Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

2017 Open to Public Inspection

Form **990** (2017)

For the 2017 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 83-0220949 Doing business as Name change Number and street (or P O box if mail is not delivered to street address) Room/suite 307-237-4085 Initial return 777 OVERLAND TRAIL STE 220 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated 822,899 CASPER WY 82601 G Gross receipts \$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending STEVEN BEAZLEY 777 OVERLAND TRAIL STE 220 H(b) Are all subordinates included? If "No," attach a list (see instructions) WY 82601 CASPER X 501(c) 6) Tax-exempt status 501(c)(3) (insert no.) WWW.WYOREALTORS.COM Website, H(c) Group exemption number X Corporation Trust 1967 Form of organization Association Year of formation M State of legal domicite Part I Summary 1 Briefly describe the organization's mission or most significant activities REALTOR TRADE ASSOCIATION Activities & Governance 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) 17 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 6 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year 11,355 6,945 SCANNED OCT 18 2018 8 Contributions and grants (Part VIII, line 1h) RECEIVED 773,329 736,558 9 Program service revenue (Part VIII, line 2g) OSC 3,564 5,998 10 Investment income (Part VIII, column (A), lines 3, 4, and (78) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 and All 22 2018 -12,670 -7,003 738,807 779,269 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 1-30GDEN 14 Benefits paid to or for members (Part IX, column (A), line 4) 208,519 189,498 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) ▶ 604,042 531,525 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 740,044 793,540 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -14,271 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 1,189,715 1,132,071 20 Total assets (Part X, line 16) 467,965 396,050 21 Total liabilities (Part X, line 26) 721,750 736,021 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 Declar ation of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here STEVEN BEAZLEY SSO Type or print name and title Date PTIN Print/Type preparer's name 8-14-18 Paid self-employed P00177022 EDWARD T. HAGER Preparer 46-4430124 **EDWARD** HAGER Firm's EIN Firm's name **Use Only** CENTER ST STE 100 330 S. 307-265-2000 CASPER, WY 82601-2873 Phone no Yes X No May the IRS discuss this return with the preparer shown above? (see instructions)

Statement of Program Service Accomplishments Check of Schedule O Contains a response or note to any line in this Part III	orm 990 (2017) WYOMING ASSOCIATION OF REALTORS, IN 83-0220949	Page 2
1 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-E27 If Year, 3 describe these new services on Schedule O 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(a) and 501(c)(4) organizations services in the tell argest program services, as measured by expenses. Section 501(c)(a) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tell argeness, and revenue. If any, for each program service seported 4a (Code) (Expenses MEMBERS INCLUDING PROFESSIONAL STANDARDS 4b (Code) (Expenses Section 501 (C		
2 Did the organization underfaixe any significant program services during the year which were not listed on the prior prior 990 or 990-E2? If "Yes," describe these new services on Schedule O Did the organization cases conducing, or make significant changes in how it conducts, any program services are required to report the amount of grants and allocations to others, the total expenses in 501(c)(s) organizations are required to report the amount of grants and allocations to others, the total expenses, and reviews, if any, for each program service reported A (Code) (Expenses \$ including grants of \$) (Revenue \$ EDUCATION SEMINARS FOR MEMBERS INCLUDING PROFESSIONAL STANDARDS 46 (Code) (Expenses \$ including grants of \$) (Revenue \$ EDUCATION AND MONITORING OF LAWS, RULES AND REGULATIONS FOR MEMBERS INCLUDING PROFESSIONAL STANDARDS Including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$)	1 Briefly describe the organization's mission	
prior Form 990 or 990-EZ? If "Yes, "Exchoch these new servoes on Schedule O 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services as measured by services? 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)(a) organizations are required to report the amount of grants and allocations to others, the folds expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses S micror MEMBERS INCLUDING PROFESSIONAL STANDARDS 4b (Code) (Expenses S micror MEMBERS INCLUDING PROFESSIONAL STANDARDS 4c (Code) (Expenses S micror MEMBERS INCLUDING PROFESSIONAL STANDARDS OF MEMBERS INCLUDING PROFESSIONAL STANDARDS OF MEMBERS OF	REALTOR TRADE ASSOCIATION	
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Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"
	complete Schedule A

- Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 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
- Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III
- 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
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 - 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
 - c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
 - d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
 - b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- 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
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- 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 gaming activities on Part VIII, line 9a?

