Form **990** (Rev January 2020) Department of the Treasury Internal Revenue Service

### **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/Form990 for instructions and the latest information. Open to Public Inspection

A F	or the	e 2019 calendar year, or tax year beginning SEP 1, 2019 and endi	ing Al	UG 31, 2020	
B	Check if applicable	C Name of organization  MAINE AUTOMOBILE DEALERS ASSOCIATION,		D Employer identific	cation number
	Addre	ss TYC	l		
	Name   Chang	Doing business as		01-01912	03
	return Final return	P.O. BOX 2667	m/suite	E Telephone numbe (207) 62	3-3882
Г	termin ated Amend return	City or town, state or province, country, and ZIP or foreign postal code	I	G Gross receipts \$  H(a) Is this a group re	1,363,512.
Ξ	Applic			for subordinates	
	tion pendir	SAME AS C ABOVE	10	H(b) Are all subordinates in	
ΙT	ax-ex	empt status 501(c)(3) 501(c) ( 6 ) ◀ (insert no.) 4947(a)(1) or	527	If "No," attach a	list (see instructions)
		e: ► N/A		H(c) Group exemptio	
<b>K</b> F	orm of				A State of legal domicile: ME
Pa	ırt I	Summary			
	1	Briefly describe the organization's mission or most significant activities TO PROV	/IDE	PROGRAMS AN	ND SERVICES
Activities & Governance		THAT ARE BENEFICIAL TO THE COLLECTIVE MEMBER	RSHI:	P SUCH AS T	RADE
Ē	2	Check this box   if the organization discontinued its operations or disposed of Number of voting members of the governing body (Part VI, line 1a)	f more	nan 25% of its net ass	ets
Š	3	Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)  Total number of individuals employed in calendar year 2019 (Part V, line 2a)	KEC	FIAFD [1	10
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		181	10
80	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	FEB.	0 4 2021	7
iĝ	6	Total number of volunteers (estimate if necessary)		\$ 1 LOC   12 LOC	10
뒹	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	000	EN LIT	0.
•	Ь	Net unrelated business taxable income from Form 990-T, line 39	OGL	EN, UT 指	0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		400,569.	392,682.
Ž	9	Program service revenue (Part VIII, line 2g)		180,813.	73,556.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		77,306.	97,913.
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		538,202.	444,342.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,196,890.	1,008,493.
T		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
6		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		624,246.	488,230.
				0.	0.
ğ	, p	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)			
.51		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		582,362.	340,843.
٦	-	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,206,608.	829,073.
		Revenue less expenses. Subtract line 18 from line 12		-9,718.	179,420.
5,5	19	•	Begi	inning of Current Year	End of Year
蠶	20	Total assets (Part X, line 16)		1,877,219.	2,138,789.
绉	₹21	Total liabilities (Part X, line 26)		40,458.	23,817.
		Net assets or fund balances Subtract line 21 from line 20		1,836,761.	2,114,972.
	řt II	Signature Block			
Jnde	r pena	ties of perjury, I declare that I have examined this return, including accompanying schedules and s	statemen	ts, and to the best of my	knowledge and belief, it is
rue,	correc	t, and complete, Declaration of preparer, (other than officer) is based on all information of which pr	reparer h	as any knowledge.	
		I homas T- Wown to		1/12/21	<del> </del>
Sign	۱	Signature of officer		Date '	
Here	e	THOMAS T. BROWN, JR., PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Da		PTIN
Paid		SCOTT SMALL, CPA SCOTT SMALL, CPA	01	L/11/21 self-employe	
rep	arer	Firm's name WIPFLI LLP		Firm's EIN ▶	39-0758449
Jse (	Only	Firm's address 1 MARKET SQUARE			
		AUGUSTA, ME 04330-4637		Phone no. 20	7.622.4766
May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

### MAINE AUTOMOBILE DEALERS ASSOCIATION,

Form	1990 <sub>4</sub> 2019) INC.	01-0191203	<u> Page 2</u>
<u>≀</u> Pa	rt III] Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<del></del>	
1	Briefly describe the organization's mission	m	
	TO PROVIDE PROGRAMS AND SERVICES THAT ARE BENEFICIAL TO		VE
	MEMBERSHIP SUCH AS TRADE CONVENTIONS, EDUCATIONAL MEETING	GS, AND	
	SEMINARS.		<del></del>
		<del></del>	<u>.</u>
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		X No
	If "Yes," describe these new services on Schedule O	res	IVO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□vaa	X No
3	If "Yes," describe these changes on Schedule O	res	III NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	massured by evenness	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	• •	nd
	revenue, if any, for each program service reported.	a, the total expenses, al	iu
4a	(Code) (Expenses \$ including grants of \$) (Revenue		
	THE ASSOCIATION PROVIDES PROGRAMS AND SERVICES THAT ARE I		<del>o </del> ′
	THE COLLECTIVE MEMBERSHIP SUCH AS TRADE CONVENTIONS, EDUC		
	MEETINGS, AND SEMINARS.		
