#### EXTENDED TO NOVEMBER 15, 2018

# **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.

OMB No. 1545-0047

2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

<u>A</u>	or the	2017 calendar year, or tax year beginning and	ending		
В	Check if applicabl	NORTH CENTRAL MASSACHUSETTS ASSOCIATIO	 N	D Employer identi	ication number
	Addre chang	OF REALTORS, INC.		]	
	Name chang	Doing business as		04-	2374565
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address)  40 SUMMER STREET	Room/suite	E Telephone numb	per -345-2531
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	215,374.
	Amen			H(a) Is this a group	return
	Application	F Name and address of principal officer: KATHY LORE		for subordinate	
	pendir	9 40 SUMMER STREET, FITCHBURG, MA 01420		H(b) Are all subordinates	
<u> </u>	Tax-ex	empt status: 501(c)(3) X 501(c) ( 6 )	or 527	1 ` '	a list. (see instructions)
J	Nebsi	e: ► WWW.NCMAR.COM		H(c) Group exempt	·
		organization: X Corporation Trust Association Other	L Year		M State of legal domicile: MA
		Summary			
	1	Briefly describe the organization's mission or most significant activities: TO S'	TR ENGT	HEN THE REA	LTOR TMAGE
စ္ပ	'	AND VALUE TO THE COMMUNITY, MAINTAIN THE			
Jan	2	Check this box  if the organization discontinued its operations or dispos			
Ver	3				1
Ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			
જ	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			
Activities & Governance	6	Total number of volunteers (estimate if necessary)			
ξį	7 2	Total unrelated business revenue from Part VIII, column (C), line 12		7:	10 000
¥	, a	Net unrelated business taxable income from Form 990-T, line 34			
		Net amounted business taxable income from 1 of 11 oou 1, life of		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		0	
Revenue	9		ŀ	18,190	
Ver	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		135	
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		178,884	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		197,209	•
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	
	1			0.	
	45	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		96,704	
Ses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0,704	
Expenses	loa h	Total fundraising expenses (Part IX, column (A), line 25)	0.		, ,
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		96,098	. 100,816.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		192,802	
		Revenue less expenses. Subtract line 18 from line 12		4,407	
<u></u>	13	nevenue less expenses. Subtract line 10 ilont line 12	Po	ginning of Current Year	
Net Assets or	20	Total assets (Part X, line 16)		211,883	
ASS	21	Total liabilities (Part X, line 16)  Total liabilities (Part X, line 26)		120,988	
let	22	Net assets or fund balances. Subtract line 21 from line 20		90,895	
	art II			307033	20070071
	Chest Creek Car	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of n	ny knowledge and helief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			Ty Knowledge and belief, it is
	, 0000	data samples because of property (selection than smoot) to become of an information of with	ποτι ριοραιοι	nao any knowledge.	
Sig	n	Signature of officer		Date	
Her		LOCKE HAMAN, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Paid	I	ROBERT C. ALARIO ROBERT C. ALARIO	) h	1/08/18 if self-empl	I I
	oarer	Firm's name ▶ ROBERT C ALARIO CPA PC		Firm's EIN	
	Only	Firm's address 75 NORTH MAIN STREET		I IIII 3 LIIV	
	<del></del> J	LEOMINSTER, MA 01453		Phone no 9'	78-534-1999
May	/ the IF	S discuss this return with the preparer shown above? (see instructions)		11 110110 110.5	X Yes No
	01 11-2		ns.		Form <b>990</b> (2017)
			<del></del>		( :/ / /

Form	990 (2017) OF REALTORS, INC.	04-2374565	Page 2
	till Statement of Program Service Accomplishments		· -4.
	Check if Schedule O contains a response or note to any line in this Part III		[]
1	Briefly describe the organization's mission:		
	THE ORGANIZATION UNITES THOSE ENGAGED IN THE RECOGNIZED		
	THE REAL ESTATE BUSINESS IN THE COMMUNITY FOR THE PURPOS		
	A BENEFICIAL INFLUENCE UPON MATTERS EFFECTING THE REAL	ESTATE BUSIN	ESS
	AND RELATED INTERESTS.		
2	Did the organization undertake any significant program services during the year which were not listed on the	,	
_	prior Form 990 or 990-EZ?	v	es X No
			25 [21] 140
_	If "Yes," describe these new services on Schedule O.		[TF]
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	?Y	es X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses	and
	revenue, if any, for each program service reported.	-, , ,	
4a		¢	
74	(Code:) (Expenses \$) (Rev THE ORGANIZATION UNITES THOSE ENGAGED IN THE RECOGNIZED		
	REAL ESTATE BUSINESS IN THE COMMUNITY FOR THE PURPOSES		
	BENEFICIAL INFLUENCE UPON MATTERS EFFECTING THE REAL EST	TATE BUSINES	S
	AND RELATED INTERESTS.		
		12.51 . 1.5.1.1.1.1111	
			· · · · · · · · · · · · · · · · · · ·
4b	(O-4-) \(\frac{1}{2}\)		
40	(Code:) (Expenses \$	enue \$	)
		<del></del>	
4c	(Code:) (Expenses \$ including grants of \$ ) (Rev	enue \$	,
	(Code:	eliue \$	· · · · · · · · · · · · · · · · · · ·
			<del></del>
4d	Other program services (Describe in Schedule O.)		
		,	
4-		<u></u>	
4e	Total program service expenses		990 (2017)

Part IV Checklist of Required Schedules

⊃<sub>age</sub> **3** 

#### Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A ..... X Is the organization required to complete Schedule B, Schedule of Contributors? 2 Х 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 X 3 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 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 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III ..... 8 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? X If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х Part VI ..... 11a 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 Х 11b c 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 X 11c 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 16? If "Yes," complete Schedule D, Part IX X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ..... X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X ...... X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII ..... 12a 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 ...... 12h Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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 ..... X 14b 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 Х 15 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 Х 16 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 X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II X 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X complete Schedule G. Part III Form 990 (2017)

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			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	100	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	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		_X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
25a	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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	on/s/ser	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):	480.40	15,723.5	37
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	v	<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
-	director, trustee, or direct or indirect owner? If "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		_ <u>A</u> _
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	·	31		Х
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
02	, , , , , , , , , , , , , , , , , , ,	32		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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?			
	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>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	2017)

Form 990 (2017) OF REALTORS, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?	· · · · · · · · · · · · · · · · · · ·		1c		
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	2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	o		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a	www.doc	X
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 Ad	ccount	s (FBAR).	28.3		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization 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 contribution	ons or	gifts			
_	were not tax deductible?			6b	war yosh	2000
7	Organizations that may receive deductible contributions under section 170(c).			-	100 102	24.25%
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	-		7a		<b> </b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7b		<b></b>
·	to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			e de la compania de La compania de la co	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		?	7e	newsky, right, s	5302.5, 55
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		***************************************	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	e	050	/E. V.	
	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		<u> </u>
_	•			9b	98986-8691	\$50 C 280 S
10	Section 501(c)(7) organizations. Enter:	1	1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a				
a b	Gross income from members or snareholders  Gross income from other sources (Do not net amounts due or paid to other sources against	11a				
D	and the decrease to the state of the state o	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		)	12a	\$70005.44	3,271,0323
		12b		120	45.74	100
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				13.17 27.17 13.00	
b	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	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	<u> 0</u>		14b		
				Form	990	(2017)

Form 990 (2017)

OF REALTORS, INC.

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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 in Schedule O. See instructions.

