and grants (Part VIII, line 1h) 740,209 736,558 9 Program service revenue (Part VIII, line 2g) 1,295 3,564 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -14,823 -12,670 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 751,203 738,807 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 208,772 208,519 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 497,837 531,525 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 706,609 740,044 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 44,594 -1,237 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 1,161,091 1,132,071 20 Total assets (Part X, line 16) 423,833 396,050 21 Total liabilities (Part X, line 26) 737,258 736,021 22 Net assets or fund balances Subtract line 21 from line 20 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 ノノ・ノヌーノフ SSO Here STEVEN BEAZLEY Type or print name and title Date Print/Type preparer's name Paid self-employed P00177022 EDWARD T. HAGER 27-1451159 Preparer EDWARD HAGER Firm's EIN Firm's name Use Only CENTER ST STE 330 S. 307-265-2000 CASPER, WY 82601-2873 Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

form 990 (2016) WYOMING ASSOCIATION OF REALTORS, IN 83-0220949	Page 2
Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	П
Briefly describe the organization's mission	
REALTOR TRADE ASSOCIATION	
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  Did the organization cease conducting, or make significant changes in how it conducts, any program	
services?	Yes X No
If "Yes," describe these changes on Schedule O	
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
the total expenses, and revenue, if any, for each program service reported	
4a (Code ) (Expenses \$ including grants of \$ ) (Revenue \$	
EDUCATION SEMINARS FOR MEMBERS INCLUDING PROFESSIONAL	
STANDARDS	
4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$	
ANNUAL MEETING FOR MEMBERS	,
42 (Code ) (Exercise 5 ) (Povenue 5	<del></del>
4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ EDUCATION AND MONITORING OF LAWS, RULES AND REGULATIONS	•
FOR MEMBERS	
	<del></del>
4d Other program services (Describe in Schedule O )	,
(Expenses \$ including grants of \$ ) (Revenue \$ 4e Total program service expenses ▶	
A8 Total program service expenses >	Form 990 (2016)
## T	,

Part IV	Checklist	of Rec	uired	Schedules

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1		
_	candidates for public office? If "Yes," complete Schedule C, Part I	3	}	х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,	- }	•	}
	Part III	5	x	}
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	ł	}	
	"Yes," complete Schedule D, Part I	6_	<u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_	L	_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	}	}	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted	1		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			}
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	ļ	1	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	-	}	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<b> </b>	X
C		<b> </b>	}	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<b>}</b> -	X
d		1	{	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	+	X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f		144	}	v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<del> </del>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	l	x
	Schedule D, Parts XI and XII	120	<del> </del>	-
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	}	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	†	X
13 14a		14a	†	X
b		1.34		
U	fundraising, business, investment, and program service activities outside the United States, or aggregate	ļ	1	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	}	x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1	<del>                                     </del>	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	}	х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	]_	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		1	T
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	-		\
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			] _
	If "Yes," complete Schedule G, Pert III	19	<u>L_</u>	X
		Fo	m 99	0 (2016)

Form **990** (2016)

#### Part IV Checklist of Required Schedules (continued)

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- '	domestic government 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 or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1	1	
	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 Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	}	j	
	transaction with a 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	<b>j</b> j	1	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	} }	1	
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	00		x
27	disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		}	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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
C	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? If "Yes," complete Schedule N,	1		-
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		X
33	complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	$\vdash$	
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	]	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	55		_==
•	or IV, and Part V, line 1	34	1	x
35a		35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		ĺ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1	,_	
	19? Note. All Form 990 filers are required to complete Schedule O	38_	X	i .

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Form	1990 (2016) WYOMING ASSOCIATION OF REALTORS, IN 83-0220949		Р	age 5
	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 23			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	7		
	reportable gaming (gambling) winnings to prize winners?	1c		L
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	L
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		ĺ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ł		1
	account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			ĺ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			ĺ
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	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	1		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X	ļ
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ł	 	
	gifts were not tax deductible?	6b	X	<b></b>
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			ĺ
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1 _		
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	┥.		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<del> </del>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	}	<del> </del>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<del> </del> -	<del> </del>
n -	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<del> </del>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			l
	sponsoring organization have excess business holdings at any time during the year?	8		<del> </del>
9	Sponsoring organizations maintaining donor advised funds.	0-	}	ł
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<del> </del>	<del> </del>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a	· · · · · · · · · · · · · · · · · · ·	$\dashv$		
b				
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
a				
b	Gross income from other sources (Do not net amounts due or paid to other sources  against amounts due or received from them )			
120		122	j	
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		<del> </del>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	7		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del> </del>	<del> </del>
а	Note. See the instructions for additional information the organization must report on Schedule O	138	<u> </u>	<del>                                     </del>
h	Enter the amount of reserves the organization is required to maintain by the states in which		1	
b	the organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand	7		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	X
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<del></del>
DAA	n 100, not a mod a committee to report those payments: in 110, provide an explanation in contours o		m 990	0 (2016)

