82,52, SEP 15 2020 SAGOIS

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.



0

<u>A</u>	For the	2018 calendar year, or tax year beginning JUN 1, 2018 and e	ending M	IAY 31, 2019	
В	Check if	C Name of organization		D Employer identific	cation number
	applicable	MAINE AUTOMOBILE DEALERS			
	Address				
	Name change	Doing business as		01-0	288347
	Initial		Room/suite	E Telephone number	,
	Final return/	P.O. BOX 2667		(207	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	32,842,420.
	Amendo			H(a) Is this a group re	eturn
	Applica	F Name and address of principal officer.	<u>.</u>	for subordinates	
	pending	SAME AS C ABOVE $\sim \mathcal{O}$	1	H(b) Are all subordinates in	cluded? Yes No
$\overline{\Gamma}$	Tax-exe	mpt status 501(c)(3)X 501(c) (9) ◀ (insert no.) 494√(a)(1) d	r 527	If "No," attach a	list. (see instructions)
J	Website	E:►N/A		H(c) Group exemption	n number 🕨
K	Form of	organization: Corporation X Trust Association Other	L Year	of formation: 1950 N	A State of legal domicile: ME
ĮP.	artili	Summary			
	1 8		ROVIDE	HEALTH, DEN	NTAL, LIFE,
Governance	7	ISION AND DISABILITY BENEFITS TO ITS MEM	BERS'	EMPLOYEES.	
ië.	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	sets
Ş	1 8	lumber of voting members of the governing body (Part VI, line 1a)		3	7
		lumber of independent voting members of the governing body (Part VI, line 1b)		4	7
oğ V	5 5	otal number of individuals employed in calendar year 2018 (Part V, line 2a)	•	5	0
itie	6 7	otal number of volunteers (estimate if necessary)		6	0
Activities &	7a 7	otal unrelated business revenue from Part VIII, column (C), line 12		7a	912,407.
ď	i 61	let unrelated business taxable income from Form 990-T, line 38		7b	817,003.
				Prior Year	Current Year
4.	8 0	Contributions and grants (Part VIII, line 1h)		0.	0.
u e	9 F	Program service revenue (Part VIII, line 2g)		29,534,430.	29,520,942.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		935,631.	931,620.
ď	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		30,470,061.	30,452,562.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		30,611,599.	27,105,933.
v	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), Tines 5-10)		0.	0.
e	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
4	ы⊤ы⊤	otal fundraising expenses (Part IX, column (D), line)25	0.		
M				2,705,398.	2,982,523.
W	1 18 7	otal expenses. Add lines 13-17 (must equal PartX, column A), line 25		33,316,997.	30,088,456.
7	19 F	Other expenses (Part IX, column (A), lines 11 2 1 2 49 otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 257 devenue less expenses. Subtract line 18 from the 18 Production (A), line 257 devenue less expenses.		-2,846,936.	364,106.
	4	Total assets (Part X, line 16)	Be	ginning of Current Year	End of Year
US.	20 1	otal assets (Part X, line 16)	L	9,810,818.	9,503,993.
N ĕ	<u>]</u> 21 1	otal liabilities (Part X, line 26)		2,200,941.	2,005,431.
		let assets or fund balances Subtract line 21 from line 20		7,609,877.	7,498,562.
P	artill	Signature Block			
		ies of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	, correct	and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer		
	1	Thomas T. Brown 5		4/15/20	
Sig	ın	Signature of officer		Date '	
He	re	THOMAS BROWN, ADMINISTRATOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai		SCOTT SMALL, CPA SCOTT SMALL, CPA	<u> </u>	3/26/20 self-employ	
Pre	parer [Firm's name WIPFLI LLP		Firm's EIN ▶	39-0758449
Use	Only	Firm's address 1 MARKET SQUARE		_	
_		AUGUSTA, ME 04330-4637		Phone no. 20	7.622.4766
Ма	v the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

MAINE AUTOMOBILE DEALERS ASSOCIATION, INC. INSURANCE TRUST 01-0288347 Page 2 Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO PROVIDE HEALTH, DENTAL, LIFE, VISION AND DISABILITY BENEFITS TO ITS MEMBERS EMPLOYEES. Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported (Code) (Expenses \$ including grants of \$) (Revenue \$ ADMINISTERS GROUP HEALTH AND LIFE INSURANCE PROGRAMS FOR BENEFIT OF MEMBERS OF MAINE AUTOMOBILE DEALERS ASSOCIATION. (Code) (Expenses \$ _____ including grants of \$ (Code ____) (Expenses \$

Total program service expenses

Other program services (Describe in Schedule O.)