		,	
4b	(Code) (Expenses \$	ле <b>\$</b>	)
		· · · · · · · · · · · · · · · · · · ·	
	<del>-</del>		
4c	(Code) (Expenses \$	e\$	,
			<del></del>
	<del></del>		
4d	Other program services (Describe on Schedule O)		<del></del>
	(Expenses \$including grants of \$) (Revenue \$	)	
4e	Total program service expenses		
		Form 9	<b>90</b> (2019)

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	n 990 (2019) INC. 01-019	<u> 1203</u>	Р	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	ľ	1	
	If "Yes," complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
4	Section 501(c)(3) organizations. 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	4	ļ	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	İ		
	similar amounts as defined in Revenue Procedure 98·19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		1	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	ŀ		
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	į		
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	L	Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	İ		
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	İ		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		_	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	_	

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

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Ra	TIVE Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	ļ		l <u></u>
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	х	
24.5	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
<b>24</b> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	ľ		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1 /		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		v
~~	"Yes," complete Schedule L, Part IV	28c		$\frac{x}{x}$
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30	i	X
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	3'		
JZ	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	l	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		ĺ	
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
	Statements Regarding Other IRS Filings and Tax Compliance			رج
	Check if Schedule O contains a response or note to any line in this Part V		<del>,, </del> 1	X
	Estable number recorded in Day 2 of Form 1000 Fater 0 of established	, 🛁	Yes	No
1a		-1 <b>48</b> -11		
b				
С	(gambling) winnings to prize winners?	1c	Х	
93200	Garnbling) withings to prize withers.		990 (	2019)
~~~~	. <del></del>		- V	• /

Form	990 (2019) INC. 01-0191	203	Р	age 5
Pa	rt V' Statements Regarding Other IRS Filings and Tax Compliance (continued)			
•			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
•	to file Form 8282?	7c		
đ	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u> </u>		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	1 1		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
~	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O	<u> </u>		
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	·~		
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N	<u>                                   </u>		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X

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If "Yes," complete Form 4720, Schedule O

MAINE AUTOMOBILE DEALERS ASSOCIATION, 01-0191203 Form 990 (2019) Page 6 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 10 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 10 b Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? X 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8a b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Other (explain on Schedule O) Own website Another's website 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2019)

04338-2667

THOMAS T. BROWN, JR. - (207) 623-3882 180 CIVIC CENTER DRIVE, AUGUSTA, ME

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

Check if Schedule O contains a response or note to any line in this Part VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

Chack this box if poither the expanization per any related expanization compensated any current officer, director, or thicken

Check this box if neither the organization		orga	ırııza			iper	od(	(D)		(E)
(A) Name and title	(B) Average			Pos				(D) Reportable	(E) Reportable	(F) Estimated
realine and title	hours per	box	(do not check more than one box, unless person is both an			than o	n an	compensation	compensation	amount of
	week	offi	cer ar	d a d	recto	r/trus	tee)	from	from related	other
	(list any	or director						the	organizations	compensation
	hours for	l #	ىيە			ed Ed		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		, e	bens		(W-2/1099-MISC)		organization
	organizations below	laal tr	tona		pley	is a	_			and related organizations
	line)	Individ	Institutional trustee	Officer	Key en	Highest compensated employee	Forme			organizations
(1) JOHN B. DARLING, II	2.00	]							_	_
DIRECTOR		X				_		0.	0.	0.
