efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492136007757 **Short Form** OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2016 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. Open to Public ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection Internal Revenue Service For the 2016 calendar year, or tax year beginning 01-01-2016 and ending 12-31-2016 B Check if applicable D Employer identification number C Name of organization NEWTOWN BOARD OF REALTORS INC ☐ Address change 06-0993054 ■ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return PO BOX 3605 ☐ Final return/terminated (203) 426-3429 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return NEWTOWN, CT 06470 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is **not** □ Cash ☑ Accrual Other (specify) ▶ G Accounting Method 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 ☑ 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) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 10.550 2 2 Program service revenue including government fees and contracts . . . . . . . . . . . . 2,370 3 Membership dues and assessments . . . . . . 3 53,697 4 4 617 5a Gross amount from sale of assets other than inventory . . . . . 5b b Less cost or other basis and sales expenses . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 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) Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d7a Gross sales of inventory, less returns and allowances . . . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . **7**c C 8 Other revenue (describe in Schedule O) 8 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . 9 67,234 10 10 Grants and similar amounts paid (list in Schedule O) 35,164 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . 12 13 2,652 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 15 15 Printing, publications, postage, and shipping 200 16 Other expenses (describe in Schedule O) 16 9,860 17 Total expenses. Add lines 10 through 16 17 47,876 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 19,358 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 174,349 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 432 Net assets or fund balances at end of year Combine lines 18 through 20 21 194,139 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2016) Cat No 10642I

Form 990-EZ (2016)					Page 2
Part II Balance Sheets (see the instruction Check if the organization used Sche		uestion in this Part II			
			eginning of year		(B) End of year
22 Cash, savings, and investments			179,429	22	192,139
23 Land and buildings				23	
24 Other assets (describe in Schedule O)			0		2,000
<b>25 Total assets</b>			179,429 5,080		194,139
27 Net assets or fund balances (line 27 of co			174,349	_	194,139
Part III Statement of Program Servi	<u> </u>	•		1	Expenses
Check if the organization used Scho			.´ 🗷		equired for section 501(c)
What is the organization's primary exempt purpo BOARD OF REALTORS EXISTS TO ASSIST REAL !		ITH LIPHOLDING HIGH	ETHICAL		and 501(c)(4) janizations, optional for
STANDARDS AND PROFESSIONALISM, THEREBY				oth	ers )
Describe the organization's program service accomessured by expenses. In a clear and concise m					
benefited, and other relevant information for each		s provided, the humber	or persons		
28					
See Additional Data Table					
(Grants \$ ) If this ar	nount includes foreign gran	te chack hara	▶ □	20-	
29	nount includes foreign gran	its, check here	. <i>P</i> 🗆	28a 29a	
(Grants \$ ) If this ar	nount includes foreign gran	its, check here	. ▶ □		
30				30a	
(Grants \$ ) If this ar	nount includes foreign gran	ts, check here	. ▶ 🗆		
<b>31</b> Other program services (describe in Schedule	20)				
	nount includes foreign gran		. ▶ 🗆	31a	
32 Total program service expenses (add line					9,546
Part IV List of Officers, Directors, Trust Check if the organization used School	ees, and Key Employees	(list each one even if not co	ompensated — see the	ınstru	ctions for Part IV)
Check if the organization used Sent	duic o to respond to any q	acstron in this rate iv.		•	🗵
(a) Name and title	(b) Average	(c) Reportable	(d) Health ben		(e) Estimated amount
	hours per week devoted to position	compensation (Forms W-2/1099-	benefit plans,	npioye and	ee of other compensation
	·	MISC) (if not paid, enter -0-)	deferred compen		ı
BARBARA FREY	2 00	0			0 0
PRESIDENT					
CONNIE WIDMANN	2 00	0			0 0
					Ĭ
VICE PRESIDENT	2 00	0			0 0
MARCY CLAIR	2 00	٥			°
TREASURER					
MICHELLE BROWN	2 00	0		1	0
SECRETARY					
ALICE HOLMES	0 50	0		(	0
DIRECTOR					
CHRISTINE FAIRCHILD	0 50	0		I	0 0
DIRECTOR					
ANNE STARK	0 50	0			0 0
STATE DIRECTOR					
KATHY BERG	0 50	0			0 0
DIRECTOR					
CYNDY DA SILVA	0 50	0			0 0
					Ĭ
DIRECTOR KATHY SUHOZA	0 50	0			0 0
	0 30				
STATE DIRECTOR					
JACKIE HIMMELFARB	0 50	0			0
DIRECTOR					
VINCENT CAPUANO	0 50	0			0
DIRECTOR					
					Farm 000 E7 (2016)

Pa	other Information (Note the Schedule A and personal benefit contract statement requirements	in the	e	
	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
ь	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		
	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			
Ь	Did the organization file <b>Form 1120-POL</b> for this year?	37ь		
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9 39a			
	Gross receipts, included on line 9, for public use of club facilities 39b			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ►			
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	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 sections4912, 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 $\blacktriangleright$			
42a	The organization's books are in care of ▶ DIANE TYRRELL Telephone no ▶	(203) 9	42-8099	<del>)</del>
	Located at ▶ PO BOX 3605 NEWTOWN, CT ZIP + 4 ▶	0647	70	
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)?		Yes	No
	If "Yes," enter the name of the foreign country	42b		No
c	See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b> At any time during the calendar year, did the organization maintain an office outside the U S?	<b>42</b> c		No
	If "Yes," enter the name of the foreign country			
43 :	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here		▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year • 43			
			Yes	No
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
	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		No
	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? If "No," provide an explanation in Schedule O	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		
		1		