including grants of \$

(Expenses \$

832002 12-31-18

MAINE AUTOMOBILE DEALERS Form 990 (2018) ASSOCIATION, INC. INSURANCE TRUST [Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A .	1		_X_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	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	•		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
_	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes." complete Schedule D. Part IV	9		X
10	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	10		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
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	11c		<u>X</u>
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	11d_	.	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	x	
_	Schedule D, Parts XI and XII Was the experience included in consolidated independent sudited financial statements for the tax year?	124		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		х
3	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
ادا ا4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>x</u>
	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		l	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		Ì	
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	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		1	v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21 	gan	X (2018)
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ASSOCIATION, INC. INSURANCE TRUST Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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	i		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"			
	complete Schedule L, Part II	26		X_
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		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).			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	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,			.,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	04		x
	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
20	Schedule N, Part II	32		- ^
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		<u> </u>
	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?			
J	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			$\overline{}$
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
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	
Par				
	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			
	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 reportable gaming	Ĺ	L	<u> </u>
	(gambling) winnings to prize winners?	1c	ببيا	
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	Commission		Yes	No
2a E	inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		163	140
	led for the calendar year ending with or within the year covered by this return 2a 0	ł		}
	at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	lote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	old the organization have unrelated business gross income of \$1,000 or more during the year?	За	X	·
	"Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
	t any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
fu	nancial account in a foreign country (such as a bank account, secunties account, or other financial account)?	4a		х
	"Yes," enter the name of the foreign country:			
s	ee instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		-	
	as the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b D	ed any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c If	"Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a D	oes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ar	ny contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b If	"Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
w	ere not tax deductible?	6b		
7 0	rganizations that may receive deductible contributions under section 170(c).	_		
a Di	id the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	"Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
	id the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	o file Form 8282?	7c	_	X
	"Yes," indicate the number of Forms 8282 filed during the year			
	id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	id the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
-	the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u> 7h		
	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? ponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/!!		
	consoring organizations maintaining donor advised funds. Bid a donor advised fund maintained by the	8		
-	ponsoring organizations maintaining donor advised funds.	J	-	
	id the sponsoring organization make any taxable distributions under section 4966?	9a		
	id the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	ection 501(c)(7) organizations. Enter.			
	ultiation fees and capital contributions included on Part VIII, line 12	·		
	ross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	·		
11 S	ection 501(c)(12) organizations. Enter.	,		
a G	ross income from members or shareholders			
b G	ross income from other sources (Do not net amounts due or paid to other sources against			4
ar	mounts due or received from them.)			
12a S	ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If	"Yes," enter the amount of tax-exempt interest received or accrued during the year			
13 S	ection 501(c)(29) qualified nonprofit health insurance issuers.	1	•	
	the organization licensed to issue qualified health plans in more than one state?	13a		
	ote. See the instructions for additional information the organization must report on Schedule O.			
	nter the amount of reserves the organization is required to maintain by the states in which the			
	rganization is licensed to issue qualified health plans			
	nter the amount of reserves on hand	4.		
	id the organization receive any payments for indoor tanning services during the tax year?	14a		
	"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4=		Х
	xcess parachute payment(s) during the year?	15		
	"Yes," see instructions and file Form 4720, Schedule N.	16		X
	the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		
	"Yes," complete Form 4720, Schedule O.	Form	990	(2018)

Form 990 (2018)

ASSOCIATION, INC. INSURANCE TRUST

[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		
		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 7		
	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.	e e	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7	•	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		
	officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		T
	of officers, directors, or trustees, or key employees to a management company or other person?	3	x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	Х
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		
	more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 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 by the following:		
а	The governing body?	8a X	
þ	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		
	·	Yes	
	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12á X	
	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or tructees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 21	X
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	
C		12c	х
13	In Schedule O how this was done Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
а	The organization's CEO, Executive Director, or top management official	15a	X
	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 arrangement with a		
	taxable entity during the year?	16a	. X .
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	17 N 1	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		
	exempt status with respect to such arrangements?	16b	<u> </u>
<u>Sec</u>	tion C. Disclosure		
17	List the states with which a copy of this Form 990 is required to be filed NONE		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990-T (Section 501(c)(3)s	only) availa	ble
	for public inspection. Indicate how you made these available Check all that apply.		
	Own website Another's website X Upon request Other (explain in Schedule O)		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinancial	
	statements available to the public during the tax year.		
20	State the name, address, and telephone number of the person who possesses the organization's books and records		
	THOMAS T. BROWN, JR (207) 623-3882		
	P.O. BOX 2667, AUGUSTA, ME 04338-2667		

INSURANCE TRUST Form 990 (2018) 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

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.

Check this box if neither the organization n	or any related	orga	nıza	tıon	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos heck i		than d	one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is be officer and a director/tri				an	compensation	compensation	amount of
	week		cer an	a a a	recto	T	(88)	from	from related	other
	(list any	ecto						the	organizations	compensation
	hours for	or d	_ <u></u>			ated		organization	(W-2/1099-MISC)	from the
	related	stee	trust		91	bens		(W-2/1099-MISC)		organization
	organizations below	la tr	ona		흫	E a				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) H. WILLIAM SOWLES	0.50								_	
TRUSTEE		X		L	L	_		0.	0.	0.
(2) GREGORY DUTCH	0.50		ļ							
TRUSTEE		X		X		1		0.	0.	0.
(3) MARK POLITTE	0.50									
TRUSTEE		X	L			L	L	0.	0.	0.
(4) TAMMY KOLMOSKY	0.50									
TRUSTEE		Х						0.	0.	0.
(5) EUGENE BENNER	0.50									
TRUSTEE		X						0.	0.	0.
(6) JOHN ISAACSON	0.50									
TRUSTEE		X	<u> </u>					0.	0.	0.
(7) FREDERICK PAPE, III	0.50									
TRUSTEE	_	X				<u> </u>		0.	0.	0.
(8) THOMAS BROWN	10.00									
ADMINISTRATOR	40.00			X				0.	185,640.	9,282.
			l							
		<u>. </u>	 _	<u> </u>		ļ	_	ļ		
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							Γ			
	1	<u> </u>			<u> </u>	<u> </u>		<u></u>		Form 990 (2018
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Form 990 (2018)