 If "Yes," complete Schedule G, Part III

			<u> </u>
ſ		Yes	No
	. 1	1	۹,-
ŀ	1		X
- }	2		<u> </u>
	3_		x
	4		
	5	X	
	6		<u>x</u>
	7		<u>x</u> _
	8_		X
			v
	9		X
	10		<u>x</u>
	11a	X	
	11b		X
	11c		x
	11d	1	x
	11e	X	
	11f		x
	12a		X
	12b	 	X
	13	 	X
	14a	-	X
	14b		x
	15		x
	16	-	x
	17	_	x
	18	-	x
_	19		x
	Fo	orm 99	0 (2017)

Part IV Checklist of Required Schedules (continued)

	·		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	}		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	_21_		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	Ì		ı
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the) .	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete 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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	į	i	İ
	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	ļ	į	i
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1		ł
	If "Yes," complete Schedule L, Part I	25b	L	L
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	ł	}	}
	current or former officers, directors, trustees, key employees, highest compensated employees, or	ł	1	l
	disqualified persons? If "Yes," complete Schedule L, Part II	26	 -	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	}	}	}
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1	ŀ	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	}	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete]	
	Schedule L, Part IV	28b	 	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		1	
	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		1	
• •	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,	24	1	x
20	Part I	31	┼──	 ^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32	1	x
22	complete Schedule N, Part II	32	+-	+*
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33	1	x
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33	+	+
34		34	}	x
250	or IV, and Part V, line 1	35a	+	X
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	354	+-	+
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	
36		350	+	+-
J0	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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	+-	+-
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,]		}
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	"	\dagger	1
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	}

Pa	rt 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					П
		oneon in concedure o contains a response of flote to any line in this rant v				Yes	No
1a	Enter the	number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	21		163	140
b		number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
C		rganization comply with backup withholding rules for reportable payments to vendors and	ىخن	L			
		e gaming (gambling) winnings to prize winners?			1c		
2a		number of employees reported on Form W-3, Transmittal of Wage and Tax	۱ ۱	İ	-		
		nts, filed for the calendar year ending with or within the year covered by this return	2a	4			1
b		t one is reported on line 2a, did the organization file all required federal employment tax retur			2b	X	
		he sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
3a		rganization have unrelated business gross income of \$1,000 or more during the year?	•		3a	X	•
b		has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0		3b	X	
4a	At any tir	me during the calendar year, did the organization have an interest in, or a signature or other a	authori	ity			[
	over, a fi	nancial account in a foreign country (such as a bank account, securities account, or other fin	ancial		{		l
	account)	?			4a		X
b	If "Yes,"	enter the name of the foreign country >					
	See instr	ructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	nts			
	(FBAR)				1		
5a	Was the	organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
þ	Did any t	axable party notify the organization that it was or is a party to a prohibited tax shelter transac	tion?		5b		X
С	If "Yes" to	o line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a		organization have annual gross receipts that are normally greater than \$100,000, and did the	е		}		ļ
	•	tion solicit any contributions that were not tax deductible as charitable contributions?			6a	X	<u> </u>
b		did the organization include with every solicitation an express statement that such contribution	ns or			,,	
_	-	e not tax deductible?			6b	X	
7		ations that may receive deductible contributions under section 170(c).					
а		organization receive a payment in excess of \$75 made partly as a contribution and partly for g	jooas			l	ŀ
h		ices provided to the payor?			7a 7b		
b		did the organization notify the donor of the value of the goods or services provided? organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	ie.		-/5	-	├
·		to file Form 8282?			7c		1
d	-	indicate the number of Forms 8282 filed during the year	7d	J			\vdash
e		organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		t?	7e	1	1
f		organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		
g		janization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
h	If the org	janization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	ition fil	le a Form 1098-C?	7h		
8	Sponsor	ring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by ti	he			
	sponsori	ng organization have excess business holdings at any time during the year?			8		
9	Sponsor	ring organizations maintaining donor advised funds.					
а	Did the s	sponsoring organization make any taxable distributions under section 4966?			9a	<u> </u>	ļ
ь	Did the s	sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	↓	↓
10	Section	501(c)(7) organizations. Enter		1			
а		fees and capital contributions included on Part VIII, line 12	10a	†			
b		ceipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	L			
11		501(c)(12) organizations. Enter	١.,	Ł			
a		come from members or shareholders	11a				
р		come from other sources (Do not net amounts due or paid to other sources	100				
42-	-	amounts due or received from them)	11b			1	
12a		4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	12b	1	12a	┼─	┼
13		enter the amount of tax-exempt interest received or accrued during the year 501(c)(29) qualified nonprofit health insurance issuers.	120			1	
a		ganization licensed to issue qualified health plans in more than one state?			13a	†	†
a		ee the instructions for additional information the organization must report on Schedule O			1,04	1	1
b		e amount of reserves the organization is required to maintain by the states in which					
~		nization is licensed to issue qualified health plans	13b				
С	•	e amount of reserves on hand	13c	T			
14a		organization receive any payments for indoor tanning services during the tax year?		···	14a		X
b		has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		

