



**Part II Balance Sheets** (see the instructions for Part II)  
 Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	155,689	<b>22</b> 157,218
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .	9,788	<b>24</b> 13,775
<b>25</b> Total assets . . . . .	165,477	<b>25</b> 170,993
<b>26</b> Total liabilities (describe in Schedule O). . . . .	30,054	<b>26</b> 3,018
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	135,423	<b>27</b> 167,975

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)  
 Check if the organization used Schedule O to respond to any question in this Part III ☐  
 What is the organization's primary exempt purpose?  
 SEE BELOW ON LINE 28

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others )
<b>28</b> See Additional Data Table		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	
<b>29</b>	<b>29a</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
<b>30</b>	<b>30a</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
<b>31</b> Other program services (describe in Schedule O) . . . . .		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a) <input checked="" type="checkbox"/>	<b>32</b>	133,169

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)  
 Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JACOB DAVIS	005 00	0		
PRESIDENT				
MARK BLEHM	002 00	0		
VICE-PRESIDENT				
KEITH KINCAID	005 00	0		
TREASURER				
JASON SHULL	001 00	0		
SECRETARY				
JOE PITZER	001 00	0		
DIRECTOR				
GINGER FLYNN	001 00	0		
AFFILIATE LIAISON				

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☐

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	<b>33</b>	No
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	<b>34</b>	No
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	<b>35a</b>	No
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .	<b>35b</b>	
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	<b>35c</b>	No
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	<b>36</b>	No
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> . . . . .		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	No
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	<b>38a</b>	No
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations Enter . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶ . . . . .		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>40b</b>	
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ . . . . .		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ . . . . .		
<b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	<b>40e</b>	No
<b>41</b> List the states with which a copy of this return is filed ▶ WA . . . . .		
<b>42a</b> The organization's books are in care of ▶ KATHRYN DOWNES Telephone no ▶ (509) 388-0949 Located at ▶ PO BOX 38 PULLMAN, WA ZIP + 4 ▶ 99163 . . . . .		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>42b</b>	No
If "Yes," enter the name of the foreign country ▶ . . . . .		
See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b> . . . . .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U S ? . . . . .	<b>42c</b>	No
If "Yes," enter the name of the foreign country ▶ . . . . .		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> . . . . .		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	No
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44b</b>	No
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	No
<b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	No
<b>45b</b> 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .	<b>45b</b>	No

		<b>Yes</b>	<b>No</b>
<b>46</b>	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>46</b>	No

**Part VI Section 501(c)(3) organizations only**  
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  
Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

		<b>Yes</b>	<b>No</b>
<b>47</b>	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 . . . . .	<b>47</b>	
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	No
<b>49b</b>	If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

**f** Total number of other employees paid over \$100,000 . . . . . ► \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000. . . . . ► \_\_\_\_\_

**52** Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A . . . . . ☐ Yes ☒ No

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.

<b>Sign Here</b>	***** Signature of officer		2018-06-07 Date	
	KEITH KINCAID, TREASURER Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name TIM E GEHRING	Preparer's signature	Date 2018-06-07	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ► GEHRING & ASSOCIATES PLLC			Firm's EIN ►
	Firm's address ► POB 1142 520 E MAIN ST PULLMAN, WA 99163			Phone no. (509) 332-2900

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☒ Yes ☐ No

Additional Data

Software ID: 17005317  
Software Version: 18.2.0.0  
EIN: 91-1624707  
Name: WHITMAN COUNTY ASSOCIATION OF REALTORS

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
28 THE ORGANIZATION OPERATES A MULTIPLE LISTING SERVICE FOR LOCAL REALTORS, PROMOTES HIGH STANDARDS OF CONDUCT FOR MEMBERS OF THE REAL ESTATE PROFESSION AND PLANS ACTIVITIES DESIGNED TO UNITE LOCAL MEMBERS  (Grants \$ )  If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	133,169

**TY 2017 Compensation Explanation****Name:** WHITMAN COUNTY ASSOCIATION OF REALTORS**EIN:** 91-1624707**Software ID:** 17005317**Software Version:** 18.2.0.0

Person Name

Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue ServiceName of the organization  
WHITMAN COUNTY ASSOCIATION OF REALTORS**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017****Open to Public  
Inspection**

Employer identification number

91-1624707

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 8, Other Revenue	LATE FEE - FINANCE CHARGES 150

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 8, Other Revenue	LUNCH REIMBURSEMENTS 2,097



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 8, Other Revenue	MISCELLANEOUS 3,557

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 8, Other Revenue	EDUCATION INCOME 838

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 8, Other Revenue	RPAC INVESTMENT - INFLOW 2,485

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 8, Other Revenue	OTHER GAIN FROM K-1 PACMLS 3,987

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 8, Other Revenue	BOARD OF CHOICE FEE 29

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 8, Other Revenue	OVERHEAD REIMBURSEMENTS FROM MLS 21,715

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Travel 12,343

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Conferences, conventions, and meetings 1,250



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Telephone 955

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Unrelated business income taxes 1,109

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Bank Service Charges 601

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Licenses 385

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Education 4,292

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Awards 158

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Event Expenses 3,335

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	MLS Database 17,916



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Dues 20,896

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Scholarships 1,000

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Exec Officer Education and Travel expenses 3,251

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Lunch Expenses 4,064

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Professional Standards Agreement 520

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Payroll Taxes 2,091

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Internet, Website and Email 513

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Liability Insurance 507



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Donations 250

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Membership Committee Expenses 12

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Miscellaneous Expenses 644

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Office Expenses 1,517

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Credit Card Merchant Service Fees 1,275

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Discounts 1,234

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	MLS Reimbursements to General Fund 21,715

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 20, Net Assets	PRIOR PERIOD ADJUSTMENT 376



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part II, Line 24, Other Assets	PACMLS INVESTMENT Beginning of year 9,788, End of year 13,775

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part II, Line 26, Liabilities	OTHER CURRENT LIABILITIES Beginning of year 1,362, End of year 1,135

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part II, Line 26, Liabilities	UNEARNED REVENUE Beginning of year 26,814, End of year 0

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part II, Line 26, Liabilities	UBIT INCOME TAX LIABILITY Beginning of year 1,878, End of year 1,109

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part II, Line 26, Liabilities	WAGES PAYABLE Beginning of year 0, End of year 774