Click on the question-mark icons to display help windows.

The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

Form 990-EZ

# 

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

2018

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasur

▶ Do not enter social security numbers on this form as it may be made public.

Inter	nal Rever	nue Service	Go to www.irs.gov/Form990EZ for instruction	ns and the la	atest informat	ion,	,	
A	or the	2018 calend	ar year, or tax year beginning July 1, 2018	, 2018,	, and ending J	une 30		<b>, 20</b> 19
B	Check if ag	pplicable	C Name of organization			D Emplo	yer identifi	cation number
	Address c	change	8302640	55				
	Name cha	hange Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tel						r
==	Initial retu	PO Box 643						
==		m/terminated	City or town, state or province, country, and ZIP or foreign postal coo	de	00		p Exemption	on
==	Amended Applicatio	n pending	Big Horn, Wyoming 82833-0643		()	Num	ber ▶	ė
==-		ting Method	☐ Cash ☐ Accrual Other (specify) ▶		Н	Check P	If the	organization is not
_	Vebsite	Š	wacte.com					Schedule B
JΤ	ax-exen		eck only one) —   501(c)(3)	1 4947(a)(1) c	or 🗆 527	•		or 990-PF).
			Corporation Trust Association	Other		<u> </u>		<u> </u>
			7b to line 9 to determine gross receipts. If gross receipts are		more, or if tota	assets		<del> </del>
			\$500,000 or more, file Form 990 instead of Form 990-EZ.				<b>▶</b> s	46705
	art I		e, Expenses, and Changes in Net Assets or Fu			instruc	tions for	
			the organization used Schedule O to respond to an		-			
	1		ons, gifts, grants, and similar amounts received				1	7750
	2		ervice revenue including government fees and contract				2	20625
)	3	-	up dues and assessments			• • •	3	15590
	4	Investmen	•			· · ·	4	476
	5a		ount from sale of assets other than inventory	.   5a		!	<del>-   -</del>	470
•	b		or other basis and sales expenses		<del> </del>			
>	C		ss) from sale of assets other than inventory (Subtract Irr		line 5a)		5c	
:	6	•	id fundraising events:	IC OU HOIT				·
5	a	_	ome from gaming (attach Schedule G if greater	than	K	ECE	<b>NFI</b>	
ا ۾ ر	l a			1 🔺				OSC O
	ь	•	ome from fundraising events (not including \$	. 08	of compution	<del>),∨ 2 1</del> 4	201B	인
\$ \$	"		raising events reported on line 1) (attach Schedule G i	if the	i compution	15		(S)
2 00	1		ch gross income and contributions exceeds \$15,000).			3D&	1 1 7	/=
5				<u> </u>	<del>                                     </del>	3D 65%	1. U!	
J	d		t expenses from gaming and fundraising events e or (loss) from gaming and fundraising events (add l	• ——	d 6b and su	htract		
	ŭ	line 6c)	e or (loss) from gaming and fundraising events (add t		d ob and su	Diract	64	4400
	70	•				· · · }	6d	1486
	7a		s of inventory, less returns and allowances		<del> </del>			
	b		of goods sold		<del></del>			
	C	-	it or (loss) from sales of inventory (Subtract line 7b from			}	7c	
	8   9		nue (describe in Schedule O)			· :	9	778
	10		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<del></del>	· · · · ·	· •	10	46705
	1		similar amounts paid (list in Schedule O)			}	$\overline{}$	1475
۰,۵	11		aid to or for members			}	11	
Expenses	12	•	ther compensation, and employee benefits			!	12	
ē	13		al fees and other payments to independent contractors				13	20215
ά	14		y, rent, utilities, and maintenance			!	14	
ш	15		ublications, postage, and shipping			-	15	1201
	16		enses (describe in Schedule O)				16	40277
_	17		enses. Add lines 10 through 16				17	63168
ŝ	18		(deficit) for the year (Subtract line 17 from line 9)				18	(16463)
3S8	19		s or fund balances at beginning of year (from line 27,					
Net Assets		-	ar figure reported on prior year's return)				19	162108
ě	20		nges in net assets or fund balances (explain in Schedule	•		·	20	(16950)
-	. 74	Not seeste	or fund balances at and of year. Combine lines 19 thro	wah 20		<b>▶</b> 1	24	120605