(B)

(C)

(D)

(E)

347	Р	age 8					
com fr org an	(F) stimate mount other opensa rom th janizat d relat	of ation e cion ced					
	9,2	82.					
	9,2	82.					
	Yes	0 No					
3		X					
4	X						
5		X					
on fro	om						
(C) ompensation							
	<u> </u>						

	Name and title	Average Hours per Hours per Week Hours per Hours per Hours person is both an officer and a director/trustee)						an	n compensation compensati			on amount of		
		(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS		compensation from the organization and related organizations		e lon ed
			luc	SU.	Ð	Kej	포함	£	 					
	···········													
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											\neg			
										105 64	_			
	Sub-total Total from continuation charts to Bort VIII	Section A						>	0.	185,64	0.		, 28	$\frac{32.}{0.}$
	Total from continuation sheets to Part VIII Total (add lines 1b and 1c)	, Section A							0.	185,64			, 28	
2	Total number of individuals (including but ne	ot limited to the	ose	iste	d ab	ove) wh	o re	ceived more than \$100,				•	
	compensation from the organization								·				V T	0
3	Did the organization list any former officer,	director or tru	etaa	. ko	/ em	nlo	VAA	or t	nighest compensated er	nolovee on		\dashv	Yes	No
•	line 1a? If "Yes," complete Schedule J for se		3100		,		,00,	. .	ng.lost componentes of			3		Х
4	For any individual listed on line 1a, is the su	m of reportable								he organization				
_	and related organizations greater than \$150										\vdash	4	X	
5	Did any person listed on line 1a receive or a							late	ed organization or individ	dual for services	ļ.	5		X
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	Jto	or su	ch.c	ers	<u>on</u>	******				<u>5 </u>		
1	Complete this table for your five highest cor	npensated ind	eper	nder	t co	ntra	ctor	s th	at received more than \$	100,000 of compe	ensatio	n fro	m	
	the organization Report compensation for t	he calendar ye	ar e	ndın	g wi	th o	r wit	hin		ear.				
	(A) Name and business	address	NC	ME	!				(日) Description of s	ervices	Cor	C) neam) Isatior	1
			110					\dashv						
								4						
								+					-	
								\perp						
					_			\dashv						
								- 1						
2	Total number of independent contractors (in		t lim	nited	to t	_		ted	above) who received mo	ore than	9		_	
2	Total number of independent contractors (ir \$100,000 of compensation from the organization from the organizati		ot lim	nited	to t	hos 0		ted	above) who received mo	ore than		orm C	90 (2	2018)

Form 990 (2018)

ASSOCIATION, INC. INSURANCE TRUST

Pa	T VI					Abre Dest VIII			X
	•		Check if Schedule O cont	ains a response	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
t t	1 8	а	Federated campaigns	1a					
ran	t		Membership dues	1b					
ر ق		С	Fundraising events	1c					
ifts	•	d	Related organizations	1d					}
s, G	•	е	Government grants (contributi	ions) 1e					
Ö	f	F	All other contributions, gifts, gran	ts, and					
ter in			similar amounts not included above	1 1					
重豆	ç	g	Noncash contributions included in lines	1a-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts	ŀ	- h_	Total. Add lines 1a-1f						
					Business Code				
یو	2 a	а	INS. PREMIUMS COLLECTED	<u> </u>	524114	29,518,626.	29,518,626.		
Š	t	b	LTD ADMIN FEE		524298	2,316.	2,316.		
Se	•	С							
am	(d							
Program Service Revenue	•	е	<u></u>						
4	f	f	All other program service reve	nue			·		
		<u>q</u>	Total. Add lines 2a-2f	<u> </u>		29,520,942.		***	
	3		Investment income (including	dividends, intere	est, and			100.000	10 012
			other similar amounts)			148,173.		128,960.	19,213.
	4		Income from investment of tax	x-exempt bond p	oroceeds -				<u> </u>
	5		Royalties			<u></u>			
	_			(ı) Real	(II) Personal				
	6 a		Gross rents]
	t		Less rental expenses						
			Rental income or (loss)	L					
			Net rental income or (loss)	() 0	(v) Other				
	7 8	а	Gross amount from sales of	(i) Securities 3,173,305.	(II) Other				
			assets other than inventory	3,173,303.	 				
		D	Less: cost or other basis	2,389,858.			}		
		_	and sales expenses Gain or (loss)	783,447.			1		
			Net gain or (loss)	733,331.		783,447.		783,447.	
			Gross income from fundraising	a events (not					
Other Revenue		.	including \$						1
ver			contributions reported on line						
Re			Part IV, line 18	a					1
her	ı	b	Less. direct expenses	ь					
ō			Net income or (loss) from fund	draising events	•			-	
			Gross income from gaming ac						
	- '	-	Part IV, line 19	а	,[]
	ı	b	Less: direct expenses	b		_			
			Net income or (loss) from gam	ning activities					
			Gross sales of inventory, less						
			and allowances	а					
	ŀ	b	Less: cost of goods sold	b					
			Net income or (loss) from sale	s of inventory	, , , , , , , , , , , , , , , , , , ,				
			Miscellaneous Revenu	18	Business Code				
	11 8	а							
	ı	b							
	(С							ļ
		-	All other revenue		L				
	•	е	Total. Add lines 11a-11d		>		20 522 042	010 405	10 212
	12		Total revenue. See instructions			30,452,562.	29,520,942.	912,407.	19,213.