Form 990 (2016) WYOMING ASSOCIATION OF REALTORS, IN 83-0220949 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 or note to any line in this Part VI X Section A. Governing Body and Management

	The state of the s		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   16		163	110
	If there are material differences in voting rights among members of the governing body, or	1 1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
_	any other officer, director, trustee, or key employee?	2	į	x
3	Did the organization delegate control over management duties customarily performed by or under the direct	-		<u> </u>
3		3	}	x
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		$\frac{x}{x}$
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		<u>x</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	x	<u> </u>
6	Did the organization have members or stockholders?	•	^	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		w l	
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	ł <u>.</u> .	~ l	
_	stockholders, or persons other than the governing body?	7b	X	<del></del>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		· •	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	{	į	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	لــــــ	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	<u>ae)</u>		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		- 1	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a		<u>x</u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_ <u>X</u> _	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		'	
	describe in Schedule O how this was done	12c	<u> </u>	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	ļ
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)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			]
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (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 Other (explain in Schedule O)			
19	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			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
W	Y ASSOC OF REALTORS 777 OVERLAND TRAIL STE 220			
C	ASPER WY 82601 30'	7-23	7 - 4	085

Section A.

Form 990 (2016	WYOMING	ASSOCIATION	OF	REALTORS,	IN	83-	-0220949	Page <b>7</b>
Part VII	Compensatio	on of Officers, Direc	ctors	, Trustees, Key	Emp	loyee	s, Highest (	Compensated Employees, and
	Independent	Contractors		-	-	-	_	
	Check if Sche	dule O contains a re	spor	ise or note to any	/ line	in this	Part VII	$\Box$

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 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) Name and Title	(B) Average hours per week (list any	box	k, unie	ss pe	ition more :	than oi s both r/truste	an	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) LANDIS BENSON				-						
` '	0.00	1				1			Í	
PRESIDENT	0.00	X		x				o	o	0
(2) SHELLY DUNCAN		<del>                                     </del>	<del>                                     </del>			$\vdash$	_			
(2, 2 3 3 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3	0.00	1								
PRESIDENT ELECT	0.00	X		x	1	1 1		o	o	C
(3) DEVON VIEHMAN		† <del></del>	+-	<del> </del>		1-1		<del> </del>	<del></del>	<del></del>
(0)221011 1211121	0.00			)	1					
/P/TREASURER	0.00	x	}	x	l	} }		o	0	C
(4) JOHN HENNING		† <del></del>	-		<del>                                     </del>	$\vdash$	_	<del>  </del>	<del>-</del>	<del></del> _
(4) 0 0 1111 11 11 11 11 11 11 11 11 11 11	0.00		1		Ì	1		,		
SOUTHWEST DVP	0.00	x	j			1 1		o	o	C
(5) JIM SPAINHOWER		+==	-	-	<del>                                     </del>	$\vdash$		<del>-</del>	<u>*</u> †	<del></del>
(5) 5 121 51 1121111011211	0.00	1	}	ł	ļ			}	}	
NORTHEAST DVP	0.00	X	{		ì	1		ol	ol	(
(6) JEZRIA COLLINS		1-	<del>                                     </del>	-	_			<del> </del>	<del></del>	<del></del>
(0,02211211 00222112	0.00	}	}	}		<b>,</b>		<b>1</b>		
CENTRAL DVP	0.00	X	}			) :		o	o	(
(7) MAX MINNICK	0.00	+	╀─	<del> </del>	<del>                                     </del>	<del>                                     </del>		<del>-</del>	<del></del>	<del></del>
(//IMM MINITOR	0.00			1		'				
SOUTHEAST DVP	0.00	$ \mathbf{x} $						ol	o	C
(8) SANDI SCHEARER	<u> </u>	+*	<del>                                     </del>	+-	<del>  -</del>	+-		<del>-</del>		
(0) DANDI DEHLERKER	0.00	1			l			}		
NORTHWEST DVP	0.00	x	ŀ	ł	1			o	o	(
(9) ROCHELLE MURPHY	0.00	+*	╁	t	<del>                                     </del>	<del>                                     </del>	<del></del> -	<del> </del>	<del>-</del>	
(3/ROCHELLE MORFILL	0.00	1	1	}	1			1	}	
MEMBER SERV CHAIR	0.00	x		1				ol	ol	(
10) CHAREL COLEMAN	<u> </u>	+**	╁╴	+-	$\vdash$		-	<del> </del>		
O CHARLES COLLEGE	0.00		1		1	'	1	1		
STATE ASSN CHAIR	0.00	x	{		i			o	o	C
11) CYNTHIA BIGGS	0.00	+==	+-	+-	-	+-	$\vdash$	<del> </del>	<del>-</del>	
IIICIMINIA DIGGO	0.00	}	1		}		}			
ADVOCACY/POL CHAIR	0.00	$ \mathbf{x} $	1	}		1	ł	ol	o	C
ADVOCACI/POL CHAIR	0.00	1		٠.	—	ـــــ	Ь—	<u> </u>		Form 990 (2018