Form 990 (2017) WYOMING ASSOCIATION OF REALTORS, IN 83-0220949 Page 6 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 Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 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 17 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 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 X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X 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) No Yes 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 X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe in Schedule O how this was done Х 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 X 14 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? X a The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization 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 X with a taxable entity during the year? 16a 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ 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 Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

777 OVERLAND TRAIL STE 220

WY 82601

CASPER

WY ASSOC OF REALTORS

Form 990 (2017) WYOMING	ASSOCIATION	OF	REALTORS,	IN	83-0220949

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

compensated employees, and forme	r such persons									
Check this box if neither the orga	inization nor any	/ rela	ted	orga	nıza	tion c	omj	pensated any current office	r, director, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	c, unte	Pos heck ss pe	rson ı	than of the Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			tee			ated				
(1) SHELLY DUNCAN										
	2.00			İ						
PRESIDENT	0.00	X		X				0	0	0
(2) DEVON VIEHMAN						{				
	2.00									
PRESIDENT-ELECT	0.00	X		X				0	0	0
(3) DENNIS BAKER										
	2.00	}	1		1	1 1				
VP/TREASURER	0.00	X		X				0	0	0
(4) LANDIS BENSON										
	1.00	1		ĺ						
IMMEDIATE PAST PRES	0.00	X		X				0	0	0
(5) LISA ENGEBRETSEN	þr	}	ļ))		}		
	1.00	ì				1				
CENTRAL DVP	0.00	X	_	L_		$oxed{oxed}$		0	0	0
(6) MAX MINNICK		1	ļ			1 1			l	
	1.00	1		}		1 1				
SOUTHEAST DVP	0.00	X	L		L_	$oxed{oxed}$		0	0	0
(7) SANDI SCHEARER				ĺ		1 1				
	1.00	1				}				1
NORTHWEST DVP	0.00	X	L.	L	L.			0	0	0
(8) JILL SASSI-NEIS										
	1.00									
SOUTHWEST DVP	0.00	X	<u> </u>	<u> </u>	 _	\downarrow		0	0	0
(9) LEITHA SOWDER	ļ		Į]					
	1.00		l		1					_
NORTHEAST DVP	0.00	X	<u>L</u>	<u> </u>	ota			0	0	0
(10) JULIE SZEWC	1	}							}	}
	1.00)	ļ	}						
COMMUNITY ENGAGEMENT	0.00	X	<u>L</u>		L	<u> </u>		0	0	0
(11) LISA MOEHRKE	ĺ									
	1.00	}	1			1				
STATE ASSN STRENGTH	0.00	X	<u></u>	Ц.				0	0	
DAA										Form 990 (2017)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey Er	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
(A)	(B)	İ		(C	;)			(D)	(E)	(F)		
Name and title	Average Position hours per (do not check more than one					than -		Reportable	Reportable		Estimated		
	week			ess per				compensation from	compensation from related	amous othe			
•	(list any			nd a di				the	organizations	compen	sation		
	hours for related	익	교	9	<u>-</u>	g,∓	F	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from organiz			
	organizations	l dr k	럁	Officer	y en	plest	Former	(** 2) 600 **********		and re			
	below dotted line)	호흡	onal		Key employee	88	7			organiz	ations		
	l mie)	Individual trustee or director	Institutional trustee		99	Highest compensated employee							
		•	tee			satec							
(12) BECKY MINNICE	<u> </u>	┼	-	 									
(/ Duoni minito	1.00												
MEMBER SERV & VALUE	0.00	x						ام				^	
(13) CYNTHIA BIGGS		1	-	┝			_	0	0			0	
(13) CINIMIA BIGGS		i i						-					
10000001/001 GW1-0	1.00	۱										_	
ADVOCACY/POL CHAIR	0.00	X	<u> </u>	\vdash		_		0	0	<u> </u>		0	
(14) PAUL WELLS													
	1.00												
PROF DEV CHAIR	0.00	X		\sqcup		<u> </u>		0	0			0	
(15) LAURA KRUSE													
	1.00												
AE COUNCIL CHAIR	0.00	X						0	0			0	
(16) LAURA EDWARDS	\$												
	1.00												
AFF COUNCIL CHAIR	0.00	X						o	0			0	
(17) LUCAS COGDILI													
	1.00												
LOCAL BD PRES CHAIR	0.00	X						o	0			0	
(18) STEVEN BEAZLE		 	_	\vdash		\vdash				<u> </u>		_ _	
(10) DILVEN DENELLE	40.00	1											
SSO	0.00			$ \mathbf{x} $				75,917	o		21,	201	
	0.00	┼		^			-	13,311		 	<u> </u>	<u> </u>	
		ļ											
4h Out total	L	İ	<u> </u>				Ļ	75 017		 	21 1	207	
1b Sub-total				_			•	75,917			21,	<u> </u>	
c Total from continuation she	ets to Part VII,	Secti	on A	4			P			 	04		
d Total (add lines 1b and 1c)							<u> </u>	75,917			21,	<u> 391</u>	
2 Total number of individuals (in reportable compensation from				those	e lis	ted a	bov	e) who received more than	\$100,000 of				
reportable compensation from	the organization		<u> </u>								Yes	No	
3 Did the organization list any fo	rmer officer du	ecto	r or	trusta	ا مد	ev e	mnl	ovee or highest compens	ated		1.00		
employee on line 1a? If "Yes,"	' complete Sche	dule	J for	such	ınc	lividu	ıal	ayou, or mynest compense		3		Х	
4 For any individual listed on line													
organization and related organ	nizations greatei	thar	1 \$15	00,00	0? /	f "Ye	s," c	complete Schedule J for su	ch				
individual										4	-	X	
5 Did any person listed on line 1 for services rendered to the or									r individual	5	1	x	
Section B. Independent Contractor		es,	COIII	piete	30,	ieuu	i e J	ioi sucii persori					
1 Complete this table for your five									then \$400,000 of	-			
compensation from the organi	ve nignest comp zation. Report c	omo	ilea ensa	maep ition f	ena for ti	ent d he ca	conti alend	dar vear ending with or with	than \$100,000 of hin the organization's tax v	ear			
	(A) business address	<u> </u>	000		<u> </u>	10 00	<u> </u>		(B) otion of services		(C) compensa		
Name and	business address						├	Descrip	tion of services	<u>_</u>	ompensa	lion	
							┼	•					
							 						