Form **990** (2018)

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)								
	Check if Schedule O contains a respon	nse or note to any line in							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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				1				
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members	27,105,933.							
5	Compensation of current officers, directors,								
	trustees, and key employees								
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages								
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees).	•							
а	Management								
b	Legal .	25,675.							
С	Accounting	37,044.							
d	Lobbying	··		<u> </u>					
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	7,331.		 -					
13	Office expenses	7,331.							
14	Information technology								
15	Royalties Occupancy	15,900.		····					
16 17	Travel	16,026.							
18	Payments of travel or entertainment expenses	20,0201							
10	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	 							
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	1,720.							
23	Insurance	7,022.							
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	CLAIMS PROCESSING	1,895,022.							
b	INCOME TAXES	230,519.							
C	FEDERAL AND STATE FEES	170,445.							
d	INSURANCE CONSULTANTS	168,531.							
	All other expenses	407,288.							
<u> 25</u>	Total functional expenses. Add lines 1 through 24e	30,088,456.							
26	Joint costs. Complete this line only if the organization		:						
	reported in column (B) joint costs from a combined	ł							
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)				<u> </u>				

ASSOCIATION, INC. INSURANCE TRUST Form 990 (2018) Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 130,599. 678,516. Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 145,715. 75,844. 4 Accounts receivable, net 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 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 7 Inventories for sale or use 8 12,198. 24,722. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 8,434,732. 11 8,347,003. 11 Investments - publicly traded securities 12 12 Investments - other securities See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 1,720. 14 Intangible assets 14 1,085,854. 377,908. 15 15 Other assets See Part IV, line 11 9,810,818. 9,503,993. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 113,756. 27,057. 17 17 Accounts payable and accrued expenses 18 18 Grants payable Deferred revenue 19 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, 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 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 2,173,884. 1,891,675. Schedule D 25 2,200,941. 2,005,431. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 30 Capital stock or trust principal, or current funds 0. 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 7,498,562. 7,609,877. 32 Retained earnings, endowment, accumulated income, or other funds 32 7,498,562. 7,609,877. 33 Total net assets or fund balances 9,503,993. 9,810,818. Total liabilities and net assets/fund balances

Form 990 (2018)

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

X

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Form 990 (2018)

Act and OMB Circular A-133?

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047

Name of the organization

MAINE AUTOMOBILE DEALERS

Employer identification number

libai	ASSOCIATION, INC.		01-020034/
Pa			of Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lii		(b) Find and althous and althous
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	• •	•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose c	
ı.B.	impermissible private benefit?		Yes No
<u> Į</u> Ŗai			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		orically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structur	1 1
	listed in the National Register .		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		L Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conse	ervation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservati	ion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(h	
	and section 170(h)(4)(B)(ii)?		. L Yes L No
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes t	he organization's accounting for
	conservation easements.	(A) Illiania I Turania an Ott	Similar Accets
Pa	तुर्गा]] Organizations Maintaining Collections o		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex		ice of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	if the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pub	lic 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 tre	easures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS		
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		

MAINE AUTOMOBILE DEALERS

		TION, INC.						01-02	88347	Page 2
Pa	rt III Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	asures, or Oth	er S	imila	r Assets	(continu	ıed)
3	Using the organization's acquisition, accessi									
	(check all that apply)									
а	Public exhibition		d 🔲	Loan or exc	hange programs					
b	Scholarly research		е 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ney further th	ne organization's ex	empt	purpo	se ın Part	XIII	
5	During the year, did the organization solicit of					ar ass	sets		_	
	to be sold to raise funds rather than to be ma								Yes	No
Ра	rt IV Escrow and Custodial Arran		lete if the	organizatio	n answered "Yes" o	n Fo	rm 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contributions	s or other assets no	t incli	uded	ـــــــ	_	
	on Form 990, Part X?							<u></u>	」 Yes	∟_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table						
									Amount	
C	•						1c			
a	Additions during the year						1d			
e	y ,						1e 1f			
f 2a	Ending balance Did the organization include an amount on F.	orm 900 Port V line	21 for	000000000000000000000000000000000000000	istodial account liak	silitu 2			Yes	□ No
	If "Yes," explain the arrangement in Part XIII					-			_ res	
	rt V Endowment Funds. Complete						-			
		(a) Current year	T	rior year	(c) Two years back		Three v	ears back	(e) Four v	ears back
1a	Beginning of year balance	(a) Suriona your	1 13/	no. your	(e) iiio joano basic	150	111100	outo ouon	(0) (00.	Jai o Jajit
b	Contributions						_			
c	Net investment earnings, gains, and losses		1			1				
d	Grants or scholarships									
е	Other expenditures for facilities			-						
	and programs					<u> </u>				
f	Administrative expenses									
g	End of year balance						_			
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	g, 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	ssion of the organiz	ation tha	it are held ar	nd administered for	the o	rganıza	ation	-	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations		0	ahadula DO					3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	•							3b	
Pa	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		owment	unas	 					
<u> </u>	Complete if the organization answere		Ω Part I\	/ line 11a S	ee Form 990 Part)	(line	10			
	Description of property	(a) Cost or					mulate	ad	(d) Book	value
	Description of property	basis (invest		1 ' '			ciation		(C) 000K	
	Land				· · · · · ·	•				
	Buildings			<u> </u>						
0	Leasehold improvements									
d										
	Other									
	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. colun	nn (B), line 10	0c.)					0.