_	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
			1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		8			
	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 in Schedule O.	1					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	anv other				
	officer, director, trustee, or key employee?		-	İ	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the			···			
Ů	of officers, directors, or trustees, or key employees to a management company or other person?		•		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
5						Х	<u> </u>
6	Did the organization have members or stockholders?			···	6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	•			_	v	
	more members of the governing body?				7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, or				
	persons other than the governing body?			,	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	e following:				
а	The governing body?			[	8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code )				
	THIS SAME TO TOUR OF THE PROPERTY OF THE PROPE	., v., v.,	0000.7			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			ſ	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			···	iou		
		=		i	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing bod		o filing the form		11a	Х	
_	· · · · · · · · · · · · · · · · · · ·	y Deloi	e ming the form		<u>iia</u>	22 (2/24/24)	1252786
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			ŀ		v	
12a					12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			}	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If $^{"}$					77	
	in Schedule O how this was done			}	12c	X	
13	Did the organization have a written whistleblower policy?				13	_ <u>X</u> _	
14	Did the organization have a written document retention and destruction policy?				14	X	Rose Services A
15	Did the process for determining compensation of the following persons include a review and approve		dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ļ			
а	The organization's CEO, Executive Director, or top management official				15a	_X_	
b	Other officers or key employees of the organization				15b	X	
	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 arranger	ment w	ith a				7. A.
	taxable entity during the year?			[	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	ı's				
	exempt status with respect to such arrangements?			[	16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶MA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(Secti	on 501(c)(3)s onl	v) av	ailahle	)	
	for public inspection. Indicate how you made these available. Check all that apply.	(0001.	011 00 1(0)(0)0 0111	,,	uu.		
	X Own website Another's website X Upon request Other (explain	n in Cal	hadula (C)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		•	and f	inana	al	
13	statements available to the public during the tax year.	mict O	i interest policy,	anu i	n iai iCi	aı	
00		oko sa	drogordo:				
20	State the name, address, and telephone number of the person who possesses the organization's boundary LORE $-978-345-2531$	oks and	i lecolas: 🗩 _				
	40 SUMMER STREET, FITCHBURG, MA 01420						

<u> Page</u> **7** 

# 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	more	than o	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is both	an	compensation	compensation	amount of
	week	<b>—</b>	CCI AI	I	II COLC	Tirius	lee)	from	from related	other
	(list any hours for	lirecto	İ			L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	.e or (	ste			satec		(W-2/1099-MISC)	(***271099****130)	organization
	organizations	Individual trustee or director	Institutional trustee		a),ee	mber		(11 27 1000 111100)		and related
	below	idual	trtion		Key employee	est co	듈			organizations
	line)	ig	Insti	Officer	Ş.	Highest compensated employee	Per			
(1) LOCKE HAMAN	2.00									
PRESIDENT		X		X			<b></b>	0.	0.	0.
(2) MICHELLE HAGGSTROM	1.00			ŀ						
PAST PRESIDENT		X		Х		<u> </u>		0.	0.	0.
(3) RICK CUDDY	1.00									
DIRECTOR		X		Х				0.	0.	0.
(4) YASMIN LOFT	2.00	]								
PRESIDENT ELECT		X		X				0.	0.	0.
(5) KATHRYN WELDON	1.00									
DIRECTOR		X		X				0.	0.	0.
(6) SUSAN WRIGHT	1.00				ŀ					
TREASURER		X		X				0.	0.	0.
(7) BENJAMIN HAUSE	1.00	]								
SECRETARY		X		X		<u> </u>		0.	0.	0.
(8) KATHY LORE	40.00		İ							
EXECUTIVE DIRECTOR		X						62,686.	0.	0.
		1								
		L		L		_				
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732007 11-28-17

Form 990 (2017)

(A) Name and title    Co   Co   Co   Co   Co   Co   Co   C	Form 990 (2017) OF REALT(	ORS, INC	<u>:</u>							04-2	3745	65 P	age 8
Name and title    Average   Pour Spring   Po	Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloye	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
house for related organization below line)  1b Sub-total  1c Total from continuation sheets to Part VII, Section A  2 Total articles to find-ducing finduling but not limited to those listed above) who received more than \$100,000 of compensation and related dorganization from the organization from the organization from the organization from the organization sheets to Part VII, Section A  3 Did the organization for the organization of reportable compensation from the organization from the organization and related dorganizations greater than \$150,000? if "Yes," complete Schedules of the such individual and and related dorganization greater than \$150,000? if "Yes," complete Schedules of the such individual and and related dorganization greater than \$150,000? if "Yes," complete Schedules of the such individual for services and related dorganizations greater than \$150,000? if "Yes," complete Schedules of the such individual for services and related dorganizations greater than \$150,000? if "Yes," complete Schedules of the such individual for services and related dorganizations greater than \$150,000? if "Yes," complete Schedules of the such individual for services and related dorganizations greater than \$150,000? if "Yes," complete Schedules of the such individual for services and related dorganizations greater than \$150,000? if "Yes," complete Schedules of the such individual for services and related dorganizations greater than \$150,000? if "Yes," complete Schedules of the such individual for services and related dorganizations greater than \$150,000? if "Yes," complete Schedules of the such individual for services and related dorganizations greater than \$150,000? if "Yes," complete Schedules of the such individual for services and related dorganization. Report compensation from the organization of individual for services and related dorganization. Report compensation for the claimed was an elated dorganization of individual for services and related dorganization. Report compensation for the claimed was an elated dorga	. ,	Average		not c	Posi heck i	ition more	than c		Reportable	Reportable		Estimate	
c Total from continuation sheets to Part VII, Section A		(list any hours for related organizations below	$\vdash$						from the organization (W-2/1099-MISC)	from related organization	d ns	other compensa from th organizat and relat	ation e ion ed
c Total from continuation sheets to Part VII, Section A													
c Total from continuation sheets to Part VII, Section A											_		
c Total from continuation sheets to Part VII, Section A													
c Total from continuation sheets to Part VII, Section A													
c Total from continuation sheets to Part VII, Section A													
c Total from continuation sheets to Part VII, Section A													
c Total from continuation sheets to Part VII, Section A													
c Total from continuation sheets to Part VII, Section A													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization      Ves   No	c Total from continuation sheets to Part VI	, Section A							0.		0.		0.
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  In early in "If "Yes," complete Schedule J for such individual  and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services  rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than	2 Total number of individuals (including but n							o re		000 of reportable			
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule I for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address NONE  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	line 1a? If "Yes," complete Schedule J for s	uch individual											
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C)  Name and business address NONE Description of services Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	5 Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	om a	any	unre	late	ed organization or individ			4	
the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) Compensation  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than		plete Schedule	J fo	or su	ich r	oers	on .				<u></u>	5	<u> </u>
Name and business address NONE Description of services Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than										-	pensatio	on from	
		address	NC	NE	2					ervices	Co		n
						-		_					
								4					
								$\dashv$					
							· .						
· · · · · · · · · · · · · · · · · · ·		-	ot lim	nited	l to t	_		ted	above) who received mo	ore than			

OF REALTORS, INC.

Page 9

209	: \$45a/( 715		Check if Schedule O conta		or note to any lir	ne in this Part VIII			
			Sheak weening and the	ans a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ats	1.	а	Federated campaigns	1a			5-1		**************************************
ra our			Membership dues		<u>165,811.</u>				
s, G			Fundraising events						
Gift		d	Related organizations	1d					
ıs, imi			Government grants (contributi	· -					
rtior er S	•	f	All other contributions, gifts, grant						
rib H			similar amounts not included abov						
Contributions, Gifts, Grants and Other Similar Amounts.	!	-	Noncash contributions included in lines 1	1a-1f: \$		165 011		22.50	
C		h	Total. Add lines 1a-1f		<b>_</b>	165,811.			
	•	_	RENTAL INCOME		Business Code 531120	10,200.		10,200.	
vice	2		ADVERTISING - S	PONSORS	561499	8,780.		8,780.	
Ser		C	IID V DICTI I DICTO	LONDOND	301433	0,700.		0,700.	
m S		d							
gra Be		u							
Program Service Revenue		e f	All other program service reve	nuo					
			Total. Add lines 2a-2f			18,980.			
-	3	<u> </u>	Investment income (including	dividends, intere	st and	20/3001			
			other similar amounts)			139.	139.		
	4		Income from investment of tax						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents						
	ı	b	Less: rental expenses						
			Rental income or (loss)						
	•	d	Net rental income or (loss)		<b></b>				
	7 :	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
	ı	b	Less: cost or other basis						
			and sales expenses						
l			Gain or (loss)						
			Net gain or (loss)		<u></u>				
e	8 8	a	Gross income from fundraising including \$	•					
Ven			contributions reported on line						
Be .			Part IV, line 18	•					
Other Revenue	ı	b	Less: direct expenses						
ō			Net income or (loss) from fund						TOTAL STATE OF THE
			Gross income from gaming ac	~					
			Part IV, line 19	а					
	ı	b	Less: direct expenses	b					
			Net income or (loss) from gami	•	<b></b>			<u></u>	
	10 :	а	Gross sales of inventory, less r						
			and allowances						
			Less: cost of goods sold		2,156.				
		<u>c</u>	Net income or (loss) from sales		<b></b>	-92.	-92.	15 - 15 - 15 - 15 - 15 - 15 - 15 - 15 -	
	44	_	Miscellaneous Revenue SEMINARS	?	Business Code 561499	8,402.	Ω 402		
			BAYSTATE MLS IN	COME	561499	8,402.	8,402. 8,288.		
			SCHOLARSHIP INC		561499	6,440.	6,440.		
			All other revenue		561499	5,250.	5,250.		
						28,380.	5,250.		
	12		Total revenue. See instructions.			213,218.	28,427.	18,980.	0.