							_						
							1						
							_						
		_											
								<u></u>					
2 Total number of independent	contractors (incl	udıng	but	not l	ımıt	ed to	tho	se listed above) who	·	., .,			
received more than \$100,000	of compensatio	n froi	n the	e orga	anız	ation	<u> </u>		0				
DAA										Fr	orm 99 (0 (2017)	

Form 990 (2017) WYOMING ASSOCIATION OF REALTORS, IN 83-0220949 Page 9 Part VIII Statement of Revenue
Check if Schedule O contains a response or note to any line in this Part VIII \Box

Total revenue							, , , , , , , , , , , , , , , , , , , 	or note to any mic			
## Federated campagins			•					(A) Total revenue	function	business	Revenue excluded from tax under sections
Second S	र र	12	Federated can	nnoigna	4-				revenue		512-514
Second S	털	h									
Second S	٥ξ		•								
Second S	₽¥	- C		1							
Second S	ਹ≅	d	-	1							
Second S	SiF	е			1e						
Second S	₹.P	f									
Second S	호		and similar amounts	not included above	1f		6,945				,
Second S	텵	g	Noncash contribution	ns included in lines 1a-	1f \$	5					
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 5 Royalties (i) Real		h	Total. Add line	es <u>1</u> a–1f			>	6,945			
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 5 Royalties (i) Real	e e						Busn Code				
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 5 Royalties (i) Real	Ven	2a	MEMBERSI	HIP DUES				680,657	680,657		
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3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 5 Royalties (i) Real	Ġ.	С	MULTI BO	OARD MANAGEMI	INT S	ERV					
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 5 Royalties (i) Real	Şen	d	NEW MEM	BER FEE						· · · · · ·	
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 5 Royalties (i) Real	Ē	е								*****	
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 5 Royalties (i) Real	gra	f			nue						
Investment income (including dividends, interest, and other similar amounts)	P										0,7,22
and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents b Less rental exps c Rental income or (loss) 7a Gross amount from (i) Securities other than inventory b Less cost or other basis & sales exps c C Gain or (loss) 4 Net rental income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from gaining activities Pa Gross income from gaming activities c Net income or (loss) from gaming activities Diag Gross ales of inventory, less returns and allowances b Less cost of goods solf c Net income or (loss) from sales of inventory Mascellaneous Revenue Busin Code 11a b C d II other revenue e Total. Add lines 11a-11d					lividen	ds intere	et	7737323			
Income from investment of tax-exempt bond proceeds					11110011	as, micro	.51,	5.998			5 998
Second Continue		4	•					37330			3,330
(i) Real (ii) Personal				investment or tax	-cxciii)	n bond p	loceeus P				
See See			rioyanies	(ı) Peat	T	/u\ E	Porconal				
b Less rental exps c Rental inc or (icss) -7,003 d Net rental income or (loss) -7,003 -7,003 -7,003		62	Grace rente		627	(11) (ersorial				
C Rental inc or (loss)											
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e Total. Add lines 11a–11d		b									
e Total. Add lines 11a–11d		C									
		d	All other reven	nue							
12 Total revenue. See instructions		е					>				
		12	Total revenue	e. See instruction	is		•	779,269	680,657	-7,003	98,670

