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# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

Form **990** (2009)

	rnal Revenue		▶ The organization may have to use a copy of this return to satisfy state re	eporting require	ments	Inspection
Α̈́	For the 2009	alendar y	ear, or tax year beginning , and ending			
В	Check if applicab		C Name of organization	10	) Emplo	yer identification number
	Address change	use IRS	NEWPORT PUBLIC EDUCATION FOUNDATION	N		
$\overline{}$	Name change	label or print or	Doing Business As		22-	3137794
	·	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite E	Teleph	one number
	Initial return	See	P.O. BOX 1237		401	-849-0633
	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4		Gross rece	ipts\$ 44,232
	Amended return		NEWPORT RI 02840			
=		E Nom	and address of principal officer		H(a) Is this	a group return for
لــا	Application pend	ling			affiliate	s? Yes X No
					H(b) Are all include	affiliates
		İ				attach a list (see instructions)
_	Tax-exempt :	status X	501(c) ( <b>3</b> ) <b>4</b> (insert no ) 4947(a)(1) or 527		,	,
÷			OurNewportSchools.org		H(c) Groun	exemption number
	Type of organiz				04	M State of legal domicile RI
	art i	Summa		CONTINUENCE		to otate or legar dominate 2 42
	<del></del>		he organization's mission or most significant activities			
	1	•	ng school projects			
Se	D.	sveropr	ng school projects			
Jan						
Activities & Governance		_				
်	2 Chec	k this box		6 of its net asse		4 6
∞ ಶ	3 Num		g members of the governing body (Part VI), line 1a)		3	15
es	4 Num	ber of indep	endent voting members of the governing body (Part V), line 1b) of MAY 12 2010 wolunteers (estimate if necessary)		4	15
<u> </u>	5 Total	I number of	employees (Part V, line 2a)		5	0
Act.	6 Total				6	24
_	7a Total	gross unre	lated business revenue from Part VIII, column (O@DEN, UT		7a	
	b Net u	inrelated bu	siness taxable income from Form 990-T, line 34		7b	0
				Prior Year		Current Year
ø	8 Cont	ributions an	d grants (Part VIII, line 1h)	24	,063	8,220
101 Revenue	9 Prog	ram service	revenue (Part VIII, line 2g)			
eve	10 Inves	stment inco	me (Part VIII, column (A), lines 3, 4, and 7d)	2	,453	1,254
<u>R</u>	11 Othe	r revenue (l	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25	,192	25,725
7	12 Total	•	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	51	,708	35,199
4			ar amounts paid (Part IX, column (A), lines 1–3)	19	,303	29,923
7	1 44 5		or for members (Part IX, column (A), line 4)			
	°	•	compensation, employee benefits (Part IX, column (A), lines 5–10)	16	,667	
Hsek	16a Profe		draising fees (Part IX, column (A), line 11e)			
) je	b Tota		g expenses (Part IX, column (D), line 25) ▶	······································		<del></del>
换	17 Othe	-	(Part IX, column (A), lines 11a–11d, 11f–24f)	4	,384	3,363
3	18 Tota		Add lines 13–17 (must equal Part IX, column (A), line 25)		,354	33,286
2	19 Reve	-	openses Subtract line 18 from line 12	11		1,913
Net Assers or MINIExpe	S INDIVEN			Beginning of Curre		End of Year
3	ତ୍ର <b>20</b> Tota	l assets (Pa	rt X, line 16)		,085	324,297
Ass	의 21 Tota	•	Part X, line 26)	284	,769	219,568
ž.	22 Net :		nd balances Subtract line 21 from line 20		,316	104,729
	Part II		re Block			
			Ities of perjury, I declare that I have examined this return, including accompanying schedules a	nd statements an	d to the he	st of my knowledge
			t is true, correct, and complete. Declaration of preparer (other than officer) is based on all inforr			
Si	gn	N M₁	La		v .	5-5-2010
	ere	Suggest	ure of officer	<del></del>	Date	
110		► X	Tromas P. Gabria		Date	
		Type o	r print name and title		<del></del>	<del>-,</del>
_		y Type C				Preparer's identifying number
p:	aid	Preparer's	Date Date	Check if self-		(see instructions)
	reparer's	signature	Jan X Rownies Walky 04/28	/10 employe	d > X	
	se Only	Firm's nam	Jodi L. Rodrigues Wallis, CPA		EIN D	26-4347228
U:	Se Only	ıf self-empl	oyed) 381 Turner Road		Phone	
		address, ar	d ZIP+4 Middletown, RI 02842		no	401-849-5959
Ma	ay the IRS d	scuss this	return with the preparer shown above? (see instructions)	· · · <del></del>		Yes No

ld	Other program services (Describe in Sc	hedule O )		
	(Expenses \$	including grants of \$	) (Revenue \$	)
le	Total program service expenses ▶	33,286		
				Form <b>990</b> (20