(2) JOHN J. QUIRK	2.00							_		_
DIRECTOR		X				_		0.	0.	0.
(3) CHRISTOPHER L. GAUNCE	2.00								_	_
VICE CHAIR		Х	_	Х		<u> </u>		0.	0.	0.
(4) PETER SOWLES	2.00	l								•
DIRECTOR	0.00	X	_					0.	0.	0.
(5) KIRK CARROLL	2.00	,,							_	0
DIRECTOR	1 2 00	X				_		0.	0.	0.
(6) SAMUEL HIGHT	2.00	<b>.</b> ,							_	0
DIRECTOR	2 00	X	$\vdash$	-		$\vdash$		0.	0.	0.
(7) WILLIAM G. WALDRON, JR. DIRECTOR	2.00	x						0.	0.	0.
(8) STACY CHANDLER	3.00	^	<u> </u>	_		$\vdash$		0.	0.	0.
CHAIR	3.00	x		х				0.	0.	0.
(9) JOHN L. EMERSON	2.00	^	┝	≏		-		0.		<u> </u>
DIRECTOR	2.00	x						0.	0.	0.
(10) NEAL C. SHEPARD	2.00	-						<del>.</del>		
DIRECTOR		х						0.	0.	0.
(11) THOMAS T. BROWN, JR.	40.00	<del> </del>	Н							
PRESIDENT		1		х				187,100.	0.	9,360.
										•
-										
										<del></del>
			Щ			Щ				
		1								
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Form **990** (2019)

Form **990** (2019)

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0

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2019)

MAINE AUTOMOBILE DEALERS ASSOCIATION, 01-0191203 INC. Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Revenue excluded Unrelated Related or exempt Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a Contributions, Giffs, Grants and Other Similar Amounts 392,682 1b **b** Membership dues c Fundraising events 1c d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1f similar amounts not included above 1g |\$ g Noncash contributions included in lines 1a-1f 392,682 h Total. Add lines 1a-1f **Business Code** 900099 37,200. 2 a SPECIAL PROJECTS 37,200. Program Service b SALE SPECIALIZED FORMS 900099 17,956. 17,956. ADTECH 900099 13,050. 13,050. d REGIONAL MEETINGS 900099 5,350. 5,350. f All other program service revenue 73,556. Total. Add lines 2a-2f Investment income (including dividends, interest, and 34,604. 34,604 other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (II) Personal 39,900 6 a Gross rents 28,963. Less, rental expenses 10,937. Rental income or (loss) 10,937. 10,937. d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 7a 364,696. 5,000. assets other than inventory b Less: cost or other basis 306,387 and sales expenses 58,309. 5,000. c Gain or (loss) 63,309. 63,309. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See 18,422. Part IV, line 18 19,669 b Less. direct expenses

c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less cost of goods sold 10b c Net income or (loss) from sales of inventory

9a 9b

11 a EXPENSE REIMBURSEMENTS

c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See

Part IV, line 19

b Less direct expenses

**Business Code** 525920 434,652. 434,652.

,008,493.

247.

434,652.

72,999. Form 990 (2019)

0.

247.

542,812

d All other revenue

e Total. Add lines 11a-11d

Total revenue See instructions

Form 990 (2019) INC.
Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns All othe	er organizations must co	mplete column (A)	
=	Check if Schedule O contains a respon	nse or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		.11		
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members		<del>-</del>		
5	Compensation of current officers, directors,	400 405			
	trustees, and key employees	189,406.			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	244 644			
7	Other salaries and wages	244,644.			
8	Pension plan accruals and contributions (include	22 100			
_	section 401(k) and 403(b) employer contributions)	22,198.			
9	Other employee benefits	31,982.			
10	Payroll taxes	31,302.			
11	Fees for services (nonemployees)			j	
	Management	83,885.			
b	Legal Accounting	32,233.			
	Lobbying	51,964.			
	Professional fundraising services. See Part IV, line 17	31,301.			
f	Investment management fees	11,931.			