DAA

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) (B) Do not include amounts reported on lines 6b, Management and Total expenses Program service 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 75,917 75,917 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 69,228 69,228 Other salaries and wages Pension plan accruals and contributions (include 551 551 section 401(k) and 403(b) employer contributions) 30,932 30,932 Other employee benefits 12,870 12,870 Payroll taxes 10 Fees for services (non-employees) Management 21,605 21,605 **b** Legal 22,334 22,334 Accounting 23,000 23,000 Lobbying d Professional fundraising services See Part IV, line 17 Investment management fees f Other (If line 11g amount exceeds 10% of line 25, column 45,954 45,954 (A) amount, list line 11g expenses on Schedule O) Advertising and promotion 15,530 15,530 13 Office expenses 8,780 8,780 Information technology 14 Royalties 15 40,706 40,706 16 Occupancy 94,405 94,405 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 6,922 6,922 20 Interest 21 Payments to affiliates 13,719 13,719 22 Depreciation, depletion, and amortization 23 Insurance Other expenses Itemize expenses not covered 24 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) 126,639 ANNUAL MEETING EXPENSES 126,639 71,253 71,253 ON LINE FORMS b 50,715 50,715 EDUCATION COSTS C 10,600 10,600 CONSULTING FEES d 51,880 51,880 All other expenses 0 793,540 0 793,540 Total functional expenses. Add lines 1 through 24e 25 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 ▶ following SOP 98-2 (ASC 958-720) Form 990 (2017) Form 990 (2017) WYOMING ASSOCIATION OF REALTORS, IN 83-0220949 **Balance Sheet**

<u>Part</u>	X Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
	•	(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing	318,970	1	400,123
2		63,398	2	60,833
3			3	00,03
4		797	4	2,670
5	· ·			2,0,
	trustees, key employees, and highest compensated employees			
1	Complete Part II of Schedule L		5	
6	·		-	
	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			
١	organizations (see instructions) Complete Part II of Schedule L			
7			_6_	
8			7	
9		12 000	8	4 50
	t 1	12,000	_9_	4,50
''	a Land, buildings, and equipment cost or			
1.	other basis Complete Part VI of Schedule D 10a 618,016			F00 F0
	b Less accumulated depreciation 10b 109,433	529,837	j	508,58
11	,	207,069	11	213,00
12			_12_	
13	p against and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second and a second and a second and a second and		13	
14	3		14	
15			15	
16		1,132,071	16	1,189,71
17	, , , , , , , , , , , , , , , , , , , ,	30,974		13,04
18			18	
19		160,369	19	244,97
20	F		20	
21	The state of the s		21	
	, , , , , , , , , , , , , , , , , , , ,			
	trustees, key employees, highest compensated employees, and			
<u> </u>	disqualified persons Complete Part II of Schedule L		22	
23	gagarana payana ta amatata tima patitas		23	
24	parties and parties and parties		24	
25	Other liabilities (including federal income tax, payables to related third		l	
	parties, and other liabilities not included on lines 17-24) Complete Part X			
	of Schedule D	204,707		209,94
26		396,050	26	467,96
.	Organizations that follow SFAS 117 (ASC 958), check here ▶			
ا <u>زا</u>	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	736,021	27	721,75
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets	,	29	
-	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
2	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	<u></u>
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	736,021	33	721,75
34	Total liabilities and net assets/fund balances	1,132,071	34	1,189,71

Form	990 (2017) WYOMING ASSOCIATION OF REALTORS, IN 83-0220949			Pag	je 12
Pa	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	77	9,2	269
2	Total expenses (must equal Part IX, column (A), line 25)	2	79	3,5	540
3	Revenue less expenses Subtract line 2 from line 1	3		4,2	271
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	73	6,0	021
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	72	1,	<u> 750</u>
Рa	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		- $ $ $ $		
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				ĺ
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				•
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		}		
	of the audit, 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				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single 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				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Forr	n 990	0 (2017)