Pai	t II Balance Sheets (see the instructions f	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		<u> 🗆</u>
	•			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[	16297	7 22	120625
23	Land and buildings				0 23	0
24	Other assets (describe in Schedule O)				0 24	8070
25	Total assets			16882	7 25	128695
26	Total liabilities (describe in Schedule O)				9 26	0
27	Net assets or fund balances (line 27 of column			16210	8 27	128695
Par		•		,	_i	_
	Check if the organization used Schedule			Part III L	] ,,,,	Expenses guired for section
What	t is the organization's primary exempt purpose?	Professional Teachers	Organization			(c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the				anizations, optional for ers.)
28	Annual Summer Conference in Casper, Wyoming. The annu			·		
	in Career and Technical Education for our members. This ye			are	1	
	training opportunities in broad areas of interest as well as sp				1	
	<u> </u>	includes foreign gra			28a	21206
29	Lobbying expenses for President, Rob Hill and Lobbyist, Lis			vant changes in	1	
	CTE legislation, increased membership, and new industry a	nd organization partner	ships.		1	
		·				
00	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	<u> ▶ ⊔</u>	<b>29</b> a	20215
30					1	
	(Grants \$ ) If this amount	includes foreign gra	inte chack hara	▶ □	30a	
31	Other program services (describe in Schedule O)	· · · · · ·		• • • • •	1000	<del>'</del>
٠.	· · · · · · · · · · · · · · · · · · ·	includes foreign gra		▶ □	31a	
32	Total program service expenses (add lines 28a t				32	<del></del>
Par						
	Check if the organization used Schedule		•			
	(a) Name and tritle	(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 emplo	yee (e)	Estimated amount of other compensation
Kristi	Holum, Past President					
14104	1 Idam, 1 dot 1 loodon	3	٥ ا	j		
Rob I	Hill, President			<u> </u>	$\dashv$	<del></del>
		15	0	1		
Andre	ew Borgialli, President Elect					·
		6	0			
Gına	Kidneigh, Executive Administrator					
		15	8000			
					-	
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					$\dashv$	<del></del>
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		<del>                                     </del>	<b></b>	<del></del>	+	<del></del>
		1		I.		
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ACO

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	S Part		
	The state of the s		Yes	No
33	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	33		<b>✓</b>
34	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	34		<b>✓</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)?	35a		<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	35b		
С	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	35c		
36	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	36		<b>✓</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	, p.e. ,	1	
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a	V. t	<u> </u>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter:	<b>1</b>	1 35 C	
<b>a</b>	Initiation fees and capital contributions included on line 9	7 (%)	1	, gi 2
b 40a	Gross receipts, included on line 9, for public use of club facilities	┨		
40a	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	you is	- 44kg	12 July 12
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	<del></del>		
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<b> </b>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	* 51.	40 7	2. 2.4
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		ı,	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	seeds a	27 (60%)	W 70
е	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	40e		<u></u>
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
<b>.</b>	Located at ► ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
b	a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?  If "Yes," enter the name of the foreign country	42b	pe.	<b>V</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	1, "	3,41	` ` "
	Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States? .  If "Yes," enter the name of the foreign country ▶	42c		<b>/</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.	<b>▶</b> □
			Yes	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	V ./.	Z
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	44b		<b>V</b>
C	Did the organization receive any payments for indoor tanning services during the year?	44c		Z
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d	<b>_</b>	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>-</b>
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	:45h	\$ 14. T	المنتظ