Part VII Section A. Officers	, Directors, Tru	stee	<u>s, K</u>	ey E	mpl	oyee	s, a	ind Highest Compensated	Employees (continued)				
` (A) Name and title	(B) Average hours per week (list any	bo of	x, unle	Pos check ess pe nd a c	erson i	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	0	(F) Estimate amount of other ompensate from the	of	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(1. 2.333335)	-	organization	on ed	
(12) DENNIS BAKER	0.00												
PROF DEV CHAIR	0.00	x		L				0	0				0
(13) JULIE SZEWC	0.00	}	}			,		<b>,</b>					
COMMUN INVOLVE CHAIR	0.00	x		1	-			0	o	1			0
(14) LAURA KRUSE													
	0.00		}	l		1		}					_
AE COUNCIL CHAIR (15) DEB GALLAGHER	0.00	X	├—	<del> </del>	├	-	<del> </del>	0	0	<del> </del>			0
(15) DED GALLIAGREI	0.00	ł		{	ł	}		Ì		1			
AFF COUNCIL CHAIR	0.00	x	}	ł	ł	İ	}	0	0	1			0
(16) TAMI STANLEY													
	0.00		1		1	1				1			_
LOCAL BD PRES CHAIR (17) GUYLA GREENLE	0.00	X	-	-	├	-		0	0	<del></del>			0
(17) GOTHA GREENEL	0.00			1	1	1		1					
SSO	0.00		_	x		<u></u>	L	86,092	0		1	7,6	552
(18) STEVEN BEAZLI	li .	ĺ		1			ĺ			ĺ			
SSO	0.00			x		•		5,928	o	ĺ			0
550	0.00	╁	-	^	$\vdash$	-	-	3,928	<u> </u>	<u> </u>			
	}												
1b Sub-total	l	Ц.	<u> </u>	<u> </u>	<u></u>	L	<b> </b>	92,020		ļ		7,6	552
c Total from continuation she	ets to Part VII,	Sect	ion /	A			•						
d Total (add lines 1b and 1c)							<u> </u>	92,020		L	1	$7,\epsilon$	552
2 Total number of individuals (in reportable compensation from			_	tnos	se iis	itea a	NOGE	e) who received more than	1 \$ 100,000 01				
											$\rightrightarrows$	Yes	No
3 Did the organization list any for employee on line 1a? If "Yes,"								loyee, or highest compensa	ated	1	3	1	X
4 For any individual listed on line	e 1a, is the sum	of re	port	able	com	pens	satic						
organization and related organ	nizations greatei	thai	n \$15	50,00	002	f "Ye	es," (	complete Schedule J for su	nch	l	4		X
5 Did any person listed on line 1									r individual				
for services rendered to the or		es,'	con con	plet	e Sc	hedu	ile J	for such person	<del></del>		5		<u> </u>
Section B. Independent Contractor  Complete this table for your fire		ensa	ated	ınde	pend	dent (		ractors that received more	than \$100,000 of				
compensation from the organ	zation Report o	omp	ensa	tion	for t	he ca	alen	dar year ending with or with	nin the organization's tax ye	ear T		<del>(C)</del>	
Name and	(A) business address						↓_	Descrip	(B) otion of services	<del></del>	Com	(C) pensati	<u>on</u>
		_					╁╴						
							┼_						
										}			
							+-						
A 7 (1-1)		امر .			lume :	- A d 4 -		and listed charal who			***************************************		
2 Total number of independent	contractors (incl	uain; n fro	g ou! m th	i not e ord	ıimil sanız	ea 10 ration	ino n ▶	ose listen apove) Muo	0				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax (C) Total revenue Unrelated exempt business under sections 512-514 function revenue 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 11,355 g Noncash contributions included in lines 1a-1f 11,355 h\_Total. Add lines 1a-1f Program Service Revenue Busn. Code 657,824 657,824 MEMBERSHIP DUES 28,360 b MULTI BOARD MANAGEMENT SERV 28,360 16,740 ANNUAL MEETING 16,740 NEW MEMBER FEE 10,709 10,709 6,095 FORMS, CERTIFICATE SALES 6,095 16,830 f All other program service revenue 16,830 736,558 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, 2,545 and other similar amounts) 2,545 Income from investment of tax-exempt bond proceeds Royalties (ii) Personal 20,791 6a Gross rents 33,961 b Less rental exps -13,170 c Rental inc or (loss) d Net rental income or (loss) -13,170 -13,170 Gross amount from (i) Securities (II) Other sales of assets 1,019 other than inventor **b** Less cost or other basis & sales exps 1,019 c Gain or (loss) 1,019 d Net gain or (loss) 1,019 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities ▶ 10a 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 Busn Code 541800 500 500 11a WYOMING REALTOR NEWSLETTER d All other revenue 500 Total. Add lines 11a-11d • 738,807 657,824 -12,670 82,298 Total revenue. See instructions