								Page
							Yes	No
	e organization engage, directly or indirect ates for public office? If "Yes," complete					46		No
Part VI	Section 501(c)(3) organization	s only				40		INO
	All section 501(c)(3) organizations Check if the organization used Schedule	must answer quest	ions 47-49b and 52	, and comple	te the tabl	es for li	nes 50	and 5
	Check if the organization used Schedule	s o to respond to any q	question in this rait vi	<u> </u>			Yes	No
· <b>7</b> Did the	e organization engage in lobbying activit	ies or have a section 50	01(h) election in effect	t during the tax	vear?			
	," complete Schedule C, Part II			-	•	47		
8 Is the	organization a school as described in sec	ction 170(b)(1)(A)(II)?	If "Yes," complete Sch	edule E		48		
9a Did the	e organization make any transfers to an	exempt non-charitable	related organization?			49a		
<b>b</b> If "Yes	," was the related organization a section	527 organization? .				49b		
	ete this table for the organization's five lack sight received more than \$100,000 of com					and key	employ	ees)
	Name and title of each employee	(b) Average	(c) Reportable	(d) Healt	h benefits,	1 ' '	tımated	
		hours per week devoted to position	compensation (Forms W-2/1099-		lans, and	e of othe	er comp	ensatio
			MISC)	deferred co	mpensation			
f Total	number of other employees paid over \$	100,000			<b>-</b> _	1		
<b>1</b> Comple	ete this table for the organization's five l	highest compensated in		s who each rec	eived more	than \$10	0,000 o	 :
<b>1</b> Comple	ete this table for the organization's five l nsation from the organization If there is	highest compensated in s none, enter "None "						
<b>1</b> Comple	ete this table for the organization's five l	highest compensated in s none, enter "None "		s who each rec		than \$10		
<b>1</b> Comple	ete this table for the organization's five l nsation from the organization If there is	highest compensated in s none, enter "None "						
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<b>1</b> Comple	ete this table for the organization's five l nsation from the organization If there is	highest compensated in s none, enter "None "						
<b>1</b> Comple	ete this table for the organization's five l nsation from the organization If there is	highest compensated in s none, enter "None "						
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<b>1</b> Comple	ete this table for the organization's five l nsation from the organization If there is	highest compensated in s none, enter "None "						
<b>1</b> Comple	ete this table for the organization's five l nsation from the organization If there is	highest compensated in s none, enter "None "						
<b>1</b> Comple	ete this table for the organization's five l nsation from the organization If there is	highest compensated in s none, enter "None "						
<b>51</b> Comple	ete this table for the organization's five l nsation from the organization If there is	highest compensated in s none, enter "None " each independent contr	actor					
d Total	number of other independent contracto	highest compensated in some and independent control independent co	\$100,000 c)(3) organizations mu	(b) Type of s	ervice (	c) Comp	ensation	
d Total	ete this table for the organization's five insation from the organization. If there is (a) Name and business address of e	highest compensated in some and independent control independent co	\$100,000 c)(3) organizations mu	(b) Type of s	ervice (	c) Comp	ensation	
d Total  2 Did com	number of other independent contracto  the organization complete Schedule A? I pleted Schedule A	rs each receiving over	\$100,000 c)(3) organizations mu	(b) Type of s	ervice (	c) Comp	ensation  es	
d Total  2 Did total  and commender penaltinowledge ar	number of other independent contracto  the organization complete Schedule A? I pleted Schedule A	rs each receiving over	\$100,000 c)(3) organizations mu	(b) Type of s	ervice (	c) Comp	ensation  es	
d Total  2 Did toom  ander penalti nowledge ar  as any know	number of other independent contracto  the organization complete Schedule A? I pleted Schedule A	rs each receiving over	\$100,000 c)(3) organizations mu	(b) Type of s	ervice (	c) Comp	ensation  es	
d Total  2 Did total  ander penalthowledge ar	number of other independent contractor the organization complete Schedule A? I pleted Schedule A	rs each receiving over	\$100,000 c)(3) organizations mu	(b) Type of s	ervice (	c) Comp	ensation  es	
d Total  2 Did toom  ander penaltinowledge aris any know	number of other independent contracto  the organization complete Schedule A? I pleted Schedule A	rs each receiving over  NOTE. All Section 501(	\$100,000	(b) Type of s	ervice (	► Yeard to the n of whice	ensation  es	
d Total  2 Did total  32 Did total  33 any know	number of other independent contractor the organization complete Schedule A? I pleted Schedule A	rs each receiving over	\$100,000 c)(3) organizations mu	(b) Type of s	ervice (	► Yeard to the n of whice	ensation  es	
d Total  2 Did toom  ander penaltinowledge aras any know  ign ere	number of other independent contracto  the organization complete Schedule A? I pleted Schedule A	rs each receiving over  NOTE. All Section 501(  Declaration of prepa	\$100,000	(b) Type of s	ervice (	► Yeard to the hof which	ensation  es	
d Total  2 Did toom  ander penaltinowledge aras any know  ign ere	number of other independent contracto  the organization complete Schedule A? I pleted Schedule A	rs each receiving over  NOTE. All Section 501(  Declaration of prepa	\$100,000	(b) Type of s	ervice (	Yend to the n of whice	ensation  es	
d Total compe  d Total com nder penaltinowledge ar as any know	number of other independent contracto  the organization complete Schedule A? I pleted Schedule A	rs each receiving over  NOTE. All Section 501(  In Declaration of prepa	\$100,000	(b) Type of s	ervice (	Yend to the n of whice	ensation  es	