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

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

OMB No 1545-0047 2017

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

• 5	Section 501(c)(4), (5), or (6) organizations. Complete Part III								
Nam	e of organization			Employer identi	fication number				
	WYOMING ASSOCIATION	OF REALTORS, I	N	83-02209	49				
Pa	t I-A Complete if the organization is exem	pt under section 501(c) or is a sectio	n 527 organizatio	n				
1	Provide a description of the organization's direct and indire	ct political campaign activities	in Part IV (see ins	structions for					
	definition of "political campaign activities")								
2	Political campaign activity expenditures (see instructions)			▶ \$					
3	Volunteer hours for political campaign activities (see instru		_ <u></u>						
Pa	性 I-B Complete if the organization is exem	pt under section 501(c	<u>)(</u> 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	55	▶ \$					
3	If the organization incurred a section 4955 tax, did it file Fo	rm 4720 for this year?			Yes No				
4a	Was a correction made?				Yes No				
	If "Yes," describe in Part IV	.4		504(-)(0)					
Pa	rt I-C Complete if the organization is exem	· 		on 501(c)(3).					
1	Enter the amount directly expended by the filing organization	on for section 527 exempt fund	ction						
_	activities			▶ \$					
2	Enter the amount of the filing organization's funds contribu	ted to other organizations for s	section						
_	527 exempt function activities								
3	Total exempt function expenditures Add lines 1 and 2 Ent	er here and on Form 1120-PC)L,	. .					
	line 17b	an and an an an an an an an an an an an an an		▶ \$	Yes No				
4	Did the filing organization file Form 1120-POL for this year		- alitical avantination	and to which the films	Yes No				
5	Enter the names, addresses and employer identification nu 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				
	(व) ।व्याप्त	(b) Address	(0) 2.14	filing organization's	contributions received and				
				funds If none, enter -0-	promptly and directly				
				1	delivered to a separate political organization				
			1		If none, enter -0-				
(1)			<u> </u>	<u> </u>					
,									
(2)		14		1					
• •									
(3)									
(4)									
			<u> </u>						
(5)									
				1					
(6)									
		1	1	1					

Schedule C (Form 990 or 990-EZ) 2017 WYOM	NG ASSOCT	ATTON OF DE	ያልተ.ጥ/ውሮ	TN	02 02200 <i>4</i> (
Part II-A Complete if the organi section 501(h)).	zation is exemp	ot under section	501(c)(3) ar	nd filed	Form 5768 (el	Page 2 ection under
A Check ▶ ☐ if the filing organization	helongs to an aff	iliated group (and li	ist in Part IV s	ach affil	inted group mom	horla no
address, EIN, expense	s. and share of ex	cess lobbying expe	enditures)	acii aiiii	iateu group mem	bei's name,
B Check ▶ ☐ If the filing organization	on checked box	A and "limited coi	ntrol" provisi	ons app	olv	
	bying Expendi		protion	J	(a) Filing	(b) Affiliated
(The term "expenditures"	neans amounts	paid or incurred.)		orga	anization's totals	group totals
1a Total lobbying expenditures to influence pr	iblic opinion (grass	roots lobbying)				
b Total lobbying expenditures to influence a	egislative body (dire	ect lobbying)				
c Total lobbying expenditures (add lines 1a	ind 1b)					
d Other exempt purpose expenditures						
e Total exempt purpose expenditures (add li	·					·
f Lobbying nontaxable amount Enter the ar columns	ount from the follow	wing table in both				
If the amount on line 1e, column (a) or (b) is	The lobbying no	entaxable amount is:		77 77 77 77 77		
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	000,000			
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%	of the excess over \$1,5	500,000			
Over \$17,000,000	\$1,000,000			ļ		
g Grassroots nontaxable amount (enter 25%	•					
h Subtract line 1g from line 1a If zero or les						
i Subtract line 1f from line 1c If zero or less						
j If there is an amount other than zero on ei reporting section 4911 tax for this year?	her line 1h or line 1	i, did the organization	file Form 4720		_	Yes No
(6		ing Period Under				
(Some organizations that mad					of the five colur	nns below.
3	ee the separate	instructions for lin	ies za throug	ın 2f.)		
Lo	bbying Expendit	ures During 4-Yea	r Averaging	Period	<u>-</u> .	
Calendar year (or fiscal year	(a) 2014	(b) 2015	(c) 20°		(d) 2017	(e) Total
beginning in)	(-,)	(2) 20.0	(0, 20		(4) 2017	(6) 10(a)
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) 2017