Part IX Statement of Functional Expenses

Secu	<u>ion 501(c)(3) and 501(c)(4) organizations must co</u> Check if Schedule O contains a resp			nplete column (A)	
	ot include amounts reported on lines 6b,	(A)	(B)	(c)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic	ļ			
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign		}		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	92,020		92,020	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	73,299		73,299	
8	Pension plan accruals and contributions (include			4	
	section 401(k) and 403(b) employer contributions)	6,080	·	6,080	
9	Other employee benefits	22,534		22,534	<del></del>
10	Payroll taxes	14,586		14,586	
11	Fees for services (non-employees)				
	Management	16 064		16.064	
b	Legal	16,864	<del></del>	16,864	
_	Accounting	23,723		23,723	<del></del>
d	Lobbying	18,000	<del></del>	18,000	<del></del>
e	Professional fundraising services See Part IV, line 17			·····	<del></del>
f	Investment management fees	<del></del>	<del></del>		
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	38,864		38,864	
12	Advertising and promotion	30,004	<del></del> -	30,001	
13	Office expenses	18,428		18,428	<del></del>
14	Information technology	10,672		10,672	<del></del>
15	Royalties	10,072		10,012	<del></del>
16	Occupancy	35,857		35,857	<del></del>
17	Travel	91,916		91,916	<del></del>
18	Payments of travel or entertainment expenses	32/320		32/310	<del></del>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			<del></del>	
20	Interest	6,141		6,141	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,334		17,334	· · · · · · · · · · · · · · · · · · ·
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 O.)				
а	ON LINE FORMS	66,885		66,885	
b	ANNUAL MEETING EXPENSES	58,563		58,563	
С	EDUCATION COSTS	51,621		51,621	
d	CONSULTING FEES	36,309		36,309	
е	All other expenses	40,348		40,348	·
25	Total functional expenses. Add lines 1 through 24e	740,044	0	740,044	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 323,938 1 318,970 Cash-non-interest bearing 268,127 63,398 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 797 7,694 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 Loans and other 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 6 organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 12,000 6,625 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 618,016 10a other basis Complete Part VI of Schedule D 88,179 554,707 529,837 10c 10b b Less accumulated depreciation 207,069 11 Investments---publicly traded securities 11 Investments—other securities See Part IV, line 11 12 12 13 Investments-program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 1,132,071 1,161,091 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 30,974 33,764 17 17 Accounts payable and accrued expenses 18 18 Grants payable 160,369 174,611 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 215,458 204,707 25 of Schedule D 423,833 396,050 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 737,258 736,021 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶

> 1,132,071 Form 990 (2016)

736,021

30

31

32

33

34

737,258

1,161,091

32

33

complete lines 30 through 34.

Total net assets or fund balances

30 Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

31 Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Form	990 (2016) WYOMING ASSOCIATION OF REALTORS, IN 83-0220949		_		Pag	<sub>je</sub> 12
_	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		73	8,8	307
2	Total expenses (must equal Part IX, column (A), line 25)	2		74	0,0	044
3	Revenue less expenses Subtract line 2 from line 1	3		_	1,2	237
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		73	7,2	<u> 258</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		73	6,0	021
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			- 1		
	Schedule O			- 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			1		
	reviewed on a separate basis, consolidated basis, or both			- 1		
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		_	2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			1		
	separate basis, consolidated basis, or both			- 1		
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				i	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		ļ	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O			1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			ļ		
	the Single Audit Act and OMB Circular A-133?		L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					-
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		<u> </u>

Form **990** (2016)

# SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• S	ection 501(c)(4), (5), or (6) organizations. Complete Part III							
	e of organization			Employer ident	ification number			
	WYOMING ASSOCIATION	OF REALTORS, I	<b>V</b>	83-02209	49			
Par	t I-A Complete if the organization is exem			n 527 organizatio	n.			
1	Provide a description of the organization's direct and indire	ect political campaign activities	ın Part IV (see ıns	structions for				
	definition of "political campaign activities")							
2	Political campaign activity expenditures (see instructions)			▶ \$				
3	Volunteer hours for political campaign activities (see instru							
Par	t I-B Complete if the organization is exen	pt under section 501(c	(3).					
1	Enter the amount of any excise tax incurred by the organiz	ation under section 4955		▶ \$				
2	Enter the amount of any excise tax incurred by organization	n managers under section 495	5	▶ \$				
3	If the organization incurred a section 4955 tax, did it file Fo	orm 4720 for this year?			Yes No			
	Was a correction made?				Yes No			
	If "Yes," describe in Part IV		\	F04(a)(2)				
· .	t I-C Complete if the organization is exen			on 501(c)(3).	<del></del>			
1	Enter the amount directly expended by the filing organizate	on for section 527 exempt func	tion	<b>.</b> .				
_	activities	4-4446 <b></b>	4	<b>▶</b> \$				
2	Enter the amount of the filing organization's funds contribu	ited to other organizations for s	ection	<b>▶</b> \$				
•	527 exempt function activities	tor here and on Form 1120 PO	Ī	Φ Φ				
3	Total exempt function expenditures Add lines 1 and 2 En line 17b	ter nere and on Form 1120-FO	<b>L</b> ,	<b>▶</b> \$				
4		12		<b>P \$</b>	Yes No			
<ul> <li>Did the filing organization file Form 1120-POL for this year?</li> <li>Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing</li> </ul>								
Ŭ	organization made payments For each organization listed	, ,	-	· · · · · · · · · · · · · · · · · · ·				
	the amount of political contributions received that were pro-							
	as a separate segregated fund or a political action commit							
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political			
	<b>(,</b>			filing organization's	contributions received and			
				funds If none, enter -0-	promptly and directly delivered to a separate			
				1	political organization If			
				<u> </u>	none, enter -0-			
(1)								
(2)				)				
(3)								
(4)								
(5)								
	<del> </del>	<del> </del>	<b> </b>	<del> </del>	<u> </u>			
(6)								
		.000 000 57	<del></del>	<del></del>	L			

Schedule C (Form 990 or 990-EZ) 2016 WYOM	TNG AGGOCT	ATTON OF DE	ממחים בגי	TNT O	2 0000046			
Part II-A Complete if the organisection 501(h)).	ization is exemp	ot under section	501(c)(3) an	d filed F	orm 5768 (ele	ection	under	Page 2
A Check ► ☐ If the filing organization	on belongs to ar	affiliated group (	and list in Pa	rt IV eac	h affiliated aro	un mer	nhor's	
name, address, EIN	expenses, and	share of excess k	obbyina expe	nditures	)	up mer	ilbei 3	
B Check ▶ ☐ If the filing organization	on checked box	A and "limited coi	ntrol" provisio	ns apply	) 			
	bbying Expendi		protest.		a) Filing	/h	) Affiliated	-
(The term "expenditures"					zation's totals		oup totals	
1a Total lobbying expenditures to influence p					· · · · · · · · · · · · · · · · · · ·		<del></del> -	
b Total lobbying expenditures to influence a	legislative body (dir	ect lobbying)						
c Total lobbying expenditures (add lines 1a	and 1b)						-	
d Other exempt purpose expenditures								
e Total exempt purpose expenditures (add i	ines 1c and 1d)							
f Lobbying nontaxable amount. Enter the a		wing table in both						
columns								
If the amount on line 1e, column (a) or (b) is	: The lobbying no	ontaxable amount is:						
Not over \$500,000	20% of the amou	nt on line 1e						
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15	% of the excess over \$5	00,000					
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10	% of the excess over \$1	,000,000					
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	6 of the excess over \$1,5	500,000					
Over \$17,000,000	\$1,000,000	· · · · · · · · · · · · · · · · · · ·						
g Grassroots nontaxable amount (enter 25%	6 of line 1f)					***************************************	,	
h Subtract line 1g from line 1a. If zero or les	s, enter -0-							
i Subtract line 1f from line 1c. If zero or less	s, enter -0-					-	****	
j If there is an amount other than zero on e	ither line 1h or line 1	i, did the organization	file Form 4720					
reporting section 4911 tax for this year?		-					Yes	No
	4-Year Average	ing Period Under	section 501(h	1)				
(Some organizations that mad					f the five colum	nns held	าพ	
		instructions for lin						
Lo	bbying Expendit	ures During 4-Yea	r Averaging l	Period				
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 201	5	( <b>d)</b> 2016		(e) Tota	1
2a Lobbying nontaxable amount								_
b Lobbying ceiling amount								
(150% of line 2a, column(e))	-i							
c Total lobbying expenditures								
d Grassroots nontaxable amount								_
e Grassroots ceiling amount								-
(150% of line 2d, column (e))								