## **Additional Data**

(Grants \$ 0)

Software ID: Software Version:

**EIN:** 06-0993054

Name: NEWTOWN BOARD OF REALTORS INC

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
28 CONDUCTED MEETINGS AND SEMINARS FOR EDUCATION OF MEMBERS AND PROVIDED OTHER INFORMATIONAL	28a	9,546	
SERVICES TO MEMBERS AND THE GENERAL PUBLIC			

If this amount includes foreign grants, check here  $\ . \ . \ . \ \blacktriangleright \ \Box$ 

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93492136007757 TY 2016 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.

efile GRAPHIC print - DO NOT PROCESS				DLN	N: 93492136007757
SCHEDULE O (Form 990 or 990- EZ)  Department of the Treasury  Supplemental Information Complete to provide information for r Form 990 or 990-EZ or to provid Attach to Form 99 Information about Schedule O (Form 99 www.irs.gov		r responses to specific questi ide any additional informatio n 990 or 990-EZ. 990 or 990-EZ) and its instru	ons on n.	OMB No 1545-0047  2016 Open to Public Inspection	
Name of the organization NEWTOWN BOARD OF REALTORS INC  990 Schedule O, Supplemental Information			<b>Employer iden</b> 06-0993054	tification number	
Return Reference			Explanation		
FORM 990- EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	EZ, PART I, ON FORM 990-EZ, LINE 4 617  LINE 4 - DTHER  NVESTMENT			96 TOTAL INCLUDED	

Return Explanation
Reference

FORM 990-	AFFILIATE NAME FA	AIRFIELD BOARD OF REA	LTORS PURPOSE OF	PAYMENT MANAGEN	MENT SERVICES	AMOUNT OF
EZ, PART I,	PAYMENT 8,909					
LINE 10 -						
PAYMENTS						
TO						
AFFILIATES						

Return Explanation
Reference

FORM 990- AFFILIATE NAME CONNECTICUT BOARD OF REALTORS PURPOSE OF PAYMENT DUES AMOUNT OF PAYMENT 455

EZ, PART I,
LINE 10 PAYMENTS
TO
AFFILIATES

Return
Reference

Explanation

Explanation

FORM 990- AFFILIATE NAME NATIONAL ASSOCIATION OF REALTORS PURPOSE OF PAYMENT DUES AMOUNT OF PAYM

EZ, PART I,
LINE 10 PAYMENTS
TO
AFFILIATE NAME NATIONAL ASSOCIATION OF REALTORS PURPOSE OF PAYMENT DUES AMOUNT OF PAYM
10 - PAYMENTS
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Return Explanation Reference

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FORM 990-	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME REGIONAL HOSPICE AND HOME CARE GRANTEE A
EZ, PART I,	DDRESS 405 MAIN STREET DANBURY, CT 06810 DATE OF GIFT 01/14/16 AMOUNT GIVEN 200
LINE 10 -	
GRANTS	
AND	
SIMILAR	

AMOUNTS

Return Explanation
Reference

	FORM 990-	DESCRIPTION MEETING EXPENSE AMOUNT 9,546 DESCRIPTION BANK CHARGES AMOUNT 13 DESCRI
	EZ, PART I,	PTION SUPPLIES AMOUNT 131 DESCRIPTION ADVERTISING/PROMOTION AMOUNT 170 TOTAL TO FO
	LINE 16 -	RM 990-EZ, LINE 16 9,860
l	OTHER	
l	EXPENSES	

Return Explanation
Reference

FORM 990-	DESCRIPTION UNREALIZED GAIN ON INVESTMENT AMOUNT 432
EZ, PART I,	
LINE 20 -	
OTHER	
CHANGES	
IN NET	
ASSETS	

Return Explanation

FORM 990-	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 2,000
EZ, PART II,	
LINE 24 -	
OTHER	
ASSETS	

Return Explanation
Reference
FORM 990- DESCRIPTION PREPAID DUES BEG OF YEAR AMOUNT 5.080 END OF YEAR AMOUNT 0

FORM 990- DESCRIPTION PREPAID DUES BEG OF YEAR AMOUNT 5,080 END OF YEAR AMOUNT 0

EZ, PART II,

LINE 26 
OTHER

LIABILITIES