Pai	rt II-B Complete if the organization is exempt under section 501(c)(3) and has `(election under section 501(h)).	NOT filed	Form	5768
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	a)	(b)
	cription of the lobbying activity	Yes	No	Amount
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			
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
_	Media advertisements? Mailings to members, legislators, or the public?			
e f	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?			
_	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?			
•	Total Add lines 1c through 1i 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			
	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?		-	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No_
1	Were substantially all (90% or more) dues received nondeductible by members?	1_		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1 1	680,657
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).		
а	Current year	2a	23,000
b	Carryover from last year	2b	
С	Total	2c	23,000
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	47,219
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	
5_	Taxable amount of lobbying and political expenditures (see instructions)	5	-24,219

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) 2017 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

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 2017 Open to Public Inspection

Name of the organization

Employer identification number

W	OMING ASSOCIATION OF REALTORS, I	N	83-0220949
	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
?	Aggregate value of contributions to (during year)		
}	Aggregate value of grants from (during year)		
ļ	Aggregate value at end of year		
i	Did the organization inform all donors and donor advisors in writing		
	funds are the organization's property, subject to the organization's	•	Yes No
	Did the organization inform all grantees, donors, and donor adviso		
	only for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
a	Complete if the organization answered "Yes"	on Form 990, Part IV, line 7.	
	Purpose(s) of conservation easements held by the organization (cl	heck all that apply)	
	Preservation of land for public use (e.g., recreation or education	on) Preservation of a historically	important land area
	Protection of natural habitat	Preservation of a certified his	storic structure
	Preservation of open space		
	Complete lines 2a through 2d if the organization held a qualified co	onservation contribution in the form of a c	onservation
	easement on the last day of the tax year		Held at the End of the Tax Ye
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic structure	- 1	2c
d	Number of conservation easements included in (c) acquired after	7/25/06, and not on a	
	historic structure listed in the National Register		2d
	Number of conservation easements modified, transferred, release	d, extinguished, or terminated by the orga	inization during the
	tax year ▶		
	Number of states where property subject to conservation easemen		
	Does the organization have a written policy regarding the periodic		m., m.,
	violations, and enforcement of the conservation easements it hold		Yes N
	Staff and volunteer hours devoted to monitoring, inspecting, handl	ling of violations, and enforcing conservati	on easements during the year
,	Amount of expenses incurred in monitoring, inspecting, handling of	of violations, and enforcing conservation e	asements during the year
	> \$	A-E-41	(D)(A)
	Does each conservation easement reported on line 2(d) above sat	tisty the requirements of section 170(n)(4)	(B)(I) Yes N
	and section 170(h)(4)(B)(ii)?		
	In Part XIII, describe how the organization reports conservation eablance sheet, and include, if applicable, the text of the footnote to	•	•
	organization's accounting for conservation easements	o the organization's infancial statements to	nat describes the
² a	rt III Organizations Maintaining Collections of		ner Similar Assets.
_	Complete if the organization answered "Yes"	on Form 990, Part IV, line 8.	
а	If the organization elected, as permitted under SFAS 116 (ASC 95	•	
	works of art, historical treasures, or other similar assets held for p		
	public service, provide, in Part XIII, the text of the footnote to its fill		
D	If the organization elected, as permitted under SFAS 116 (ASC 95	•	
	works of art, historical treasures, or other similar assets held for p		turtnerance of
	public service, provide the following amounts relating to these item	ns	
	(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 treasure	<u> </u>	n, provide the
•	following amounts required to be reported under SFAS 116 (ASC	958) relating to these items	. .
а	Revenue included on Form 990, Part VIII, line 1		> 5
ь	Assets included in Form 990. Part X		▶ \$