Schedule C (Form 990 or 990-EZ) 2016

f Grassroots lobbying expenditures

Sche	dule C (Form 990 or 990-EZ) 2016 WYOMING ASSOCIATION OF REALTORS, IN 83-022	094	9	Р	age 3
	Complete if the organization is exempt under section 501(c)(3) and has NOT filed (election under section 501(h)).				<u> </u>
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	a)	(b)		
	ription of the lobbying activity  Yes	No	Amou	ınt	
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)?	$ldsymbol{ldsymbol{ldsymbol{eta}}}$			
C	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?	<b>-</b>			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<b>↓</b>			
i	Other activities?				
j	Total Add lines 1c through 1i	1 .	<del></del>		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<b> </b>			
	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?				
Рa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	or se	ction		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1_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 carry over lobbying and political campaign activity expenditures from the prior year?		3		X
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5),				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b	) Pari	: III-A, line :	3, is	
	answered "Yes."				
1	Dues, assessments and similar amounts from members	1	65	57,8	<u> 324</u>
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of				
	political expenses for which the section 527(f) tax was paid).	1 1			
а	Current year	2a		L8,(	<u> </u>
	Carryover from last year	2b			
С	Total	2c		18,0	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3		17,	200
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying				
_	and political expenditure next year?	4		20 1	- 0.0
5	Taxable amount of lobbying and political expenditures (see instructions)	5		29, <u>!</u>	<u> </u>

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Schedule C (Form 990 or 990-EZ) 2016 WYOMING ASSOCIATION OF REALTORS, IN 83-0220949

Page 4

Part IV Supplemental Information (continued)

#### SCHEDULE D' (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.qov/form990.

OMB No 1545-0047

Employer identification number

Open to Public Inspection

W	YOMING ASSOCIATION OF REALTORS, IN		83-02	220949
	at I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or A		
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line 6.		·
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised	<u>=</u>	
	funds are the organization's property, subject to the organization's excl	usive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or done	or advisor, or for any other purpose		
	conferring impermissible private benefit?	, , , ,		Yes No
Pa	rt II Conservation Easements.			
·	Complete if the organization answered "Yes" on I	Form 990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization (check	all that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	ortant land	area
	Protection of natural habitat	Preservation of a certified historic	structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	rvation	
	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	·
c	Number of conservation easements on a certified historic structure inc	luded in (a)	2c	
	Number of conservation easements included in (c) acquired after 8/17/	* *		<del></del>
ŭ	historic structure listed in the National Register	55, 4114 175( 511 4	2d	
3	Number of conservation easements modified, transferred, released, ex	dinguished, or terminated by the organiza		the
3	tax year	tinguished, or terminated by the organiza-	don during	tile
4	•	located •		
4	Number of states where property subject to conservation easement is  Does the organization have a written policy regarding the periodic mon			
5	violations, and enforcement of the conservation easements it holds?	intoring, inspection, handling or		Yes No
c	Staff and volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforcing consequation a	acomonte :	
6	Stant and volunteer riours devoted to monitoring, inspecting, nanding t	or violations, and emorcing conservation e	ascilicitis	during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	lations, and enforcing conseniation easen	nonte durin	in the year
7	** S	lations, and emorcing conservation easen	nents dunn	ig the year
	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170/h)/4\/P\/	١	
8	and section 170(h)(4)(B)(ii)?	the requirements of section 170(ff)(4)(b)(f	,	☐ Yes ☐ No
	In Part XIII, describe how the organization reports conservation easem	ante in ita ravanua and avnanca etatomar	at and	1es 100
9	balance sheet, and include, if applicable, the text of the footnote to the	·	-	10
	organization's accounting for conservation easements	organization's initiation statements that a	COCIDED (I	
P:	art III Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar A	Assets.
•	Complete if the organization answered "Yes" on			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), r		balance sh	eet
	works of art, historical treasures, or other similar assets held for public	•		
	public service, provide, in Part XIII, the text of the footnote to its finance			
h	If the organization elected, as permitted under SFAS 116 (ASC 958), t		nce sheet	
-	works of art, historical treasures, or other similar assets held for public	•		
	public service, provide the following amounts relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X		•	\$
2	If the organization received or held works of art, historical treasures, or	r other similar assets for financial dain, pro	ovide the	•
2	following amounts required to be reported under SFAS 116 (ASC 958)		ZING THE	
_	Revenue included on Form 990, Part VIII, line 1	relating to these itellis		\$
	Assets included in Form 990, Part X		_	\$
<u> </u>	Assets included in Louin 230, Lait V			<u></u>