#### Form 990 (2009) NEWPORT PUBLIC EDUCATION FOUNDATION 22-3137794

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Page 3 **Checklist of Required Schedules** Part IV Yes Νo Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 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 Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C. Part II X 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where 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 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III X 8 Did the organization report an amount in Part X, line 21, 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," X complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D. Parts VI, X VII, VIII, IX, or X as applicable 11 • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI • 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 • 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 Did the organization report an amount for other assets related 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 • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X • 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? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII X 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X 12A Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 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, and program service activities outside the United States? If "Yes," complete Schedule F, Part I X 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F. Part II X 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 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 garning activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19

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20

20

X

X

X

X

Х

Х

X

X

X

X

X

X

X

X

X

X

X

X

X

22

23

24a 24b

24c

24d

25a

25b

26

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28a

28b

28c

29

30

31

32

33

34

35

36

37

Form 990 (2009) NEWPORT PUBLIC EDUCATION FOUNDATION 22-3137794 Page 4 Checklist of Required Schedules (continued) Part IV Yes Nο Did the organization report more than \$5,000 of grants and other assistance to governments and organizations X 21 in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II

- 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the
- Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J

United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

- 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 25
  - b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
  - 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?
  - d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
- 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I
  - 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
- Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II
- Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III
- 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 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
  - A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV
  - c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,
- 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
- Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
- 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
- 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
- 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I
- 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1
- 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V. line 2
- 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
- 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,
- Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O

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Га	it v Statements Regarding Other IRS Finings and Tax Compilance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		7			
	U.S. Information Returns Enter -0- if not applicable	1a	0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	·			
С		опарі	е	140		
٥-	gaming (gambling) winnings to prize winners?	1		1 <u>c</u>		
2a		2a	0			
<b>.</b>	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax retur		<u> </u>	2b	Ì	
U	Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	113 '		20		-
	instructions)					
32	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by				
Ja	this return?	ı Oy		3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uithari	tv			
40	over, a financial account in a foreign country (such as a bank account, securities account, or other fin		· y			
	account)?	ariciai		4a		x
b	If "Yes," enter the name of the foreign country			74		
-	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank				
	and Financial Accounts	Ju				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x
b		tion?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega					
	Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	е				
	organization solicit any contributions that were not tax deductible?			6a	1	х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6ь		
7	Organizations that may receive deductible contributions under section 170(c).					
а	- Tu	oods				
	and services provided to the payor?	,		7a	x	
b	If "Yes, did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s				
	required to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	al			
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as				
	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			1		Ì
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					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	1	t			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them )	11b	L			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? 	12a	ļ	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	l		1	(2009)
				Ear	n 991	120091

,		TITE TA	TRIVAL MEANS	FOUNDATION	^^ ^1
Easter ODD (2000)	יויטרוטשיגוא	DIDELLE	MILITER APPLICATION	HOLINIDATI ION	77-414/144

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Page	ĸ

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 Part VI Schedule O. See instructions.

Sec	tion A. Governing Body and Management					
4 -		1 40	15		Yes	No
1a	Enter the number of voting members of the governing body	1a 1b	15			
Ъ	Enter the number of voting members that are independent	[ 10				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			2		х
•	any other officer, director, trustee, or key employee?			-		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			3		x
	supervision of officers, directors or trustees, or key employees to a management company or other person?	E1- 40				X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	nieu /		4		-
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5		X
6	Does the organization have members or stockholders?			6		<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			_		v
	of the governing body?			7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b		
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
	tion B. Policies (This Section B requests information about policies not required by the	Intern	al			
Rev	venue Code.)				-	
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with those of the organization?			10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the					
	form?			11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give					
	rise to conflicts?			12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this is done			12c		
13	Does the organization have a written whistleblower policy?			13		X
14	Does 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			14		
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	,				
_	The organization's CEO, Executive Director, or top management official	,		15a	1	x
a h	Other officers or key employees of the organization				<del>                                     </del>	X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			15b		-
40-	·					
16a				40-	1	х
_	with a taxable entity during the year?			16a	-	<u> </u>
b						
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					ŀ
	the organization's exempt status with respect to such arrangements?			16b		<u> </u>
	ction 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 (or 1024 if applicable), 990, and 990-T (501(c)(3	s only)				
	available for public inspection. Indicate how you make these available. Check all that apply					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of in	terest				
	policy, and financial statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the				
	organization ► T.Galvin & H. Sarepera P.O. Box 1237					
N	ewport RI 028	40		401-84	19-0	633

Form 990 (2009) NEWPORT PUBLIC EDUCATION FOUNDATION 22-3137794

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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