-	Other (If line 11g amount exceeds 10% of line 25,	22,7021			
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	15,303.			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	18,746.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	40 440			
22	Depreciation, depletion, and amortization	13,148.			
23	Insurance	19,393.			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	CONTRIBUTIONS	25,600.			
b	PRINTING AND PUBLICATIO	22,325.	· <del>-</del> ·	<u>-</u>	· · · · · · · · · · · · · · · · · · ·
С	EDUCATION	20,698.			
d	POSTAGE AND SHIPPING	8,371.			
	All other expenses	17,246.	· — —		<u> </u>
<u> 25</u>	Total functional expenses Add lines 1 through 24e	829,073.		<del></del>	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Part X' | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 Cash · non-interest-bearing 309,557. 2 429,094. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 27,252. 9,722. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 45,060. 39,796. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 333,737. basis Complete Part VI of Schedule D 10a 276,753. 31,392. 56,984. b Less accumulated depreciation 10b 10c ,463,959. 1,603,193. Investments - publicly traded securities 11 11 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 1,877,219. 16 2,138,789. 16 Total assets. Add lines 1 through 15 (must equal line 33) 27,408. 19,467. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 13,050. 4,350. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, -iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 40,458 26 23,817. Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here > X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,809,256. 2,076,917. 27 Net assets without donor restrictions 27,505. 38,055. 28 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 31 Retained earnings, endowment, accumulated income, or other funds 1,836,761. 2,114,972. 32 Total net assets or fund balances 2,138,789. 1.877.219. Total liabilities and net assets/fund balances

Form **990** (2019)

### MAINE AUTOMOBILE DEALERS ASSOCIATION,

Forr	n 990 (2019) INC.	<u>01-0</u>	<u> 191203                                    </u>	Pag	<sub>1e</sub> 12
Pa	Reconciliation of Net Assets				
· ——	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>1,008</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	829		
3	Revenue less expenses Subtract line 2 from line 1	3	179	•	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,836		
5	Net unrealized gains (losses) on investments	5	98	,79	€1.
6	Donated services and use of facilities	6			
7	Investment expenses	7	_		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,114	, 97	<u> 12.</u>
Ŗа	rt/XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			`	res	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		1	
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	1 1	]	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audıt			
	or guidite, explain why on Schodule O and describe any stops taken to undergo such guidite		26	- 1	

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Form **990** (2019)

### **SCHEDULE C**

(Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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.



Department of the Treasury Internal Revenue Service

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 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
- 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-B

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

Name of organization MAINE AUTOMOBILE DEALERS ASSOCIATION, Employer identification	
	tion number
INC. 01-019	L203
Part: 1-A   Complete if the organization is exempt under section 501(c) or is a section 527 organization.	
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2 Political campaign activity expenditures	
3 Volunteer hours for political campaign activities	
Part [:B] Complete if the organization is exempt under section 501(c)(3).	
1 Enter the amount of any excise tax incurred by the organization under section 4955	<del></del>
2 Enter the amount of any excise tax incurred by organization managers under section 4955	
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	No
4a Was a correction made?	□ No
b If "Yes," describe in Part IV	140
Part I=C Complete if the organization is exempt under section 501(c), except section 501(c)(3).	
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities	
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527	
exempt function activities	
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL,	
line 17b ▶\$	
4 Did the filing organization file Form 1120-POL for this year?	☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organizations to which the filing organizations are section 527 political organizations.	ızatıon
made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of pol	tical
contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fu	nd or a
political action committee (PAC) If additional space is needed, provide information in Part IV	
(a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount	•
filing organization's contributions funds If none, enter -0- promptly a	
funds If none, enter -0- promptly at delivered to	
political org	
If none, e	nter -0- 
<del></del>	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2019

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### MAINE AUTOMOBILE DEALERS ASSOCIATION.

Schedule C (Form 990 or 990-EZ) 2019					01-	0191203 Page:
Part II-A Complete if the org	janizatio	on is exer	npt under section	on 501(c)(3) and file	d Form 5768 (el	ection under
section 501(h)).						