a [	Jsing the organization's acquisition, acces		i Art, Hi	storical Ti	reacures /	or Otha	r Cimilar Accet	- /
a [	Jsing the organization's acquisition, acces							s (continuea)
a	collection items (check all that apply)	sion, and other record	ls, check a	any of the fol	lowing that ar	e a signifi	cant use of its	
	Public exhibition	<b>.</b> []						
n i	Scholarly research	<del></del>	Other	exchange pro	grams			
Ь	<b>⊣</b> , '	₽ 📋	Other					
C [	Preservation for future generations		- l 4l					
	Provide a description of the organization's	collections and explair	n now the	y further the	organization's	s exempt p	ourpose in Part	
	During the year, did the organization solicit	or receive donations	of art buck	torical traceu	roc or other	umilar		
	is <u>sets</u> to be sold to raise funds rather than							☐ Yes ☐ N
Pari			part or the	organization	is collection?			Yes N
. 4	Complete if the organization		" on For	m 990 Pa	rt IV/ line C	or ren	orted an amount	t on Form
	990, Part X, line 21.	on anowered 100	0,,,,	111 000, 1 0		, or rep	orted an amoun	
1a I	s the organization an agent, trustee, custo	dian or other intermed	liary for co	ontributions o	or other asset	s not	<del></del>	
	ncluded on Form 990, Part X?	dian or other interince	, and 19 101 01		outer asset	3 1100		Yes N
	f "Yes," explain the arrangement in Part X	III and complete the fo	llowing to	hla				
	res, explain the arrangement in rait x	in and complete the to	mowing ta	DIC				Amount
۰ ۲	Beginning balance						10	7 WHOULK
	•						1c	
	Additions during the year						1d	
	Distributions during the year						1e	<del></del> _
	Ending balance	Fare 000 Bart V load	. 04		411		1f	
	Did the organization include an amount on					-		∐ Yes ∏ N
Par	f "Yes," explain the arrangement in Part X  Number 1	III Check here if the e	xpianation	nas been p	rovided on Pa	III XIII		
ran		on answored "Ves	" on For	-m 000 Pa	rt IV line 1	0		
	Complete if the organization						(d) There is no back	(4) 5
		(a) Current year	(0)	Prior year	(c) Two yea	rs back	(d) Three years back	(e) Four years back
	Beginning of year balance		<del> </del>		<del> </del>			<del></del>
	Contributions		<del> </del> -					<del></del>
c f	Net investment earnings, gains, and							
	osses		<del>                                     </del>		<del> </del>			<del></del>
	Grants or scholarships		<u> </u>		ļ			
е (	Other expenditures for facilities and							
ŗ	programs	<del></del>	<u> </u>		ļ			<del>-</del>
f A	Administrative expenses		<u> </u>		<u> </u>			<del></del>
g F	End of year balance	<u> </u>	<u>.</u>		<u>1</u>			<u> </u>
2 F	Provide the estimated percentage of the c	urrent year end baland	e (line 1g	, column (a))	held as			
a f	Board designated or quasi-endowment	%						
b F	Permanent endowment ▶ %	, -						
C	Femporarily restricted endowment ▶	%						
-	The percentages on lines 2a, 2b, and 2c s	hould equal 100%						
3a /	Are there endowment funds not in the pos	session of the organiza	ation that	are held and	administered	for the		,—
(	organization by							Yes No
(	i) unrelated organizations							3a(i)
(	ii) related organizations							3a(ii)
b	f "Yes" on line 3a(ii), are the related organ	izations listed as requ	ired on Se	chedule R?				3b
	Describe in Part XIII the intended uses of							
Par								
	Complete if the organization	•	on Fo	rm 990, Pa	art IV, line 1	l1a See	Form 990, Par	t X, line 10
	Description of property	(a) Cost or other		(b) Cost or			Accumulated	(d) Book value
		(investment)	)	(oth	ner)	de	preciation	
1a	Land							<del></del>
	Buildings			5	33,166		27,724	505,44
	Leasehold improvements						<del></del>	
	Equipment		<del></del>		84,850		60,455	24,39
	Equipment Other		<del></del>		,			
	Add lines 1a through 1e (Column (d) mus		<del></del>	(5) 1 4				529,83