X Check this box if the organization (A)	(B)	1		(0	<b>:</b> )			(D)	(F)	
Name and Title	Average hours per week	ndividual trustee or director		Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
David Wixted										
Ex Officio	1.00	X						0	0	0
Charles Shoemaker	l .	ˈ								
Ex Officio	1.00	X						0	0	0
Carolyn Booth										
Director	1.00	X				<u> </u>		0	0	0
Mary Hayes										
Director	1.00	X				_		0	0	0
Dennis McCoy										•
Director	1.00	X		_	<u> </u>	┼		0	0	0
Jane Regan	1 00	-			Ì				^	•
Director Charles	1.00	X						0	0	<u> </u>
Brian Shanley	1.00	x						o	o	^
Robert Power	1.00	<del>  ^</del>	_		<del>                                     </del>	<del> </del>		0	<u> </u>	0
Director	1.00	$ \mathbf{x} $				ľ		0	o	0
John Ambrogi	1.00	A	<del>                                     </del>	$\vdash$	<del>                                     </del>	$\vdash$	<del>                                     </del>			
Ex Officio	1.00	x						o	o	0
Charles Roberts	1.00	1	<u> </u>	<del> </del>	$\vdash$	$\vdash$				
Ex Officio	1.00	x						o	0	0
Jamie Crowley		+	$\vdash$			$\dagger$				
Director	1.00	X						O	0	0
Marvin Abney						T			<u></u> <u>-</u> <u>-</u>	<del></del>
Ex Officio	1.00	x				1		O	0	0
Hillar Sarepera										
Treasurer	5.00			X				0	0	0
Lynn Ceglie										
Secretary	5.00			x				0	0	0
Mardie Corcoran										
Vice Pres.	5.00	ــــــــــــــــــــــــــــــــــــــ		X	<u></u>	<u> </u>		0	0	0
Susan Cooper	1									
President	5.00	$\perp$	<u> </u>	X	L_			0	0	0
	1									
	1	1	i .	1	1	1	i		<u>i</u>	L

Part VII

orm 990 (2009) <b>NEWPORT</b>	PUBLIC	EDUCATION	FOUNDATION	22-3137794

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average	Pos	tion (	chec	( all that apply) Reportable Reportable			(F) Estimated amount of				
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	comp fro orga and	ther ensation m the nization related nizations	·
		}											
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				ļ		├-	<del> </del>						
					<u> </u>	<u>_</u>							
1b 2	Total Total number of individuals (	including but not	limite	ad to	thos	e die	tod :	boy	e) who received more than	\$100,000 in	<u> </u>		
	reportable compensation from				uios			100V	e) who received more than				
3	Did the organization list any	former officer du	racto	r or 1	ruct	00 k	, av. a	mol	ovee or highest compense	ted		Yes	No
	employee on line 1a? If "Yes	," complete Sche	dule	J fo	rsuc	:h ind	dividi	Jal			_3		X
4	For any individual listed on li the organization and related												
5	individual Did any person listed on line	1a receive or acc	crue	com	pens	atio	n froi	m ar	ny unrelated organization fo	or	4	+	X
	services rendered to the orgetion B. Independent Contraction	anization? If "Yes									5		X
1	Complete this table for your	five highest comp	ensa	ated	ınde	pend	dent	cont	ractors that received more	than \$100,000 of			
—	compensation from the orga	nization (A) nd business address						T	Поссия	(B) ption of services		(C) Compensa	ation
	Traine a	no ousiness address						T	Descrip	SUSTINITIES		Compenso	auon
								-	<u>, ,</u>				
					_			$\perp$					
			<u> </u>					+					
2	Total number of independent more than \$100,000 in comp						ted to	thc	ose listed above) who recei	ved		0	
DAA					<del></del>	_					F	orm 990	(2009)

	(2009) NEWPORT PU		DUCATION	FOUNDATION	22-3137794		Page
art V	III Statement of Rev	enue		(A)	(B)	(C)	
				(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2 1a	Federated campaigns	1a					
ь	Membership dues	1b					
c	Fundraising events	1c					
g d	Related organizations	1d					
e	Government grants (contributions)	1e					
n f	All other contributions, gifts, grants,						
3	and similar amounts not included above	1f	8,220				
1a b c d e f g h	Noncash contributions included in lines 1	a-1f \$					
<del></del>	Total Add lines 1a-1f			8,220			
2a b c d			Busn. Code				
2a							<del> </del>
b							<del></del>
C							<u>-</u>
d							
e	All ather account convention						<del>                                     </del>
	All other program service rev	enue	<b></b>				
3	Total Add lines 2a-2f Investment income (including	dwdende					
"	other similar amounts)	dividends,	interest, and	1,254			1,2
4	Income from investment of ta	x-exempt be	and proceeds				
5	Royalties		<b>&gt;</b>				
	(ı) Real		(II) Personal				
l 6a	Gross Rents						
ь	Less rental exps						
С	Remalinc or (loss)						
d			<b></b>				
7a	Gress amount from (i) Securiting sales of assets	es	(II) Other				
İ	other than inventory						
b	Less cost or other						
	banis & sales exps		· · · · · · · · · · · · · · · · · · ·				
С	Gain or (loss)			ļ			
	Net gain or (loss)	_	<u> </u>				
88	Gross income from fundraising ev	rents					
	(not including \$	,					
ь	of contributions reported on line 1	·	29,676				
i   _	See Part IV, line 18	a	9,033	-			
0	Less direct expenses	b		20,643	20,643		
1	Net income or (loss) from fur Gross income from gaming activit		ints P	20,043	20,043		
30	See Part IV, line 19	a a					
Ь	Less direct expenses	b -					
	Net income or (loss) from ga		es 🕨		-		<del></del>
1	Gross sales of inventory, les			<del>                                     </del>			
	returns and allowances	a					
r	Less cost of goods sold	ь —					
	Net income or (loss) from sa	les of invent	ory <b>&gt;</b>	]	<u> </u>		
	Miscellaneous Reven		Busn. Code				
11a	Fee income			5,082			5,0
b	ı						
c							
C)	All other revenue						
€.	Total Add lines 11a-11d		•	5,082		·	
12	Total Revenue. See instruct	ions	<u> </u>	35,199	20,643		0 6,33 Form 990 (20