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12 (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation. Cost or end-of-year market value (t) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value	age 3
(a) Description of security or category (including name of security) (b) Book value (c) Method of valuation. Cost or end-of-year market value (t) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (c) Method of valuation. Cost or end-of-year market value (d) Method of valuation. Cost or end-of-year market value	
(1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value	
(2) Closely-held equity interests (3) Other (A) (B) (C) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)	<u>e</u>
(3) Other	
(A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value	
(B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)	
(C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)	
(D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)	
(E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)	
(F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)	
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)	
Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)	
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value	
(1)	
	ө
(2)	
(3)	
(4)	
(5)	
<u>(6)</u>	
<u>(7)</u>	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	
Part IX Other Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15	
(a) Description (b) Book value	,
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value	
(1) Federal income taxes (2) CLAIMS INCURRED BUT NOT REPORTED 1,891,675.	
(3)	
(4) (5)	
(6)	

(7)
(8)
(9)

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) 2018

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

ASSOCIATION, INC. INSURANCE TRUST 01-0288347

Employer identification number

<u></u>	art Questions negarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	1 1		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		, 1	
	First-class or charter travel Housing allowance or residence for personal use	1 i		
	Travel for companions Payments for business use of personal residence	1 1		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	1 1		
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
		 		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	} }		
	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract	1		
	Independent compensation consultant Compensation survey or study	1 1		
	Form 990 of other organizations Approval by the board or compensation committee			
	Tom 555 of date organizations			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			ł
•	organization or a related organization.]]	- 1	
а		4a		Х
b		4b		X
c		4c		X
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The first to any of lines are persons and provide are applicable arrowned to case the first arrown			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ŀ		l
	contingent on the revenues of:]]		1
а		5a		
	Any related organization?	5b		Ī
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of.		1	
а	The organization?	6a	\neg	
b		6b	\neg	
·	If "Yes" on line 6a or 6b, describe in Part III.	7		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		ľ	
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
J	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	 		
9	Regulations section 53 4958-6(c)?	9		
	DEGUNDADIS SECTION OF STATE OF			

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

Schedule J (Form 990) 2018

INSURANCE TRUST INC. ASSOCIATION,

Schedule J (Form 990) 2018

Part II | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 01 - 0288347

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
					other deferred		(D-()(B)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
	1					•	•	C
(1) THOMAS BROWN	€		0			0	0.	0
ADMINISTRATOR	Ξ	185,640.	0	0.	9,282.	0.	194,922.	•.0
	Ξ							
	(ii)							
	Θ							
	(ii)							
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	(ii)							

Schedule J (Form 990) 2018

ASSOCIATION, INC. INSURANCE TRUST Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information THE BOARD OF DIRECTORS OF THE MAINE AUTOMOBILE DEALERS ASSOCIATION DISCUSS AND APPROVE THE PRESIDENT'S SALARY DURING AN EXECUTIVE SESSION AT THE ANNUAL ALL BOARDS MEETING. Part III | Supplemental Information PART I, LINE 3:

19

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

8 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

MAINE AUTOMOBILE DEALERS ASSOCIATION, INC. INSURANCE TRUST

Employer identification number 01-0288347

FORM 990, PART VI, SECTION A, LINE 8B:
NO ADDITIONAL COMMITTEES WERE FORMED DURING THE CURRENT YEAR.
FORM 990, PART VI, SECTION B, LINE 11B:
THOMAS BROWN, ADMINISTRATOR, REVIEWS THE 990 PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19:
ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE FOR REVIEW
AT THE CIVIC CENTER DRIVE OFFICE OF THE MAINE AUTOMOBILE DEALERS
ASSOCIATION IN AUGUSTA, MAINE.
FORM 990 PART VIII LINE 3 COLUMN (D)
THE \$19,213 IN COLUMN D CONSISTS OF INTEREST FROM MAINE MUNICIPAL
OBLIGATIONS THAT ARE EXCLUDED FROM GROSS INCOME AND UNRELATED BUSINESS
TAXABLE INCOME UNDER IRC SECTION 512.
FORM 990, SCHEDULE R, PART V, LINE 2
EXPENSES REPORTED BY THE INSURANCE TRUST WILL DIFFER FROM THOSE
REPORTED BY THE ASSOCIATION DUE TO DIFFERING YEAR ENDS.
<u> </u>

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. MAINE AUTOMOBILE DEALERS Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

OMB No 1545-0047 2018

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

TRUST

INC. INSURANCE

ASSOCIATION,

Open to Public Inspection

Employer identification number

01-0288347

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 organizations during the tax year. End-of-year assets <u>e</u> Total income ਉ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II Part I

Schedule R (Form 990) 2018 (g) Section 512(b)(13) ş × controlled entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) <u>e</u> N/A Exempt Code section 501(C)(6) ₤ Legal domicile (state or foreign country) MAINE Primary activity TRADE ASSOCIATION 01-0191203, PO BOX 2667, AUGUSTA, ME 04338 MAINE AUTOMOBILE DEALERS ASSOCIATION Name, address, and EIN of related organization

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

MAINE AUTOMOBILE DEALERS

01-0288347

Page 2

Schedule R (Form 990) 2018 ASSOCIATION, INC. INSURANCE TRUST

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

, I a	1	1	1	, ,
(j) (k) General or Percentage managing ownership partner?				
(k) erceni wners				
\$ 2° 0				
(j) General or managing partner? Yes No	<u> </u>	<u> </u>		
> a(C) © E d >				
UB Gerigo 106				
Sch it Sch				
Code V-UBI camount in box 20 of Schedule 4.1 (Form 1065)				
= 10				
(h) sproportionate allocations? es No				
(h) Disproportionate allocations? Yes No				
	 -			
(g) Share of end-of-year assets				
(g) hare d-of-y				
en S				
				
(f) Share of total income	}			
(f) e of icom				
Shar				
- is			<u> </u>	· - ·
come tred, und				
nt inc inrela in tax 512-5				
(e) minant ed, un d from ons 51				
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)				
)Xe				
(d) Direct controlling entity				
(d) contro entity				
ct cc				
Dire				
(c) Legal domicile (state or foreign				
/ity				
(b) Primary activity				
(b) nary a				
Prin				
	<u> </u>	 	 	
Z c				
nd Ei				
is, ar janız				$ \ \ \ $
(a) Idres d org				
(a) Name, address, and EIN of related organization		$[\] \] \]$		
dam.				
~				
	$[\ [\]\]\]$	$\mid \; \mid \; \mid \; \mid \; \mid \; \mid$		
				•

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp., S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section Sectio	gg
ARUNDEL FORD	CONTRIBUTING EMPLOYER	}	N/A					des Aes	ହା ×
AUBURN MOTOR SALES	CONTRIBUTING EMPLOYER		N/A						×
BAILEY BROTHERS, INC.	CONTRIBUTING EMPLOYER		N/A						×
BANGOR TRUCK & TRAILER SALES, INC.	CONTRIBUTING EMPLOYER		N/A					^	
BESSEY MOTOR SALES, INC.	CONTRIBUTING EMPLOYER		N/A					~	×
832162 10-02-18						Sche	Schedule R (Form 990) 2018	390) 20	₩

INSURANCE TRUST MAINE AUTOMOBILE DEALERS ASSOCIATION, INC.

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
BILL DODGE AUTO GROUP	CONTRIBUTING EMPLOYER		N/A					
BODWELL CHRYSLER DODGE, INC.	CONTRIBUTING EMPLOYER		N/A					×
CARROLL'S AUTO SALES, INC.	CONTRIBUTING EMPLOYER		N/A					×
CASCO BAY FORD	CONTRIBUTING EMPLOYER	-	N/A		0 0 0 0			×
CENS AUTO GROUP, INC.	CONTRIBUTING EMPLOYER	•	N/A					×
CENTRAL MAINE MOTORS, INC.	CONTRIBUTING EMPLOYER	~	N/A					×
CHARLIES CHEVROLET	CONTRIBUTING EMPLOYER		N/A					×
CHARLIES MOTOR MALL, INC.	CONTRIBUTING EMPLOYER		N/A					×
CLAY GMC CHEVROLET OF LINCOLN	CONTRIBUTING EMPLOYER	•	N/A					×
COLD BROOK MITSUBISHI	CONTRIBUTING EMPLOYER		N/A					×
COLE WHITNEY FORD	CONTRIBUTING EMPLOYER	-	N/A					×
CÓLWELL DIESEL SERVICE	CONTRIBUTING EMPLOYER		N/A					×

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INSURANCE TRUST MAINE AUTOMOBILE DEALERS ASSOCIATION, INC.

Schedule R (Form 990)

					•			
(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
D & H MOTORS	CONTRIBUTING EMPLOYER		N/A					×
DAIGLE & HOUGHTON, INC.	CONTRIBUTING EMPLOYER		N/A					`×
DARLINGS CHRYSLER DODGE HYUNDAI	CONTRIBUTING EMPLOYER	-	N/A					×
DARLINGS HONDA NISSAN	CONTRIBUTING EMPLOYER		N/A					×
DOWN BAST TOYOTA	CONTRIBUTING EMPLOYER		N/A					×
DUTCH CHEVROLET, INC.	CONTRIBUTING EMPLOYER		N/A					×
EMERSON AUTO SALES	CONTRIBUTING EMPLOYER	-	N/A					×
EMERSON CHEVROLET BUICK INC.	CONTRIBUTING EMPLOYER		N/A					×
EVERGREEN SUBARU	CONTRIBUTING EMPLOYER	-	N/A					×
FARMINGTON FORD, INC.	CONTRIBUTING EMPLOYER	-	N/A					×
FRANK GALOS CHEVROLET, INC.	CONTRIBUTING EMPLOYER	~	N/A					×
FRANKLIN CHRYSLER, INC.	CONTRIBUTING EMPLOYER		N/A					×
,								

MAINE AUTOMOBILE DEALERS ASSOCIATION, INC. INSURANCE TRUST

Schedule R (Form 990)

								•
(a) Name, address, and EiN of related organization	(b) Primary activity	(c) Legal domicite (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
FREIGHTLINER OF MAINE, INC.	CONTRIBUTING EMPLOYER		N/A					×
FRG, INC.	CONTRIBUTING EMPLOYER		N/A					·×
FULLER CHEVROLET GMC, INC.	CONTRIBUTING EMPLOYER	-	N/A					×
GAGNON AUTO & RV SALES, INC.	CONTRIBUTING EMPLOYER	~	N/A					×
GOODWIN CHEVROLET BUICK	CONTRIBUTING EMPLOYER		N/A					×
GOODWIN CHEVROLET MAZDA	CONTRIBUTING EMPLOYER		N/A					×
GRIFFETH HONDA	CONTRIBUTING EMPLOYER		N/A		,			×
HARTLEY'S	CONTRIBUTING EMPLOYER		N/A					×
HIGHT CHEVROLET	CONTRIBUTING EMPLOYER		N/A					×
HIGHT CHEVROLET BUICK, INC.	CONTRIBUTING EMPLOYER		N/A					×
HIGHT CHRYSLER DODGE JEEP	CONTRIBUTING EMPLOYER	-	N/A					×
HIGHT FORD	CONTRIBUTING EMPLOYER	-	N/A					×

MAINE AUTOMOBILE DEALERS ASSOCIATION, INC. INSURANCE TRUST

Schedule R (Form 990)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entrty (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
KATAHDIN MOTORS, INC.	CONTRIBUTING EMPLOYER		N/A					×
LAND ROVER OF SCARBOROUGH, INC.	CONTRIBUTING EMPLOYER		N/A					×
LEE MANAGEMENT COMPANY	CONTRIBUTING EMPLOYER		N/A					×
MACDONALD MOTORS, INC.	CONTRIBUTING EMPLOYER		N/A					×
MARC MOTORS, INC.	CONTRIBUTING EMPLOYER		N/A					×
MCELMAN, INC.	CONTRIBUTING EMPLOYER		N/A					×
MORONG BRUNSWICK	CONTRIBUTING EMPLOYER		N/A					×
MORONG - FALMOUTH	CONTRIBUTING EMPLOYER		N/A					×
MORRISON & SYLVESTER, INC.	CONTRIBUTING EMPLOYER		N/A					×
NEW ENGLAND KENWORTH	CONTRIBUTING EMPLOYER		N/A					×
NORMAN-DAVID SUZUKI	CONTRIBUTING EMPLOYER		N/A					×
PAPE CHEVROLET, INC.	CONTRIBUTING EMPLOYER		N/A					×

INSURANCE TRUST MAINE AUTOMOBILE DEALERS ASSOCIATION, INC.

Schedule R (Form 990)

Part IV. | Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

									٠
(a)	(q)	(c)	(p)	(e)	ω		(h)	(3)]
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b)(13) controlled entity?	_ @ ₂
								Yes	او
		-							
PATRIOT SUBARU OF SACO	CONTRIBUTING EMPLOYER		N/A						·
				i				_	
PAUL BLOUIN PERFORMANCE	CONTRIBUTING EMPLOYER		N/A					× -	`⋈
			,					_	
PELLETIER FORD	CONTRIBUTING EMPLOYER		N/A					×	×
PERCY'S AUTO SALES, INC.	CONTRIBUTING EMPLOYER		N/A		;				×
									1
PRATT ASSOCIATES	CONTRIBUTING EMPLOYER		N/A				-	×	اير
PROUTY FORD, INC.	CONTRIBUTING EMPLOYER	-	N/A					×	×
					•				
					_				•
QUIRK ACQUISITION CO.	CONTRIBUTING EMPLOYER		N/A					×	<u>ا</u>
QUIRK AUTO PARTS	CONTRIBUTING EMPLOYER		N/A					×	إير
					"				
QUIRK KENNEBEC	CONTRIBUTING EMPLOYER		N/A			į.		*	ابر
					-			-	
RAY HASKELL PORD LINCOLN	CONTRIBUTING EMPLOYER		N/A						W
						! !			
			•		-				,
RIPLEY & PLETCHER CO	CONTRIBUTING EMPLOYER		N/A					×	اپ
								_	
RÓWE PORD SALES, INC.	CONTRIBUTING EMPLOYER		N/A	,				×	~
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MAINE AUTOMOBILE DEALERS ASSOCIATION, INC. INSURANCE TRUST

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations, faxable as		a corporation or trust							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	(g) Share of end-of-year	(h) Percentage ownership	(i) Section 512(b)(13) controlled	13) ed.
		country)		or trust)		assets		Yes	2
ROWELL'S GARAGE, INC.	CONTRIBUTING EMPLOYER	ż	N/A						×
		j						-	[
									١,
SEBAGO LAKE AUTOMOTIVES	CONTRIBUTING EMPLOYER	Ż	N/A					+	×
SHEPARD CHRYSLER DODGE, INC.	CONTRIBUTING EMPLOYER	N	N/A						×
	- 1								
SHEPARD MOTORS	CONTRIBUTING EMPLOYER	'N	N/A						×
									[
1 1									>
SHUMAN MOTORS, INC.	CONTRIBUTING EMPLOYER	ż	N/A					1	×
STANTEY STRADII	CONTRIBUTING EMPLOYER		W/ W						Þ
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								-	
THOMPSON VOLKSWAGON, INC.	CONTRIBUTING EMPLOYER	ż	N/A						×
- 1									:
THORNTON BROS, INC.	CONTRIBUTING EMPLOYER	2	¥ /k					1	ه
TUCKER CHEVROLET	CONTRIBUTING EMPLOYER	N.	N/A						×
O HOMON METATAL	dayo taya Okimididawoo			-					>
VALLEY MOTORS	CONTRIBUTING EMPLOIER	Ž	, w			j		\dagger	اه
	· ,							<u>_</u>	
VAN SYCKLE KIA, INC.	CONTRIBUTING EMPLOYER	z	N/A						×
									1
									;
VARNEY CHEVROLET, INC.	CONTRIBUTING EMPLOYER	2	N/A					1	ا⊳
•									

MAINE AUTOMOBILE DEALERS ASSOCIATION, INC. INSURANCE TRUST

Schedule R (Form 990)

lle R (Form 990) ASSOCIATI

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
VARNEY FORD, INC.	CONTRIBUTING EMPLOYER		N/A					×
VARNEY INC.	CONTRIBUTING EMPLOYER		N/A					`×
WALDRON MOTOR GROUP	CONTRIBUTING EMPLOYER		N/A					×
WEIRS MOTOR SALES, INC.	CONTRIBUTING EMPLOYER		N/A				223	×
WHITED TRUCK CENTER	CONTRIBUTING EMPLOYER		N/A					×
WISCASSET FORD, INC.	CONTRIBUTING EMPLOYER		N/A					×
WRCM, INC.	CONTRIBUTING EMPLOYER		N/A					×
YORK'S OF HOULTON	CONTRIBUTING EMPLOYER		N/A					×
BELFAST MOTOR COMPANY	CONTRIBUTING EMPLOYER		N/A					×
GRIFFETH FORD LINCOLN	CONTRIBUTING EMPLOYER		N/A					×
HOGAN ROAD MOTORS, INC.	CONTRIBUTING EMPLOYER		N/A					×
LORING INDUSTRIES	CONTRIBUTING EMPLOYER		N/A					×
*								

INSURANCE TRUST MAINE AUTOMOBILE DEALERS INC. ASSOCIATION,

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations Taxable	zations Taxable as a Corporation or Trust	tion or Trust		ļ				•
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Type of entrty	(f) Share of total	1	(h) Percentage	(i) Section 512(b)(13)
of related organization		(state or foreign country)	entity	(C corp, S corp, or trust)	псоте	end-of-year assets	ownership	controlled entrity?
VILLAGE CAR COMPANY	CONTRIBUTING EMPLOYER		N/A					×
								•
VILLAGE SUBARU	CONTRIBUTING EMPLOYER		N/A					×
	•	•						
KEY FORD OF YORK	CONTRIBUTING EMPLOYER		N/A					×
								-
MARC CDJR, LLC	CONTRIBUTING EMPLOYER		N/A					×
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MAINE AUTOMOBILE DEALERS

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Yes

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INSURANCE TRUST INC. ASSOCIATION

Transactions With Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2018 Part,V

if any entity is listed in Parts II, III, or IV of this schedule.	did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	
te: Complete line 1 if any entity is listed in Parts II, III, or IV of this	During the tax year, did the organization engage in any of the fi	

- c Gift, grant, or capital contribution from related organization(s) **b** Gift, grant, or capital contribution to related organization(s)
 - - d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- Sale of assets to related organization(s)
- i Exchange of assets with related organization(s)

Purchase of assets from related organization(s)

- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- 1 Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s)

ξ ᆕ

- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

elationships and transaction thresholds.	(p)
is fine, including covered r	(0)
ho must complete th	(Q)
2 If the answer to any of the above is "Yes," see the instructions for information on w	(a)

(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) MAINE AUTOMOBILE DEALERS ASSOCIATION	X	15,900. FMV	FMV
(2) MAINE AUTOMOBILE DEALERS ASSOCIATION	0	151,348. FMV	FMV
(3) MAINE AUTOMOBILE DEALERS ASSOCIATION	Д	32,457. FMV	FMV
(4)			
(5)			
(9)			

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MAINE AUTOMOBILE DEALERS

ASSOCIATION, INC. INSURANCE TRUST Schedule R (Form 990) 2018 Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(0)	3	[3]	3	3	9	3	1	15	٤	
(a)	Drawning Control	(c)	Dradominant income	fre all	(1) Sharo of	(9) Chara of	(ra)	(I)	5	(x)
Name, address, and Ein of entity	Filliary activity	e E	(related, unrelated, 50 excluded from tax under	partners sec. 501(c)(3) fer orgs?	total	end-of-year	tionate tionate allocations?	amount in box 20 of Schedule K-1	managing	ownership
		country)	sections 512-514) Ye	Yes No	all Collie	assets	Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2018