	<u>ASSOCIATIO</u>						·	_	Page 2
Part III Organizations Maintainir								(continu	ed)
3 Using the organization's acquisition, access collection items (check all that apply)	sion, and other record	s, check a	any of the foll	owing that ar	e a signifi	cant use of r	ts		
a Public exhibition	d 🗌	Loan or e	xchange prog	grams					
b Scholarly research	e 🗍	Other							
c Preservation for future generations									
4 Provide a description of the organization's	collections and explain	n how they	y further the c	organization's	exempt p	ourpose in P	art		
XIII									
5 During the year, did the organization solicit	or receive donations	of art, hist	orical treasur	res, or other s	sımılar			_	_
assets to be sold to raise funds rather than	to be maintained as p	oart of the	organization	's collection?				Yes	No No
Part IV Escrow and Custodial Ar	rangements.								
Complete if the organization 990, Part X, line 21.	n answered "Yes	" on For	m 990, Pa	rt IV, line 9	or repo	orted an a	mount	on Form	
1a Is the organization an agent, trustee, custom	dian or other intermed	liary for co	entributions o	r other assets	s not	·			
included on Form 990, Part X?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		5 1101			Yes	s □ No
b If "Yes," explain the arrangement in Part XI	II and complete the fo	illowing tal	hle						,•
a ii ios, explain the analigement in rate XI	in and complete the lo	mowing ta				[Amount	
c Beginning balance						10			
d Additions during the year						10			
e Distributions during the year						1e	$\overline{}$		
f Ending balance						1f			
2a Did the organization include an amount on	Form 990 Part X line	21 for e	scrow or cust	todial accoun	t liahility?	<u></u>		Ye	s No
b If "Yes," explain the arrangement in Part XI					-				
Part V Endowment Funds.	one on the c	хрішниці	, nao soon pi	011200 0111 0					
Complete if the organization	n answered "Yes	" on For	m 990. Pa	rt IV. line 1	0.				
	(a) Current year		Prior year	(c) Two year		(d) Three ye	ears back	(e) Four	years back
1a Beginning of year balance	· · · · · · · · · · · · · · · · · · ·							1	
b Contributions		<u> </u>					*		
c Net investment earnings, gains, and							447/-	-	
losses									
d Grants or scholarships		İ							
e Other expenditures for facilities and	****	1							
programs									
f Administrative expenses	_	1							
g End of year balance			 -					1 -	
2 Provide the estimated percentage of the cu	rrent vear end balance	e (line 1a	. column (a))	held as					
a Board designated or guasi-endowment ▶	%								
b Permanent endowment ▶ %									
c Temporarily restricted endowment ▶	%								
The percentages on lines 2a, 2b, and 2c st	nould equal 100%								
3a Are there endowment funds not in the poss		ation that	are held and	administered	for the			_	
organization by	-							[Yes No
(i) unrelated organizations								3a(i)	
(ii) related organizations								3a(ii)	
b If "Yes" on line 3a(ii), are the related organ	zations listed as requ	ured on So	chedule R?					3b	
4 Describe in Part XIII the intended uses of t	he organization's end	owment fu	unds						
Part VI Land, Buildings, and Eq	•				_				_
Complete if the organization	on answered "Yes	<u>" on Fo</u>	<u>rm 990, Pa</u>	art IV, line	11a. See	<u> Form 99</u>	<u>0, Part</u>	X, line 1	0
Description of property	(a) Cost or other	basis	(b) Cost or			Accumulated		(d) Book	value
	(investment)	(oth	er)	de	epreciation			
1a Land									
b Buildings			5	33,166		41,3	94	4 9	91,772
c Leasehold improvements				<u> </u>					
d Equipment				84,850	L	68,0	39		16,811
e Other		_							
Total. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Pa	rt X, colun	nn (B), line 1	0c)				5	08,583

DAA

Schedule D (Form 990) 2017	WYOMING	ASSOCIATION	OF	REALTORS,	IN	83-0220949	Page 3
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Part VII	Investments—Other Securities. Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11b See Form 990, Pa	art X, line 12.
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	aluation
(1) Financial	derivatives			
(2) Closely-h	eld equity interests			
(3) Other				
(A)				
(B)		- "		
(C)				_
(D)				-
(E)				
(F)				
•				
(G)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line		
	(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	
(1)				
(2)			·	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d See Form 990, P	art X, line 15
-	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15)		<u> </u>	
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		
	al income taxes			
	E PAYABLE - FIRST INTERSTATE BK	197,985		
	ARING ACCOUNTS	9,769		
	DIT CARD PAYABLE	2,188		
	JII GIMD IIIIIIDD	2,200		
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25) ▶	209,942		
	or uncertain tax positions. In Part XIII, provide the text of the f			
organization	's liability for uncertain tax positions under FIN 48 (ASC 740)	Check here if the text of the fo	ootnote has been provided in	Part XIII

Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 WYOMING ASSOCIATION OF RE	ALTORS, IN 83-	0220949	Page 4
Pa	IT XI Reconciliation of Revenue per Audited Financial St			
	Complete if the organization answered "Yes" on Form 9		•	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c	7	
d	Other (Describe in Part XIII)	2d		
е	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 on line 1	1 1	7	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pŧ	art XII Reconciliation of Expenses per Audited Financial S	tatements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 12a	·	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
đ	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	5		

Part XIII Supplemental Information.

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

Schedule D (Form 990) 2017 WYOMING ASSOCIATION OF REALTORS, IN 83-0220949

Part XIII Supplemental Information (continued)

Page **5**

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.

p provide any additional information.

to Form 990 or 990-EZ.

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

OMB No 1545-0047

Inspection

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.