Page 10

Form 990 (2009) NEWPORT PUBLIC EDUCATION FOUNDATION 22-3137794

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b	, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	29,923	29,923		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16			·	
4	Benefits paid to or for members				
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				<u> </u>
8	Pension plan contributions (include section 401(k)				
0	and section 403(b) employer contributions)				-
9 10	Other employee benefits Payroll taxes				<del>                                     </del>
11	Fees for services (non-employees)			<del> </del>	<del></del>
a	Management				
b	Legal			· · · · · · · · · · · · · · · · · · ·	<del></del>
	Accoun'ing	2,187	2,187	<u>.</u>	<del></del>
	Lobbying	2,107	2,107	<del></del>	
e	Professional fundraising services. See Part IV, line 17			<del></del>	
f	Investment management fees			·	<del></del>
g	Other		· · · · · · · · · · · · · · · · · · ·		<del></del>
12	Advertising and promotion	401	401	· · · · · ·	<del> </del>
13	Office expenses	155	155		
14	Information technology			·	<del></del>
15	Royalties			<u> </u>	
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<u> </u>
	Conferences, conventions, and meetings				
	Interest				
21	Payments to affiliates				
22	Deprecration, depletion, and amortization				
23	Insurance				
24	Other and the second se				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed	į			
•	5% of total expenses shown on line 25 below) Other -appeal costs	500	500		
a b	Other -website	509 91	509 91		
C	Other -website Other -licenses, fees, perm	20	20	<del></del>	<del>                                      </del>
d	IICemses, IEEs, pelm			·	<del> </del>
e					
f	All other expenses			······································	<del> </del>
25	Total functional expenses. Add lines 1 through 24f	33,286	33,286		
26	Joint costs. Check here ▶ If following		33,230		
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				

Form 990 (2009)

32 Retained earnings, endowment, accumulated income, or other funds

33 Total net assets or fund balances

Total liabilities and net assets/fund balances

NEWPORT PUBLIC EDUCATION FOUNDATION 22-3137794 Page 11 Part X **Balance Sheet** (B) (A) Beginning of year End of year 34,902 111,114 1 Cash-non-interest bearing 69,562 151,816 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete 6 Part II of Schedule L 7 Notes and loans receivable, net 512 512 8 Inventories for sale or use 232 252 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 136,815 205,665 Investments—publicly traded securities 11 11 12 12 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 324,297 387,085 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 800 17 Accounts payable and accrued expenses 17 18 18 Grants payable 500 2,000 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Liabilities Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 281,969 215,640 25 25 Other liabilities Complete Part X of Schedule D 284,769 219,568 26 Total liabilities. Add lines 17 through 25 Net Assets or Fund Balances Organizations that follow SFAS 117, check here  $\triangleright |\overline{X}|$  and complete lines 27 through 29, and lines 33 and 34. 102,316 104,729 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31

324,297 Form **990** (2009)

104,729

32

33

102,316

387,085

	ı	-
	1	4
	b	

Form	990 (2009) NEWPORT PUBLIC EDUCATION FOUNDATION 22-3137794		Pa	ge <b>12</b>
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O		:	ĺ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			1
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
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?	3a	<u> </u>	X
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	3b		
		Form	n 990	(2009)

# **SCHEDULE** A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer Identification number Name of the organization NEWPORT PUBLIC EDUCATION FOUNDATION 22-3137794 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is. (For lines 1 through 11, check only one box ) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated d Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (III) A 35% controlled entity of a person described in (I) or (II) above? 11g(iii) Provide the following information about the supported organization(s) (iii) Type of organization (vii) Amount of (i) Name of supported (Iv) is the organization (v) Did you notify (vi) Is the (ii) EIN the organization in manization in col organization (described on lines 1-9 in col (i) listed in your support above or IRC section. col (i) of your (i) organized in the governing document? support? US? (see instructions)) Yes Nο Yes Yes No

Schedule A (Form 990 or 990-EZ) 2009 NEWPORT PUBLIC EDUCATION FOUNDATION 22-3137794

iicubic A (	31111 330 01 330·L2/ 2003
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you shocked the box on line 5, 7, or 8 of Part I.)

Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,090	16,979	38,751	24,063	8,220	90,103
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total Add lines 1 through 3	2,090	16,979	38,751	24,063	8,220	90,103
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9,440
6	Public support. Subtract line 5 from line 4						80,663
	tion B. Total Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	2,090	16,979	38,751	24,063	8,220	90,103
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,784	5,672	11,665	2,453	1,254	22,828
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		1,500			5,082	6,582
11	Total support. Add lines 7 through 10						119,513
12	Gross receipts from related activities, etc	(see instructions)				12	60,199
13	First five years. If the Form 990 is for the	organization's first	, second, third, fou	rth, or fifth tax yea	r as a section 501(	c)(3)	
	organization, check this box and stop her	е					<b>•</b>
Sec	tion C. Computation of Public Su	upport Percent	age				
14	Public support percentage for 2009 (line 6	, column (f) divided	i by line 11, columi	n (f))		14	67.49%
15	Public support percentage from 2008 Sch	edule A, Part II, line	e 14			15	75.83%_
16a	33 1/3 % support test-2009. If the organ			13, and line 14 is 3	33 1/3 % or more, c	heck this box	
	and stop here. The organization qualifies	as a publicly suppo	orted organization				► X
b	33 1/3 % support test—2008. If the organ				5 is 33 1/3 % or mi	ore, check this	. [
	box and stop here. The organization qual						▶ ∐
17a	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "fa		•	•	•		
	organization meets the "facts-and-circums		•				▶ [_
b	10%-facts-and-circumstances test—200 more, and if the organization meets the "fa	acts-and-circumsta	nces" test, check t	his box and stop h	nere. Explain in Pai	rt IV how the	_ (
	organization meets the "facts-and-circums						<b>₽</b>  -
18	Private foundation. If the organization dis	i not check a box c	in line 13-16a-16b	i. 17a. or 17b. chei	ck this box and see	instructions	▶

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 NEWPORT PUBLIC EDUCATION FOUNDATION 22-3137794

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	$\perp$	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							_
6	Total Add lines 1 through 5						_	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the						-	
	amount on line 13 for the year							
	Add lines 7a and 7b							
8	Public support (Subtract line 7c from						1	
300	line 6)						l_	
	tion B. Total Support endar year (or fiscal year beginning in)	(=) 2005	(h) 2000	(*) 2007	(4) 2000	(-) 2000		(D. T. I. I.
9	Amounts from line 6	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
9 0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11, and 12)		_					
4	First five years. If the Form 990 is for the	organization's first	, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)		
	organization, check this box and stop her	θ						▶ □
Sec	tion C. Computation of Public Su	pport Percen	tage					
15	Public support percentage for 2009 (line 8	, ,	•	ın (f))		<u> </u>	5	%
16	Public support percentage from 2008 Sch				·		6	%_
	tion D. Computation of Investme							·
17	Investment income percentage for 2009 (I	, ,	•	, column (f))		<u> </u>	17	%
18	Investment income percentage from 2008	•	•	44 - 4- 1		<u></u>	8	<u>%</u>
19a								⊾ □
h	17 is not more than 33 1/3 %, check this b							▶
b	33 1/3 % support tests—2008. If the orgaline 18 is not more than 33 1/3 %, check t						10	▶ □
20	Private foundation. If the organization did							
	roundation. If the organization die	GITCON & DOX (	iiie 17, 13a, Ul	100, Check this bo.	A GITTE SCE INSUIGE	<u></u>		

Schedule A (Form 990 or 990-EZ) 2009 NEWPORT PUBLIC EDUCATION FOUNDATION 22-3137794

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part II, Line 10 - Other Income Detail