DAA

Schedule D (F	orm 990) 2016 WYOMING ASSOCIATION Investments—Other Securities.  Complete if the organization answered "Yes" or			Page 3
	(a) Description of security or category	(b) Book value	(c) Method of v	
	(including name of security)	(b) book valou	Cost or end-of-year	
(1) Financial of	<del></del>	<del></del>	<del></del>	<del></del>
	eld equity interests	<del> </del>		<del></del>
(3) Other	d equity interests		<del></del>	<del></del>
(A)		<del> </del>		
		<del></del>	<del></del>	
(B)				_ <del></del>
(C)		<del> </del>	<del></del>	
(D)		<b> </b>	<del></del>	<del></del>
(E)		<del></del>		<del></del>
(F)		<u> </u>		
(G)		<b></b>		
(H)			<del></del>	
	n (b) must equal Form 990, Part X, col. (B) line 12 ) ▶		<del> </del>	
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11c See Form 990, Pa	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of v	aluation
			Cost or end-of-year	market value
(1)				
(2)	<del></del>			
(3)	<del></del>			
(4)				
(5)			<del></del>	
(6)	<del></del>			<del></del>
(7)	<del></del>		<del></del>	
		-+	<del></del>	<del></del>
(8)				<del></del>
(9)	(h) must say of Form 000 Part V sal (P) line 12 )		<del>,</del>	<del></del>
Part IX	n (b) must equal Form 990, Part X, col (B) line 13 ) ►  Other Assets.  Complete if the organization answered "Yes" o	n Form 990, Part IV line	11d See Form 990 P	art X line 15
	(a) Description	111 0111 000, 1 01111, 11110	1	(b) Book value
(1)			<del></del>	<del></del>
		<del></del>		<del></del>
(2)				
(3)			<del></del>	<del></del>
(4)				
(5)				
(6)			}	
			<del></del>	<del></del>
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)		▶↓	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" of line 25.	n Form 990, Part IV, line	e 11e or 11f. See Form	990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2) NOTE	PAYABLE - FIRST INTERSTATE BK	203,268		
(3) CLEA	RING ACCOUNTS	1,439		
(4)				
(5)				
(6)				
(7)				
(8)	<del></del>			\$
(9)	n (b) must equal Form 990, Part X, col (B) line 25)	204,707	·	*
	uncertain tax positions. In Part XIII, provide the text of the fo		nancial statements that reco	
•	In Part XIII, provide the text of the in			

Schedule D (Form 990) 2016

Part XI Reconciliation of Revenue per Audite	ION OF REALTORS, IN 83- ed Financial Statements With Revenu		<del></del>
Complete if the organization answered "	'Yes" on Form 990, Part IV, line 12a.	•	
1 Total revenue, gains, and other support per audited financia	al statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII,	line 12		
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII )	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not of	n line 1		
a Investment expenses not included on Form 990, Part VIII, II	ine 7b		
b Other (Describe in Part XIII )	4b		
c Add lines 4a and 4b		4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 9	990, Part I, line 12)	5	
Book VII Decompiliation of Everynous now Available	ted Financial Statements With Expen	ses per Return	
Part XII Reconciliation of Expenses per Audit	teu rilianciai Statements With Expen	oco pei itetuili.	
Complete if the organization answered	-	ses per ivetarii.	
•	'Yes'' on Form 990, Part IV, line 12a	1	
Complete if the organization answered '	"Yes" on Form 990, Part IV, line 12a	· 	
Complete if the organization answered '  1 Total expenses and losses per audited financial statements	"Yes" on Form 990, Part IV, line 12a	· 	
Complete if the organization answered '  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, lin	"Yes" on Form 990, Part IV, line 12a sne 25	· 	
Complete if the organization answered '  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, lin  a Donated services and use of facilities	"Yes" on Form 990, Part IV, line 12a sene 25	· 	
Complete if the organization answered '  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, lin  a Donated services and use of facilities  b Prior year adjustments	"Yes" on Form 990, Part IV, line 12a sene 25  2a 2b	· 	
Complete if the organization answered '  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, lin  a Donated services and use of facilities  b Prior year adjustments  c Other losses	"Yes" on Form 990, Part IV, line 12a sine 25    2a     2b       2c	· 	
Complete if the organization answered '  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, lin  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII )	"Yes" on Form 990, Part IV, line 12a sine 25    2a     2b       2c	1	
Complete if the organization answered '  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, lin  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII )  e Add lines 2a through 2d	"Yes" on Form 990, Part IV, line 12a sine 25    2a	2e	
Complete if the organization answered '  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, lin  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII )  e Add lines 2a through 2d  3 Subtract line 2e from line 1	"Yes" on Form 990, Part IV, line 12a sine 25    2a	2e	
Complete if the organization answered '  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, lin  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII )  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on	"Yes" on Form 990, Part IV, line 12a sine 25    2a	2e	
Complete if the organization answered '  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, lin  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII )  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on  a Investment expenses not included on Form 990, Part VIII, I	Yes" on Form 990, Part IV, line 12a	2e	

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

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

Part XIII Supplemental Information (continued)

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.

2016

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

| Employer identification number

Open to Public Inspection

Name of the organization

WYOMING ASSOCIATION OF REALTORS, IN

83-0220949

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS MEMBERS

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS
YES

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS
YES

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE EXECUTIVE DIRECTOR REVIEWS THE 990 BEFORE FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ALL BOARD MEMBERS ARE REQUIRED TO COPMLETE THE CONFLICTS OF INTEREST

STATMENT ANNUALLY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL YES

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
YES

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

DOCUMENTS ARE AT THE ORGANIZATION'S OFFICE AND AVAILABLE FOR REVIEW SUBJECT

TO LEADERSHIP APPROVAL.