990

Return of Organization Exempt From Income Tax

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

2018

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

<u>A</u>	For the	2018 calend	lar year, or t	ax year begir	nning		, 2018, and	ending		, 20
В	Check if a	pplicable	C Name of or	ganization NE	WYOMING REALT	OR ALLIANCE			D Em	ployer identification no
	Address o	hange	Doing busing	ness as			-		83-	0260251
	Name cha	inge	Number an	d street (or PO b	ox if mail is not delivered to	o street address)		Room/suite	E Tele	phone number
	Initial retu	rn	1901	ENERGY CI	?			155		
	Final retur	rn/terminated	City or town	n, state or province	e, country, and ZIP or forei	gn postal code			G Gro	ss receipts
	Amended	return	1	tte, WY 8	-				\$	146,977
$\overline{\Box}$	Application			address of princip		HART		H(a) Is this a group		<u> </u>
_					Gillette, WY		_	H(b) Are all subo		
$\overline{}$	Tax-exemp	of status) ◀ (insert no)	4947(e)(1) or	□ 527 ∩		attach a list (se	
		▶ N/A	3 - (-)(-)	23 00 (0) (0	/ 5 (11001/110)	•		H(c) Group exer		_
			Corporation	Trust As	sociation Other		L Year of formation		of legal domici	
	rt I	Summar		<u></u>	Socialist Calci		12 Toda of Totalidation		or legal contia	<u> </u>
Ь			-	nization's miss	ion or most significa	nt activities R	EAL ESTATE ED	IICATIONAL MEI	TTTNGS	FOR
a)	ļ	MEMBERS				<u> </u>	<u> </u>	OCHITOMPE ME	TITIOD	
Governance										
<u> </u>	-				·					
Ş.	2	Check this h	nx ▶ ☐ if th	ne organizatio	n discontinued its or	erations or disposi	ed of more than 25%	of its net assets		
				•	erning body (Part VI,	•	4-4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		3	10
Activities &			•	_	rs of the governing b	•	DESE		4	10
ij				-	n calendar year 2018	•	RECE	VED.	5	
Ę				rs (estimate if		o (r art v, mie za)	22	10	6	
ĕ				•	Part VIII, column (C). line 12	5 . AUG .1. 2	2019 - 18	7a	0
	- 1				from Form 990-T, In	•		2019. 101.	7b	
_	+ -	Net unierates	u pusiness te	xable income	1101111 01111 930-1, 11	116 36	OCDE			U
	8	Contributions	e and arante	(Part VIII, line	1h)		OGDEN	UT Prior Year		Current Year
ē			-		e 2g) · · · · · ·					66,107
enc		-		•	•					80,742
Revenue			•	•	A), lines 3, 4, and 7d	•		·	_ 	128
Ü.					nes 5, 6d, 8c, 9c, 10 (must equal Part VIII				_	146 075
_					IX, column (A), lines			-		146,977
					• •					14,650
					K, column (A), line 4				_ 	80,058
es	J				e benefits (Part IX, o column (A), line 11e)					65,130
ens	1		_	•	lumn (D), line 25)				Ē.	******
Expenses	1		•	•	nes 11a-11d, 11f-24e					
ш		,	•		equal Part IX, colun	•				72,378
	1 .	•		•	18 from line 12	, ,,				232,216 (85,239)
		Revenue les	s expenses	Subtract line	16 HOHI line 12	· · · · · · · · · · · · · · · · · · ·	 	Darley of Court	V	
t Assets or	20	Total assets	/Dart V June :	16)				Beginning of Current		End of Year 59, 294
SSe	21	Total liabilities	•	•				150		
Net A	-		• • •	•	luna 21 fram luna 20				179	1,005
	rt II		re Block	es Subtract	line 21 from line 20		 	143,	528	58,289
L		····		examined this retu	m including accompanyin	o schedules and stateme	ents, and to the best of my	knowledge and belief, it is		
true,	correct, ar	nd complete Dec	laration of prepa	erer (other than off	icer) is based on all inform	lation of which preparer	has any knowledge			
	916			6/2		1/K ~			81	2019</td
Sig			N HART e of officer	_ Sa	mi	KEND			Date	2/2011
Her	တ္က			DD = 4 TD = 11	ā					
1101	<u>ب</u>		N HART,	PRESIDENT						
	Gree H	<u></u>					Date	C	ıf PTIN	
Dai	i i	Print/Type pre	•		Prepare & signature	\rightarrow		Check	- 1	205000
Draf	parer	LELAND	KUBESH			J) un	07-31-2019	self-employed	1 100	0050900
116	parer <u>l</u> Only	Firm's name		B&L ASSO				Firm's EIN		
USE		Firm's address	· •	PO BOX 7				Phone no	7 600 -	221
	<u> </u>	<u></u>			WY 82717				<u>7-682-7</u>	
	**				own above? (see ins				· · · · ·	
EEAC		ork Reductio	III ACT NOTIC	e, see tne se	parate instructions	•				Form 990 (2018)
EEA	-									•