Form 990 (2017) OF REALTORS, INC.

Part IX Statement of Functional Expenses

Same	estation of the control of the contr				
Sect	ion 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(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				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ		62,686.			
6	trustees, and key employees  Compensation not included above, to disqualified	02,000:			
Ü					
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	10 524			
7	Other salaries and wages	19,534.	<del> </del>		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	11 000			
9	Other employee benefits	11,229.			
10	Payroll taxes	6,261.			
11	Fees for services (non-employees):		:		
а	Management				
b	Legal				
С	Accounting	2,722.			
d	, , , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	4,178.			
14	Information technology				
15	Royalties				
16	Occupancy	6,943.			
17	Travel	12,140.			
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				
22	Depreciation, depletion, and amortization	1,938.			
23	Insurance	2,692.			
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MEMBERSHIP MEETINGS EXP	20,430.	a construction of the cons		
b	MAINTENANCE	19,276.			-
c	REAL ESTATE TAXES	6,221.			
d	CREDIT CARD FEES	5,704.			
	All other expenses	18,572.			
25	Total functional expenses. Add lines 1 through 24e	200,526.			
<u>26</u>	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 147,620. 160,500. Cash - non-interest-bearing 1 9,573. 9,598. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net \_\_\_\_\_ 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a 264,139. 41,810. b Less: accumulated depreciation \_\_\_\_\_\_ 10b 39,872. 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 211,883. 197,090. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses ..... 2,183. 1,785 17 17 18 Grants payable 18 118,805. 91,718. 19 Deferred revenue \_\_\_\_\_ 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, -iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 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 25 Total liabilities. Add lines 17 through 25 120,988. 26 93,503. Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 90,895. 103,587. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32

> 197,090. Form 990 (2017)

103,587.

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

90,895.

211,883.

33

34

04-2374565 Page 12 OF REALTORS, INC. Form 990 (2017) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 213,218. Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) 200,526. 2 2 12,692. Revenue less expenses. Subtract line 2 from line 1 3 3 90,895. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 Net unrealized gains (losses) on investments 5 5 ..... Donated services and use of facilities ล 6 Investment expenses 7 R Prior period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) 0. 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 103,587. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  $\overline{\mathbf{x}}$ Yes No Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? X 2b 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: Separate basis Both consolidated and separate basis Consolidated basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Х If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? X 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2017)

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

NORTH CENTRAL MASSACHUSETTS ASSOCIATION
OF REALTORS INC.

2017
Open to Public Inspection

Employer identification number 0.4-2.374565

organization answered "Yes" on Form 990, Part IV, line 6.    Total number at end of year	Pa	tl Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or A	Accounts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of and of year 4 Aggregate value of and of year 5 Did the organization informal grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? 6 Did the organization informal grantees, donors, and donor advisors in writing that the grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impormisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impormisable purpose and not for the benefit of the donor or donor advisor, or for any other purpose conferring impormisable purpose and not for the benefit of the donor or donor advisor, or for any other purpose conferring impormisable purposes and for the organization (check all that apply).  Preservation of conservation easements beld by the organization (check all that apply).  Preservation of part of public use (e.g., recreation or education)				Complete ii tile
2 Aggregate value of contributions to (furing year)  4 Aggregate value of an of or (gluring year)  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  6 Did the organization inform all grantese, denores, and denor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the denor or donor advisor, or for any other purpose conferring impermisable private benefit?  Partill of Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of organization abeliat Preservation of organization for pen space  2 Complete lines 2s through 26 if the organization held a qualified conservation contribution in the form of a conservation easements and the last day of the tax year.  3 Total number of conservation easements  5 Total acreage restricted by conservation easements  5 Total acreage restricted by conservation easements  6 Total acreage restricted by conservation easements  7 Annount of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   8 Number of conservation have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year  9 Number of extenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  9 Number of extenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  9 Number of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during t			(a) Donor advised funds	(b) Funds and other accounts
2 Aggregate value of contributions to (furing year)  4 Aggregate value of an of or (gluring year)  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  6 Did the organization inform all grantese, denores, and denor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the denor or donor advisor, or for any other purpose conferring impermisable private benefit?  Partill of Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of organization abeliat Preservation of organization for pen space  2 Complete lines 2s through 26 if the organization held a qualified conservation contribution in the form of a conservation easements and the last day of the tax year.  3 Total number of conservation easements  5 Total acreage restricted by conservation easements  5 Total acreage restricted by conservation easements  6 Total acreage restricted by conservation easements  7 Annount of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   8 Number of conservation have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year  9 Number of extenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  9 Number of extenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  9 Number of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during t	1	Total number at end of 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 advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible purvate benefit?  Pert III Sonservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Preservation of an attract habitat □ Preservation of one should be preservation of the preservation of the late tay ear.  2 Complete lines 2 at through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  3 Total number of conservation easements is conservation easements.  4 Number of conservation easements on a certified historic structure included in (a) accided the National Register  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements to the conservation easements to the conservation easements thouse devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements the periodic monitoring inspection, handling of violations, and enforcing conservation easements during the year ▶  ■ Conservation seasements included in line 2(d) above satisfy the requirements of section 170(h)(4)(B)(h)  and section 170(h)(4)(B)(h)(h)  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization easements in its revenu	2			
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Preservation of land for public use (e.g., recreation or education)				
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Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  **  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  **  **  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)  and section 170(h)(4)(B)(ii)?    Yes	5			
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and section 170(h)(4)(B)(ii)?		<b>&gt;</b> \$		
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include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Pairt III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenue included on Form 990, Part VIII, line 1  b Assets included in Form 990, Part X  Assets included in Form 990, Part X  b \$				
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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenue included on Form 990, Part X   \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the o	rganization's accounting for
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenue included on Form 990, Part X  b \$  Assets included in Form 990, Part X  c \$  Assets included in Form 990, Part X	la per as			
If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenue included on Form 990, Part VIII, line 1  b Assets included in Form 990, Part X	Pai			Similar Assets.
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenue included on Form 990, Part X  b Assets included in Form 990, Part X  b Assets included in Form 990, Part X		Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenue included on Form 990, Part X  b Assets included in Form 990, Part X	1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement a	and balance sheet works of art,
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenue included on Form 990, Part VIII, line 1  b Assets included in Form 990, Part X		historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherance o	of public service, provide, in Part XIII,
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenue included on Form 990, Part VIII, line 1  b Assets included in Form 990, Part X		the text of the footnote to its financial statements that describ	oes these items.	
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relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenue included on Form 990, Part VIII, line 1  b Assets included in Form 990, Part X				
<ul> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> </ul>				
<ul> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> </ul>		(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenue included on Form 990, Part VIII, line 1  b Assets included in Form 990, Part X				
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenue included on Form 990, Part VIII, line 1  b Assets included in Form 990, Part X  \$ \$	2			
a Revenue included on Form 990, Part VIII, line 1  b Assets included in Form 990, Part X  \$ \$				· · · · · · · · · · · · · · · · · · ·
b Assets included in Form 990, Part X \$	а			<b>&gt;</b> \$
		Assets in the deal of Ferry 2000 B. L.V.		k i
				Schedule D (Form 990) 2017

732051 10-09-17

		TORS, INC.							74565	
Pai	t III Organizations Maintaining C	Collections of A	rt, Histo	orical Tre	easures, o	r Other	Simila	Assets	continue (	ed)
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following tha	t are a sig	nificant u	se of its o	ollection ite	ems
	(check all that apply):									
а	Public exhibition	,			hange progr					
b	Scholarly research		e 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c							se in Part	XIII.	
5	During the year, did the organization solicit of					er similar	assets	_	7	
Dai	to be sold to raise funds rather than to be m							<u> </u>	Yes	No
I a	Escrow and Custodial Arran reported an amount on Form 990, Pa		lete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or	
							-1 -1 -1			
ıa	Is the organization an agent, trustee, custod		-					_	٦.,	<b>┌</b> ┐
b	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII	and complete the fe				•••••		∟	」Yes	No
D	ii res, explain the arrangement in Part All	and complete the ic	niowing t	able:					A	
_	Reginning halance						10	-	Amount	
d	Beginning balance Additions during the year									
e	Distributions during the year								<u> </u>	
f	Ending balance									
2a	Did the organization include an amount on F	form 990 Part Y line		Secrow or or	etodial acco	t liabilit			Yes	No
	If "Yes," explain the arrangement in Part XIII.						у:		_ res	
Pai	t V Endowment Funds. Complete	if the organization a	nswered	"Yes" on Fo	rm 990. Part	IV. line 1	D.			
	•	(a) Current year		rior year	(c) Two yea			ears back	(e) Four ve	ears back
1a	Beginning of year balance				(0) 110 300				(G) i dai j	our o busin
b	Contributions			·						
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses		ļ							
g	End of year balance				<u> </u>					
2	Provide the estimated percentage of the cur	-	e (line 1g	ı, column (a)	) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment									
_	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ession of the organiza	ation that	t are held ar	nd administer	red for the	organiza	tion		
	by:									es No
	(i) unrelated organizations			•••••					3a(i)	
<b>.</b>	(ii) related organizations							•••••	3a(ii)	
b 4	If "Yes" on line 3a(ii), are the related organization. Describe in Part XIII the intended uses of the				•••••		• • • • • • • • • • • • • • • • • • • •		3b	
	t VI Land, Buildings, and Equipm		Willell R	anus.						<del></del>
	Complete if the organization answere		0. Part IV	. line 11a. S	ee Form 990	. Part X. li	ne 10.			
	Description of property	(a) Cost or o			or other		cumulate	d	(d) Book v	alue
		basis (investi			(other)		reciation	_	(a) 20011 1	u.u.o
1a	Land			2	9,000.				29.	000.
b	Buildings				7,435.		28,01	8.		417.
С	Leasehold improvements									
d	Equipment									
	Other				7,576.	1	36,12	21.		455.
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. colum	n (B). line 1	0c.)				39,	872.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