		•	• , ,	in Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and sha			•			
B Check 🕨 🔛 if the filing organiza	tion chec	ked box A a	nd "limited control" p	rovisions apply		<del></del>
		bying Expe neans amou	nditures unts paid or incurred	l.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence pub	olic opinion (	grassroots lobbying)	·		
<b>b</b> Total lobbying expenditures to infli			· · ·			
c Total lobbying expenditures (add li		•	-, (=,,,,			
d Other exempt purpose expenditure		,				
e Total exempt purpose expenditure		es 1c and 1d	)			<u> </u>
f Lobbying nontaxable amount Ente	•		•	ith columns		,
If the amount on line 1e, column (a) of			bying nontaxable ar		-	
Not over \$500,000	\27.0.		the amount on line 16			
Over \$500,000 but not over \$1,000	0.000	1	00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,5				cess over \$1,000,000		
Over \$1,500,000 but not over \$17,			00 plus 5% of the exc			
Over \$17,000,000		\$1,000,				
		<u> </u>				
g Grassroots nontaxable amount (en	ter 25% of	f line 1f)				<u> </u>
h Subtract line 1g from line 1a If zer		•				
i Subtract line 1f from line 1c If zero	-					
j If there is an amount other than ze			line 1, did the organiz	zation file Form 4720		
reporting section 4911 tax for this						Yes N
	nat made	a section 5	eraging Period Unde 01(h) election do not ate instructions for li	t have to complete all o	f the five columns b	elow.
	Lob	bying Expe	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2016	<b>(b)</b> 2017	<b>(c)</b> 2018	( <b>d)</b> 2019	(e) Total
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures	_					
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
Grandroote lobbuing expanditures						

Schedule C (Form 990 or 990-EZ) 2019

### 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)).

For e	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)		
	e lobbying activity	Yes	No	Amo	ount		
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?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
С	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				_		
h							
i	Other activities?						
j	Total Add lines 1c through 1i						
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
	If "Yes," enter the amount of any tax incurred under section 4912						
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	n 501/o\/	5) or coo	tion			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	ni 50 i (C)(	oj, ur sec	LION			
				Yes	No		
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	ne prior year	7 3		Х		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				2 is		
	answered "Yes."	NO ON	(D) Part 1				
1	Dues, assessments and similar amounts from members		1	384	1,000.		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal					
	expenses for which the section 527(f) tax was paid).						
а	Current year		2a		7,885.		
b	Carryover from last year		2b		5,529.		
С	Total		2c		1,414.		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	149	,760.		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical	L				
	expenditure next year?		4				
5	Taxable amount of lobbying and political expenditures (see instructions)		5		346.		
Par	t IV Supplemental Information						
⊃rov	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated group	list), Part II-	A, lines 1 a	nd 2 (see			
nstn	uctions), and Part II-B, line 1 Also, complete this part for any additional information						

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

INC.

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

MAINE AUTOMOBILE DEALERS ASSOCIATION,

OMB No 1545-0047 pen to Public

**Employer identification number** 01-0191203

Pa	rt <sub>i</sub> l Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6.	<u> </u>
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for chantable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	Ttell Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (for example, recrea	ition or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		∟ Yes ∟ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
_	<b>\$</b>		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(	
_	and section 170(h)(4)(B)(II)?		Yes No
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statement	ents that describes the
Pai	organization's accounting for conservation easements tiliii Organizations Maintaining Collections of	Art Historical Treasures or Ot	her Similar Assets
	Complete if the organization answered "Yes" on Form		alor omiliar 7,000to.
12	If the organization elected, as permitted under FASB ASC 95		and balance sheet works
ıa	of art, historical treasures, or other similar assets held for put	•	
	service, provide in Part XIII the text of the footnote to its finar	· · · · · · · · · · · · · · · · · · ·	•
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	·	
	provide the following amounts relating to these items	constitution, education, or rescarcing further	icialice of public del vice,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		• • ——————————————————————————————————
2	If the organization received or held works of art, historical tre-	asures or other similar assets for financia	Lgain provide
~	the following amounts required to be reported under FASB A		. gam, provide
а	Revenue included on Form 990, Part VIII, line 1	to those terms	<b>&gt;</b> \$

Schedule D (Form 990) 2019

984.

56,984.

d Equipment

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.

39,669.