Fon	m 990 (2018) NE WYOMING REALTOR ALLIANCE	83-0260251	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	<u> </u>
1	Briefly describe the organization's mission		
	REAL ESTÀTE EDUCATIONAL MEETIINGS FOR MEMBERS		
			
			
2	Did the organization undertake any significant program services during the year which were not listed on the	□ v	п.,
	prior Form 990 or 990-EZ?	· · · · [] Yes	x No
•	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□ vos	₽ No
	If "Yes," describe these changes on Schedule O	· · · · 🖂 les	M NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by	
7	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	the total expenses, and revenue, if any, for each program service reported	1013,	
	the total expenses, and revende, if any, for each program service reported		
	(Code) (Expenses \$ 80,058 including grants of \$) (Revenue	\$	
	STATE AND NATIONAL DUES TO ENCOURAGE INVOLVEMENT OF MEMBERS AT STATE AND NAT		/
	DITTE IND MILLONE SOUD TO ENCOURED INVOLVEMENT OF MEMBERS IN STREET IND MIL	101111111111111111111111111111111111111	
			
			
4b	(Code) (Expenses \$14,650 including grants of \$) (Revenue	\$)
	COMMUNITY OUTREACH PROGRAM		
		<u>-</u>	
4c	(Code) (Expenses \$including grants of \$) (Revenue	\$)
70		4	
	MEMBERSHIP MEETINGS TO DISCUSS ASPECTS OF REAL ESTATE.	·	
	·		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 94,708		
ĒΑ		Form	990 (2018)

Form 990 (2018)

NE WYOMING REALTOR ALLIANCE

[RartilVi Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			ĺ
	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			ĺ
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			1
_	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 98-19? 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 "Yes," complete Schedule D. Part I	6		v
7	"Yes," complete Schedule D, Part I	-		Х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	 -		
•	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	<u> </u>		
-	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	ĺ	х
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	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			1 :
	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,"			
	complete Schedule D, Part VI	11a		Χ
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		X
С	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	11c		Х
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	11d		<u> X</u>
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	,			17
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		v
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		<u>X</u>
U	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional · · · · · · · · · · ·	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	ĺ	ĺ	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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	15		X
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	ĺ	1	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u> _
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, Part III	19		<u>X</u> _
20 a		20a		<u>X</u>
	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	21		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	41		<u>X</u>

Form 990 (2018) NE WYOMING REALTOR ALLIANCE 83-0260251 Part IV Checklist of Required Schedules (continued) Yes No 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 Х 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 23 Х 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 X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 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 year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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 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 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) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 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 Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a 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-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 Х Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check it Schedule O contains a response or note to any line in this Part v		L	L
		Yes	No	0
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?			