(7) (8) (9) OF REALTORS, INC.

_	rt XI Reconciliation of Revenue per Audited Financial St	atements With Revenu		aye
2000	Complete if the organization answered "Yes" on Form 990, Part IV,		o por motarini	
1	Total revenue, gains, and other support per audited financial statements	1110 1241	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а		2a		
b	Donated services and use of facilities			
С				
d		i i		
е			2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
þ	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial S	-	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total expenses and losses per audited financial statements	***************************************	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5 D=	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		art V, line 4; Part X, line 2; Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.		

#### **SCHEDULE L**

#### **Transactions With Interested Persons**

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. Open To Public Inspection

		NTRAL MAS		HUS	ETTS ASSOC	IATION			ridenti		on nu	ımber
Part I Excess Bene	efit Transact	ions (section 5	01(c)(3	3), sect	ion 501(c)(4), and 50	01(c)(29) organization	s only)	21 2	743	<u>, , , , , , , , , , , , , , , , , , , </u>		
						b, or Form 990-EZ, Pa			lh			
1	(b)	Relationship bet			lified				<u></u>	(d)	Corre	cted?
(a) Name of disqualified p	person	person and o			(	(c) Description of tran	sactio	n		Ye		No
2 Enter the amount of tax i	incurred by the	organization mar	agers	or disc	qualified persons du	ring the year under						
								▶ \$				
3 Enter the amount of tax,	if any, on line 2,	above, reimburs	ed by	the or	ganization			▶ \$				
E Torris I E I I I I I I I I I I I I I I I I I	1/a . F											
Part II Loans to and												
Complete if the o	organization ans	wered "Yes" on	Form 9	990-EZ	, Part V, line 38a or l	Form 990, Part IV, line	e 26; c	or if the	e orgar	nizatio	n	
reported an amo									160 2 0			
(a) Name of interested person	(b) Relationship with organization			an to or	(e) Original	(f) Balance due	(g)	ln ""	(h) App by boa	roveal rd or	(i) W	/ritten
interested person	With Organization	Orioan	organi	zation?	principal amount		defa	ult?	cómmi	ttee?	agree	ment?
	<u> </u>		То	From			Yes	No	Yes	No	Yes	No
			-							$\longrightarrow$		<u> </u>
<u> </u>									$\longrightarrow$			ļ
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		-	<u> </u>									
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Total	<u> </u>	L	<u> </u>	<u>1</u>		<u> </u>	WARDOW.	9492a3	25275, 305	380 C/636 F	Batta (Tar	590,500,000
Part III Grants or As	sistance Bei	nefitina Inter	estec	Per	▶ \$ sons			47,47,98	11/8 1/20	6.844		14 H
Complete if the o												
(a) Name of interested p		(b) Relationship			(c) Amount of	(d) Type	of			D		
(-,		interested pers			assistance	assistan				Purpo ssista		
		the organiza	ation									
								$\top$				
								$\top$				
									***			
											-	
HA For Paperwork Reducti	ion Act Notice.	see the Instruct	ions f	or For	m 990 or 990-FZ	Soho	dula I	(Ear	m 000	or 00(	) EZ\	20.47

Part IV Business Transactions Inv			04-23/4	202	<sup>2</sup> age 2
	<del>-</del>	N00-			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
				Yes	No
JUSTIN LORE	SON OF EXECUTIVE DI	17,965.	FULL-TIME E		Х
Part V Supplemental Information Provide additional information for re	esponses to questions on Schedule L (see in	nstructions).		·	
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:		
(A) NAME OF PERSON: JUST	IN LORE				
	INTERESTED PERSON AND	ORGANIZATI	ON:		
SON OF EXECUTIVE DIRECTOR					
(C) AMOUNT OF TRANSACTION					
(D) DESCRIPTION OF TRANSZIN THE CURRENT YEAR	ACTION: FULL-TIME EMPL	OYEE OF THE	ORGANIZATI	ON	
(E) SHARING OF ORGANIZAT:	ION REVENUES? = NO				
			····		
				<u>-</u>	
				· · · · · · · · ·	
		So	hedule L (Form 990 o	r 990-EZ	() 2017

#### **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 Inspection

OMB No. 1545-0047

NORTH CENTRAL MASSACHUSETTS ASSOCIATION Name of the organization **Employer identification number** OF REALTORS INC. 04-2374565 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND PROFESSIONALISM, PROVIDE BENEFITS TO ASSIST MEMBERS IN ACHIEVING PROFESSIONAL GOALS AND ADVOCATE FOR THE PRESERVATION OF PRIVATE PROPERTY RIGHTS. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS WHO PAY DUES FOR THE SERVICES AND EXPERTISE OF THE ORGANIZATION. FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS OF THE ASSOCIATION VOTE TO ELECT THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 7B: THE GOVERNING BODY DOES NEED MEMBER APPROVAL IF IT PERTAINS TO A BYLAW CHANGE ONLY. FORM 990, PART VI, SECTION B, LINE 11B: PRIOR TO FILING THE RETURNS, THE EXECUTIVE COMMITTEE, PRESIDENT, PRESIDENT TREASURER AND IMMEDIATE PAST PRESIDENT REVIEW THE 990 AND FINANCIAL STATEMENTS. CHANGES AND COMMENTS ARE FORWARDED TO TAX PREPARER FOR REVIEW AND CORRECTION THEN SUBMITTED. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION POSTS THE POLICY ON THE WEBSITE AND REQUIRES ANNUAL

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

UPDATES TO THE PRESIDENT REGARDING THIS MATTER

Schedule O (Form 990 or 990-EZ) (2017)

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

NORTH CENTRAL MASSACHUSETTS ASSOCIATION

Employer identification number 04-2374565

> Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part

OF REALTORS,

Name of the organization

Department of the Treasury internal Revenue Service

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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	lions. Complete if the organization an	swered "Yes" on Form 990, Par	t IV, line 34, becaus	se it had one or more re	lated tax-exempt

Part II organizations during the tax year.

organizations doing the tax year.							
(a)	(p)	(0)	( <del>p</del> )	(e)	<b>(t)</b>	(6)	100
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	2(D)(13) led
of related organization		foreign country)	section	status (if section	entity	entity?	ر- د
				501(c)(3))		Yes	%
THE CHARITABLE FOUNDATION OF NORTH CENTRAL	ENRICH & ENHANCE HEALTH &						
MASS ASSOCIATION OF REALTORS INC , 40 SUMMER WELL BEING OF FAMILIES OF	WELL BEING OF FAMILIES OF						
STREET, FITCHBURG, MA 01420	LIMITED ECONOMIC RESOURC	MASSACHUSETTS	501(C)3	ACCEPTED	N/A		×

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

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Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 OF REALTORS, INC.