51,846.

76,653.

846.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

14340111 147695 251041

(6) (7) (8) (9)

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI,

PART	TIME	עצ	 OTHER	ADJUSTMENTS:

COLL	TOURNAMENT	CAPENSES					19,009.
OCCUP	ANCY COSTS	ALLOCATED	TO	RENT	INCOME		28,963.
					<del></del>	 	

48,632. TOTAL TO SCHEDULE D, PART XI, LINE 2D

### PART XII, LINE 2D - OTHER ADJUSTMENTS:

	28,96 <u>3.</u>
GOLF TOURNAMENT EXPENSES	19,669.

48,632. TOTAL TO SCHEDULE D, PART XII, LINE 2D

## MAINE AUTOMOBILE DEALERS ASSOCIATION, 01-0191203 Page 5 INC. Schedule D (Form 990) 2019 Part XIII | Supplemental Information (continued)

### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

MAINE AUTOMOBILE DEALERS ASSOCIATION,

Employer identification number

INC.					01-0191	203
Part I Fundraising Activities required to complete this par	Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, I	line 17 Form 990-EZ	filers are not
Indicate whether the organization raise	sed funds through any of the following Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Solicitates Sol	tion of tion of fundra (includ	non-g gover using d ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
otal  3 List all states in which the organization or learning.	on is registered or licensed to solicit c	ontribi	<b>▶</b> utions	or has been notified	ıt ıs exempt from reç	gistration
or licensing						

932081 09-11-19

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2019

### MAINE AUTOMOBILE DEALERS ASSOCIATION,

		le G (Form 990 or 990-EZ) 2019 INC .				0191203 Page 2
K	art:	<u> </u>				
		of fundraising event contributions and gr				ts greater than \$5,000
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF		NONE	(add col (a) through
	ŀ		TOUNRAMENT			col (c))
<u>a</u>			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	18,422.			18,422.
4						
	2	Less Contributions		ļ		
			10 422			10 422
_	3	Gross income (line 1 minus line 2)	18,422.			18,422.
		Cook as ac				
	4	Cash prizes				
	5	Noncash prizes				
S.	1	Nondadii piizoo			· ·	_
Direct Expenses	6	Rent/facility costs	<u> </u>			
Ä		·				
덫	7	Food and beverages				
Ö						
	8	Entertainment				
	9	Other direct expenses	19,669.			19,669.
	10	Direct expense summary Add lines 4 through	n 9 ın column (d)		•	19,669.
	11	Net income summary Subtract line 10 from li		.,		-1,247.
<u> P</u> a	ırt İ		answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a	<del></del>	1		I
<u>o</u>			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				bingo/progressive bingo		cor (a) through cor (c))
ě						
_	1	Gross revenue				
		O all and an	•			
es	2	Cash prizes				
Expenses	3	Noncash prizes				
EXT	3	Noncash prizes				
ರ	4	Rent/facility costs				
Dire	•	Tions admity obots	_			
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	□ No	
	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)			<u> </u>
						•
		ter the state(s) in which the organization condu			<u> </u>	
		he organization licensed to conduct gaming a				Yes No
b	<b> f</b> "	No," explain.			<del> </del>	<del></del>
					<del></del>	
						Yes No
		ere any of the organization's gaming licenses re			eai ′	Yes No
D	) IT "	Yes," explain	<del> </del>			
	_	<del></del>				
	_					
9320	32 09	-11-19			Schedule G (For	m 990 or 990-EZ) 2019

### MAINE AUTOMOBILE DEALERS ASSOCIATION, 01-0191203 Schedule G (Form 990 or 990-EZ) 2019 INC. 11, Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in 13a a The organization's facility **b** An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records Address > Yes No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **b** If "Yes," enter the amount of gaming revenue received by the organization **>** \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party. Name > Address -Gaming manager information Name > Gaming manager compensation > \$ Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to Yes retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 🕨 💲 Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

Schedule G (Form 990 or 990-EZ) 2019

## MAINE AUTOMOBILE DEALERS ASSOCIATION, 01-0191203 Page 4 Schedule G (Form 990 or 990 EZ) INC. | Part IV | Supplemental Information (continued)

### SCHEDULE J .(Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury Internal Revenue Service

MAINE AUTOMOBILE DEALERS ASSOCIATION, INC.