83-0260251 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) No 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 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? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O Х 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)? If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х С If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions? Х If "Yes," did the organization include with every solicitation an express statement that such contributions or 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 5 3 PM d 4 46 Х Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? е 7f X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X a If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Х Y. 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the X sponsoring organization have excess business holdings at any time during the year? 8 25.54 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a а Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Х b 475 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 15 excess parachute payment(s) dunng the year If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

16

If "Yes," complete Form 4720, Schedule O

16

Form 990 (2018) Page 6 NE WYOMING REALTOR ALLIANCE 83-0260251 Part VI Governance. Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions 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 10 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 Enter the number of voting members included in line 1a, above, who are independent 1b 10 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? R Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Each committee with authority to act on behalf of the governing body? Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a 10a Did the organization have local chapters, branches, or affiliates? 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 11a Х 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 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? . . . 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Х Did the organization have a written document retention and destruction policy? 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? 15a X a The organization's CEO, Executive Director, or top management official 15b Х **b** 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 with a taxable entity during the year? Х b If "Yes," did the organization follow a written policy or procedure requining 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? Section C. Disclosure Wyoming Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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

17	List the states with which a copy of this Form 990 is required to be filed	•	•
----	--	---	---

Another's website Own website

☑ 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 20

KRISTY BARRETT (307) 682-2789, 1901 ENERGY CT STE 155, Gillette, WY 82718

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Section A.

NE WYOMING REALTOR ALLIANCE

		2			

Page 7

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

- 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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 hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	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) DAMON HART PRESIDENT				х				0	0	0
<u>(2)</u>										
<u>(3)</u>			·							
<u>(4)</u>									_	
<u>(5)</u>										
<u>(6)</u>										
<u>(7)</u>										
<u>(8)</u>			-					· · · · · · · · · · · · · · · · · · ·		
<u>(9)</u>										
<u>(10)</u>	<b>-</b>									
<u>(11)</u>								· · · · · · · · · · · · · · · · · · ·		·
(12)						_				
<u>(13)</u>				_	-					
(14)			_							

	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E)  Reportable compensation for related		(F) Estimate amount other	of
		hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS	,		
<u>(15)</u>							•						
<u>(16)</u>						1							
<u>(17)</u>													
(18)						1			<del></del>			_	
(19)						$\exists$							
(20)						7							
(21)						$\top$						<del></del>	
(22)		<b>-</b>											
(23)		- <b></b>											
(24)						7							
(25)			-										
1b c d	Sub-total	n A						•	0		0		0
2	Total number of individuals (including but not limited reportable compensation from the organization					_					0		
	Did the organization list any former officer, director, of employee on line 1a? If "Yes," complete Schedule J to	for such indiv	idual								. 3	Yes	No X
	For any individual listed on line 1a, is the sum of reporting organization and related organizations greater than \$ Individual	150,000? <i>If</i> "	Yes," c	omp	lete 	Schi	edule • •	J for	such		. 4		X
	Did any person listed on line 1a receive or accrue co for services rendered to the organization? If "Yes," con B. Independent Contractors	•		-			-		n or individual		. 5		X
1	Complete this table for your five highest compensate compensation from the organization. Report compenses												
	(A) Name and business address					_			Description of s	ervices	Co	(C)	on
	Total number of independent contractors (including bi	ut not limited	to thos	se lis	ted :	abov	ve) wh	10					