Fees for acting as fiscal agent

1,500

# 15

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047
2009
Open to Public

Inspection

Employer identification number Name of the organization 22-3137794 NEWPORT PUBLIC EDUCATION FOUNDATION Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate 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's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, 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 private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2н d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 🕨 \_\_ \_ \_ \_ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, 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's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	<del></del>	BLIC EDUCATI				Page 2
						(continued)
3.	Using the organization's acquisition, accession collection items (check all that apply)	, and other records, che	ck any of the following	ng that are a signific	ant use of its	
а	Public exhibition	d Loan o	or exchange progran	ns		
b	Scholarly research	e Other				
С	Preservation for future generations	_				
4	Provide a description of the organization's collection Part XIV	ections and explain how t	hey further the orga	nızatıon's exempt pı	urpose in	
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be	eceive donations of art, l	nistorical treasures,	or other similar		Yes No
- Da	rt IV Escrow and Custodial Arrar				"Vee" to Form 0	
га	IV, line 9, or reported an amo			ation answered	163 (010)1113	50, i ait
					_	
та	Is the organization an agent, trustee, custodian	or other intermediary to	r contributions or otr	ner assets not		
	included on Form 990, Part X?					☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part XIV ar	nd complete the following	j table			
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on Fore	m 990, Part X, line 21?				Yes No
b	If "Yes," explain the arrangement in Part XIV					
Pa	rt V Endowment Funds. Comple	te if organization a	nswered "Yes" t	to Form 990, Pa	art IV, line 10.	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains,					
•	and losses					
٨	Grants or scholarships					
	·		<del></del>			
е	Other expenditures for facilities					
	and programs		<u> </u>			
f	Administrative expenses					
g	End of year balance			<u>.</u>	<u> </u>	
2	Provide the estimated percentage of the year e	end balance held as				
а	Board designated or quasi-endowment ▶	%				
b	Permanent endowment ▶ %					
С	Term endowment ▶ %					
3a	Are there endowment funds not in the possess	ion of the organization th	at are held and adm	ninistered for the		
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(ii), are the related organizations I	isted as required on Sch	edule R?			3b
4	Describe in Part XIV the intended uses of the o	organization's endowmer	nt funds			
Pa	rt VI Investments—Land, Buildir			0. Part X. line 1	0.	<del></del>
	Description of investment	(a) Cost or other basis	(b) Cost or oth		cumulated	(d) Book value
	·	(investment)	basis (other	''	reciation	<b>(,,</b> - , , , , , , , , , , , , , , , , ,
1a	Land			<del></del>		
	Buildings		-	<del></del>		
	•	<u> </u>			<del>~</del>	
	Leasehold improvements		<del>                                     </del>		<del></del>	
	Equipment		<del></del>			
	Other	L Com 000 D-4V		<u> </u>		
Tota	I. Add lines 1a through 1e (Column (d) must eq	uai Form 990, Part X, co	iumn (B), line 10(C)	)	<u> </u>	

	vestments—Other Securities. See Forr		
-	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
inancial derivatives	s		
Closely-held equity	interests		
Other			
		L	
<b>-</b>			
otal. (Column (b)	must equal Form 990, Part X, col (B) line 12)	<b>&gt;</b>	
Part VIII Inv	vestments—Program Related. See For	m 990, Part X, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
Total (Column (b)	must equal Form 990. Part X, col. (B) line 13.)	<b>•</b>	
	must equal Form 990, Part X, col. (B) line 13.)	<b>1</b> 5.	
	must equal Form 990, Part X, col (B) line 13 ) ther Assets. See Form 990, Part X, line (a) Descript		(b) Book value
	ther Assets. See Form 990, Part X, line		(b) Book value
	ther Assets. See Form 990, Part X, line		(b) Book value
	ther Assets. See Form 990, Part X, line		(b) Book value
	ther Assets. See Form 990, Part X, line		(b) Book value
	ther Assets. See Form 990, Part X, line		(b) Book value
	ther Assets. See Form 990, Part X, line		(b) Book value
	ther Assets. See Form 990, Part X, line		(b) Book value
	ther Assets. See Form 990, Part X, line		(b) Book value
	ther Assets. See Form 990, Part X, line		(b) Book value
	ther Assets. See Form 990, Part X, line		(b) Book value
Part IX Ot	ther Assets. See Form 990, Part X, line (a) Descript		
Part IX Ot	must equal Form 990, Part X, col (B) line 15)	ion	(b) Book value
Part IX Ot	must equal Form 990, Part X, col (B) line 15) ther Liabilities. See Form 990, Part X, I	ine 25.	
Part IX Ot  Total. (Column (b)  Part X Ot	must equal Form 990, Part X, col (B) line 15) ther Liabilities. See Form 990, Part X, I (a) Description of liability	ion	
Part IX Ot  Total. (Column (b)  Part X Ot  1  Federal income tax	must equal Form 990, Part X, col (B) line 15 ) ther Liabilities. See Form 990, Part X, I (a) Description of liability	ine 25.  (b) Amount	
Total. (Column (b) Part X Of  1 Federal income tax Due to N	must equal Form 990, Part X, col (B) line 15) ther Liabilities. See Form 990, Part X, I  (a) Description of liability (es ewport School Dept	ine 25. (b) Amount 136,815	
Total. (Column (b) Part X Of  1 Federal income tax Due to N Due to N	must equal Form 990, Part X, col (B) line 15) ther Liabilities. See Form 990, Part X, I  (a) Description of liability (es ewport School Dept ewport Partnership for Fa	ine 25.  (b) Amount  136,815  amil 42,484	
Total. (Column (b) Part X Of  Part X Of  Federal income tax Due to N Due to V Due to V	must equal Form 990, Part X, col (B) line 15) ther Liabilities. See Form 990, Part X, l (a) Description of liability (es ewport School Dept ewport Partnership for Faiking Hockey Club	ine 25.  (b) Amount  136,815  amil 42,484  20,888	
Total. (Column (b) Part X Of  Part X Of  Federal income tax Due to N Due to N Due to V Due to M	must equal Form 990, Part X, col (B) line 15) ther Liabilities. See Form 990, Part X, l (a) Description of liability (es ewport School Dept ewport Partnership for Fa iking Hockey Club latt Quinn Scholarship Fur	ine 25.  (b) Amount  136,815  amil 42,484  20,888  ad 14,237	
Total. (Column (b) Part X Of  Part X Of  Federal income tax Due to N Due to N Due to V Due to M	must equal Form 990, Part X, col (B) line 15) ther Liabilities. See Form 990, Part X, l (a) Description of liability (es ewport School Dept ewport Partnership for Faiking Hockey Club	ine 25.  (b) Amount  136,815  amil 42,484  20,888	
Total. (Column (b) Part X Of  Part X Of  Federal income tax Due to N Due to N Due to V Due to M	must equal Form 990, Part X, col (B) line 15) ther Liabilities. See Form 990, Part X, l (a) Description of liability (es ewport School Dept ewport Partnership for Fa iking Hockey Club latt Quinn Scholarship Fur	ine 25.  (b) Amount  136,815  amil 42,484  20,888  ad 14,237	
Total. (Column (b) Part X Of  Part X Of  Federal income tax Due to N Due to N Due to V Due to M	must equal Form 990, Part X, col (B) line 15) ther Liabilities. See Form 990, Part X, l (a) Description of liability (es ewport School Dept ewport Partnership for Fa iking Hockey Club latt Quinn Scholarship Fur	ine 25.  (b) Amount  136,815  amil 42,484  20,888  ad 14,237	
Total. (Column (b) Part X Of  Part X Of  Federal income tax Due to N Due to N Due to V Due to M	must equal Form 990, Part X, col (B) line 15) ther Liabilities. See Form 990, Part X, l (a) Description of liability (es ewport School Dept ewport Partnership for Fa iking Hockey Club latt Quinn Scholarship Fur	ine 25.  (b) Amount  136,815  amil 42,484  20,888  ad 14,237	
Total. (Column (b) Part X Of  Part X Of  Federal income tax Due to N Due to N Due to V Due to M	must equal Form 990, Part X, col (B) line 15) ther Liabilities. See Form 990, Part X, l (a) Description of liability (es ewport School Dept ewport Partnership for Fa iking Hockey Club latt Quinn Scholarship Fur	ine 25.  (b) Amount  136,815  amil 42,484  20,888  ad 14,237	
Total. (Column (b) Part X Of  Part X Of  Federal income tax Due to N Due to N Due to W Due to M Due to M Due to M	must equal Form 990, Part X, col (B) line 15) ther Liabilities. See Form 990, Part X, l (a) Description of liability (es ewport School Dept ewport Partnership for Fa iking Hockey Club latt Quinn Scholarship Fur	ine 25.  (b) Amount  136,815  amil 42,484  20,888  ad 14,237	