Page	4
raue	-

	<b>D</b> : 1.1	l l l l l l l l l l l l l l l l l l l						Yes	No
46		he organization engage, directly or ir Indidates for public office? If "Yes," o						نسنا ام	( · · · · ·
Part		Section 501(c)(3) Organizations		, raiti		<u> </u>	. 46	<u> </u>	
rait	Щ	All section 501(c)(3) organization 50 and 51.		stions 47-49b ar	nd 52, an	d complete t	he tables	for lin	nes
		Check if the organization used Sci	nedule O to respond	l to any question i	in this Par	t <b>VI</b>			. 🗆
		-		<del> </del>	-			Yes	No
47		he organization engage in lobbying? If "Yes," complete Schedule C, Par		section 501(h) elec		fect during the	e tax	, ,	
48		e organization a school as described in		•			. 48	3	
49a		he organization make any transfers to	-	•			. 49		<b></b>
b		es," was the related organization a se					. 49		<u>1</u>
50		plete this table for the organization's oyees) who each received more than							
	empi	oyees) who each received more than		T		l. If there is no lealth benefits,	ne, enter	None.	
	(a) 	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	utions to employed plans, and deferre compensation		ated amo ompensa	
			<del></del>			<del></del>	<del> </del>		
					ŀ		<b>!</b>		
							1		
			<b>A</b>	L	<u>_</u> _		<u> </u>		
		number of other employees paid over				<del>.</del> .			
51		plete this table for the organization' ,000 of compensation from the orga			ent contra	ctors who ead	h receive	d more	e than
		·		I					
	(a)	Name and business address of each independ	ent contractor	(b) Type of	service	·   '	c) Compense	ation	
						1			
		<del> </del>	<del></del>		<u> </u>	<del></del>			
						Ì			
d	Total	number of other independent contra	otore each recoving	Over \$100 000					
52		the organization complete Schedu	~			e must attac		<del>.</del>	
<b>V</b> L		oleted Schedule A		• • • • • •	•		์ ี∵ ื่⊠ Ye	s 🗆	No
Under p	enalties	of perjury, I declare that I have examined this r	etum, including accompan	ying schedules and state	ements, and				, rt is
true, cor	rect, an	d complete. Declaration of preparer (other than	officer) is based on all info	mation of which prepar	rer has any k	nowledge.			
		Shirley Coult	人			11-15	-19		
Sign		Signature of officer ()				Date	·		
Here	1	Type or print name and title	recutive Adr	n'i nistrator					
		Print/Type preparer's name	Preparer's signature		Date	T	7 , PTIN		
Paid						Check L self-empl	h L		
Prepa Use (		Firm's name ▶	<u> </u>	.,	· .	Firm's EIN ▶	<del></del>		
USE (	Jilly	Firm's address ▶				Phone no.			
May th	e IRS	discuss this return with the preparer	shown above? See i	nstructions			▶ □ Ye	s 🗖	No

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

## **Public Charity Status and Public Support**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

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

Inspection

Employer identification number

Wy <u>or</u>	ning Association for Career and Technica						64055
Pai		<del></del>	<del></del>			<del></del>	ons.
Γhø ( 1 2							
3	☐ A hospital or a cooperative ho		· ·			• •	
4	A medical research organization hospital's name, city, and state	on operated in c					(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local gover ☐ An organization that normally described in section 170(b)(1)	receives a subs	stantial part of its sup				n the general public
8	A community trust described i	n section 170(b	)(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organ or university or a non-land-grauniversity:	int college of agi	riculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fu t income and un	inctions—subject to c related business taxal	ertain exe ble incon	ceptions, ne (less si	and (2) no more tha ection 511 tax) from	n 33¹/₃% of its
11	An organization organized and	l operated exclu	sively to test for public	c safety.	See <b>sect</b> i	ion 509(a)(4).	
12	2 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.						
а	Type I. A supporting organ the supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	ijority of t		
b	Type II. A supporting orga control or management of organization(s). You must	the supporting o	organization vested in	the same			
С	Type III functionally integ						ally integrated with,
đ	Type III non-functionally integrated that is not functionally integredurement (see instruction	grated. The orga	inization generally mu	st satisfy	a distribu	ution requirement an	
е	Check this box if the organ functionally integrated, or	Type III non-fund	tionally integrated sur				e II, Type III
f	Enter the number of supported of	-					
<u>g</u>	Provide the following information	T	· · · · · · · · · · · · · · · · · · ·				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1~10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
A) 			.,.				
B)							
C)							
D)							
E)							
	<del></del>		ļ — — — — — — — — — — — — — — — — — — —				

Schedule A (Form 990 or 990-EZ) 2018 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 59853 19470 19340 13468 23340 135471 revenues levied for organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 13468 23340 135471 The portion of total contributions by (other person than governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 4 . . . . . . 7 59853 19470 19340 13468 23340 135471 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . 304 476 241 2244 510 3775 Net income from unrelated business activities, whether or not the business is regularly carried on