		Check if Schedule O contains a response or	note to any line in thi	s Part VIII		· · · · · · · · ·	<u> [</u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
<b>50.00</b>	1a	Federated campaigns 1	a			,	
ant	b	. ' * <del>  -</del>		1	ŀ		
ၓၲဋီ	c			1			
ifts,	ď	. <u>.</u> [*]	<del></del>	1			}
0 <u>E</u>	ء ا	Government grants (contributions) · · 1		•			
Sig		All other contributions, gifts, grants,	15,378	-			
the	'	and similar amounts not included above					
Contnbutions, Gifts, Grants and Other Similar Amounts	۱ ۵	Noncash contributions included in lines 1a-1f \$	<del></del>	-	1		
ನಿ ೯	h			66,107			
	<del>                                     </del>	Total: Add lines 12-11	Business Code	80,107			
Program Service Revenue	2a	EDUCATION	900099	6,423	6,423		
	Ь		900099	409	409		
8	c	SPECIAL NEEDS	900099	1,870	1,870		
Ž	d	MEETING ROOMS	900099	1,466	1,466		-
Š		MLS INCOME	900099	58,959	58,959		
gra		All other program service revenue · · · · ·		11,615	11,615	<u> </u>	
g.	g			80,742	11,015		
	3	Investment income (including dividends, interest		33,712	<del>-</del>		
	"	and other similar amounts)		128	128		
	4	Income from investment of tax-exempt bond pro					<del> </del>
	5	Royalties				<del></del>	
		(i) Real	(u) Personal				
	6a	Gross rents	327		}	•	
	ь	Less rental expenses · · · ·					·
	c			·		-	1
		Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory			,		
	ь	Less cost or other basis					
		and sales expenses · · · ·		,			
	С	Gain or (loss)					
	d	Net gain or (loss) · · · · · · · · · · · · · · · · · ·	. <u> </u>				
enne	8a	Gross income from fundraising					
Ver		events (not including \$					
Other Rev		of contributions reported on line 1c)					
Jer		See Part IV, line 18 · · · · · · · a					
ᅙ	b	Less direct expenses	· [				
	С	Net income or (loss) from fundraising events	. <u> </u>				
	9a	Gross income from gaming activities					
		See Part IV, line 19 · · · · · · · · a					•
	b	Less direct expenses	· [				<u> </u>
	С	Net income or (loss) from gaming activities .	. <u> </u>				
	10a	Gross sales of inventory, less	Ì				
		returns and allowances · · · · · · · a					
		Less cost of goods sold b		-	·- <u>-</u>		
	С	Net income or (loss) from sales of inventory .					
		Miscellaneous Revenue	Business Code				<u> </u>
	11a						
	b						
	C				<del></del>		
		All other revenue					
		Total. Add lines 11a-11d					
	12	Total revenue. See instructions	<u>•</u>	146,977	80,870	0	0

#### 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 (B) Program service (C) (A) Total expenses Do not include amounts reported on lines 6b, 7b, Management and Fundraising 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 2 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . . 14,650 14,650 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 . . . . . . 80,058 80,058 5 Compensation of current officers, directors, trustees, and key employees . . . . . . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages . . . . . . . . . . . . . . . 52,202 52,202 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 7,564 7,564 10 5,364 5,364 11 Fees for services (non-employees) а ь Legal c 225 225 d "是不是你的人们,我们是我们也不是的 е Professional fundraising services See Part IV, line 17 . Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 13 10,996 10,996 14 Information technology . . . . . . . . 15 Royalties 16 16,600 16,600 17 2,539 2,539 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 24 Other expenses litemize 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) 1,735 1,735 TELEPHONE 5,616 b COMMITTEE EXPENSE 5,616 8,324 SPECIAL NEEDS EXP 8,324 7,717 d EDUCATION 7,717 e All other expenses 18,626 18,626 Total functional expenses. Add lines 1 through 24e 94,708 137,508 0 25 232,216 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)