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. Part III

Page 2

04-2374565

General or Percentage managing ownership 3 Yes No Code V-UBI camount in box 20 of Schedule - K-1 (Form 1065)  $\equiv$ Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>6</u> Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) Direct controlling entity ত্ত (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization <u>a</u>

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

	<u>:</u>	tion 5(13)	ity?	ž								
		Section 512(b)(13)	ent	Yes								
	Ξ	Percentage	ownersnip							 •		
	(6)	Share of	end-or-year	2000								
	£	Share of total	e COLIE									
	(e)	Type of entity	or friet)	(SOD :: 1)								
	(p)	Direct controlling Type of entity Sh	GILLILY									
	<u>(</u> )	.0 ⊾	foreign	country)								
ווק נווס נמא אסמו.	(q)	Primary activity										
organizations treated as a corporation of these dufing the tax year.	(a)	Name, address, and EIN of related organization										

Schedule R (Form 990) 2017

Page 3

04-2374565

NORTH CENTRAL MASSACHUSETTS ASSOCIATION OF REALTORS, INC. Schedule R (Form 990) 2017 Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rel	ated organizations listed i	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	,			1a		×
b Gift, grant, or capital contribution to related organization(s)				1b		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				19		×
e Loans or loan guarantees by related organization(s)				<b>1</b> e		×
f Dividends from related organization(s)				11		×
g Sale of assets to related organization(s)				1g		×
h Purchase of assets from related organization(s)				ŧ		×
i Exchange of assets with related organization(s)				÷		×
j Lease of facilities, equipment, or other assets to related organization(s)				į.		×
k Lease of facilities, equipment, or other assets from related organization(s)				+		×
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	rization(s)			111		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uc			£	×	
o Sharing of paid employees with related organization(s)				10	×	
p Reimbursement paid to related organization(s) for expenses				<del>1</del>		×
q Reimbursement paid by related organization(s) for expenses				10		×
r Other transfer of cash or property to related organization(s)				÷		×
				18		×
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.	ho must complete thi	s line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) $N/A - < $50,000$	Z	0.				
(2) $N/A - < $50,000$	0	0				
(3)						
(4)						
(5)						
(6)						
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OF REALTORS, INC.

Schedule R (Form 990) 2017

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

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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. Disproportionate amount in box 20 managing ownership vac No (Form 1065) Yes No end-of-year Share of assets (g Share of total income £ Predominant income partners sec. (related, unrelated, 501(6)(3) excluded from tax under sections 512-514) (state or foreign country) Legal domicile Primary activity 9 Name, address, and EIN of entity

Schedule R (Form 990) 2017

EXTENDED TO NOVEMBER 15, 2018 Form :990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Check box if Name of organization ( Check box if name changed and see instructions.) D Employer identification (Employees' trust, see instructions.) address changed NORTH CENTRAL MASSACHUSETTS ASSOCIATION B Exempt under section Print OF REALTORS, INC. 04-2374565 X = 501(c)(6)E Unrelated business activity codes Number, street, and room or suite no. If a P.O. box, see instructions. See instructions.) Type 408(e) [ 220(e) 40 SUMMER STREET 408A City or town, state or province, country, and ZIP or foreign postal code 530(a) 529(a) FITCHBURG, MA 01420 541800 561499 Book value of all assets F Group exemption number (See instructions.) at end of year 197,090. G Check organization type ► X 501(c) corporation 7 501(c) trust 401(a) trust Other trust H Describe the organization's primary unrelated business activity. ▶ ADVERTISING FOR SPONSORS I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? X No If "Yes," enter the name and identifying number of the parent corporation. The books are in care of KATHY LORE Telephone number  $\triangleright$  978-345-2531 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 4 a Capital gain net income (attach Schedule D) 42 b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 4c Income (loss) from partnerships and S corporations (attach statement) 5 10,200. Rent income (Schedule C) 1,679. ..... 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)... 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 7,600. 11 11 7,600. Other income (See instructions; attach schedule) 12 Total. Combine lines 3 through 12 17,800. 13 9,279. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 Salaries and wages 3,417. 15 Repairs and maintenance 16 758 16 Bad debts 17 17 Interest (attach schedule) 18 18 19 520. 19 20 Charitable contributions (See instructions for limitation rules) 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22 22b 23 Depletion \_\_\_\_\_ 23 Contributions to deferred compensation plans 24 24 25 Employee benefit programs 467.

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2017)

1.051.

6,213.

3,066.

3,066.

1,000.

0.

Excess exempt expenses (Schedule I)

Other deductions (attach schedule) SEE STATEMENT 1

Total deductions. Add lines 14 through 28

Net operating loss deduction (limited to the amount on line 30)

SEE STATEMENT 2

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

Excess readership costs (Schedule J)

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

26

27

28

29

30

31

32

33

line 32

25

26

27

28

30

31

32

Form 990-T		01 1101101 / 21101			04-23	374565	Page 2
Part I		Tax Computation					
35	Orgai	nizations Taxable as Corporations. See instru	actions for tax computation.			732	
		olled group members (sections 1561 and 156	· · · · · · · · · · · · · · · · · · ·	and.			
2		your share of the \$50,000, \$25,000, and \$9,92					
•				uei ).	ī		
. D		organization's share of: (1) Additional 5% tax			<b>-</b>		
		dditional 3% tax (not more than \$100,000)					_
C	Incon	ne tax on the amount on line 34				► 35c	0.
36	Trust	s Taxable at Trust Rates. See instructions for	•				
		Tax rate schedule or Schedule D (For	m 1041)			▶ 36	
37	Proxy	/ tax. See instructions				▶ 37	
38			•••••			38	
39	Tax o	n Non-Compliant Facility Income. See instru	ctions			39	
40	Total	. Add lines 37, 38 and 39 to line 35c or 36, wh	ichever applies	•••••		40	0.
Part I	V.	Tax and Payments					
41a	Forei	gn tax credit (corporations attach Form 1118; t	rusts attach Form 1116)	41a			
c		ral business credit. Attach Form 3800	•••••	410		$\neg$	
*	COLIGI	t for prior year minimum to / - Hank E	4 0007\	41c		$\dashv$	
d	-real	t for prior year minimum tax (attach Form 880	i or 8827)	41d		Vin Emerica	
	Total	credits. Add lines 41a through 41d	•••••••••••••••••••••••••••••••••••••••	,		. 41e	
42	Subtr	act line 41e from line 40				. 42	0.
43	Other	taxes. Check if from: Form 4255	Form 8611 Lagrand Form 8697 Lagrand	1 8866 📖	Other (attach schedul	e) <b>43</b>	
44	Total	tax. Add lines 42 and 43				. 44	0.
45 a	Paym	nents: A 2016 overpayment credited to 2017		45a			
		estimated tax payments					
С	Tax d	eposited with Form 8868		45c			
		gn organizations: Tax paid or withheld at sourc					
		t for small employer health insurance premium					
y		Form 4136 Ot	rm 2439 Total	► 45a			
46					<del> </del>	46	
47	Ection	payments. Add lines 45a through 45gnated tax penalty (see instructions). Check if Fo	rm 2220 in attached			46	
48		lue. If line 46 is less than the total of lines 44 a					0.
	Oues	nue. If the 40 is less than the total of lines 44 a	no 44 and 47 agent amount averaged			1 1	0.
49 50		payment. If line 46 is larger than the total of line				49	<u> </u>
Part V		the amount of line 49 you want: Credited to 2 Statements Regarding Certain A		tion (ass	Refunded	<b>▶</b>   50	·
			······································	<del>'</del>			
51		y time during the 2017 calendar year, did the o	•		-		Yes No
		a financial account (bank, securities, or other)					
		N Form 114, Report of Foreign Bank and Finar	icial Accounts. If YES, enter the name of t	the foreign co	ountry		
	here						X
52	Durin	g the tax year, did the organization receive a di	stribution from, or was it the grantor of, o	or transferor	to, a foreign trust?		Х
	If YES	S, see instructions for other forms the organiza	ition may have to file.				
53	Enter	the amount of tax-exempt interest received or	accrued during the tax year ▶\$				
٥:	Ur	nder pehalties of perjury, I declare that I have examined to rrect, and complete. Declaration of preparer (other than	this return, including accompanying schedules and taxpaver) is based on all information of which pre-	d statements, a	nd to the best of my kno	wledge and belief,	it is true,
Sign		J		ally N		May the IRS diec	uss this return with
Here		<u></u>	▶ PRESI	DENT		the preparer show	
		Signature of officer	Date Title			instructions)?	X Yes No
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Paid				_	self- employ	-	
	ro-	ROBERT C. ALARIO	ROBERT C. ALARIO	11/08/			138902
Prepa	li Ci	Firm's name ▶ ROBERT C ALA		<u>,,, </u>	Firm's EIN		3344305
Use C	ıı ıı y	75 NORTH M			THITSLIN		
		Firm's address LEOMINSTER			Phone no	978-53	4-1999
***************************************	-	The state of the s	, V ± ± U U	·	1 Hone no.		rm <b>990-T</b> (2017)
						FO	ani 333° i (2017)