10	Other income. Do not include gain or	İ	Ì			1	i		
	loss from the sale of capital assets		,	,	-				
	(Explain in Part VI.)	53117	34377	27885	18686		· 21403	1554	168
11	Total support. Add lines 7 through 10	SERVICE STATES		SHULLE SE		数数据	产品的	2947	714
12	Gross receipts from related activities, etc	. (see instruction	ons) . : .			12			
13	First five years. If the Form 990 is for the	ne organizatior	n's first, secon	d, third, fourth	, or fifth tax ye	ear as	a sectio	n 501(c)(3)	
	organization, check this box and stop he	re						▶	
ecti	on C. Computation of Public Suppor	rt Percentag	Ө						
14	Public support percentage for 2018 (line 6	6, column (f) d	ivided by line 1	1, column (f))		14		46	<del>~</del>
15	Public support percentage from 2017 Sch	hedule A, Part	II, line 14 .			15		47.5	<del>%</del>
16a	331/3% support test-2018. If the organi	ization dıd not	check the box	c on line 13, ar	nd line 14 is 33	31/3%	or more,	check this	
	box and stop here. The organization qua	llifies as a publ	iicly supported	organization				▶	
<b>b</b> .	331/3% support test -2017. If the organi	zation did not	check a box o	n line 13 or 16	a, and line 15	is 33¹	<sup>1</sup> /3% or m	ore, check	
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	on			▶	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization	eets the "facts	-and-circumsta amstances" te	ances" test, ch	neck this box a zation qualifies	ind st	top here.	Explain in	
b	10%-facts-and-circumstances test—26 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ation meets the neets the "fac	e "facts-and-o	circumstances'	' test, check t	his b	ox and s	stop here.	П
18	Private foundation. If the organization di	id not check a	box on line 13	, 16a, 16b, 17a	, or 17b, checi	k this	box and	see	_
•	instructions						·	▶	
		····			Sch	edule /	A (Form 990	or 990-EZ) 20	<del></del>
							•		

	le A (Form 990 or 990-EZ) 2018	<u></u>					Page 3
Part							
	(Complete only if you checked the						nder Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please c	omplete Part	11.)	
	on A. Public Support				<del></del>	<b>T</b>	
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Fótal
1	Gifts, grants, contributions, and membership fees		Í				
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise				<u> </u>	<del>                                     </del>	/
_	sold or services performed, or facilities			1		/	
	furnished in any activity that is related to the		1	1	İ		1
3	organization's tax-exempt purpose Gross receipts from activities that are not an			<del> </del>	<del> </del>	<del>                                     </del>	
3	unrelated trade or business under section 513						
4	Tax revenues levied for the		· · · · · · · · · · · · · · · · · · ·		<u> </u>	/	
7	organization's benefit and either paid to		1	1	/	1	
	or expended on its behalf						
5	The value of services or facilities		<u> </u>	<del> </del>			
	furnished by a governmental unit to the			İ			
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						-
	received from disqualified persons .						
þ	Amounts included on lines 2 and 3						}
	received from other than disqualified			1/			
	persons that exceed the greater of \$5,000			./			
	or 1% of the amount on line 13 for the year		/			<u> </u>	
C	Add lines 7a and 7b	transmission delicate assistantina ser	A MARIE POLT FORMA	salating the salating and the salating	SHETS NEW YORK IN BE	and this of this tale and the To . S. S.	
8	Public support. (Subtract line 7c from			13.00	A CONTRACTOR		
octi	on B. Total Support	Transfer at Comment	1 1 1 /A 18 23 2	V 45. 5 4. 18. 18.		n - 20 38 41 41	L
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	(4)/	/	10,20.0	(0, 20.1)	(6, 25.6	(.,
10a	Gross income from interest, dividends,		-		<del>                                     </del>		
	payments received on securities loans, rents,						
	royalties, and income from similar sources .			\	1		
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	<u></u>					_
C	Add lines 10a and 10b						
11	Net income from unrelated business			}			
	activities not included in line 10b, whether		Ì	ļ			
	or not the business is regularly carried on				<u> </u>		
12	Other income. Do not include gain or		ĺ				
	loss from the sale of capital assets (Explain in Part VI.)		1	ł	}		]
12	Total support. (Add lines 9, 10c, 11,			<u> </u>	<del> </del> -	<del></del>	<del></del>
13	and 12.)						
14	First five years. If the Form 990 is for the	e organizatio	n's first secon	d third fourth	Or fifth tax v	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	-			-		\ ► [
ecti	on C. Computation of Public Suppor			<del></del>	<del></del>	<del>- · · · · · · · · · · · · · · · · · · ·</del>	/· · · ·
<u>55</u> 15	Public support percentage for 2018 (line 8			13. column (f))		15	/ %
16	Public support percentage from 2017 Sch					16	<del>%</del>
	on D. Computation of Investment In						1
	Investment income percentage for 2018 (			oy line 13, colu	ımn (f))	17	%
17							
17 18	Investment income percentage from 2017					18	%