Sche	edule D (Form 990) 2009 NEWPORT PUBLIC EDUCATION FOUNDATION 22-3137794	4	Page 4
Pŧ	art XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents	
1.	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2_	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	<u></u>
6	Investment expenses .	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV )	8	
9	Total adjustments (net) Add lines 4 through 8	9_	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pa	art XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements	_1_	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	1	
b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants 2c	]	
d	Other (Describe in Part XIV )		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	:	
b	Other (Describe in Part XIV )	-	
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	<u> </u>
Pa	art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	etur	'n
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:	1	
а	Donated services and use of facilities 2a	1	
b	Prior year adjustments 2b		
С	Other losses 2c		
d	,	•	
е	· •	2e	.==
3	Subtract line 2e from line 1	3	
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		
þ	Other (Describe in Part XIV )	1	
	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	art XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete		
this	part to provide any additional information		
	<del></del>		

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### SCHEDULE G (Form 990 or 990-EZ)

**Supplemental Information Regarding** 

Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Employer Identification number Name of the organization 22-3137794 NEWPORT PUBLIC EDUCATION FOUNDATION Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Internet and email solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (III) Did fund-(v) Amount paid to (vi) Amount paid to (i) Name of individual (ii) Activity (iv) Gross receipts raiser have (or retained by) or entity (fundraiser) from activity (or retained by) custody or fundraiser listed in organization control of col (i) contributions' Yes No

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Total

		04/28/2010 2 43 PM				
	edule art i		2009 NEWPORT PUE vents. Complete if the organic,000 on Form 990-EZ, line		o Form 990, Part IV,	line 18, or reported
	•		(a) Event#1  Run for Educati	(b) Event #2  Newport to a Te	(c) Other events	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	(event type) 15 , 922	(event type) 13,096	(total number)	29,018
	3	Less Charitable contributions Gross revenue (line 1 minus line 2)	15,922	13,096		29,018
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses	5,793	1,677		7,470
	10 11	Net income summary C	y Add lines 4 through 9 in column combine line 3, column (d), and line iplete if the organization an	10	Port IV line 10 or re	7,470) 21,548
	art I		on Form 990-EZ, line 6a.	swelled fes to Form 990,	, Part IV, line 19, or re	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				