Schedule A - Cost of Goods	s Sold. Enter	method of inver	atory valuation N/F	<u> </u>	· · · · ·	
1 Inventory at beginning of year			6 Inventory at end of ye		1	6
2 Purchases			7 Cost of goods sold. S			
3 Cost of labor	3		from line 5. Enter here			
4a Additional section 263A costs	···   •	***	line 2		· · · · · · · · · · · · · · · · · · ·	7
(attach schedule)	4a		8 Do the rules of section			Yes No
b Other costs (attach schedule)			property produced or	•	•	
5 Total. Add lines 1 through 4b	5		the organization?	aoquii ou	Tor roomby appry to	Secretaria de la compansión de la compan
Schedule C - Rent Income		Property and		ease	d With Real Prope	erty)
(see instructions)				,	•	
1. Description of property						
(1) OFFICE RENTAL	•					
(2)						
(3)						
(4)				•		
	2. Rent receive	ed or accrued				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directly of columns 2(a) and SEE STAT	connected with the income in d 2(b) (attach schedule)  EMENT 3
(1)			10,2	200.		8,521.
(2)			<del> </del>			
(3)						
(4)						
Total	0.	Total	10,2	200.		
(c) Total income. Add totals of columns		ter			(b) Total deductions.	
here and on page 1, Part I, line 6, column		<b>&gt;</b>	10,2	200.	Enter here and on page 1, Part I, line 6, column (B)	<b>▶</b> 8,521.
Schedule E - Unrelated Deb	ot-Financed	Income (see	instructions)			
			2. Gross income from		<ol><li>Deductions directly conn to debt-finance</li></ol>	
1. Description of debt-fit	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation	(b) Other deductions
.,			inanced property		(attach schedule)	(attach schedule)
(1)				-		
(1) (2)						
(3)				<del> </del>		
(4)						
4. Amount of average acquisition	5 Average	adjusted basis	6. Column 4 divided	·	7. Gross income	8. Allocable deductions
debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	allocable to nced property n schedule)	by column 5		reportable (column 2 x column 6)	(column 6 x total of columns 3(a) and 3(b))
(1)			%	-		
(2)			%	†		
(3)			%			
(4)			%			
					nter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals				.	0.	0.
Totals Total dividends-received deductions in						0.

Form **990-T** (2017)

			Ex	empt C	Controlled O	ganizatio	ons	1		<del></del>	
Name of controlled organiza	ition	<b>2</b> . Emp identific numl	ation (k	, Net unre oss) (see i	lated income instructions)	<b>4</b> . Tot payn	al of specified nents made	includ	t of column 4 ed in the contr ation's gross i	rolling	6. Deductions directl connected with incom in column 5
exempt Controlled Organ	izations										
7. Taxable Income	8. Net un (se	related incom e instructions	e (loss)	9. Total o	of specified payn made	nents	10 Part of colu in the controll gros	mn 9 tha ing orgar s income	ization's	11. Ded with	luctions directly conne income in column 10
							Add colur Enter here and line 8,		1, Part I,	Enter he	d columns 6 and 11. ere and on page 1, Par ine 8, column (B).
ls				47.30		<u></u> ▶			0.		
hedule G - Investme (see inst	ent Incom tructions)	ne of a S	ection 50 <sup>-</sup>	1(c)(7)	), (9), or (	17) Org	janization				
<b>1</b> . Des	cription of incom	ne			2. Amount of	income	3. Deduction directly connected (attach scheen)	ected	4. Set- (attach s	asides schedule)	5. Total deducti and set-aside (col. 3 plus col
					•						
				- 1							
					-						
										1	
					Enter here and o						
	Evernt	Activity	Incomo (	<b>&gt;</b>	Part I, line 9, co	lumn (A).	- 1				Enter here and on p. Part I, line 9, column
als hedule I - Exploited (see instr		Activity	Income, C	<b>&gt;</b>	Part I, line 9, co	lumn (A).	g Income				
hedule I - Exploited	ructions)			► Other	Than Adv	o .  vertisin					Part I, line 9, colum
hedule I - Exploited		ross business from	3. Expense directly conne with product of unrelate business inco	Other  es ected tion ed	Than Adv	ne (loss) trade or olumn 2 n 3). If a e cols. 5	g Income  5. Gross inc from activity is not unrela business income.	that ted	attribut	penses table to mn 5	7. Excess exemexpenses (column final
hedule I - Exploited (see instr  1. Description of exploited activity	2. Gunrelated l	ross business from	3. Expense directly conne with product of unrelate	Other  es ected tion ed	Than Adv  4. Net incomfrom unrelated business (cominus colum gain, comput	ne (loss) trade or olumn 2 n 3). If a e cols. 5	5. Gross inc from activity is not unrela	that ted	attribut	table to	7. Excess exem expenses (colum but not more this
hedule I - Exploited (see instr 1. Description of exploited activity	2. Gunrelated l	ross business from	3. Expense directly conne with product of unrelate	Other  es ected tion ed	Than Adv  4. Net incomfrom unrelated business (cominus colum gain, comput	ne (loss) trade or olumn 2 n 3). If a e cols. 5	5. Gross inc from activity is not unrela	that ted	attribut	table to	7. Excess exemexpenses (columbut not more than
hedule I - Exploited (see instr 1. Description of exploited activity	2. Gunrelated l	ross business from	3. Expense directly conne with product of unrelate	Other  es ected tion ed	Than Adv  4. Net incomfrom unrelated business (cominus colum gain, comput	ne (loss) trade or olumn 2 n 3). If a e cols. 5	5. Gross inc from activity is not unrela	that ted	attribut	table to	7. Excess exemexpenses (columbut not more th
hedule I - Exploited (see instr  1. Description of exploited activity	2. Gunrelated l	ross business from	3. Expense directly conne with product of unrelate	Other  es ected tion ed	Than Adv  4. Net incomfrom unrelated business (cominus colum gain, comput	ne (loss) trade or olumn 2 n 3). If a e cols. 5	5. Gross inc from activity is not unrela	that ted	attribut	table to	7. Excess exemexpenses (columbut not more than
hedule I - Exploited (see instr  1. Description of exploited activity	2. Gunrelated l	ross pusiness from usiness usiness e and on Part I, col. (A).	3. Expense directly conne with product of unrelate	es screed cion do on til, (B).	Than Adv  4. Net incomfrom unrelated business (cominus colum gain, comput	ne (loss) trade or olumn 2 n 3). If a e cols. 5	5. Gross inc from activity is not unrela	that ted	attribut	table to	7. Excess exemexpenses (columbut not more th
hedule I - Exploited (see instr  1. Description of exploited activity	Enter here page 1, tine 10, o	ousiness of from usiness eand on Part I, col. (A).	3. Expenss directly conne with product of unrelate business inco	es socted cion do on ti,	Than Adv  4. Net incomfrom unrelated business (cominus colum gain, comput	ne (loss) trade or olumn 2 n 3). If a e cols. 5	5. Gross inc from activity is not unrela	that ted	attribut	table to	7. Excess exemexpenses (column 6 minus column but not more the column 4).
hedule I - Exploited (see instr  1. Description of exploited activity  als  chedule J - Advertis	Enter here page 1, tine 10, o	e and on Part I, col. (A).	3. Expense directly conne with product of unrelate business incomments in the second s	es sected tion do onne d (, (B), (B).	Part I, line 9, co  Than Adv  4. Net incomfrom unrelated business (cominus colum gain, compute through	lumn (A).  0 •  rertisin  ne (loss) thrade or lumn 2 n 3). If a e cols. 5 7.	5. Gross inc from activity is not unrela	that ted	attribut	table to	7. Excess exemexpenses (column 6 minus column but not more the column 4).
hedule I - Exploited (see instr  1. Description of exploited activity	Enter here page 1, fine 10, o	e and on Part I, col. (A).	3. Expense directly conne with product of unrelate business incomments in the second s	es sected tion do onne d (, (B).	Part I, line 9, co  Than Adv  4. Net incomfrom unrelated business (cominus colum gain, compute through	lumn (A).  0 •  rertisin  ne (loss) thrade or lumn 2 n 3). If a e cols. 5 7.	5. Gross inc from activity is not unrela	that ted	attribut	table to	7. Excess exer expenses (colum 6 minus column but not more th column 4).
hedule I - Exploited (see instr  1. Description of exploited activity	Enter here page 1, fine 10, o	e and on Part I, col. (A).	3. Expense directly conne with product of unrelate business incomments in the second s	es sected dion did on ti, (B).	Part I, line 9, co  Than Adv  4. Net incomfrom unrelated business (cominus colum gain, compute through  solidated  4. Adveror (loss) (col. 3). If a g	lumn (A).  0 .  rertisin  ne (loss) I trade or Ilumn 2 I n 3). If a e cols. 5 7.  Basis  tising gain ol. 2 minus ain, comput	5. Gross inc from activity is not unrela business inco	that ted ome	attribut	lership	7. Excess exert expenses (column 6 minus column 4).  Enter here and on page 1, Part II, line 26
als  hedule I - Exploited (see instr  1. Description of exploited activity  als  chedule J - Advertis art I Income From  1. Name of periodical	Enter here page 1, fine 10, o	e and on Part I, col. (A).  O .  1. Gross advertising	3. Expense directly conne with product of unrelate business incompage 1, Par line 10, col. Instructions)	es sected dion did on ti, (B).	Part I, line 9, co  Than Adv  4. Net incomfrom unrelated business (cominus colum gain, compute through  solidated  4. Adveror (loss) (col. 3). If a g	lumn (A).  0 .  /ertisin  ne (loss) bit trade or olumn 2 n 3). if a e cols. 5 7.  Basis  tising gain ol. 2 minus	5. Gross inc from activity is not unrela business inco	that ted ome	attribut	lership	7. Excess exemexpenses (column 6 minus column but not more the column 4).  Enter here and on page 1, Part II, line 26
1. Description of exploited activity  als chedule J - Advertisant Income From  1. Name of periodical	Enter here page 1, fine 10, o	e and on Part I, col. (A).  O .  1. Gross advertising	3. Expense directly conne with product of unrelate business incompage 1, Par line 10, col. Instructions)	es sected dion did on ti, (B).	Part I, line 9, co  Than Adv  4. Net incomfrom unrelated business (cominus colum gain, compute through  solidated  4. Adveror (loss) (col. 3). If a g	lumn (A).  0 .  rertisin  ne (loss) I trade or Ilumn 2 I n 3). If a e cols. 5 7.  Basis  tising gain ol. 2 minus ain, comput	5. Gross inc from activity is not unrela business inco	that ted ome	attribut	lership	7. Excess exemexpenses (column 6 minus column but not more the column 4).  Enter here and on page 1, Part II, line 26
1. Description of exploited activity  als chedule J - Advertisant Income From  1. Name of periodical	Enter here page 1, fine 10, o	e and on Part I, col. (A).  O .  1. Gross advertising	3. Expense directly conne with product of unrelate business incompage 1, Par line 10, col. Instructions)	es sected dion did on ti, (B).	Part I, line 9, co  Than Adv  4. Net incomfrom unrelated business (cominus colum gain, compute through  solidated  4. Adveror (loss) (col. 3). If a g	lumn (A).  0 .  rertisin  ne (loss) I trade or Ilumn 2 I n 3). If a e cols. 5 7.  Basis  tising gain ol. 2 minus ain, comput	5. Gross inc from activity is not unrela business inco	that ted ome	attribut	lership	7. Excess exemexpenses (column but not more the column 4).  Enter here and on page 1, Part II, line 26
1. Description of exploited activity  als  chedule J - Advertise art I Income From  1. Name of periodical	Enter here page 1, fine 10, o	e and on Part I, col. (A).  O .  1. Gross advertising	3. Expense directly conne with product of unrelate business incompage 1, Par line 10, col. Instructions)	es sected dion did on ti, (B).	Part I, line 9, co  Than Adv  4. Net incomfrom unrelated business (cominus colum gain, compute through  solidated  4. Adveror (loss) (col. 3). If a g	lumn (A).  0 .  rertisin  ne (loss) I trade or Ilumn 2 I n 3). If a e cols. 5 7.  Basis  tising gain ol. 2 minus ain, comput	5. Gross inc from activity is not unrela business inco	that ted ome	attribut	lership	7. Excess exemexpenses (column 6 minus column but not more the column 4).  Enter here and on page 1, Part II, line 26
1. Description of exploited activity  als  chedule J - Advertisant lincome From  1. Name of periodical	Enter here page 1, fine 10, o	e and on Part I, col. (A).  O .  1. Gross advertising	3. Expense directly conne with product of unrelate business incompage 1, Par line 10, col. Instructions)	es sected dion did on ti, (B).	Part I, line 9, co  Than Adv  4. Net incomfrom unrelated business (cominus colum gain, compute through  solidated  4. Adveror (loss) (col. 3). If a g	lumn (A).  0 .  rertisin  ne (loss) I trade or Ilumn 2 I n 3). If a e cols. 5 7.  Basis  tising gain ol. 2 minus ain, comput	5. Gross inc from activity is not unrela business inco	that ted ome	attribut	lership	7. Excess exemexpenses (column 6 minus column but not more the column 4).  Enter here and on page 1, Part II, line 26