33½% support tests – 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**▶** □

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### **Section A. All Supporting Organizations**

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part	IV Supporting Organizations (continued)		1	T
11	Has the organization accepted a gift or contribution from any of the following persons?	rance a	Yes	No 93%
'' a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			3,030
_	below, the governing body of a supported organization?	11a	S. Parille	19506
b	A family member of a person described in (a) above?	11b		
c		11c		
	ion B. Type I Supporting Organizations	1	<u> </u>	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	AM	Shape .	distribution in
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1. E	1	3.65
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		ALC:	20
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	THE STATE OF	1.50	3
2	Did the organization operate for the benefit of any supported organization other than the supported	15.183115	SAF.	3874. C
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1	3.0	200
	supervised, or controlled the supporting organization.	2	وبهويون	
Secti	on C. Type II Supporting Organizations			·
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	100	<b>1000</b>	130
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	3 (1)	" it for
Socti	on D. All Type III Supporting Organizations	1_1_		
3601	on b. All Type III Supporting Organizations		Vaa	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1. 35	Yes	No «نىمار»
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			COMP.
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	-	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	数数	E.	<b>强端</b>
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	100	2	
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2	(4 )FILE -	4. 2.00
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			Description of
	supported organizations played in this regard.	3		man, 44
Secti	on E. Type III Functionally Integrated Supporting Organizations			L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ctions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			•
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	see ins		
2	Activities Test. Answer (a) and (b) below.	a angua.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	<b> 黎秋 </b>	1000	
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes,	100	100	1
	how the organization was responsive to those supported organizations, and how the organization determined	102.0	<b>秦</b>	
	that these activities constituted substantially all of its activities.	2a	EXCUSED !	202403
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20	الوزالا إمارته	15 A
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		200	
	reasons for the organization's position that its supported organization(s) would have engaged in these		2.2	
	activities but for the organization's involvement.	2b		أحادثكس
3	Parent of Supported Organizations. Answer (a) and (b) below.	£130	138	IN THE SAME
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		MAN N	***
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	13. Eg	W	لمنشذ
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

,			
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gan	izations	•
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	nizat	tions must complete Sectio	<del></del>
Section A—Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	1		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		-
Section B—Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	<b>398</b>		CONTRACTOR AND ADDRESS.
instructions for short tax year or assets held for part of year):		Section 1	
a Average monthly value of securities	1a		Parallel In Section 18 Section 18 Co.
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	火幣		
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	21. 1. IDNO PAR MELANIC AND SOCIAL LANGUAGE AND SOCIAL L	A second and the second contribution of the 1856
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		<del></del>
6 Multiply line 5 by .035.	6		,
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
.2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	AND THE PROPERTY OF THE PARTY O	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		Ŧ
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	Γ		<del></del>
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional		tegrated Type III supporting	organization (see
instructions).	•		, 5