	5 Other direct expenses			. <u> </u>						
	6 Volunteer labor	Yes No	%	Yes No	%	Yes No	%	<del></del>		
	7 Direct expense summar	y Add lines 2 throug	h 5 ın column (d	d)			<b>•</b>			
	8 Net gaming income sum	nmary Combine line	1, column d, an	nd line 7			<b>•</b>			
									Yes	No
9	Enter the state(s) in which th	he organization oper	ates gaming act	tivities <sup>.</sup>						
а	Is the organization licensed	to operate gaming a	ctivities in each	of these states?		·		9a		
b	If "No," Explain									
10a b	Were any of the organization If "Yes," Explain	n's gaming licenses	revoked, suspei	nded or terminated	during the tax	year?		10a		
11	Does the organization opera	ate gaming activities	with nonmembe	ers?				11		
12	Is the organization a grantor	r, beneficiary or trust	ee of a trust or a	a member of a partr	ership or othe	er entity				
	formed to administer charita	able gaming?				·		12		
DAA						Sch	edule G (Form	990 or 99	90-EZ)	2009

Schě	dule G (Form 990 or 990-EZ) 2009	WPORT	PUBLIC	EDUCATION	FOUNDATIO	N 22-31	<u>.37794</u>	F	Page 3
-:				<u> </u>				Yes	No
13.	Indicate the percentage of gaming activity of	perated in				1			
а	The organization's facility				.	13a	%	I	1
b	An outside facility	_			[	13b	%		
14	Provide the name and address of the person	who prepa	res the organiz	ation's gaming/speci	al events books			ı	1
	and records								
	u <b>&gt;</b>							I	
	Name				•	••			1
	Address ▶							ŀ	
15a	Does the organization have a contract with a	a third party	from whom the	organization receive	es gaming				1
ıou	revenue?	a time perty		organization receive	<u>5</u> <u>5</u>		1	5a	
b	If "Yes," enter the amount of gaming revenue	e received b	v the organiza	tion ▶ \$	•	and the			1
_	amount of gaming revenue retained by the t			•	•			ł	-
С	If "Yes," enter name and address of the third			•					1
									1
	Name >							Ī	1
	Address >								1
	Address				•				
16	Gaming manager information:								
									1
	Name ►				•				
	Gaming manager compensation ▶ \$								
	Garming manager compensation P							Ī	1
	Description of services provided ▶								
								-	1
	Director/officer Employe	е	Independ	ent contractor					
17	Mandatory distributions								
а	Is the organization required under state law	to make cha	arıtable distribu	tions from the gamin	g proceeds to			Ī	
	retain the state gaming license?			•			_ [1	7a	
b	Enter the amount of distributions required u	nder state la	 w distributed t	o other exempt organ	izations or spent	•			
	in the organization's own exempt activities of			· ·					<u> </u>
						Cabadula C /		- 000 E	

Schedule G (Form 990 or 990-EZ) 2009

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SCHEDULE I (Form 990)	Grants and C Governments,	ind Oth ents, ar	Other Assistance to Organizations, and Individuals in the United States	to Organizati n the United S	ons, States		OMB No.1545-0047
	Complete if the or	rganizatio	Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.  ▶ Attach to Form 990.	Form 990, Part IV, lin 10.	es 21 or 22.		Open to Public Inspection
NEWPORT PUBLIC EDUCATION		FOUNDATION	CON		Employer 22-31	Employer identification number	ber .
General Information on Grants and Assistance	s and Assistance						
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ntiate the amount of the gassistance? for monitoring the use of	rants or as grant funds	sistance, the grantees's in the United States	eligibility for the grant	s or assistance, an	B	X Yes
Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	to Governments an any recipient that re n 990) if additional s	d Organ ceived n pace is	ganizations in the Ur d more than \$5,000. is needed	ited States. Con Check this box if	nplete if the org no one recipie	anization ansv nt received m	wered "Yes" to ore than \$5,000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC section of applicable	(d) Amount of cash grant (e) Amount of non-cash (book, FMV, apprasal, assistance other)	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Teacher Excellence Grants							Educational
RI 02840	-		24,205				
					:		
5							
Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	nment organizations						<b>1</b>
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form	, see the Instructions for	r Form 990.	0.				Schedule I (Form 990) 2009

Schedule I (Form 990) 2009

7) I clinbode	School Agent POWDATION FOUNDATION 22-3137794	IC EDUCATION	FOUNDATION 2	2-3137794		Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	to Individuals in the	e United States. Com	nplete if the organiza	tion answered "Yes" to For	m 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, Fig. (f) Description of non-cash assistance FMV, appraisal, other)
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	omplete this part to	provide the informati	on required in Part I,	line 2, and any other additi	onal information.

223137794 04/28/2010 2 43 PM

#### SCHEDULE O

(Fo≅m 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

NEWPORT PUBLIC EDUCATION FOUNDATION

Employer identification number

22-3137794

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990
Treasurer reads through the return with the tax preparer and provides an overview to the Board of Directors.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are available to the public upon request.

4/28/2010 2:43 PM

223137794 NEWPORT PUBLIC EDUCATION FOUNDATION **Federal Statements** 22-3137794

FYE: 12/31/2009

## **Taxable Interest on Investments**

Description	Amount	Unrelated Business Code		Postal Code	Acquired after 6/30/75
Interest income	\$ 1,254		14	RI	
Total	\$ 1,254				