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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

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

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
NEWTOWN BOARD OF REALTORS INC

Number and street (or P O box, if mail is not delivered to street address)
PO BOX 3605

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
NEWTOWN, CT 06470

D Employer identification number
06-0993054
E Telephone number
(800) 451-5659
F Group Exemption Number

G Accounting Method ☐ Cash ☒ Accrual Other (specify) _____

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.NEWTOWNBOARDREALTORS.COM

J Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)(6) (Insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) below are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 58,726**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)									
Check if the organization used Schedule O to respond to any question in this Part I ☒									
Revenue	1	Contributions, gifts, grants, and similar amounts received						1	5,200
	2	Program service revenue including government fees and contracts						2	5,388
	3	Membership dues and assessments						3	47,418
	4	Investment income						4	720
	5a	Gross amount from sale of assets other than inventory				5a			
	b	Less cost or other basis and sales expenses				5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)						5c	
	6	Gaming and fundraising events							
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)				6a			
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				6b			
	c	Less direct expenses from gaming and fundraising events				6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)						6d	
	7a	Gross sales of inventory, less returns and allowances				7a			
	b	Less cost of goods sold				7b			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						7c		
8	Other revenue (describe in Schedule O)						8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8						9	58,726	
Expenses	10	Grants and similar amounts paid (list in Schedule O)						10	41,271
	11	Benefits paid to or for members						11	
	12	Salaries, other compensation, and employee benefits						12	
	13	Professional fees and other payments to independent contractors						13	3,618
	14	Occupancy, rent, utilities, and maintenance						14	
	15	Printing, publications, postage, and shipping						15	202
	16	Other expenses (describe in Schedule O)						16	8,390
	17	Total expenses. Add lines 10 through 16						17	53,481
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	5,245
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)						19	169,502
	20	Other changes in net assets or fund balances (explain in Schedule O)						20	-398
	21	Net assets or fund balances at end of year. Combine lines 18 through 20						21	174,349

Part II

Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	169,502	22	179,429
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	169,502	25	179,429
26 Total liabilities (describe in Schedule O)	0	26	5,080
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	169,502	27	174,349

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
BOARD OF REALTORS EXISTS TO ASSIST REAL ESTATE PROFESSIONALS WITH UPHOLDING HIGH ETHICAL STANDARDS AND PROFESSIONALISM, THEREBY PROTECTING THE PUBLIC AND INDUSTRY PROFESSIONALS

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

CONDUCTED MEETINGS AND SEMINARS FOR EDUCATION OF MEMBERS AND PROVIDED OTHER INFORMATIONAL SERVICES TO MEMBERS AND THE GENERAL PUBLIC
(Grants \$ 0) If this amount includes foreign grants, check here

Expenses
(Required for section 501 (c)(3) and 501(c)(4) organizations, optional for others)

28a

7,369

29a

30a

31a

32

7,369

Part IV

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BARBARA FREY PRESIDENT	2 00	0	0	0
CONNIE WIDMANN VICE PRESIDENT	2 00	0	0	0
MARCY CLAIR TREASURER	2 00	0	0	0
MICHELLE BROWN SECRETARY	2 00	0	0	0
ALICE HOLMES DIRECTOR	0 50	0	0	0
EILEEN BROOKS DIRECTOR	0 50	0	0	0
CHRISTINE FAIRCHILD DIRECTOR	0 50	0	0	0
ANNE STARK STATE DIRECTOR	0 50	0	0	0
KATHY BERG DIRECTOR	0 50	0	0	0
CYNDY DA SILVA DIRECTOR	0 50	0	0	0
KATHY SUHOZA STATE DIRECTOR	0 50	0	0	0
JACKIE HIMMELFARB DIRECTOR	0 50	0	0	0

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

		Yes	No
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	No
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	No
35a	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	No
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	
c	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	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ☐ 37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved ☐ 38b		
39	Section 501(c)(7) organizations Enter ☐ 39a		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ☐ _____, section 4912 ☐ _____, section 4955 ☐ _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ☐ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ☐ _____		
e	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	No
41	List the states with which a copy of this return is filed ☐ _____		
42a	The organization's books are in care of ☐ <u>MARCY CLAIR</u> Telephone no ☐ <u>(203) 644-5875</u> Located at ☐ <u>PO BOX 3605 NEWTOWN, CT</u> ZIP + 4 ☐ <u>06470</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ☐ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ☐ _____	42c	No
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 ☐ 43		
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	No
b	Did the organization operate one or more hospital facilities during the year? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i>	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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)	45b	

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

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer			2016-04-29 Date	
	MARCY CLAIR TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name ALAN J CLAVETTE CPA		Preparer's signature		Date
	Firm's name CLAVETTE & COMPANY LLC-CPA'S			Firm's EIN 45-2522630	
	Firm's address 48 SOUTH MAIN STREET NEWTOWN, CT 06470			Phone no (203) 426-2080	
May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No					

**TY 2015 Transfers Personal Benefits
Contracts Declaration**

Name: NEWTOWN BOARD OF REALTORS INC

EIN: 06-0993054

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization NEWTOWN BOARD OF REALTORS INC	Employer identification number 06-0993054
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 222 DESCRIPTION DIVIDEND INCOME AMOUNT 498 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 720
FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME FAIRFIELD BOARD OF REALTORS PURPOSE OF PAYMENT MANAGEMENT SERVICES AMOUNT OF PAYMENT 16,994
FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME CONNECTICUT BOARD OF REALTORS PURPOSE OF PAYMENT DUES AMOUNT OF PAYMENT 11,941
FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME NATIONAL ASSOCIATION OF REALTORS PURPOSE OF PAYMENT DUES AMOUNT OF PAYMENT 12,111 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 41,046
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME PARENT CONNECTION GRANTEE ADDRESS 115 MOUNT PLEASANT ROAD NEWTOWN, CT 06470 DATE OF GIFT 04/27/15 AMOUNT GIVEN 225
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION MEETING EXPENSE AMOUNT 7,369 DESCRIPTION BANK CHARGES AMOUNT 12 DESCRIPTION WEBSITE EXPENSE AMOUNT 101 DESCRIPTION TELEPHONE AMOUNT 122 DESCRIPTION SUPPLIES AMOUNT 319 DESCRIPTION ADVERTISING/PROMOTION AMOUNT 417 DESCRIPTION ANNUAL FILING FEES AMOUNT 50 TOTAL TO FORM 990-EZ, LINE 16 8,390
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION UNREALIZED LOSS ON INVESTMENT AMOUNT -398
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION PREPAID DUES BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 5,080