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Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 9/1/2009, and ending 8/31/2010																																																																																																																				
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	<table border="1"> <tr> <td rowspan="4">Please use IRS label or print or type. See Specific Instructions.</td> <td colspan="2">C Name of organization Teachers' Association of Newport</td> <td>D Employer identification number 05-0391481</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) Room/suite</td> <td>E Telephone number (401) 683-9503</td> </tr> <tr> <td colspan="2">15 Wickham Road</td> <td rowspan="2">F Group Exemption Number ►</td> </tr> <tr> <td>City, town, or country</td> <td>State ZIP + 4 Newport RI 02840</td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Teachers' Association of Newport		D Employer identification number 05-0391481	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number (401) 683-9503	15 Wickham Road		F Group Exemption Number ►	City, town, or country	State ZIP + 4 Newport RI 02840																																																																																																							
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting Method ☒ Cash ☐ Accrual Other (specify) ►																																																																																																																				
I Website: ► N/A J Tax-exempt status (check only one)— ☒ 501(c) (5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 168,507																																																																																																																				
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Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8</td> <td>9</td> <td>168,507</td> </tr> <tr> <td>10</td> <td>Grants and similar amounts paid (attach schedule)</td> <td>10</td> <td>2,500</td> </tr> <tr> <td>11</td> <td>Benefits paid to or for members</td> <td>11</td> <td>122,565</td> </tr> <tr> <td>12</td> <td>Salaries, other compensation, and employee benefits</td> <td>12</td> <td>26,737</td> </tr> <tr> <td>13</td> <td>Professional fees and other payments to independent contractors</td> <td>13</td> <td>1,925</td> </tr> <tr> <td rowspan="8">Net Assets</td> <td>14</td> <td>Occupancy, rent, utilities, and maintenance</td> <td>14</td> <td></td> </tr> <tr> <td>15</td> <td>Printing, publications, postage, and shipping</td> <td>15</td> <td>20</td> </tr> <tr> <td>16</td> <td>Other expenses (describe ► See Attached Statement)</td> <td>16</td> <td>6,615</td> </tr> <tr> <td>17</td> <td>Total expenses. 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Combine lines 18 through 20</td> <td>21</td> <td>39,255</td> </tr> </table>		Revenue	1	Contributions, gifts, grants, and similar amounts received	1	0	2	Program service revenue including government fees and contracts	2		3	Membership dues and assessments	3	167,346	4	Investment income	4	6	5a	Gross amount from sale of assets other than inventory	5a	0	5b	Less: cost or other basis and sales expenses	5b	0	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐			6a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0	6b	Less: direct expenses other than fundraising expenses	6b	0	Expenses	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	7a	Gross sales of inventory, less returns and allowances	7a		7b	Less: cost of goods sold	7b		7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	8	Other revenue (describe ► NEA Rhode Island Subsidy)	8	1,155	9	Total revenue. 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Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

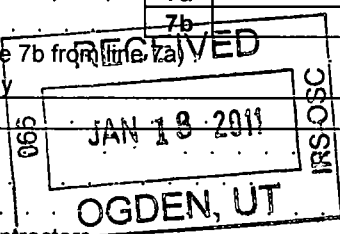
(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22,668	22,165
23 Land and buildings		
24 Other assets (describe ► See Attached Statement)	0	17,090
25 Total assets	22,668	39,255
26 Total liabilities (describe ►)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	22,668	39,255

Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

SCANNED FEB 09 2011



22

Part III	Statement of Program Service Accomplishments (See the instructions for Part III)
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What is the organization's primary exempt purpose? Representation of its members

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Representation of members in collective bargaining,
grievance processing, and other related employment matters

(Grants \$ 0) If this amount includes foreign grants, check here

28a	0
-----	---

29

(Grants \$ 0) If this amount includes foreign grants, check here

29a	0
-----	---

30

(Grants \$ 0) If this amount includes foreign grants, check here

30a	0
-----	---

31 Other program services (attach schedule)

(Grants \$ 0) If this amount includes foreign grants, check here

31a	0
-----	---

32 Total program service expenses. (add lines 28a through 31a)

32	0
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Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0		
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41 List the states with which a copy of this return is filed. ▶		
42 a The organization's books are in care of ▶ James Towers Telephone no. ▶ (401) 624-2840 Located at ▶ 84 Main Road City Tiverton ST RI ZIP + 4 ▶ 02878		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
If "Yes," enter the name of the foreign country: ▶		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

	Yes	No
46 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.	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

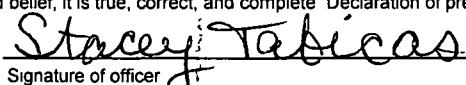
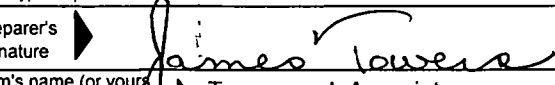
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0

f Total number of other employees paid over \$100,000 **0**

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		

d Total number of other independent contractors each receiving over \$100,000 **0**

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer 		Date 12/1/2010	
Paid Preparer's Use Only	Type or print name and title Stacey Tabicas		Treasurer	
	Preparer's signature 	Date 12/1/2010	Check if self-employed ☒	Preparer's identifying number (See instructions) P00659932
	Firm's name (or yours if self-employed), address, and ZIP + 4 Towers and Associates 84 Main Road, Tiverton, RI 02878		EIN 04-3420507	
			Phone no (401) 624-2840	

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

Part I, Line 8 (990-EZ) - Other Revenue

1,155

Description		Amount	
1	NEA Rhode Island Subsidy	1	1,155
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	
12		12	
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	

Part I, Line 16 (990-EZ) - Other Expenses

6,615

1	Travel	1	1,356
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	771
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	166
11	Telephone	11	1,054
12	Unrelated business income taxes	12	0
13	Presidents Expenses Reimbursed	13	
14	Members Welfare	14	100
15	Miscellaneous Donations	15	375
16	Public Relations	16	150
17	Bank Service Charges	17	25
18	Retirement Gathering	18	2,618
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	
30		30	
31		31	
32		32	

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances

8,442

Description		Amount	
1	Schwab and NEWPACE 8/31/9	1	8,442
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	
12		12	
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	

Part II, Line 24 (990-EZ) - Other Assets

0

17,090

Description		Beginning	End
1	Charles Schwab		5,955
2	NEWPACE		11,135
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			