Part	V Type III Non-Functionally Integrated 509(a)(	3) Supporting Organ	izations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of supp	orted .	
	organizations, in excess of income from activity	<del></del>		····
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)		· · · · · · · · · · · · · · · · · · ·	
<u>6</u> 7	Other distributions (describe in <b>Part VI</b> ). See instructions. <b>Total annual distributions</b> . Add lines 1 through 6.		·	
8	Distributions to attentive supported organizations to which	h the exceptivetion is re-	annois a	
0	(provide details in <b>Part VI</b> ). See instructions.	in the organization is re-	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1_	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018			The second secon
a	From 2013			
b	From 2014	Market State of the State of th	MATERIAL PROPERTY.	
C	From 2015	ALL CONTRACTOR OF THE CONTRACT		
d	From 2016	<b>建设建筑设施</b>	<b>美国基础的国际</b>	
е	From 2017			
f	Total of lines 3a through e		が変われる。	
g	Applied to underdistributions of prior years			の対抗性を表示が表れる。
<u>h</u>	Applied to 2018 distributable amount			
<u>    i                                </u>	Carryover from 2013 not applied (see instructions)			是強調的認定。
_ <u>_</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	THE LOWER SHARE SHARE SHOULD STORY TO THE CONTROL OF LAND		<b>新春起海流源</b>
4	Distributions for 2018 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
<u>a</u>	Applied to underdistributions of prior years  Applied to 2018 distributable amount		Dell'arte socialistic de la colombia de la colombia de la colombia de la colombia de la colombia de la colombia	
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if		THE CONTRACTOR OF THE PROPERTY	14C.2003E-510.00EEA/V5.7EA/V0.4E779
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			ASSERT ASSERTED FOR THE PROPERTY WOOD AND REPORTED A
.7	Excess distributions carryover to 2019. Add lines 3 <sub>j</sub> and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016	THE PARTY OF THE P	<b>学学科学大学学科</b>	<b>的特殊的一种</b>
d	Excess from 2017			
е_	Excess from 2018		<b>化型学型的影响影响影响影响</b>	THE PROPERTY OF THE PROPERTY O

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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### **SCHEDULE C** (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

• 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.

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 that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

• S	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
_	of organization			Employer ider	ntification number
Wyor	ming Association for Caree	r and Technical Education			83-0264055
Parl	I-A Complete if th	e organization is exempt u	ınder section 501	(c) or is a section 527	organization.
1	Provide a description of definition of "political car	f the organization's direct and mpaign activities")	d indirect political ca	ampaign activities in Part	IV. (see instructions fo
2		y expenditures (see instruction	s)		3
3	Volunteer hours for politi	cal campaign activities (see ins	tructions)		
Part		e organization is exempt u			
1	Enter the amount of any	excise tax incurred by the orga	nization under section	on 4955 ▶ \$	
2	Enter the amount of any	excise tax incurred by organiza	ation managers unde	r section 4955 🕨 🖇	
3	If the organization incurre	ed a section 4955 tax, did it file	Form 4720 for this y	/ear?	Yes No
4a b					Yes No
Part		e organization is exempt u	inder section 501	c), except section 501	(c)(3).
1	Enter the amount direct activities	ly expended by the filing orga	anization for section	527 exempt function	
2	Enter the amount of the	filing organization's funds corvities	ntributed to other or	ganizations for section	
3	Total exempt function e	expenditures. Add lines 1 and	d 2. Enter here and	on Form 1120-POL,	
4	Did the filing organization	n file Form 1120-POL for this y	ear?		Yes No
5	organization made paymethe amount of political co	ses and employer identification ents. For each organization list ontributions received that were fund or a political action comm	ed, enter the amount promptly and directly	paid from the filing organi y delivered to a separate p	ization's funds. Also ente political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II-A Complete if the organization section 501(h)).			tion is exempt u	under section 5	01(c)(3) and file	d Form 5768 (el	ection under
A	Check ►	·☐ if the filing organization be				iliated group memi	per's name,
	•1	address, EIN, expenses, ar			•		,
<u>B</u>	Check ▶	If the filing organization cho			rovisions apply.	<del></del>	
			bbying Expendit		•	(a) Filing	(b) Affiliated
	4	(The term "expenditures"	<del></del>	•	<del></del>	organization's totals	group totals
•		bbying expenditures to influen		-			
		bbying expenditures to influen	-		<del>-</del> :		
		obbying expenditures (add lines	•				
		exempt purpose expenditures					
		xempt purpose expenditures (a		-			
	column	ng nontaxable amount. Ente is.	er the amount fr	om the following	g table in both		
	If the an	nount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amoun	t is:		
	Not over	\$500,000	20% of the an	nount on line 1e.			
	Over \$50	00,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		
	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 o	ver \$1,500,000.		
	Over \$17	7,000,000	\$1,000,000.				
	g Grassro	oots nontaxable amount (enter	25% of line 1f)				
	h Subtrac	ct line 1g from line 1a. If zero o	r less, enter -0-				
	i Subtrac	ct line 1f from line 1c. If zero or	less, enter -0-				
		is an amount other than ze		1h or line 1i, dic	=		Yes No
	<u> </u>			Period Under Sec			<del></del>
-	¹ (Some	e organizations that made a :	section 501(h) ele	ection do not hav	e to complete all	of the five colum	ns below.
		See t	he separate insti	ructions for lines	2a through 2f.)		
		Lobbyi	na Expenditures	During 4-Year Av	veraging Period		
_			ng Exponention	Janning 4 Toda A	· · · · ·	T	
	Caler	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) Total
2	2a Lobbyii	ng nontaxable amount	•				
		ng ceiling amount of line 2a, column (e))					
	c Total lo	bbying expenditures		í	,		
	d Grassro	oots nontaxable amount				,	
		oots ceiling amount of line 2d, column (e))					
	f Grassro	oots lobbying expenditures	,				

Schedule C (Form 990 or 990-EZ) 2018

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768	,
	(election under section 501(h)).	

	(election under section 501(n)).			
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	<b>—</b>	a) T	(b)
desc	ription 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:			
а	Volunteers?	V	-	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	1	ļ.,	
C	Media advertisements?	ļ	1	
d	Mailings to members, legislators, or the public?	<b>-</b>	<b> </b>	
e	Publications, or published or broadcast statements?		<del>                                     </del>	1000
f	Grants to other organizations for lobbying purposes?	-	<b>-</b>	10065
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	1	1	10000
i	Other activities?	$\vdash$	Y/	
j	Total, Add lines 1c through 1i	1-3		11065
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		1	THE LESS TREET
b	If "Yes," enter the amount of any tax incurred under section 4912		PURE	
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .	A. C.	.45	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>		18 97 18 11 11 11 11 11 11
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	c)(5), ·	or se	ction
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?	-	-	1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3 Post	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		_	
Felt	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."			
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s of	THE REAL PROPERTY.	
a	Current year	•	2a	
b	Carryover from last year	•	2b	<del></del>
с 3	Total	•	2c	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of		2000	
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	<del></del>
Par	t IV Supplemental Information			
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	oup lis	t); Par	t II-A, lines 1 and
2 (see	einstructions); and Part II-B, line 1. Also, complete this part for any additional information.			
Part I	I-B, Line 1a) Members of the organization wrote letters and emails to the legislators and participated in	n a lag	Islativ	e panel put on
durin	g the annual summer conference; 1b) WACTE uses a lobbyist during legislative activities; 1e) The WA	CTE e	-news	letter is sent out
to the	e membership and can include information about lobbying activities and current issues. The newslette	r is al	so ser	t to the legislators
so th	ey can see what teachers in our organization are doing to support student success across the state. \$	1000 i	s paid	to our publications
grouj	p; 1g) During the legislative session, the lobbyist arranges a dinner so that members of the WACTE Bo	ard ca	an visi	t with some of the
legisl moni	ators about current bills and issues. Also, during conference, local legislators are invited to speak on tors	a pan	el. The	olobbyist
and o	connects us with key officials throughout the year. \$10,065 was paid for services and related travel.			

chedule C (For	m 990 or 990-EZ) 2018	Page 4
Part IV	Supplemental Information (continued)	
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### 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

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.

Open to Public Inspection

Employer identification number

Wyoming Association for Career and Technical Education	83-0264055			
Part I, Line 8 - \$778 was received in Miscellaneous Revenue including advertising in our conference program				
Part I, Line 10 - \$400 was given as Cash Awards and Grants to Wyoming Business Alliance, \$1,000 v	vas given to a UW student as a			
scholarship, and \$75 given as assistance to a member for conference fees				
Part I, Line 16 - \$40,277 is calculated based on the following categories and totals:				
Advertising & Promotion, \$4,165				
Credit Card/Bank Fees, \$473				
Hospitality & Good Will, \$656				
Liability Insurance Expense, \$1,000				
Miscellaneous Expense, \$219				
Office Supplies Expense, \$556				
Annual Conference Expenses, \$21,206				
National and State Meeting Expenses, \$12,002				
Part I, Line 20 - WVATA Division chose to manage their funds independently; paid out fund balance	of \$16,950 to their treasurer			
Part II, Line 24 - \$8,070 in Accounts Receivable with all accounts verified				