Form 990-T (2017) OF REALTORS, INC.

Part II Income From Period columns 2 through 7 on a			Separ	ate Basis (For eac	ch perio	dical listed	in Pa	rt II, fill in		
1. Name of periodical	2. Gross advertising income	3. D advertisir		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		rculation come	6. i	Readership costs	7. Excess readers costs (column 6 m column 5, but not r than column 4)	inus nore
(1)										
(2)										
(3)										
(4)										
Totals from Part I	0.		0.		1					0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter her page 1, line 11,	Part I,						Enter here and on page 1, Part II, line 27,	
Totals, Part II (lines 1-5)	0.		0.							0.
Schedule K - Compensation	of Officers, I	Directo	s, and	Trustees (see in	structio	ns)				
1. Name				2. Title		3. Percent time devote business	ed to		ensation attributable related business	
(1)							%			
(2)							%			
(3)							%			
(4)							%			
Total. Enter here and on page 1, Part II, li	ine 14						. •			0.

Form 990-T (2017)

FORM 990-T		OTHER I	DEDUCTIONS	STATEMENT 1
DESCRIPTION				AMOUNT
PROFESSIONAL FEES OFFICE EXPENSE TELEPHONE POSTAGE UTILITIES INSURANCE CREDIT CARD SERVICE	CHARGES			113. 207. 87. 6. 289. 112. 237.
TOTAL TO FORM 990-T	, PAGE 1,	LINE 28		1,051.
FORM 990-T	NET	OPERATING	LOSS DEDUCTION	STATEMENT 2

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/01 12/31/07	29,800. 315.	26,251.	3,549. 315.	3,549. 315.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	3,864.	3,864.

FORM 990-T	DEDUCTIONS	CONNECTED	WITH	RENTAL	INCOME	STATEMENT 3
DESCRIPTION				CTIVITY NUMBER	AMOUNT	TOTAL
REAL ESTATE TAX UTILITES INSURANCE BUILDING MAINTE			_		1,801. 2,011. 475. 3,759.	
DEPRECIATION		- SUBTOTA	<b>L</b> –	1	475.	8,521.
TOTAL TO FORM	990-т, schedu	LE C, COLU	<b>MIN</b> 3			8,521.