Employer identification number

01-0191203

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence		1	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	1	<b>l</b> .	[
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			i
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
		İ		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	·		
	contingent on the net earnings of.			
	The organization?	6a		
Ь	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III			ļ
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
_	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	I	

 $\label{eq:LHA} \mbox{ HA For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$ 

Schedule J (Form 990) 2019

01-0191203

NO.

Schedule J (Form 990) 2019 INC

Part III Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	able	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	( <b>Q</b> )-(j)( <b>B</b> )	in column (B) reported as deferred on prior Form 990
(1) THOMAS T. BROWN, JR.	(1)	187,100.	0	0	9,360.	0	196.460.	0
PRESIDENT	l (ii)	0.	0.	0	0	0	0	0
	(1)							
	(ii)							
	(1)							
	(11)							
	(i)					:		
	(II)							
	(i)							
	(ii)							
	(1)							
	(11)							
	(i)							
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	Ξ							
	(ii)							
•	Ξ							
	(iii)							
•								

26

Schedule J (Form 990) 2019

01-0191203

. Page 3

Part IIII Supplemental Information Schedule J (Form 990) 2019

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. THE BOARD OF DIRECTORS DISCUSS AND APPROVE THE PRESIDENT'S SALARY DURING AN EXECUTIVE SESSION AT THE ANNUAL ALL BOARDS MEETING. PART I, LINE 3:

Schedule J (Form 990) 2019

### **SCHEDULE 0**

(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.

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

Open to Public

OMB No 1545-0047

Name of the organization

MAINE AUTOMOBILE DEALERS ASSOCIATION, INC.

**Employer identification number** 01-0191203

TORN AND DARK T. LEWE 1. DEGER TREES OF ADDRESS METERS WE GET ON
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CONVENTIONS, EDUCATIONAL MEETINGS, AND SEMINARS.
FORM 990, SCHEDULE R, PART V, LINE 2
EXPENSES REPORTED BY THE ASSOCIATION WILL DIFFER FROM THOSE REPORTED BY
THE INSURANCE TRUST DUE TO DIFFERING YEAR ENDS.
FORM 990, PART VI, SECTION A, LINE 6:
ALL OF THE FRANCHISED NEW CAR AND TRUCK DEALERSHIPS WITHIN MAINE ARE
MEMBERS OF THE ASSOCIATION.
FORM 990, PART VI, SECTION A, LINE 7A:
ALL MEMBERS ARE ELIGIBLE TO VOTE FOR A DIRECTOR TO REPRESENT THEIR ZONE.
FORM 990, PART VI, SECTION A, LINE 8B:
NO COMMITTEE EXISTS THAT HAS THE AUTHORITY TO ACT ON BEHALF OF THE
GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED BY THE PRESIDENT BEFORE MAILING.
FORM 990, PART VI, SECTION C, LINE 19:
ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE FOR REVIEW
AT THE CIVIC CENTER DRIVE OFFICE OF THE MAINE AUTOMOBILE DEALERS
ASSOCIATION IN AUGUSTA, MAINE.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

**Employer identification number** Open to Public Inspection OMB No 1545-0047 2019 01-0191203 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships MAINE AUTOMOBILE DEALERS ASSOCIATION, Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. ▶ Attach to Form 990. INC. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part I

Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year End-of-year assets Total income Ð Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(a)	( <b>q</b> )	(2)	(p)	(e)	(a)	<u> </u>	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct	Section 512(b)(13)	[2(b)(13)
of related organization	13	foreign country)	section	status (if section	entity	entity?	۶.
				501(c)(3))		Yes	2
MADA INSURANCE TRUST - 01-0288347							
PO BOX 2667							
AUGUSTA, ME 04338	INSURANCE TRUST	MAINE	501(C)(9)	N/A	N/A		×
					:		
For Paperwork Reduction Act Notice, see the instructions for Form 990.	s for Form 990.				Schedule R (Form 990) 2019	Form 990	2019

MAINE AUTOMOBILE DEALERS ASSOCIATION,

INC.