	•	Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · ·		
			(A)		(B)
		•	Beginning of year	1	End of year
_	1	Cash - non-interest-bearing		1	35,083
	2	Savings and temporary cash investments		2	25,991
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	(1,670)	4	(1,780)
	5	Loans and other receivables from current and former officers, directors,	· 对于特别的	1.50	cha 20072 14700
		trustees, key employees, and highest compensated employees		37.	<b>这个个人</b>
		Complete Part II of Schedule L		5	•
	6	Loans and other receivables from other disqualified persons (as defined under section	To the standard of	1 , 2	THE STATE OF THE STATE OF
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		if sh	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	THE STATE OF	برخ دسر مرکز	
		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or	<b>建筑工作工作</b>	<b>爱</b>	THE PARTY OF THE P
		other basis Complete Part VI of Schedule D 10a	AND THE RESERVE AND THE RESERV		
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded secunties · · · · · · · · · · · · · · · · · · ·		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	150,707	16	59,294
	17	Accounts payable and accrued expenses	7,179	17	1,005
	18	Grants payable · · · · · · · · · · · · · · · · · · ·		18	
- 1	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities · · · · · · · · · · · · · · · · · · ·		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors,		7.5	
ij		trustees, key employees, highest compensated employees, and		32.	
Liabilities	•	disqualified persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated third parties · · · · · · · · · · · · · · · · · · ·		24	<u></u>
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25_	
	26	Total liabilities. Add lines 17 through 25	7,179	26	1,005
s		Organizations that follow SFAS 117 (ASC 958), check here			
ဥ	0.7	complete lines 27 through 29, and lines 33 and 34.		وتنساكما	
alai	27	Unrestricted net assets	<del></del>	27	
8	28			28	
Š	29	Permanently restricted net assets	M. Andrewsking Street	29	Ben Harris Herri Car in the war will
느		, , , , ,			
tsc	30	complete lines 30 through 34.  Capital stock or trust principal, or current funds	A STATE OF THE STA	30	TO THE MENT OF MA
Sse	30 31	Paid-in or capital surplus, or land, building, or equipment fund	<del></del>	31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	143,528	32	58,289
Se	33	Total net assets or fund balances	143,528	33	58,289
	33 34	Total liabilities and net assets/fund balances	150,707	34	59,294
- 1	U-7	rotal maximus and net assetshalla balaness	2307707		

Form	1 990 (2018) NE WYOMING REALTOR ALLIANCE	83-02	60251		Pa	ge 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	46,9	77_
2	Total expensès (must equal Part IX, column (A), line 25)	. 2		2	32,2	216
3	Revenue less expenses Subtract line 2 from line 1	. 3	<u> </u>	(	85,2	239)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		1	43,5	28
5	Net unrealized gains (losses) on investments			_		
6	Donated services and use of facilities					
7	Investment expenses					
8	Pnor period adjustments	. 8				
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9	_			0_
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	-				
	33, column (B))	- 10			58,2	289
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		· · · ·	• • •	• • •	<u>· 📙</u>
			_		Yes	No
1	Accounting method used to prepare the Form 990 🔯 Cash 🔲 Accrual 🔲 Other		İ		İ	4
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O				<u> </u>	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		$\cdots$	2a		X
	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					
	Separate basis Consolidated basis Both consolidated and separate basis		].			
b	Were the organization's financial statements audited by an independent accountant?		$\cdots$	2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			إ		'
	separate basis, consolidated basis, or both			7		
	Separate basis Consolidated basis Both consolidated and separate basis				1	
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?		$\cdots$	2c		
	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?		$\cdots$	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		]			
	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		!	3h	1	

EEA

Form 990 (2018)

### **SCHEDULE O** (Form 990 or 990-EZ)

. . . .

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Open to Public : Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990 or 990-EZ.

➤ Go to www.irs.gov/Form990 for the latest information.

NE WIOMING REALTOR ALLIANCE	83-0260251
01. Form 990 governing body review (Part VI, line 11)	
COPY OF RETURN PREPARED AND DELIVERED TO OFFICERS FOR REVIEW	
COFF OF RETORN FREFARED AND DEDIVERED TO OFFICERS FOR REVIEW	
02. Governing documents, etc, available to public (Part VI, line 19)	
COPIES PROVIDED WHEN ASKED AND COPY FILED WITH WYOMING ATTORNEY GENERAL	
	•
	<del></del>