Department of the Treasury Internal Revenue Service Name(s) shown on return

# **Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

990

OMB No. 1545-0172

NOR	TH CENTRAL MASSACH	USETTS ASS	CIATI	ON	J J. 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			individual in the second of th
OF :	REALTORS, INC.			FOR	M 9	90 PA	GE 10		04-2374565
Part	Election To Expense Certain Prope	erty Under Section 179	Note: If yo	u have any lis	ted pro	operty, co	omplete Part	V before y	ou complete Part I.
1 M	aximum amount (see instructions)							. 1	510,000.
<b>2</b> To	otal cost of section 179 property place	ced in service (see in	structions)					2	
3 Tr	reshold cost of section 179 propert	y before reduction in	limitation					3	2,030,000.
4 R	eduction in limitation. Subtract line 3	from line 2. If zero o	r less, ente	r-0				4	
<b>5</b> Do	llar limitation for tax year. Subtract line 4 from lin	e 1. If zero or less, enter -0-	. If married filing	separately, see in	struction	ıs		5	
6	(a) Description of p	property		(b) Cost (busine	ess use c	only)	(c) Elected of	ost	
			:						
7 Li	sted property. Enter the amount fror	m line 29		•••••		7			
<b>8</b> To	otal elected cost of section 179 prop	erty. Add amounts in	n column (c)	, lines 6 and 7	7			8	
	entative deduction. Enter the smalle								
	arryover of disallowed deduction from								
	usiness income limitation. Enter the					_			
<b>12</b> Se	ection 179 expense deduction. Add	lines 9 and 10, but d	on't enter n	nore than line	أ 11				
	arryover of disallowed deduction to 2					13			
Note:	Don't use Part II or Part III below for	r listed property. Inst	ead, use Pa	art V.					
Par	Special Depreciation Allow	ance and Other Dep	preciation (	Don't include	e listec	property	/. <b>)</b>		
14 Sı	pecial depreciation allowance for qua	alified property (othe	r than listed	property) pla	ced in	service o	luring		
th	e tax year						- 	. 14	
15 Pi	roperty subject to section 168(f)(1) e	lection						. 15	
	ther depreciation (including ACRS)							16	993.
Par	MACRS Depreciation (Don'	't include listed prop	erty.) (See i	nstructions.)					
			Se	ction A					
17 M	ACRS deductions for assets placed	in service in tax year	rs beginning	before 2017				17	945.
18 If y	ou are electing to group any assets placed in ser	rvice during the tax year into	one or more ge	eneral asset accou	nts, chec	k here .	<b>&gt;</b>		
	Section B - Asset	ts Placed in Service	During 20	17 Tax Year U	Jsing t	he Gene	ral Deprecia	tion Syste	m
	(a) Classification of property	(b) Month and year placed in service	(business/in	depreciation vestment use instructions)	(d)	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property	7.							
b	5-year property								
С	7-year property								
d	10-year property								
е	15-year property								
f	20-year property								
g	25-year property				2	5 yrs.		S/L	
		1	· · · · · · · · · · · · · · · · · · ·		27	'.5 yrs.	MM	S/L	
h	Residential rental property	/			27	'.5 yrs.	MM	S/L	
		/			3	9 yrs.	MM	S/L	
ī	Nonresidential real property	/					MM	S/L	
	Section C - Assets	Placed in Service I	Ouring 2017	' Tax Year Us	ing th	e Alterna	ative Deprec	ation Sys	tem
20a	Class life							S/L	
b	12-year				1	2 yrs.		S/L	
С	40-year					0 yrs.	MM	S/L	
Par		)							
	isted property. Enter amount from lir							21	
	otal. Add amounts from line 12, line		s 19 and 20	) in column (a)	), and 1	ine 21.			
	nter here and on the appropriate line	<del>-</del>						22	1,938.
	or assets shown above and placed i	=							
	ortion of the basis attributable to see	_				23			

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

OF REALTORS, INC. Form 4562 (2017) Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Part V

04-2374565

	Section A -	Depreciation	on and Other I	nformati	ion (Cau	ition: S	ee the i	nstruc	tions for	limits for p	asseng	er autom	obiles.)		
24a	Do you have evidence to s					Ye		_		Yes," is th				Yes [	No
	(a) Type of property (list vehicles first)	pe of property placed in investment					(e) Basis for depreciation (business/investment use only)		Recovery Met		<b>g)</b> hod/ ention	Depre	(h) (i) eciation uction  (i) Electe section cost		cted in 179
 25	Special depreciation allo	·	<del></del>		placed in	n service	e <b>d</b> uring	the ta	x year ar	 nd		<u> </u>			<u> </u>
	used more than 50% in	-					_				25				
26	Property used more tha	n 50% in a q	ualified busine	ss use:											
		: :	9	6											
		1 1	9	6											
		<u> </u>	9						<u> </u>						
<u>27</u>	Property used 50% or le	ess in a quali	fied business u	se:					т					eras Vereina	edig nekiseks
		<u> </u>		6		_				S/L -		ļ			
		ļ. ii.		6						S/L -					
			] 9	6						S/L -		-			
28	Add amounts in column	(h), lines 25	through 27. Er	nter here	and on	line 21,	page 1				28	<u> </u>			
<u>29</u>	Add amounts in column	(i), line 26. E											29	<u> </u>	
				ection E				_							
Cor	mplete this section for ve	hicles used	by a sole propi	ietor, pa	rtner, or	other "r	nore tha	an 5%	owner,"	or related	person.	If you pr	ovided '	/ehicles	
to y	our employees, first ans	wer the ques	stions in Sectio	n C to se	ee if you	meet a	n excep	tion to	complet	ing this se	ction fo	r those v	ehicles.		
				(a	1	- (1	o)		(c)	(0	(t)	(e)		(f)	
	Total business/investment		-	Vehicle		Vet	icle	<del>                                     </del>	/ehicle	Veh	icle	Veh	icle	Vehicle	
	year (don't include commu			<u></u>								ļ		├──	
	Total commuting miles							<u> </u>							
32	Total other personal (no	-	-												
	driven							-						<del> </del>	<del></del>
33	Total miles driven during Add lines 30 through 32	- •	,												
34	Was the vehicle availab during off-duty hours?	le for person	al use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used p							1							
-	than 5% owner or relate														
36	Is another vehicle availa														
•	use?	•							ļ	l					
			- Questions f	or Empl	oyers W	ho Prov	ide Vel	nicles	for Use	by Their E	mploye	es			
Ans	swer these questions to												ren't mo	ore than f	5%
	ners or related persons.			•											
	Do you maintain a writte employees?										by your			Yes	No
38	Do you maintain a writte										our				
-	employees? See the ins														
39	Do you treat all use of v													1	
	Do you provide more th														
	the use of the vehicles,														
41	Do you meet the require														
	Note: If your answer to													12.50	
P	art VI Amortization														
	(a)		(b) ate amortization begins		(c) Amortizable amount			(d) Code section		(e) Amortizatio period or percei					
42	Amortization of costs th	nat begins di	urina vour 2017		ır:						, yo				
72		2290 00		: :	İ			$\top$							
_		·········		<del>: :</del>				$\neg \vdash$							
43	Amortization of costs the	nat began be	fore your 2017	•	<u>'</u> r					<u>I</u> .		43			
	Total. Add amounts in	_									*******	44			
	252 01-25-18							,						orm <b>456</b> 2	<b>2</b> (2017)

716252 01-25-18

#### Form **8868**

(Rev. January 2017)

Application for Automatic Extension of Time To File an **Exempt Organization Return** 

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

#### forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or NORTH CENTRAL MASSACHUSETTS ASSOCIATION print OF REALTORS, INC. 04-2374565 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) filing your 40 SUMMER STREET return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. FITCHBURG, MA 01420 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 02 Form 990-BL Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 KATHY LORE • The books are in the care of ▶ 40 SUMMER STREET - FITCHBURG, MA 01420 Telephone No. ▶ 978-345-2531 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. request an automatic 6-month extension of time until NOVEMBER 15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

► X calendar year 2017 or

### Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-1709

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or NORTH CENTRAL MASSACHUSETTS ASSOCIATION print 04-2374565 OF REALTORS, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 40 SUMMER STREET return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. FITCHBURG, MA Enter the Return Code for the return that this application is for (file a separate application for each return) 0 Return **Application** Return **Application** Is For Code is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 04 10 Form 990-PF Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 KATHY LORE The books are in the care of > 40 SUMMER STREET - FITCHBURG, MA 01420 Telephone No. ► 978-345-2531 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2018 , to file the exempt organization return I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: ► X calendar year 2017 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h \$ c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2017)

# Massachusetts Department of Revenue Form M-990T-7004 Unrelated Business Income Tax Extension Payment Worksheet and Voucher

If you are mandated to pay electronically do not use the voucher form below. See TIR 16-9.		
Worksheet for Tax Due		
1 Estimated amount of tax for the taxable year	1	241.
2 Advance and/or estimated payments made (if any)	2	4.
3 Tax due. Subtract line 2 from line 1	3	237.

The full amount of tax due reported on line 3 must be paid by or before the original return due date. If there is no tax due on line 3, no further action is needed for the extension. If there is a tax due on line 3, pay online at mass.gov/masstaxconnect or use the voucher below. If at least 50% of the tax due for the taxable year is not paid by the original return due date, the extension is null and void, and penalties and interest for a late return and any late payments will be assessed from the original due date of the return.

778041 01-18-18

**DETACH HERE** 

2017 Form M-990T-700 Massachusetts UBIT Ex					
Payment for period end date (mm/dd/yyyy)	Tax type	Voucher	type ID type	Vendor code	
12/31/2017	036	18	004	1019	
Name of business		Federal lo	dentification number	Check if incorporated in M	assachusetts
NORTH CENTRAL MAS	SACHUSETTS	ASSOC	04-2374565	Π	
Type of extension being applied for					
Automatic eight-month X Extens	ion until: 11/15/	18			
Mailing address					
40 SUMMER STREET					
City/Town		State	ZIP	Amount enclosed	
FITCHBURG		MA	01420	\$	237.00

Pay online at mass.gov/masstaxconnect. Or, return this voucher with check or money order payable to: Commonwealth of Massachusetts. Mail to: Massachusetts Department of Revenue, PO Box 7062, Boston, MA 02204.