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990

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)

OMB No 1545-0047

Open to Public

Department of the Treasury ▶The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service For the 2010 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number NEWPORT READING ROOM Address change Doing Business As 05-0191260 Name change Number and street (or P O box if mail is not delivered to street address) E Telephone number Initial return 29 BELLEVUE AVENUE 401) 846-0480 Terminated City or town, state or country, and ZIP + 4 NEWPORT Amended return RΙ 02840 G. Gross receipts \$ 658,698 Application pending Name and address of principal officer H(a) is this a group return for affiliates? Yes X No TYLOR FIELD II 29 BELLEVUE AVENUE. NEWPORT. RI 02840 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status 501(c)(3) X) ◀ (insert no) 4947(a)(1) or 527 Website: ► N/A H(c) Group exemption number ▶ X Corporation K Form of organization Trust Association Other > L Year of formation M State of legal domicile 1854 RΙ Part I Summarv Briefly describe the organization's mission or most significant activities PROMOTING LITERARY AND SOCIAL INTERACTION AMONG ITS MEMBERS THROUGH THE FOUNDING OF A LIBRARY AND READING ROOM Activities & Governance If the organization discontinued its operations or disposed of more than 25% of its net assets Check this box ► Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 12 Total number of individuals employed in calendar year 2010 (Part V, fine 2a) 5 0 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12

Net unrelated business taxable income from Form 990-1, line 342011 0 7a 7b 1,629 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 467,948 500,614 9 Program service revenue (Part VIII, line 2q) 0 561 investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 4,162 3,379 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 90,267 81,528 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 562.377 586,082 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 324,199 360.292 Professional fundraising fees (Part IX, column (A), line 11e) 16a n 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 233,515 191,501 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 557,714 551,793 19 Revenue less expenses Subtract line 18 from line 12 4,663 34.289 Net Assets or Fund Balances **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 565,139 606,190 21 Total liabilities (Part X, line 26) 15,646 22,408 Net assets or fund balances Subtract line 21 from line 20 583,782 Part II Signature Block 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 Sign Signatur of office Here ARES V (O) Type or print name and title Prepare s signature Print/Type preparer's name Date PTIN Check X if Paid self-employed <u>JAMES J LOMBARDI III CPA</u> 3/5/2011 Preparer's Firm's name Firm's EIN **Use Only** Firm's address ► 481 ATWOOD AVENUE, CRANSTON, RI 02920 (401) 274-8299 Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

No

| | 90 (2010) | NEWPORT READING ROOM | 05-0191260 | Page Z |
|----|-----------|---|---------------------------------------|-------------|
| Pa | rt III | Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III | | |
| 1 | Briefly | describe the organization's mission | · · · · · · · · · · · · · · · · · · · | |
| | | ROFIT LIBRARY AND READING ROOM | | |
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| | D 441 | | | |
| 2 | | organization undertake any significant program services during the year which were not listed on or Form 990 or 990-EZ? | Yes | X No |
| | | " describe these new services on Schedule O | res | NO |
| 3 | | e organization cease conducting, or make significant changes in how it conducts, any program | | |
| | service | | . Tyes | X No |
| | If "Yes | " describe these changes on Schedule O | | |
| 4 | | by expenses ount of grants an | d | |
| 4a | (Code |) (Expenses \$ 443,208 including grants of \$ 0) (Revenue | | 0) |
| | | OTING LITERARY AND SOCIAL INTERACTION AMONG ITS MEMBERS | · • | |
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| 4b | (Code: |) (Expenses \$ 0 including grants of \$ 0) (Revenue | \$ | <u></u> 0_) |
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| 4c | (Code |) (Expenses \$ 0 including grants of \$ 0) (Revenue | \$ | 0) |
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| 4d | Other | program services (Describe in Schedule O) | | |
| | (Exper | | 0) | |
| 4e | | orogram service expenses ► 443,208 | | |

Part IV Checklist of Required Schedules Part IV

| | | | 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 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) | 2 | | Х |
| 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 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | 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 | ا ۽ ا | | v |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 6 | | Х |
| • | 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, 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 term, permanent, or | Ť | | |
| | quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | 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 | Х | |
| 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 | | Х |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| 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 | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | · | Х |
| 2a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i> | | | |
| | Schedule D, Parts XI, XII, and XIII | 12a | | Х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," | | | |
| | and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Χ_ |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Χ |
| 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, Parts I and IV | 14b | | Х |
| 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, Parts II and IV | 15 | | Х |
| 6 | 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, Parts III and IV | 16 | | Х |
| 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 (see instructions) | 17 | | х |
| 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 | | X |
| 9 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | '' | - | ^ |
| , | If "Yes," complete Schedule G, Part III | 19 | | Χ |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some | | | |
| | Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | 20b | | |

ONEWPORT READING ROOM Checklist of Required Schedules (continued) Part IV

| | | | res | NO |
|-----|--|------------|-------|-------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | v |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the | 21 | | _X |
| | United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 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 25 | | | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24a 24b | | _X |
| | 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 | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 | 24d 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 | | |
| | 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 | 26 | | Х |
| 27 | 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 . | 27 | | Х |
| 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 | | Χ |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| 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 | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Χ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | х |
| | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | _x |
| | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | | X |
| а | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | 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 | 38 | х | |
| | | Form | 990 (| 2010) |

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Х 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Х Х 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 authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Х If "Yes," enter the name of the foreign country b See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Х If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Х 5¢ Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a Х If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Х 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c Х If "Yes," indicate the number of Forms 8282 filed during the year 7d d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Х h 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 Х Sponsoring organizations maintaining donor advised funds. 9 Did the organization make any taxable distributions under section 4966? 9a h Did the organization make a distribution to a donor, donor advisor, or related person? 9Ь 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a 10,184 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11 а Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Х 13a Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand . 13c Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

X

Form 990 (2010) **NEWPORT READING ROOM** 05-0191260 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 to any question in this Part VI

| ect | ion A. Governing Body and Management | | | | | | |
|------------------|---|-----------|---------------|----------|-----|----------|----------|
| ۵. | Enterthe court of the court of | اما | | , _ [| | Yes | No |
| | Enter the number of voting members of the governing body at the end of the tax year | 1a | | 12 | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | | 12 | l | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationary other officer, director, trustee, or key employee? | onsnip | with | | , | | v |
| 3 | Did the organization delegate control over management duties customarily performed by or unc | lar tha | direct | ŀ | 2 | | <u>X</u> |
| J | supervision of officers, directors or trustees, or key employees to a management company or of | | | | 3 | | ¥ |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 w | | | - | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization | | | <u> </u> | 5 | | X |
| 6 | Does the organization have members or stockholders? | 13 033 | J13 · | ŀ | 6 | Х | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or mo | re mei | nhers | | | | |
| | of the governing body? | | | | 7a | х | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other | r perso | ons? | | 7b | X | |
| 8 | Did the organization contemporaneously document the meetings held or written actions underta | - | | | | | |
| | the year by the following: | | J |] | 1 | İ | |
| а | The governing body? | | | | 8a | x | |
| b | Each committee with authority to act on behalf of the governing body? | | | | 8b | | Х |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be | e reac | hed | | | | |
| | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule (| | | | 9 | X | |
| <u>Sect</u> | ion B. Policies (This Section B requests information about policies not required by the I | nterna | ıl Revenu | e Co | de) | | |
| | | | | - | | Yes | No |
| | Does the organization have local chapters, branches, or affiliates? | | | - | 10a | | X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of s | | napters, | | | | |
| | affiliates, and branches to ensure their operations are consistent with those of the organization? | | | - | 10b | | _X_ |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body bef | ore filli | ng the | | | . | |
| | form? | | | ŀ | 11a | <u> </u> | |
| ь 12a | Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> | | | | 120 | | X |
| | Are officers, directors or trustees, and key employees required to disclose annually interests that | at coul | dawa | ŀ | 12a | | |
| U | rise to conflicts? | at Coun | a give | ļ | 12b | | Х |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy | υ? If "\ | es" | | 120 | | |
| - | describe in Schedule O how this is done | , | 00, | ŀ | 12c | ł | X |
| 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 ap | proval | by | | T | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberati | | | ? | | | |
| а | The organization's CEO, Executive Director, or top management official | | | L | 15a | Х | |
| b | Other officers or key employees of the organization | | | L | 15b | Х | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) | | | Ì | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra | angem | ent | | | | |
| | with a taxable entity during the year? | | | | 16a | | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to | | | | | | |
| | its participation in joint venture arrangements under applicable federal tax law, and taken steps | to sate | eguard | | | | ., |
| ``^* | the organization's exempt status with respect to such arrangements? ion C. Disclosure | | | | 16b | | _X_ |
| 17 | | | | | | | |
| 1 <i>7</i> 18 | List the states with which a copy of this Form 990 is required to be filed ► RI Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and | gan₋⊤ | (501(a)(3) | s only | | | |
| | available for public inspection. Indicate how you make these available. Check all that apply | 330-1 | (301(0)(3) | is Unity | ') | | |
| | Own website Another's website Upon request | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing docume | ents co | inflict of in | terest | | | |
| | policy, and financial statements available to the public | , 00 | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the boo | ks and | records o | of the | | | |
| | organization ► JUDY SOUZA | | (401) 84 | | 30 | | |
| | 29 BELLEVUE AVENUE , NEWPORT, RI 02840 | | | | | | |

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NEWPORT READING ROOM

compensated employees, and former such persons

05-0191260

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

 List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

___ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) | (B) | Boost | | C) | | | (D) | (E) | (F) |
|--|---|-------------|-------------|----|------------------------------|---|---|--|--|
| Name and Title | Average hours per week (describe hours for related organizations in Schedule O) | 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 |
| (1) TYLOR FIELD II PRESIDENT | 5 | х | | | | _ | 0 | 0 | 0 |
| (2) BRIAN G BARDORF SECRETARY | 5 | х | | | | | 0 | 0 | 0 |
| (3) DICKSON G BOENNING TREARURER | 5 | х | | | | | 0 | 0 | 0 |
| (4) ROGER H KING, JR GOVERNING COMMITTEE | 2 | х | | | | | 0 | 0 | 0 |
| (5) ROBERT L CERES GOVERNING COMMITTEE | 2 | х | | | | | 0 | 0 | 0 |
| (6) BARCLAY DOUGLAS JR GOVERNING COMMITTEE | 2 | Х | | | | | 0 | 0 | 0 |
| (7) JAMES A HILTON GOVERNING COMMITTEE | 2 | х | | | | | 0 | 0 | 0 |
| (8) JOHN J SALESSES GOVERNING COMMITTEE | 2 | × | | | | | 0 | 0 | 0 |
| (9) MICHAEL J MURRAY GOVERNING COMMITTEE | | X | | | | | 0 | 0 | 0 |
| (10) KENNETH M P LINDH GOVERNING COMMITTEE | 2 | X | | | | | 0 | 0 | 0 |
| (11) ARTHUR W MURPHY GOVERNING COMMITTEE | 2 | X | | | | | 0 | 0 | |
| (12) RICHARD N BOHAN GOVERNING COMMITTEE | 2 | _^ _x | | | | | 0 | | 0 |
| (13) KEVIN J MCGARRY | | _^ | | | | | | 0 | 0 |
| MANAGER (14) | 40 | | | X | Х | | 106,087 | 0 | 0 |
| (15) | | | | | | | | | |
| (16) | . | | | | | | | | |

| P | art VII Section A. Officers, Directors, Tr | ustees, Key Eı | nplo | yee | s, a | nd | High | est | Compensated | Employees (d | ontınu | ied) |
|-------------|--|--|-----------------------------------|------------|-------------|--------------|-----------------|----------|--|---|----------------------|---|
| | (A) Name and title | (B) Average | Posit | ion (e | | C) k all | that ap | ylq(| (D) Reportable | (E) | ١, | (F) |
| | realle and title | hours per week (describe hours for related organizations in Schedule | Individual trustee or director | | Officer | Key employee | | | compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC | cor) or ai | Estimated imount of other other mpensation from the ganization nd related ganizations |
| (17) | | | | | | | | | | - | | |
| <u>(18)</u> | | | | - | | | | | - | | | |
| (19) | | | | | | | | | | | | |
| (20) | | | | | | | | | | | - | |
| (21) | | | | | | | | | | | | |
| (22) | • | <u> </u> | | | | | | | | | + | |
| (23) | | | | | | | | | | | † | |
| (24) | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | |
| (26) | | | | | | | | | | | | |
| (27) | | | | | | | | | | | | |
| (28) | | | | | | | | | | | | |
| 1b | Sub-total | | | l | | | | • | 106,087 | | | 0 |
| С | Total from continuation sheets to Part VII, S | Section A | | | | | | • | 0 | (| | 0 |
| <u>d</u> | Total (add lines 1b and 1c) | | | | | | | ▶ | 106,087 | |) | 0 |
| 2 | Total number of individuals (including but not I | | listed | ab | ove |) wł | no re | ceiv | ed more than \$ | 100,000 in | | |
| | reportable compensation from the organization | <u> </u> | | | 1 | | | | | | | Yes No |
| 3 | Did the organization list any former officer, dir employee on line 1a? <i>If "Yes," complete Sche</i> e | | | | | /ee, | or h | ghe | est compensated | t | | |
| 4 | For any individual listed on line 1a, is the sum | | | | | an | d oth | or c | componention fro | nm. | 3 | X |
| • | the organization and related organizations gre | | | | | | | | | | ŀ | |
| | ındıvıdual | . , | | | | • | , | | | | 4 | X |
| 5 | Did any person listed on line 1a receive or accorder services rendered to the organization? If "Y | rue compensat es," complete S | ion fre | om dule | any J fo | uni | relate uch p | ed o | organization or in | ndıvıdual | 5 | _x |
| Sec | tion B. Independent Contractors | · | | | | | | | _ | | | |
| 1 | Complete this table for your five highest compoundation from the organization | ensated indepe | nden | t co | ntra | cto | rs tha | at re | eceived more tha | an \$100,000 of | | |
| | (A) (B) Name and business address Description of services | | | | | | | vices | (C Comper | | | |
| | | | | | | | | | | | | 0 |
| | | | | | _ | | | | · <u>-</u> | | | 0 |
| | | - | | | | | | | | | | 0 |
| | | | | | | | | | | | | 0 |
| 2 | Total number of independent contractors (inclumore than \$100,000 in compensation from the | | nited • | to th | nose | e lis | ted a | bov | ve) who received | ı | | |

05-0191260

| Part | i VIII | Statement of Revenue | | | _ | l | | <u> </u> |
|--|--------|--|--|---------------------------------------|----------------------|--|---|---|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| S S | 1a | Federated campaigns | 1 | a 0 | | TOVERIGE | | 012, 010, 01 014 |
| ant | _ | Membership dues | 1 | | 4 | | | |
| g | b | | | | | | | |
| fts | С | Fundraising events | . 1 | | 1 | | | |
| ig i | d | Related organizations | 1 | | 1 | | | |
| aim. | е | Government grants (contribution | _ | e 0 | | | | |
| utic | f | | T I | | | | | |
| rib oth | | similar amounts not included abo | | | - | | | |
| Contributions, gifts, grants and other similar amounts | g | Noncash contributions included in lii | nes 1a-1f 💢 | 0 | 1 | | | |
| O E | h | Total. Add lines 1a-1f | | | 500,614 | | | |
| e | | | | Business Code | | | | |
| Program Service Revenue | 2a | BOOK SALES | | 453000 | 561 | | | |
| Re | b | | | | 0 | | | |
| /ICe | С | | | | 0 | | | |
| Sen | d | | | | 0 | | | |
| Ē | е | | | | 0 | | | |
| gra | f | All other program service revenu | | | 0 | | | |
| Pro | q | Total. Add lines 2a-2f | | . > | 561 | | | |
| | 3 | Investment income (including divother similar amounts) | ridends, intere | est, and | 3,379 | | | |
| | 4 | Income from investment of tax-e. | xempt bond p | roceeds > | 0 | | | |
| | 5 | Royalties | | • | 0 | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross Rents | | | 1 | | | |
| | b | Less rental expenses | | | [| | | |
| | С | Rental income or (loss) | | 0 0 | | | | |
| | d | Net rental income or (loss) | | > | 1 o | | | |
| | 7a | Gross amount from sales of | (i) Secunties | (II) Other | | | | |
| | | assets other than inventory | | 0 0 | 1 | | | |
| | ь | Less cost or other basis | | | i | | | |
| | | and sales expenses | | 0 0 | | | i | |
| | С | Gain or (loss) | | 0 0 | 1 | | | |
| | d | Net gain or (loss) | | <u> </u> | l 0 | | | |
| ne | | Gross income from fundraising | | | | | | |
| 'en | - | • | 0 | | | | | |
| Şe, | | of contributions reported on line | | | | | | |
| r. | | See Part IV, line 18 | • | | | | | |
| Other Revenue | h | Less direct expenses | a b | · · · · · · · · · · · · · · · · · · · | 1 | | | |
| 0 | | Net income or (loss) from fundra | _ | , | o | | | |
| | | Gross income from gaming activ | • | | <u> </u> | | | |
| | Ja | See Part IV, line 19 | | | | | | |
| | _ | | . 8 | | 1 | | | |
| | | Less direct expenses | k | · | | | | |
| | | Net income or (loss) from gamin | g activities | · | 0 | | | |
| | 10a | Gross sales of inventory, less | | 45444 | | | | |
| | | returns and allowances | a | | 1 | | | |
| | | Less cost of goods sold | l l | 72,616 | 1 | | | |
| | С | Net income or (loss) from sales of | of inventory | <u> </u> | 81,528 | | | |
| | | Miscellaneous Revenue | | Business Code | | | | |
| | 11a | | | | 0 | _ | | |
| | b | | | | 0 | | | |
| | С | | | | 0 | | | |
| | d | All other revenue | | | 0 | | | |
| | е | Total. Add lines 11a-11d | | • | 0 | | | |
| | 12 | Total revenue. See instructions | | <u> </u> | 586,082 | 0 | 0 | 0 |

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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) (D) Do not include amounts reported on lines 6b. (B) Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 0 0 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the U.S. See Part IV. lines 15 and 16 Benefits paid to or for members 0 0 5 Compensation of current officers, directors, trustees, and key employees 0 0 0 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 Other salaries and wages 311.360 205.273 106.087 0 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 0 9 24,720 0 Other employee benefits 24,720 0 10 Payroll taxes 0 24,212 24.212 0 11 Fees for services (non-employees) Management а 0 0 Legal 0 0 0 b 0 Accounting 1,500 1,500 0 0 C Lobbying 0 0 0 0 Professional fundraising services See Part IV, line 17 0 0 f Investment management fees . 0 0 0 O Other 0 0 0 0 g 12 Advertising and promotion O 0 ol 0 Office expenses 10,772 0 13 10,772 0 14 Information technology 0 0 0 15 Rovalties 0 0 0 0 16 Occupancy 41,039 41,039 0 0 17 Travel 0 0 0 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 19 Conferences, conventions, and meetings 0 0 0 0 20 Interest 0 0 0 0 21 Payments to affiliates 0 0 0 0 22 Depreciation, depletion, and amortization 13,520 11.022 0 0 23 Insurance 37,457 37,457 0 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) SUPPLIES AND POSTAGE ETC 8.652 8.652 0 0 TELEPHONE 1,601 0 1,601 0 -----FUND EXPENSES 62,165 0 C 62,165 0 TAXES d 240 240 e UTILITIES 14,555 0 14,555 0 f All other expenses 0 Total functional expenses. Add lines 1 through 24f 551,793 25 443,208 106,087 0 26 Joint costs. Check here ▶ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

| Pa | art X | Balance Sheet | | | | | |
|-------------------|-------|---|-----------|-------------------------------------|--------------------------|---------|--------------------|
| | · | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | | | 13,367 | 1 | 18,626 |
| | 2 | Savings and temporary cash investments | | | 126,119 | 2 | 101,516 |
| | 3 | Pledges and grants receivable, net | | | 0 | 3 | 0 |
| | 4 | Accounts receivable, net . | | | 29,186 | 4 | 26,213 |
| | 5 | Receivables from current and former officers, | dırecto | rs, trustees, key | | | |
| | | employees, and highest compensated employ Schedule L . | ees C | omplete Part II of | | 5 | |
| | 6 | Receivables from other disqualified persons (a | as defir | ned under section | | | |
| | | 4958(f)(1)), persons described in section 4958 | | | | | |
| | | employers and sponsoring organizations of se | ction 5 | 01(c)(9) voluntary | | | |
| sts | | employees' beneficiary organizations (see inst | truction | is) | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | i | 0 | 7 | 0 |
| Ã | 8 | Inventories for sale or use | 33,692 | 8 | 33,560 | | |
| | 9 | Prepaid expenses and deferred charges | | | 11,480 | 9 | 11,696 |
| | 10a | Land, buildings, and equipment cost or | | | | | |
| | | other basis Complete Part VI of Schedule D | 10a | 631,218 | | | |
| | b | Less accumulated depreciation | 10b | 366,501 | 203,238 | 10c | 264,717 |
| | 11 | Investments—publicly traded securities | | 124,292 | 11 | 138,844 | |
| | 12 | Investments—other securities See Part IV, lin | 0 | 12 | 0 | | |
| | 13 | Investments—program-related See Part IV, III | 0 | 13 | 0 | | |
| | 14 | Intangible assets | 0 | 14 | 0 | | |
| | 15 | Other assets See Part IV, line 11 | ĺ | 23,765 | 15 | 11,018 | |
| | 16 | Total assets. Add lines 1 through 15 (must ed | 565,139 | 16 | 606,190 | | |
| | 17 | Accounts payable and accrued expenses | 6,226 | 17 | 11,147 | | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue . | | | 9,420 | 19 | 9,420 |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| es | 21 | Escrow or custodial account liability Complete | Part I | V of Schedule D | | 21 | |
| Liabilities | 22 | Payables to current and former officers, direct employees, highest compensated employees, | | | | | |
| Ë | | persons Complete Part II of Schedule L | and an | oquamica | | 22 | |
| | 23 | Secured mortgages and notes payable to unre | elated t | hird narties | 0 | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unrelat | | | 0 | 24 | 0 |
| | 25 | Other liabilities Complete Part X of Schedule | | - parties | 0 | | 1,841 |
| | 26 | Total liabilities. Add lines 17 through 25 | _ | | 15,646 | | 22,408 |
| Fund Balances | | Organizations that follow SFAS 117, check complete lines 27 through 29, and lines 33 | | | | | |
| ä | 27 | Unrestricted net assets | | | | 27 | |
| Bal | 28 | Temporarily restricted net assets | | | | 28 | |
| 둳 | 29 | Permanently restricted net assets | | | | 29 | |
| Net Assets or Fur | | Organizations that do not follow SFAS 117, and complete lines 30 through 34. | check | here ►X | | | |
| ets | 30 | Capital stock or trust principal, or current funds | | 41,800 | 30 | 41,800 | |
| SS | 31 | Paid-in or capital surplus, or land, building, or | nent fund | , , , , 500 | 31 | ,500 | |
| <u>ن</u> ځ ک | 32 | Retained earnings, endowment, accumulated | | F | 507,693 | 32 | 541,982 |
| Ž | 33 | Total net assets or fund balances | | | 549,493 | | 583,782 |
| | 34 | Total liabilities and net assets/fund balances | | ļ | 565,139 | | 606,190 |
| | | | | · · · · · · · · · · · · · · · · · · | 222,.00 | | 333,.00 |

| Form 9 | 990,(2010) NEWPORT READING ROOM | 0 | 5-0191260 | Pa | ge 12 |
|--------|---|----------|-----------|------|--------------|
| Par | | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | | <u> </u> |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 111 | | 586 | 5,082 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 1,793 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 1,289 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 549 | 9,493 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | | |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, | | | | |
| | column (B)) | 6 | | _583 | 3,782 |
| Part | Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII | | | | \Box |
| | Officer if Schedule O contains a response to any question in this Fart Air | | 1 | | |
| 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 | | _ | Yes | No |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | t 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 Schedule O | n | | | |
| 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 separate basis, consolidated 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> |
| 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 | <u> </u> | 3b | | |
| | | | Form | 990 | (2010) |

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number NEWPORT READING ROOM 05-0191260 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 1 Total number at end of year 2 Aggregate contributions to (during year) 3 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? No Yes 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? Yes No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

2

| Part | Organizations Maintaining | Collections of Ar | t, Histo | rical Tre | asures, or (| Other | Similar Assets | (contin | ued) | |
|-------|---|-----------------------|---------------|---------------|--------------------------|----------|--------------------------|------------------------|-----------|-------------|
| 3 | Using the organization's acquisition, a | ccession, and othe | er records | s, check a | ny of the foll | owing | that are a signific | ant | | |
| | use of its collection items (check all th | at apply) | | | | | | | | |
| а | Public exhibition | | d 🗍 | Loan | or exchange | progra | ams | | | |
| b | Scholarly research | | e F | Other | , | | | | | |
| С | Preservation for future generation | nns | | , | | | | | | |
| 4 | Provide a description of the organizati | | d explain | how they | further the c | organız | ation's exempt pu | ırpose ı | n | |
| 5 | During the year, did the organization s | solicit or receive do | nations o | of art. histo | orical treasur | es or | other similar | | | |
| | assets to be sold to raise funds rather | | | | | | | ☐ Y | es 🗀 | No |
| Part | IV Escrow and Custodial Arra | ngements. Com | plete if t | he organ | ization ansv | vered | "Yes" to Form 9 | 90. Pa | rt - | |
| | IV, line 9, or reported an amo | - | • | _ | | | | ,,,, | | |
| 1a | Is the organization an agent, trustee, or | | | | ntributions o | r other | assets not | | | |
| | included on Form 990, Part X? | | intermedi | iai y 101 00 | in inductions of | Other | assets not | $\square_{\mathbf{v}}$ | es 🗀 | No |
| b | If "Yes," explain the arrangement in Pa | art XIV and comple | te the fol | llowing tal | hla | | | ш. | ـــا د، |] 110 |
| - | ii 100, explain the arrangement iii i | ant Aiv and comple | ite the loi | nowing tai | DIC | | - T | Amount | | |
| С | Beginning balance | | | | | 1 | | ariount | | |
| d | Additions during the year | | | | | 1 | | | | |
| e | Distributions during the year . | | | | | 1 | | | - | |
| f | Ending balance | | | | | 1 | | | | 0 |
| _ | • | | | 0.40 | | ! | <u> </u> | Г | | |
| 2a | Did the organization include an amoun | | irt X, line | 217 | | | - | Y∙ | es X | No |
| b | If "Yes," explain the arrangement in Pa | | | 1 115 | | | | | | |
| Part | V Endowment Funds. Comple | | | | 1 | | | 1 | | |
| | <u> </u> | (a) Current year | (b) Pri | or year | (c) Two years | back | (d) Three years back | (e) Fo | our years | s back |
| 1a | Beginning of year balance | 0 | | | | | | _ | | |
| b | Contributions | | | | ļ | | | _ | | |
| С | Net investment earnings, gains, | | | | | | | | | |
| | and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | + | | |
| е | Other expenditures for facilities | | | | | | | | | |
| _ | and programs | _ | | | | | | <u> </u> | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | 0 | | 0 | l . | 0 | | 1 | | |
| 2 | Provide the estimated percentage of the | - | | S | | | | | | |
| а | Board designated or quasi-endowmen | | . <u>.</u> %_ | | | | ı | | | |
| b | Permanent endowment | <u> </u> | | | | | | | | |
| C | | % | | | | | | | | |
| 3a | Are there endowment funds not in the | possession of the | organiza | tion that a | are held and a | admini | stered for the | 1 | | |
| | organization by | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | • | 3a(i) | | <u> </u> |
| | (ii) related organizations | | | | | | | 3a(ii) | | <u> </u> |
| b | If "Yes" to 3a(II), are the related organ | | | | | | | _3b_ | | |
| 4 | Describe in Part XIV the intended uses | | | | | | | | | |
| Part | VI Land, Buildings, and Equip | ment. See Form | 990, Pa | art X, line | : 10 | | | | | |
| | Description of investment | (a) Cost or oth | | | st or other s (other) | | Accumulated depreciation | (d) B | ook valu | ie |
| 1a | Land | | 0 | | 10,000 | | | | 1 | 10,000 |
| b | Buildings | | 0 | | 265,144 | | 220,772 | | 4 | 14,372 |
| С | Leasehold improvements | | 0 | | 220,250 | | 19,101 | | 20 | 1,149 |
| d | Equipment | | 0 | | 53,546 | | 53,546 | | | 0 |
| e | Other | l | 0 | | 82,278 | | 73,082 | | | 9,196 |
| Total | I. Add lines 1a through 1e (Column (d) | must equal Form 9 | 990, Part | X, columi | n (B), line 10(| (c)) | • | | 26 | 34,717 |

| Part VII | Investments—Other Securitie | es. See Form 990, Part X, | line 12 | |
|--------------------------|--|---------------------------|---|----------------|
| (6 | Description of security or category (including name of security) | (b) Book value | (c) Method of va Cost or end-of-year r | |
| (1) Financia | ıl derivatives | 0 | | |
| | held equity interests | 0 | | |
| (3) Other | | 0 | | |
| | | 0 | · · · · · · · · · · · · · · · · · · · | |
| (B) | | 0 | | |
| 105 | | 0 | | |
| (E) | | 0 | | |
| (E) | | 0 | - ··· · · · · · · · · · · · · · · · · | |
| (G) | | 0 | | |
| (H) | | 0 | | |
| (l) | | 0 | | |
| | b) must equal Form 990, Part X, col (B) line 12) | 0 | | |
| Part VIII | Investments—Program Relat | ed. See Form 990, Part X | , line 13 | |
| | (a) Description of investment type | (b) Book value | (c) Method of va Cost or end-of-year r | |
| (1) | | 0 | | |
| (2) | | 0 | | |
| (3) | ···· | 0 | | |
| (4) | | 0 | | |
| (5) | | 0 | | |
| (6) | | 0 | , | |
| <u>(7)</u> (8) | | 0 | | |
| (9) | | 0 | | |
| (10) | | 0 | | |
| | b) must equal Form 990, Part X, col (B) line 13) | 0 | | |
| Part IX | Other Assets. See Form 990, | Part X, line 15 | | |
| | | a) Description | | (b) Book value |
| (1) | | | | 0 |
| (2) | | | | 0 |
| (3) | | | | 0 |
| (4) | | | | 0 |
| (5) | | | | 0 |
| (6) | | | | 0 |
| <u>(7)</u> | | | | 0 |
| (8) (9) | | | | 0 |
| (10) | | | | 0 |
| | umn (b) must equal Form 990, Part X, | col (B) line 15) | > | 0 |
| Part X | Other Liabilities. See Form 99 | | | |
| 1. | (a) Description of liability | (b) Amount | | |
| | al income taxes | 0 | | |
| (2) TAXES | PAYABLE | 1,841 | | |
| (3) | | 0 | | |
| (4) | | 0 | | |
| (5) | | 0 | | |
| (6) | | 0 | | |
| | | 0 | | |
| (8) | | 0 | | |
| (9) | | 0 | | |
| (10) | | 0 | | |
| (11) Total (Column (t | b) must equal Form 990, Part X, col (B) line 25) | 1.841 | | |

2. FIN 48 (ASC 740) Footnote In Part XIV, 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)

NEWPORT READING ROOM 05-0191260 Schedule D (Form 990) 2010 Page 5 Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization 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.

| Inspection | Employer identification number |

| NEWPORT READING ROOM | 05-0191260 |
|--|--------------------------------------|
| Form 990 Part Part VI Line 11 THE GOVERNING BODY REVIEWS T | |
| RETURN | |
| Form 990 Part Part VI Line 19 THE GOVERNING BODY AND MANAC | GEMENT REVIEW POLICIES FOR CONFLICTS |
| THERE ARE NO CERTIFIED FINANCIAL STATEMENTS TO PROVID | DE TO THE PUBLIC |
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| Schedule O (Form 990 or 990-EZ) (2010) | Page 2 |
|---|---|
| Name of the organization | Employer identification number |
| NEWPORT READING ROOM | 05-0191260 |
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1118 (Rev December 2009)

Department of the Treasury

Internal Revenue Service

Foreign Tax Credit—Corporations

Attach to the corporation's tax return. ▶ See separate instructions.

OMB No 1545-0122

Employer identification number: and ending , or other tax year beginning 2010 For calendar year

05-0191260 Use a separate Form 1118 for each applicable category of income listed below. See Categories of Income in the instructions. Also, see Specific Instructions Income or (Loss) Before Adjustments (Report all amounts in U S dollars See Specific Instructions Section 901(j) Income Name of Sanctioned Country Income Re-sourced by Treaty Name of Country I Check only one box on each form General Category Income X Passive Category Income NEWPORT READING ROOM Name of corporation Schedule A

Total (add columns 2(a) through 7) Gross Income or (Loss) From Sources Outside the United States (INCLUDE Foreign Branch Gross Income here and on Schedule F) ထ 7. Other (attach schedule) Ö 6. Gross Income From Performance 5. Gross Rents, Royalties, and License Fees 4. Interest (a) Exclude gross-up (b) Gross-up (sec 78) (a) Exclude gross-up (b) Gross-up (sec 78) 3 Other Dividends 2 Deemed Dividends (see instructions) Totals (add lines A through F) U S Possession (Enter 1. Foreign Country or two-letter code, see a separate line for instructions Use each)* Ω Ш m ပ ш

0 0 ol O 0 \circ

* For section 863(b) income, NOLs, income from RICs, and high-taxed income, use a single line (see instructions)

| | | | Deductions (IV | <i>ICLUDE</i> Foreign Bra | Deductions (INCLUDE Foreign Branch Deductions here and on Schedule F) | and on Schedule F) | | | 1 |
|--------|---|--|---|---------------------------------|---|--|---------------------------------|--|--------------------------|
| | | 9 Definitely | 9 Definitely Allocable Deductions | | | 10 Apportioned Share of | | | 13. Lotal Income or |
| | Rental, Royalty and | Rental, Royalty and Licensing Expenses | (c) Expenses | (d) Other | (e) Total Definitely | Deductions Not | | 12. Total | Adjustments (subtract |
| | (a) Depreciation, Depletion, and Amortization | (b) Other Expenses | Related to Gross Income From Performance of Services | Definitely Allocable Deductions | Allocable Deductions (add columns 9(a) through 9(d)) | (enter amount from applicable line of Schedule H, Part II column (d)) | 11 Net Operating Loss Deduction | Deductions (add columns 9(e) through 11) | column 12 from column 8) |
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| Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| • | | | • | | | | | | |

For Paperwork Reduction Act Notice, see separate instructions.

Form 1118 (Rev 12-2009)

| | | | (22.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2 | | 100000000000000000000000000000000000000 | /2 | | | | | |
|------|--------------------------------|-------------------------------|---|--|--|--|--|----------------------|------------------|--|---|
| | 1. Credit | 1. Credit is Claimed | Z. Foreign | laxes Paid or Accrue | Foreign Taxes Paid of Accrued (attach schedule showing amounts in foreign currency and conversion rate(s) used) | wing amounts in foreit | gn currency and conv | ersion rate(s) used) | | | Tax Deemed Paid |
| | | or laxes | Tax Withheld at Source on | t Source on | | Other Foreig | Other Foreign Taxes Paid or Accrued on | ned on | | (h) Total Foreign Taxes | (from Schedule C- |
| | X Paid | Accrued | (a) Dividends | (b) Interest | (c) Rents, Royatties, | (d) Section | (e) Foreign | (f) Services Income | (g) Other | (n) rotal Oreign raxes Paid or Accrued (add columns 2(a) through 2(a)) | Part I, column 10, Part II, column 8(b), |
| | Date Paid | Date Accrued | | | and closing i | ממס(בי) ווניסווופ | סומויכין וווכסווופ | | | ממונים דומן מונים פון דומן | and Part III, column 8) |
| 4 | 12/31/2010 | | 1,831 | | | | | | | 1,831 | |
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| Tota | Totals (add lines A through F) | rough F) | 1,831 | 0 | 0 | 0 | 0 | 0 | 0 | 1.831 | 0 |
| Pai | rt II—Sepai | ate Foreign | Part II—Separate Foreign Tax Credit (Complete a | Complete a se | separate Part II for each applicable category of income | r each applica | ble category o | fincome) | | | |
| - | Total fore | ign taxes pai | d or accrued (to | Total foreign taxes paid or accrued (total from Part I, column 2(h)) | olumn 2(h)) | | | | | 53 | |
| 7 | Total taxe | s deemed ps | Total taxes deemed paid (total from Part I, column 3) | art I, column 3) | | | | | | 0 | |
| က | Reduction | ns of taxes pa | aid, accrued, or | deemed paid (ei | Reductions of taxes paid, accrued, or deemed paid (enter total from Schedule G) | nedule G) | | | | 0 | |
| 4 | Taxes rec | lassified und | Faxes reclassified under high-tax kickout | out | | | | | | | |
| ß | Enter the | sum of any c | arryover of fore | Enter the sum of any carryover of foreign taxes (from Schedule | Schedule K, line 3 | K, line 3, column (xiv)) plus any carrybacks to the current tax year | lus any carrybac | ks to the current | tax year | 0 | |
| 9 | Total fore | ign taxes (co | Total foreign taxes (combine lines 1 through 5) | hrough 5) | | | • | | • | | 53 |
| 7 | Enter the | amount from | the applicable | column of Schec | Enter the amount from the applicable column of Schedule J, Part I, line 11 (see instructions) If Schedule J is not required to be completed, enter the | 11 (see instruction | ons) If Schedule | J is not require | d to be complet | ed, enter the | |
| | result fror | n the "Totals' | " line of column | esult from the "Totals" line of column 13 of the applicable Schedule A | able Schedule A | | | | • | | 1,831 |
| œ | ·ro | ble income fi | rom all sources | (enter taxable ın | Total taxable income from all sources (enter taxable income from the corporation's tax return) | rporation's tax re | turn) | | | 2,629 | |
| | b Adjustme | nts to line 8a | Adjustments to line 8a (see instructions) | ls) | | | | | | | |
| | c Subtract I | Subtract line 8b from line 8a | ne 8a | • | | | | | | | 2,629 |
| 6 | Divide In | e 7 by line 8c | Enter the resu | Divide line 7 by line 8c Enter the resulting fraction as a decimal | | (see instructions) If line 7 is greater than line 8c, enter 1 | 7 is greater than | n line 8c, enter 1 | | <u> </u> | 0 696463 |
| 9 | Total U S | income tax | against which c | redit is allowed (i | Total US income tax against which credit is allowed (regular tax liability (see section 26(b)) minus American Samoa economic development credit) | , (see section 26 | (b)) minus Amer | ican Samoa eco | nomic developr | ment credit) | 53 |
| 7 | Credit lim | itation (multip | oly line 9 by line | Credit limitation (multiply line 9 by line 10) (see instructions) | tions) | | | | | . | 37 |
| 12 | Separate | foreign tax | credit (enter th | Separate foreign tax credit (enter the smaller of line 6 or line | 6 or line 11 here a | 1 here and on the appropriate line of Part III) | priate line of Par | t III) | | | 37 |
| Part | t III—Sum | mary of Sel | varate Credit | s (Enter amounts | III—Summary of Separate Credits (Enter amounts from Part II, line 12 for each applicable category of income | 12 for each app | licable category | of income Do no | ot include taxes | Do not include taxes paid to sanctioned countries | _ |
| _ | Credit for | taxes on pas | Credit for taxes on passive category income | лсоте | | | | • | | 37 | |
| 7 | Credit for | taxes on gen | Credit for taxes on general category income | ncome | | | | | | | |
| က | Credit for | taxes on inco | ome re-sourced | by treaty (combi | Credit for taxes on income re-sourced by treaty (combine all such credits on this line) | s on this line) | | | | | |
| 4 | Total (adα | Total (add lines 1 through 3) | (£ ybr | | | | | | | | 37 |
| S) | Reduction | ı ın credit for | international bc | ycott operations | Reduction in credit for international boycott operations (see instructions) | | | | | I , | |
| ဖ | Total for | sign tax cred | iit (subtract line | Total foreign tax credit (subtract line 5 from line 4) Enter here | | and on the appropriate line of the corporation's tax return | ine of the corpor | ation's tax return | | | 37 |
| | | | | | | | | | | Form | Form 1118 (Rev 12-2009) |

NEWPORT READING ROOM

Tax Deemed Paid by Domestic Corporation Filing Return

Use this schedule to figure the tax deemed paid by the corporation with respect to dividends from a first-tier foreign corporation 902(a), and deemed inclusions of earnings from a first- or lower-tier foreign corporation under section 960(a) Report all amounts in U.S. dollars unless otherwise specified.

| Name of Frome 1 Name of Frome 2 Name of Frome 2 Name of Frome 2 Name of Frome 3 Name 3 N | Part I—Dividends and Deemed Inclusions From Post-1986 | and Dee | med Inclus | sions From | | Undistributed Earnings | Earnings | | | | | |
|--|---|------------------------------|--|---|---|--|--|---------------------------------------|------------------------|--------------------------|--------------------------|---|
| indictionally Earnest Income (a) Taxes Paid somewhat Income (a) Taxes (add somewhat Income) (a | | | 3. Country of Incorporation | 4 Post-1986 Undistributed | 5. Opening Balance in | 6. Foreign Taxes P Paid for Tax Y | Paid and Deemed ear Indicated | 7. Post-1986 | 8 Divid Deemed | ends and Inclusions | o o | 40 Tox Domos Base |
| DETITE THE result here and include on "Totals" line of Schedule B, Part I, column 3) Of Pre-1987 Accumulated Profits 3 County of incretoral currency control of computer unchanged and Profits schedule) 1 County of incretoral currency control of computer unchanged and Profits incretoral currency control of columnation | | | (enter country code from instructions) | Earnings (in functional currency—attach schedule) | Post-1986 Foreign Income Taxes | | (b) Taxes Deemed Paid (from Schedule D Part I— see instructions) | Taxes (add columns 5, 6(a), and 6(b)) | (a) Functional Currenc | y (b) U S Dollars | Ğ <u>à</u> | (multiply column 7 by column 9) |
| Define the result here and include on "Totals" line of Schedule B, Part I, column 3) Sourty of for Tax Vaer include on "Totals" line of Schedule B, Part I, column 3) Columbiated Profits 3 County of for Tax Vaer include on "Totals" line of Schedule B, Part I, column 3) Enter the result here and include on "Totals" line of Schedule B, Part I, column 3) Enter the result here and include on "Totals" line of Schedule B, Part I, column 3) Enter the result here and include on "Totals" line of Schedule B, Part I, column 3) Enter the result here and include on "Totals" line of Schedule B, Part I, column 3) Enter the result here and include on "Totals" line of Schedule B, Part I, column 3) Enter the result here and include on "Totals" line of Schedule B, Part I, column 3) Enter the result here and include on "Totals" line of Schedule B, Part I, column 3) Enter the result here and include on "Totals" line of Schedule B, Part I, column 3) Enter the result here and include on "Totals" line of Schedule B, Part I, column 3) | | | | | | | | 0 | | | 000000 | 0 |
| Define the result here and include on "Totals" line of Schedule B, Part I, column 3) Southy code from section 902 (attach section 902) (attach schedule) Enter the result here and include on "Totals" line of Schedule B, Part I, column 3) Enter the result here and include on "Totals" line of Schedule B, Part I, column 3) Enter the result here and include on "Totals" line of Schedule B, Part I, column 3) Enter the result here and include on "Totals" line of Schedule B, Part I, column 3) Enter the result here and include on "Totals" line of Schedule B, Part I, column 3) Enter the result here and include on "Totals" line of Schedule B, Part I, column 3) Enter the result here and include on "Totals" line of Schedule B, Part I, column 3) Enter the result here and include on "Totals" line of Schedule B, Part I, column 3) Enter the result here and include on "Totals" line of Schedule B, Part I, column 3) | | | | | | | | 0 | | | 0000000 | 0 |
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| Of Pre-1987 Accumulated Profits 3 Country of increased include on "Totals" line of Schedule B, Part I, column 3) 3 Country of increased | | | | | | | | 0 | | | 0 000000 | 0 |
| A county of co | ital (Add amounts ii | n column | 10 Enter the | result here a | " ud include on | "Totals" line of | | Part I, column | 3) | | • | 0 |
| 3 Country of for Tax Year Indicated country of for Tax Year End control currency Early for Tax Year Indicated (in functional currency) (a) Functional Currency (in functional currency) (a) Functional Currency (in functional currency) (b) U S Dollars (country code from section 902) (attach schedule) Enter the result here and include on "Totals" line of Schedule) S Country of Incorporation (enter country code from mistructions) Enter the result here and include on "Totals" line of Schedule) S Country of Incorporation (enter country code from mistructions) Enter the result here and include on "Totals" line of Schedule) S From Pre-1987 Earnings and Profits S Country of Incorporation (enter country code from mistructions) S From Pre-1987 Earnings and Profits S Country of Incorporation (enter country code from mistructions) S From Pre-1987 Earnings and Profits S Country of Incorporation (enter country code from mistructions) S From Pre-1987 Earnings and Profits S Country of Incorporation (enter country code from mistructions) S From Pre-1987 Earnings and Profits S Country of Incorporation (enter country code from mistructions) S From Pre-1987 Earnings and Profits S Country of Incorporation (enter country code from mistructions) S From Pre-1987 Earnings and Profits S Country of Incorporation (enter country code from mistructions) S From Pre-1987 Earnings and Profits S Country of Incorporation (enter country code from mistructions) S From Pre-1987 Earnings and Profits S From | art II—Dividends | Paid On | t of Pre-19 | 87 Accumu | lated Profits | | | | | | | |
| Section 902) (attach schedule) | | Tax Year Enc (Yr-Mo) (see | | | cumulated Profits ax Year Indicated nctional currency | | s Paid id on rofits ear | 6 Dividend | | 7. Divide Column 6(a) | 8 Tax De (see ins | 8 Tax Deemed Paid (see instructions) |
| Enter the result here and include on "Totals" line of Schedule B, Part I, column 3) From Pre-1987 Earnings and Profits 3. County of Incorporation (enter county code from structions) instructions) Enter the result here and include on "Totals" line of Schedule B, Part I, column 3) (a) Functional Currency and Deemed Paid for a Computed under section 964) (see instructions) (a) Functional Currency (a) Functio | | instructions) | Instructi | | tion 902) (attach schedule) | Indicated (in functional curr (see instruction | _ | ictional Currency | (b) U S Dollars | | (a) Functional Currency | (b) U S Dollars |
| Enter the result here and include on "Totals" line of Schedule B, Part I, column 3) From Pre-1987 Earnings and Profits 3. County of incorporation (enter country code from structions) Instructions) Enter the result here and include on "Totals" line of Schedule B, Part I column 3) Enter the result here and include on "Totals" line of Schedule B, Part I column 3) Enter the result here and include on "Totals" line of Schedule B, Part I column 3) Enter the result here and include on "Totals" line of Schedule B, Part I column 3) | | | | | | | | | | 0000000 | | |
| Enter the result here and include on "Totals" line of Schedule B, Part I, column 3) From Pre-1987 Earnings and Profits 3. Country of incorporation (enter country code from structions) A E&P for Tax Year Indicated incorporation (enter country code from country code from country code from instructions) Enter the result here and include on "Totals" line of Schedule B, Part I column 3) Enter the result here and include on "Totals" line of Schedule B, Part I column 3) | | | | | | | | | | 0 000000 | | |
| From Pre-1987 Earnings and Profits Tax Year End incorporation (enter country ode from instructions) Enter the result here and include on "Totals" line of Schedule B, Part I, column 3) From Pre-1987 Earnings and Profits 3. Country of incorporation (enter country code from Use country code from Use (in functional currency translated from Use instructions) Enter the result here and include on "Totals" line of Schedule B, Part I column 3) Enter the result here and include on "Totals" line of Schedule B, Part I column 3) Enter the result here and include on "Totals" line of Schedule B, Part I column 3) | | | | | | | | | | 0000000 | | |
| From Pre-1987 Earnings and Profits 1 Country of Incorporation (enter country code from nestructions) 1 Enter the result here and include on "Totals" line of Schedule B, Parí I, column 3) 1 Country of (in functional currency translated from US dollars, country code from nestructions) 1 Enter the result here and include on "Totals" line of Schedule B, Parí I column 3) 2 Country of (in functional currency translated from US dollars, country code from nestructions) 3 Country of (in functional currency translated from US dollars, country code from nestructions) 4 Exp for Tax Year Indicated (in functional currency translated from US dollars, country code from nestructions) (attach schedule B, Parí I, column 3) (and Deemed Paid for translated from US dollars, computed under section 964) (attach schedule) (attach country code from nestructions) (attach country code from nestructions) (attach country code from nestructions) | | | | | | | | | | 0 000000 | | |
| From Pre-1987 Earnings and Profits 3. Country of Incorporation (enter country code from nextructions) From Pre-1987 Earnings and Profits 3. Country of Incorporation (enter country code from nextructions) From Pre-1987 Earnings and Profits 3. Country of Incorporation (enter country code from nextructions) From Pre-1987 Earnings and Profits 4. E&P for Tax Year Indicated (in functional currency and Deemed Paid for translated from U.S. dollars, computed under section 964) From Pre-1987 Earnings and Profits (in functional currency and Deemed Paid for computed under section 964) (see instructions) (attach schedule B, Part I, column 3.) (attach schedule) (a) Functional Currency (a) Funct | | | | | | | | | | 0 000000 | | |
| From Pre-1987 Earnings and Profits 3. Country of Incorporation (enter country code from nestructions) A E&P for Tax Year Indicated (in functional currency and Deemed Paid for translated from U.S. dollars, computed under section 964) Enter the result here and include on "Totals" line of Schedule R. Part I. column 3.) | tal (Add amounts II | n column § | 8b Enter the | e result here a | and include on | "Totals" line of | Schedule B. | Part I. column | 3) | | A | C |
| Tax Year End Tocrporation (enter from translated from U S dollars, nistructions) Tax Year Indicated from U S dollars, country code from computed under section 964) Enter the result here and include on "Totals" line of Schedule R Part I column 3.) | irt III—Deemed I | nclusion | s From Pre | ∍-1987 Earn | ings and Pro | fits | | | | | | |
| Instructions) country code from computed under section 964) (see instructions) (a) Functional Currency (attach schedule) (a) Functional Currency (attach schedule) (a) Functional Currency (a) F | 1 Name of Foreign Corporation (identif | | 2 Tax Year End | | 4 ; | RP for Tax Year Ind (in functional current | | eign Taxes Paid eemed Paid for | 6. Deemed | Inclusions | 7. Divide Column 6(a) | 8 Tax Deemed Paid |
| Total (Add amounts in column 8 Enter the result here and include on "Totals" line of Schedule R Part I. column 3.) | DISCs and former DISCs) | | instructions) | country coc instructio | | puted under section (attach schedule) | | | (a) Functional Currenc | y (b) U.S. Dollars | Γ | (multiply column 5 by column 7) |
| Total (Add amounts in column 8 Enter the result here and include on "Totals" line of Schedule R Part I column 3.) | | | | | | | | | | | 0000000 | 0 |
| Total (Add amounts in column 8 Enter the result here and include on "Totals" line of Schedule R Part I column 3.) | | | | | | | | | | | 0 000000 | 0 |
| Total (Add amounts in column 8 Enter the result here and include on "Totals" line of Schedule R Part I column 3.) | | | | | | | | | | | 0 000000 | 0 |
| Total (Add amounts in column 8 Enter the result here and include on "Totals" line of Schedule R Part I column 3.) | | | | | | | | | | | 000000 0 | 0 |
| Total (Add amounts in column 8 Enter the result here and include on "Totals" line of Schediile B. Part I. column 3.) | | | | | | | | | | | 0 000000 | 0 |
| | tal (Add amounts ir | n column 8 | 3 Fnter the r | result here an | T" no abrilon b | otals" line of Sc | d a chibada | ort I column 3 | | | | C |
| | | | | | | | | 2 1 20 | | | - L | Form 1118 (Rev 12-2009) |

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NEWPORT READING ROOM

Form 1118 (Rev 12-2009)
Schedule D

Tax Deemed Paid by First- and Second-Tier Foreign Corporations under Section 902(b)

Use Part I to compute the tax deemed paid by a first-tier foreign corporation with respect to dividends from a second-tier foreign corporation. Use Part II to compute the tax deemed paid by a second-tier foreign corporation with respect to dividends from a third-tier foreign corporation. Report all amounts in

U.S. dollars unless otherwise specified.
Part I—Tax Deemed Paid by First-Tier Foreign Corporations

| Section A—Dividends Paid Out of Post-1986 | Section A- | -Dividends Paic | Section A—Dividends Paid Out of Post-1986 | 12 | ed Earnings | ndistributed Earnings (Include the column 10 results in Schedule C. Part I. column 6(b) | mn 10 results | in Schedule C | Part I. colum | n 6(b)) | |
|--|--------------------------------------|--|---|-----------------------------------|--|---|---|---|----------------------------------|--|---------------------------------|
| 1 Name of Second-Tier Foreign | 2 Tax Year End (Yr-Mo) | 3 Country of Incorporation (enter | 4 Post-1986 Undistributed Earnings | 5 Opening Balance in | 6 Foreign Taxes Paid for Tax | 6 Foreign Taxes Paid and Deemed Paid for Tax Year Indicated | 7 Post-1986 Foreign Income | 8 Dividends Paid (in functional currency) | id (in functional | 9 Divide Column | 10 Tax Deemed Paid (multiply |
| First-Tier Foreign Corporation | (see instructions) | country code from instructions) | currency—attach schedule) | Post-1986 Foreign Income Taxes | (a) Taxes Pard | (b) Taxes Deemed Paid (see instructions) | raxes (add columns 5, 6(a), and 6(b)) | (a) of Second-tier Corporation | (b) of First-tier Corporation | 8(a) by Column 4 | column 7 by column 9) |
| | | | | | | | 0 | | | 000000 0 | 0 |
| | | | | | | | 0 | | | 0 000000 | 0 |
| | | | | | | | 0 | | | 000000 0 | 0 |
| | | | | | | | 0 | | | 0 000000 | 0 |
| | | | | | | | 0 | | | 0 000000 | 0 |
| | Section B- | -Dividends Paid | -Dividends Paid Out of Pre-1987 | | I Profits (Incl | Accumulated Profits (Include the column 8(b) results in Schedule C, Part I, column 6(b) | 8(b) results in | Schedule C, Pa | art I, column 6 | (p)) | |
| 1 Name of Second-Tier Foreign | 2 Tax Year | 3 Country of | 4 Accumulated Profits for | d Profits for | 5 Foreign Taxes | Foreign Taxes Paid and Deemed | 6 Dividends Paid (II | 6 Dividends Paid (in functional currency) | 7 Divide | 8 Tax Deemed Paid (see instructions) | (see instructions) |
| Corporation and Its Related First-Tier Foreign Corporation | End (Yr-Mo) (see instructions) | Incorporation (enter country code from instructions) | Tax Year Indicated (in functional currency—attach schedule) | idicated currency— edule) | Paid for Tax (in function see ins | Pard for Tax Year Indicated (in functional currency—see instructions) | (a) of Second-tier Corporation | (b) of First-tier Corporation | Column (a 6(a) by Column 4 | (a) Functional Currency of Second-lier Corporation | (b) U S Dollars |
| | | | | | | | | | 0000000 | 0 | |
| | | | | | | | | | 0000000 | 0 | |
| | | | | | | | | | 000000 0 | 0 | |
| | | | | | | | | | 0000000 | 0 | |
| | | | | | | | | | 0000000 | 0 | |
| Part II—Tax Deemed Paid by | Paid by S | econd-Tier Fo | Second-Tier Foreign Corporation | ions | | | | | | | |
| | Section A- | -Dividends Paic | Section A—Dividends Paid Out of Post-1986 U | | ed Earnings (| ndistributed Earnings (Include the column 10 results in | mn 10 results | in Section A, column 6(b), | | of Part above) | |
| 1 Name of Third-Tier Foreign | 2 Tax Year | 3 Country of | 4 Post-1986 Undistributed Farmos | 5 Opening | 6 Foreign Taxes Paid for Tax | 6 Foreign Taxes Paid and Deemed Paid for Tax Year Indicated | 7 Post-1986 Foreign | 8 Dividends Paid (in functional currency) | id (in functional ncy) | 9 Divide | 10 Tax Deemed |
| Corporation and its Related Second-Tier Foreign Corporation | end (Yr-Mo) | Incorporation (enter country code from | (in functional | Balance in Post-1986 Foreign | Find agent (a) | (b) Taxes Deemed Paid (from | Income Taxes (add columns | (a) of Third-tier | (b) of Second-tier | Column 8(a) by | Paid (multiply column 7 by |
| | instructions) | instructions) | schedule) | Income Taxes | (a) laxes raid | Schedule E, Part I column 10) | 5, 6(a), and 6(b)) | Corporation | Corporation | Column 4 | column 9) |
| | | | | | | | 0 | | | 0 000000 | 0 |
| | | | | | | | 0 | | | 0000000 | 0 |
| | | | | | | | 0 | | | 0000000 | 0 |
| | | | | | | | 0 | | | 0 000000 | 0 |
| | | | | | | | 0 | | | 0000000 | 0 |
| | Section B- | -Dividends Paic | Section B-Dividends Paid Out of Pre-1987 | / Accumulated | Profits (Inclu | Accumulated Profits (Include the column 8(b) results in Section A, column 6(b), of Part I above | 3(b) results in | Section A, colu | mn 6(b), of Pa | art I above) | |
| 1 Name of Third-Tier Foreign | 2 Tax Year | 3 Country of | 4 Accumulated Profits for | 1 Profits for | 5 Foreign Taxes | Foreign Taxes Paid and Deemed | 6 Dividends Paid (in | 6 Dividends Paid (in functional currency) | 7 Divide | 8 Tax Deemed Paid (see instructions) | d (see instructions) |
| Corporation and its Related Second-Tier Foreign Corporation | End (Yr-Mo) (see instructions) | Incorporation (enter country code from instructions) | Tax Year Indicated (in functional currency—attach schedule) | dicated currency— edule) | Paid for Tax Year Indic functional currency- instructions) | Pard for Tax Year Indicated (in functional currency—see instructions) | (a) of Third-tier Corporation | (b) of Second-tier Corporation | Column 6(a) by Column 4 | (a) In Functional Currency of Third-tier Corporation | (b) U S Dollars |
| | | | | | | | | | 0 000000 | _ | |
| | | | | | | | | | 000000 0 | | |
| | | | | | | | | | 000000 0 | 0 | |
| | | | | | | | | | 000000 0 | 0 | |
| | | | | | | | | | 000000 | 0 | |
| | | | | | | | | | | Form 1118 | Form 1118 (Rev 12-2009) |

Form 1118 (Rev 12-2009)

Tax Deemed Paid by Certain Third-, Fourth-, and Fifth-Tier Foreign Corporations Under Section 902(b)

Use this schedule to report taxes deemed paid with respect to dividends from eligible post-1986 undistributed eamings of fourth-, fifth- and sixth-tier

controlled foreign corporations. Report all amounts in U.S. dollars unless otherwise specified.

Part I—Tax Deemed Paid by Third-Tier Foreign Corporations (Include the column 10 results in Schedule D. Part II. Section A. column 6(b).)

| Part I-I ax Deemed Paid by Third-Tier Foreign Corporations (| ed Paid by | Third-Tier For | reign Corporati | ons (Include | the column 10 | include the column 10 results in Schedule D, Part II | redule D, Part | 1 | Section A, column 6(b) | (| `. |
|--|----------------------------------|--|--|--------------------------------------|-----------------------------------|--|--|---|------------------------------|-------------------------------|--|
| 1 Name of Fourth-Tier Foreign Corporation and its Related | 2 Tax Year End | 3 Country of | 4 Post-1986 Undistributed Earnings | 5 Opening Balance in | 6 Foreign Taxes Paid for Tax | 6 Foreign Taxes Paid and Deemed Paid for Tax Year Indicated | 7 Post-1986 Foreign Income | 8 Dividends Paid (in functional currency) | s Paid (in currency) | 9 Divide | 10 Tax Deemed |
| Third-Tier Foreign Corporation | (Yr-Mo) (see instructions) | incorporation (enter country code from instructions) | (in functional currency—attach schedule) | <u> </u> | (a) Taxes Paid | (b) Taxes Deemed Paid (from Part II, column 10) | Taxes (add columns 5, 6(a) and 6(b)) | (a) Of Fourth-tier CFC | (b) Of Third-tier CFC | Column 8(a) by Column 4 | Pard (multiply column 7 by column 9) |
| | | | | | | | 0 | | | 0 000000 | 0 |
| | | | | | | | 0 | | | 0000000 | 0 |
| | | | | | | | 0 | | | 0 000000 | 0 |
| | | | | | | | 0 | | | 0 000000 | 0 |
| | | | | | | | 0 | | | 0000000 | 0 |
| | | | | | | | 0 | | | 0000000 | 0 |
| Part II—Tax Deemed Paid by Fourth-Tier Foreign Corporations | ed Paid by | Fourth-Tier F | oreign Corpora | | (Include the column 10 results in | | column 6(b) of Part | Part I above) | | | |
| 1 Name of Fifth-Tier Foreign Corporation and its Related | 2 Tax Year End | 3 Country of | 4 Post-1986 Undistributed Earnings | 5 Opening Balance in | 6 Foreign Taxes Paid for Tax Y | Foreign Taxes Paid and Deemed Paid for Tax Year Indicated | 7 Post-1986 Foreign Income | 8 Dividends Paid (in functional currency) | s Paid (in surrency) | 9 Divide | 10 Tax Deemed |
| Fourth-Tier Foreign Corporation | () inst | incorporation (enter country code from instructions) | (in functional currency—attach schedule) | Post-1986 Foreign Income Taxes | (a) Taxes Paid | (b) Taxes Deemed Paid (from Part III, column 10) | Taxes (add columns 5, 6(a), and 6(b)) | (a) Of Fifth-tier CFC | (b) Of Fourth-tier CFC | Column 8(a) by Column 4 | Paid (multiply column 7 by column 9) |
| | | | | | | | 0 | | | 0 000000 | 0 |
| | | | | | | | 0 | | | 0000000 | 0 |
| | | | | | | | 0 | | | 0000000 | 0 |
| | | | | | | | 0 | | | 0 000000 | 0 |
| | | | | | | | 0 | | | 0000000 | 0 |
| | | | | | | | 0 | | | 0 000000 | 0 |
| Part III—Tax Deemed Paid by Fifth-Tier Foreign Corporations | ed Paid by | γ Fifth-Tier Fo | reign Corporati | \neg | the column 1(| Include the column 10 results in column 6(b) of Part | umn 6(b) of P. | art II above) | | | |
| 1 Name of Sixth-Tier Foreign Corporation and Its Related | 2 Tax Year End | 3 Country of | 4 Post-1986 Undistributed Earnings | 5 Opening Balance in | 6 Foreig | in Taxes | 7 Post-1986 | 8 Dividends Paid (in functional currency) | s Paid (in :urrency) | 9 Divide | 10 Tax Deemed |
| Fifth-Tier Foreign Corporation | (Yr-Mo) (see instructions) | incorporation (enter country code from instructions) | (in functional currency—attach schedule) | Post-1986 Foreign Income Taxes | Paid For Indic | Paid For Tax Year Indicated | Foreign Income Taxes (add columns 5 and 6) | (a) Of Sixth-tier CFC | (b) Of Fifth-tier CFC | Column 8(a) by Column 4 | Paid (multiply column 7 by column 9) |
| | | | | | | | 0 | | | 0 000000 | 0 |
| | | | | | | | 0 | | | 0 000000 | 0 |
| | | | | | | | 0 | | | 0 000000 | 0 |
| | | | | | | | 0 | | | 0 000000 | 0 |
| | | | | | | | 0 | | | 0 000000 | 0 |
| | | | | | | | 0 | | | 0 000000 | 0 |
| | | | | | | | | | | Form 111 | Form 1118 (Rev 12-2009) |

| 200 | Soliedale Foreign Branches | Gross income and Definitely Allocable Deductions Foreign Branches | e Deductions for | Schedule G Reductions of Taxes Paid, Accrued, or Deemed Paid | ned Paid |
|--------------------|--|--|-----------------------------------|---|----------|
| 1 Forei two-let | 1 Foreign Country or U S Possession (Enter two-letter code from Schedule A, column 1 | 2. Gross Income | 3 Definitely Allocable Deductions | A Reduction of Taxes Under Section 901(e)— | |
| 4 | Use a separate line for each) | | | Reduction of Foreign Oil and Gas Taxes— Enter amount from Schedule I. Part II. line 6 | |
| 8 | | | | Reduction of Taxes Due to International Boycott Provisions— C Enter appropriate portion of Schedule C (Form 5713), line 2b | |
| ပ | | | | Important: Enter only "specifically attributable taxes" here | |
| 6 | | | | Penalty—Attach separate schedule | |
| י נ | | | | E Other Reductions of Taxes—Attach schedule(s) | |
| ш | | | | | |
| - Jesto | Totals (add lines & through E)* | | | Total (add lines A through E) Enter here and on Schedule | C |

The Schedule F totals are not carned over to any other Form 1118 Schedule (These totals were already included in Schedule A.). However, the IRS requires the corporation to complete Schedule F under the authority of section 905(b)

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Schedule H Apportionment of Deductions Not Definitely Allocable (complete only once)

Part I—Research and Development Deductions

| - | Product line #1 (SIC Code)* Product line #2 (SIC Code)* (v) Total R&D Option 1 Option 2 (See (S) Total R&D Option 1 | (vı) Gross Income Deductions Under Gross Income Method | O all amounts from column (b)(vii)) | O Po |) statutory | 0 0 0 | 0 0 0 | 0 | | 'treaty* | 0 0 | 0 0 |
|---|---|--|-------------------------------------|---------------------------|---|---------------------------|---------------------------|--------------------------|------------------------------|---------------------------------|---|---|
| | Product | UD (I) | 1 Totals (see instructions) | 2 Total to be apportioned | 3 Apportionment among statutory groupings | a General category income | b Passive category income | c Section 901(j) income* | Income re-coursed by treaty* | מ וונסוווכ וכ-פסמוככת בא ווכמוא | 4 Total foreign (add lines 3a through 3d) | 4 Total foreign (add lines 3a through 3d) 0 |

| 2-2009) | | | | | 05 | 05-0191260 Page 8 |
|---|----------------------------------|--|------------------------------------|--------------------------------|----------------------|--|
| Schedule H Apportionment of Deductions Not Definitely Allocable (continued) | ely Allocable (co | ntınued) | | | | |
| Part II—Interest Deductions, All Other Deductions, and Total Deductions | ductions | | | | | |
| | (a) Average Value of Asse | (a) Average Value of Assets—Check method used Tax book value | (b) Intere | (b) Interest Deductions | (c) All Other | • |
| | Alternative tax book value | book value | | | Deductions Not | enter de la company de la comp |
| | (i) Nonfinancial Corporations | (ii) Financial Corporations | (iii) Nonfinancial Corporations | (iv) Financial Corporations | Definitely Allocable | (a) Totals (add the corresponding amounts from |
| 1 a Totals (see instructions) | | | | | | column (c), Part I, columns (b)(III) and (b)(IV), Part II, and |
| Amounts specifically allocable under Temp Regs 1 861-10T(e) | | | | | | column (c), Part II) Enter each amount |
| Other specific allocations under Temp Regs 1 861-10T | | | | | | through 3d below in column 10 of the |
| Assets excluded from apportionment formula | | | | | | Schedule A |
| Total to be apportioned (subtract the sum of lines 1b, 1c, and 1d from line 1a) | | 0 | 0 | 0 | | |
| Apportionment among statutory groupings | | | | | | |
| General category income | | | | | | 0 |
| Passive category income | | | | | | 0 |
| Section 901(j) income* | | | | | | 0 |
| d Income re-sourced by treaty* | | | | | | 0 |
| Total foreign (add lines 3a through 3d) |) | 0 0 | 0 | 0 | 0 | 0 |
| * Important See Computer-Generated Schedule H in instructions | | | | | Form | Form 1118 (Rev 12-2009) |

Other Deductions

| | | | | | |
|---|---|---|------|-------|-----|
| 1 | Legal and professional fees | | | 1 | 750 |
| 2 | Total other deductions | • | | 2 | 750 |
| 3 | Total deductions less expenses for offsetting credits | | | 3 | 750 |