Schedule R (Form 990) 2019

| Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

. Page 2

01-0191203

organizations treated as a partnership during the tax year.	irtnership during the ta	x year.									•
(a)	(q)	(c)	(P)	(e)		ε	(6)	ε	ε	s	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income	Share of end-of-year assets	Disproportionate aflocations?	Code V-UBI amount in box 20 of Schedule	General o managing partner?	Perc
		(falling)						1 es		V Yes No	
	,										•
								_			
	,	_									
	•									_	
	•										
										-	
	•									_	
	<b>.</b>										
Part IV Identification of Related Organizations Taxable as a Corporation or supportation or trust during the tax year.	ganizations Taxable a	is a Corpoi g the tax y	or Trust.	omplete if the	organization ar	nswered "Yes"	on Form 990,	Part IV, line 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	one or m	ore related
(e)			(q)	(c)	(p)	(e)		E	(6)	Ξ	€
Name, address, and EIN of related organization	N. c.	Prim	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)		Share of total income	of /ear	Percentage ownership	Section 512(b)(13) controlled entity?
				county)							Yes No
							1				1
٥											
								_			
932162 09-10-19									Schedi	ile R (Fori	Schedule R (Form 990) 2019

# MAINE AUTOMOBILE DEALERS ASSOCIATION,

Page 3

01-0191203

Schedule R (Form 990) 2019

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part VI

FMV	136,865. FMV	0	(2) MADA INSURANCE TRUST
FMV	15,900. FMV	Ŋ	(1) MADA INSURANCE TRUST
(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a·s)	(a) Name of related organization
elationships and transaction thresholds.	is line, including covered re	no must complete the	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
18			
+			r Other transfer of cash or property to related organization(s)
10			<ul> <li>q Reimbursement paid by related organization(s) for expenses</li> </ul>
<u>a</u>			p Reimbursement paid to related organization(s) for expenses
10			<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>
4		on(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
		nızation(s)	$oldsymbol{m}$ Performance of services or membership or fundraising solicitations by related organization(s)
=		nization(s)	I Performance of services or membership or fundraising solicitations for related organization(s)
<del> </del>			k Lease of facilities, equipment, or other assets from related organization(s)
11			j Lease of facilities, equipment, or other assets to related organization(s)
=			i Exchange of assets with related organization(s)
#			h Purchase of assets from related organization(s)
19			g Sale of assets to related organization(s)
1=1			f Dividends from related organization(s)
			e Loans or loan guarantees by related organization(s)
P1			d Loans or loan guarantees to or for related organization(s)
10			c Gift, grant, or capital contribution from related organization(s)
<b>d</b>			b Gift, grant, or capital contribution to related organization(s)
13			a Receipt of (I) interest, (II) annurties, (III) royalties, or (IV) rent from a controlled entity
Parts II:IV?	the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	1 During the tax year, did the organization engage in any of the following transaction:
			Note: Complete line 1 if any entity is listed in Parts II, III, of IV of this schedule

×××

(6) 932163 09-10-19

31,125. FMV

O

(3) MADA INSURANCE TRUST

€

<u>0</u>

Schedule R (Form 990) 2019

. Page 4 01-0191203

Schedule R (Form 990) 2019

INC.

Part VII Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	itructions regarding exclus	ion for certain inve	stment partnersnips.	[6	e	(8)	4	5	[	3	
Name, address, and EIN	Primary activity	Legal domicile	Predominant income partin	Are all partners sec.	Share of	Share of	Dispropor-	Code V-UBI	U) General o	(K) Percentage	_
of entity		(state or foreign country)	excluded from tax under or sections 512-514)	Offis 7	total income	end-of-year assets	affocations?	under amount in box 20 managing allocations? of Schedule K-1 partner? ownership Yes No (Form 1065) Yes No	managing partner?	ownership	
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									1		

Schedule R (Form 990) 2019

### MAINE AUTOMOBILE DEALERS ASSOCIATION, 01-0191203 Page 5 Schedule R (Form 990) 2019 INC. Part VII | Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions