

Form **990EZ**
 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.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

C Name of organization
MID-COAST BOARD OF REALTORS

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 482

City or town, state or province, country, and ZIP or foreign postal code
CAMDEN, ME 04843

D Employer identification number
01-0403851

E Telephone number
(207) 390-0159

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.MIDCOASTREALTORS.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 ▶ \$ 104,535

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	13,709
	2 Program service revenue including government fees and contracts	2	18,610
	3 Membership dues and assessments	3	71,790
	4 Investment income	4	92
	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	334	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	104,535	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	10,910
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	37,193
	13 Professional fees and other payments to independent contractors	13	11,087
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	95
	16 Other expenses (describe in Schedule O)	16	42,397
	17 Total expenses. Add lines 10 through 16 ▶	17	101,682
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,853
	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	77,934
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	80,787

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	79,220	22	80,787
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	79,220	25	80,787
26 Total liabilities (describe in Schedule O).	1,286	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	77,934	27	80,787

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?
 TO PROMOTE PROFESSIONALISM IN THE REALTOR ORGANIZATION, KEEP THE MEMBERS INFORMED OF IMPORTANT ISSUES AFFECTING THE REAL ESTATE PROFESSION, TO SUPPORT LEGISLATION THAT PROTECTS PRIVATE PROPERTY RIGHTS, SMALL BUSINESS INTERESTS AND INDEPENDENT CONTRACTOR ISSUES AND TO PROVIDE OPPORTUNITIES FOR REAL ESTATE EDUCATION

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
 See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		29a	
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>		
30		30a	
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>		
31 Other program services (describe in Schedule O)			
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	35,431

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
JUDY BROSSMER	0 25	0	0	0
MEMBER				
LAURA PELLERANO	1 00	0	0	0
PRESIDENT				
GREGG IMUS	0 25	0	0	0
MEMBER				
SAM MITCHELL	0 25	0	0	0
MEMBER				
CHUCK BRAWN	0 25	0	0	0
MEMBER				
RUSSELL WOLFERTZ	0 25	0	0	0
MEMBER				
JEFFREY MILLER	0 50	0	0	0
TREASURER				
JAMIE MACNAIR	0 25	0	0	0
MEMBER				
NANCY FALVEY	0 25	0	0	0
MEMBER				
JESSE DUNBAR	1 00	0	0	0
PRESIDENT ELECT				

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

Table with columns for question number, description, and Yes/No columns. Rows include questions 33 through 41e regarding organizational activities, financials, and tax shelter status.

42a The organization's books are in care of JENNIFER JOHANSON Telephone no (207) 390-0159 Located at PO BOX 482 CAMDEN, ME ZIP + 4 04843

Table with columns for question number, description, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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

Table with columns for question number, description, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

	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	2019-07-02 Date
JENNIFER JOHANSON ASSOCIATION EXECUTIVE Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name BOB DUBE CPA	Preparer's signature	Date 2019-07-01	Check <input type="checkbox"/> if self-employed	PTIN P01231018
	Firm's name ▶ WIPFLI LLP			Firm's EIN ▶ 39-0758449	
	Firm's address ▶ 1 MARKET SQUARE AUGUSTA, ME 043304637			Phone no (207) 622-4766	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID:

Software Version:

EIN: 01-0403851

Name: MID-COAST BOARD OF REALTORS

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 PROMOTES PROFESSIONALISM AND PROVIDES EDUCATION TO KEEP MEMBERS INFORMED OF IMPORTANT ISSUES AFFECTING REAL ESTATE PROFESSIONALS PROTECT PRIVATE PROPERTY RIGHTS, SMALL BUSINESS INTERESTS (Grants \$ 10,910)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	35,431

TY 2018 Transfers Personal Benefits Contracts Declaration

Name: MID-COAST BOARD OF REALTORS

EIN: 01-0403851

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)**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.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

MID-COAST BOARD OF REALTORS

Employer identification number

01-0403851

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 92

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION MISCELLANEOUS AMOUNT 334

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION MEETINGS AND CONVENTIONS AMOUNT 17,991 DESCRIPTION AWARDS AND GIFTS AMOUNT 313 DESCRIPTION BANK SERVICE CHARGES AMOUNT 17 DESCRIPTION INSURANCE EXPENSE AMOUNT 635 DESCRIPTION MISCELLANEOUS EXPENSE AMOUNT 2,128 DESCRIPTION OFFICE SUPPLIES AMOUNT 2,329 DESCRIPTION EDUCATION EXPENSE AMOUNT 6,217 DESCRIPTION INTERNET AND WEBSITE EXPENSE AMOUNT 1,013 DESCRIPTION TRAVEL AMOUNT 2,539 DESCRIPTION PAYROLL FEES AMOUNT 428 DESCRIPTION NATIONAL AND STATE DUES AMOUNT 7,211 DESCRIPTION FUNDRAISING EXPENSES AMOUNT 1,576 TOTAL TO FORM 990-EZ, LINE 16 42,397

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION PAYROLL LIABILITIES BEG OF YEAR AMOUNT 1,286 END OF YEAR AMOUNT 0