

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Ā			lendar year, or tax year beginning Sep 1 , 2013, and er	nding A	ug 31	•	, 2014
B		if applicable s change	C Name of organization	-		D Employe	r identification number
<u> </u>	ı		Teachers' Association of Newport			05-0	391481
-	Initial r			om/suite		E Telephon	
	Termin	- 1	15 Wickham Street			(508	) 254-6545
Ħ		led return	City or town, state or province, country, and ZIP or foreign postal code				
	Applica	ation pending	Newport RI 02	2840		F Group I Numbe	exemption r ►
G	Acco	unting Meth			Check	► X if th	e organization is not
1	Webs	site: N	/A				Schedule B
J	Tax-ex	xempt status	(check only one) — 501(c)(3)	527	(Form	990, 990-E	Z, or 990-PF)
K	Form	of organiza	ation Corporation Trust X Association Other				
L	Add I asset	ines 5b, 6c, ts (Part II, c	, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	r more, o	r if total	▶ \$	168,014.
Pa	ırt l	Revenu	ie, Expenses, and Changes in Net Assets or Fund Balances	s (see t	the instr	uctions t	
		Check if the	he organization used Schedule O to respond to any question in this Part I	<u></u> .	· • • • •	<u></u>	X
	1	Contribution	ons, gifts, grants, and similar amounts received			1	
	2	Program s	ervice revenue including government fees and contracts			2	
	3	Membersh	nip dues and assessments			3	166,396.
	4	Investmen	t income			4	43.
	5 a	Gross amo	ount from sale of assets other than inventory				
	b	Less: cost	or other basis and sales expenses				
	6		) from sale of assets other than inventory (Subtract line 5b from line 5a)			5 c	
R E V	а	Gross inco	ome from gaming (attach Schedule G if greater than \$15,000)   6 a				
V E	b	Gross inco	ome from fundraising events (not including \$ of co	ontributio	ns		
N U E			aising events reported on line 1) (attach Schedule G if the sum oss income and contributions exceeds \$15,000) 6 b				
	C	Less direc	ct expenses from gaming and fundraising events 6 c				
	d	Net income 6b and sub	e or (loss) from gaming and fundraising events (add lines 6a and otract line 6c)			6 d	
	7 a	Gross sale	es of inventory, less returns and allowances				
	b	Less cost	of goods sold				
	C	Gross prof	fit or (loss) from sales of inventory (Subtract line 7b from-line, 7a)			7 с	
e	_ 8	Other reve	enue (describe in Schedule O)	0-EZ, Part I, L	.ine 8 Other R	ėseunie 8	1,575.
<u></u>	<b>§</b> 9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			. ▶ 9	168,014.
Ž	10	Grants and	d similar amounts paid (list in Schedule O)			10	
S	11	Benefits pa	aid to or for members			11	124,736.
En T	12	Salalies, U	المراقب الأعلى المراقب الأعلى المراقب المراقب المراقب المراقب المراقب المراقب المراقب المراقب المراقب			12	28,000.
SMSZEMS	13	Profession	al fees and other payments to independent contractors			13	490.
ÇÑ.	14	Occupanc	y, rent, utilities, and maintenance.			14	1,754.
₹ S	15	Printing, p	ublications, postage, and shipping			15	65.
<b>(3</b>	10		enses (describe in Schedule O)				9,143.
<u> </u>	17		enses. Add lines 10 through 16				164,188.
<b>&gt;</b>	18		(deficit) for the year (Subtract line 17 from line 9)			18	3,826.
20 ASSETS	19	Net assets	s or fund balances at beginning of year (from line 27, column (A)) (must agree v orted on prior year's return)	with end-	of-year	19	56,758.
' T S	20	Other char	nges in net assets or fund balances (explain in Schedule O)			20	337.301
	21	Net assets	or fund balances at end of year Combine lines 18 through 20	<u></u>	<u>.</u>	21	60,584.
BA	A Foi		k Reduction Act Notice, see the separate instructions.			·	Form 990-F7 (2013)

Form	990-EZ (2013) Teachers' Assoc	iation of Newport	<del></del>	05	-039	91481 Page <b>2</b>
Par	t·IIː] Balance Sheets (see the inst	ructions for Part II)				X
	Check if the organization used Sched	fule O to respond to any quest				<u> </u>
22	Cash, savings, and investments			A) Beginning of yea 41,443		(B) End of year
23				41,443	•	44,864.
24	Land and buildings	See L-24 St	nt -	15,315	•	15,720.
25	Total assets			56,758	<del></del>	60,584.
26	Total liabilities (describe in Schedule O)			<del>50,758</del>		0.
27	Net assets or fund balances (line 27 of c			56,758	<del></del>	60,584.
	till Statement of Program Service A			30,730	. 12.	Expenses
	Check if the organization used Sch	edule O to respond to any que	stion in this Part III		(Req	uired for section 501
Desc	is the organization's primary exempt purpose? Regribe the organization's program service accounted by expenses. In a clear and concise refited, and other relevant information for each	presentation of its members complishments for each of its the	in Educational Support	and Negotiations	orgar 4947	) and 501(c)(4) nizations and section (a)(1) trusts, optional hers.)
28	Representation of members in		ng, grievance pro	ncessing and		
	other related employment	matters	idt idt icaniice bi	2002110 7110		
	(Grants \$ 0.) If th	is amount includes foreign grain	nts, check here	ΞΞΞΞΞΞ-	28 a	4,600.
29						4,000.
	(Grants \$ ) If th	is amount includes foreign grai	nts, check here		29 a	
30	<u> </u>					<del></del>
	(Grants \$ ) If th	is amount includes foreign grai	nts, check here	<u></u>	30 a	
31	Other program services (describe in Schei	dule O)				
	(Grants \$ ) If th	is amount includes foreign grai	nts, check here	▶ □	31 a	
32	Total program service expenses (add lir	nes 28a through 31a)			32	4,600.
Par	t IV List of Officers, Directors,	Trustees, and Key Emp	loyees (list each one ev	en if not compensated -	see th	e instructions for Part IV)
	Check if the organization used School	edule O to respond to any que:	stion in this Part IV	<u> </u>		' 📙
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employ benefit plans, and defe	yee	(e) Estimated amount of
		position	(it flot paid, eliter -0-)	compensation	ireu	other compensation
	liam Kimes	<u> </u>		compensation		other compensation
<u>Pre</u>	sident	20.00	6, 655.	compensation	0.	0 .
<u>Pre</u> Cyn	sident thia Cykert	20.00	6,655.	compensation	0.	,
Pre Cyn Vic	sident thia Cykert e President	<u> </u>		compensation		,
Pre Cyn Vic Mel	sident thia Cykert e President issa Turner	20.00	6,655. 4,055.	compensation	0.	0.
Pre Cyn Vic Mel Sec	sident thia Cykert e President issa Turner retary	20.00	6,655.	compensation	0.	0.
Pre Cyn Vic Mel Sec Sha	sident thia Cykert e President issa Turner retary ron McDonnell	20.00 5.00 5.00	6,655. 4,055. 2,025.	compensation	0.	0.
Pre Cyn Vic Mel Sec Sha	sident thia Cykert e President issa Turner retary	20.00	6,655. 4,055.	compensation	0.	0.
Pre Cyn Vic Mel Sec Sha	sident thia Cykert e President issa Turner retary ron McDonnell	20.00 5.00 5.00	6,655. 4,055. 2,025.	compensation	0.	0.
Pre Cyn Vic Mel Sec Sha	sident thia Cykert e President issa Turner retary ron McDonnell	20.00 5.00 5.00	6,655. 4,055. 2,025.	compensation	0.	0.
Pre Cyn Vic Mel Sec Sha	sident thia Cykert e President issa Turner retary ron McDonnell	20.00 5.00 5.00	6,655. 4,055. 2,025.	compensation	0.	0.
Pre Cyn Vic Mel Sec Sha	sident thia Cykert e President issa Turner retary ron McDonnell	20.00 5.00 5.00	6,655. 4,055. 2,025.	compensation	0.	0.
Pre Cyn Vic Mel Sec Sha	sident thia Cykert e President issa Turner retary ron McDonnell	20.00 5.00 5.00	6,655. 4,055. 2,025.	compensation	0.	0.
Pre Cyn Vic Mel Sec Sha	sident thia Cykert e President issa Turner retary ron McDonnell	20.00 5.00 5.00	6,655. 4,055. 2,025.	compensation	0.	0.
Pre Cyn Vic Mel Sec Sha	sident thia Cykert e President issa Turner retary ron McDonnell	20.00 5.00 5.00	6,655. 4,055. 2,025.	compensation	0.	0.
Pre Cyn Vic Mel Sec Sha	sident thia Cykert e President issa Turner retary ron McDonnell	20.00 5.00 5.00	6,655. 4,055. 2,025.	compensation	0.	0.
Pre Cyn Vic Mel Sec Sha	sident thia Cykert e President issa Turner retary ron McDonnell	20.00 5.00 5.00	6,655. 4,055. 2,025.	compensation	0.	0.
Pre Cyn Vic Mel Sec Sha	sident thia Cykert e President issa Turner retary ron McDonnell	20.00 5.00 5.00	6,655. 4,055. 2,025.	compensation	0.	0.
Pre Cyn Vic Mel Sec Sha	sident thia Cykert e President issa Turner retary ron McDonnell	20.00 5.00 5.00	6,655. 4,055. 2,025.	compensation	0.	0.
Pre Cyn Vic Mel Sec Sha	sident thia Cykert e President issa Turner retary ron McDonnell	20.00 5.00 5.00	6,655. 4,055. 2,025.	compensation	0.	0.
Pre Cyn Vic Mel Sec Sha	sident thia Cykert e President issa Turner retary ron McDonnell	20.00 5.00 5.00	6,655. 4,055. 2,025.	compensation	0.	0.
Pre Cyn Vic Mel Sec Sha	sident thia Cykert e President issa Turner retary ron McDonnell	20.00 5.00 5.00	6,655. 4,055. 2,025.	compensation	0.	0.
Pre Cyn Vic Mel Sec Sha	sident thia Cykert e President issa Turner retary ron McDonnell	20.00 5.00 5.00	6,655. 4,055. 2,025.	compensation	0.	0.
Pre Cyn Vic Mel Sec Sha	sident thia Cykert e President issa Turner retary ron McDonnell	20.00 5.00 5.00	6,655. 4,055. 2,025.	compensation	0.	0.
Pre Cyn Vic Mel Sec Sha	sident thia Cykert e President issa Turner retary ron McDonnell	20.00 5.00 5.00	6,655. 4,055. 2,025.	compensation	0.	0.
Pre Cyn Vic Mel Sec Sha	sident thia Cykert e President issa Turner retary ron McDonnell	20.00 5.00 5.00	6,655. 4,055. 2,025.	compensation	0.	0.
Pre Cyn Vic Mel Sec Sha	sident thia Cykert e President issa Turner retary ron McDonnell	20.00 5.00 5.00	6,655. 4,055. 2,025.	compensation	0.	0.
Pre Cyn Vic Mel Sec Sha	sident thia Cykert e President issa Turner retary ron McDonnell	20.00 5.00 5.00	6,655. 4,055. 2,025. 2,600.	compensation	0.	0.

Form <b>990-EZ</b> (2013)	Teachers'	Association	of	Newport
---------------------------	-----------	-------------	----	---------

								_	
$\sim$	_	_	$^{\sim}$	$\sim$	$\sim$	-		$\sim$	-
	_	_	(	٠.	ч	- 4	4	×	

Page 3

Pa	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			П
	<del></del>	<u>· · · · </u>	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS?  If 'Yes,' provide a detailed description of each activity in Schedule O	33	103	X
34	, , ,			H
	a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		X
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	25.		Г., —
	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 a		X
		330		<del></del>
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions • 37a 600.			
	b Did the organization file Form 1120-POL for this year?	37 b		X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		
	b If 'Yes,' complete Schedule L, Part II and enter the total			
20	amount involved			
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities			i
40	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.  section 4911 ►: section 4915 ►: section 4955 ►			
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported			
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		<u></u>
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax	40		
41	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		
42	a The organization's books are in care of ► <u>Sharon McDonnell</u> Telephone no ► (508) Located at ► 154 Rhode Island Newport RI ZIP+4 ► 02840	254-	- <u>65</u> 4	<u>5</u>
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		X
	Tes, enter the harne of the foleign country			į
				i L
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			X
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		
	If 'Yes,' enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		-	
	and enter the amount of tax-exempt interest received or accrued during the tax year		ш	
	· · · · · · · · · · · · · · · · · · ·		Yes	No
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead			
	of Form 990-EZ	44 a		X
	instead of Form 990-EZ	44 b		X
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	44 6		Х
	If 'No,' provide an explanation in Schedule O	44 d		
	a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a		
	b 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		
	Total 770 and Schedule it may need to be completed instead of Politi 940-EZ (see instructions)	45 b		<u> X</u>

Form 990	<b>D-EZ</b> (2013) Teachers' Associati	on of Newport		05-039	91481	P	age 4
46 Did	the organization engage, directly or indirectly andidates for public office? If 'Yes,' complete So	, in political campaign a	ctivities on behalf of or in	opposition to	46	Yes ∡ X	No
	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	only			·····	<u> </u>	<u> </u>
	Check if the organization used Schedule	O to respond to any que	stion in this Part VI				. П
	I the organization engage in lobbying activities				47	Yes	No
	he organization a school as described in secti						
	I the organization make any transfers to an ex		=		<del></del>		
	es,' was the related organization a section 52 mplete this table for the organization's five hig	_					<del></del>
em	ployees) who each received more than \$100,	000 of compensation fro	m the organization. If the	re is none, enter 'None.'	ney		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp		
					-		
<b>51</b> Cor	al number of other employees paid over \$100 mplete this table for the organization's five hig	hest compensated indep	pendent contractors who	each received more than	1 \$100,000 of		
con	npensation from the organization. If there is n (a) Name and business address of each independent con		(b) Type o	of service	(c) Compe	ensation	
			000				
<b>52</b> Did	al number of other independent contractors en I the organization complete Schedule A? <b>Note</b> antable trusts must attach a completed Schedi	e. All section 501(c)(3) or	ganizations and 4947(a)	(1) nonexempt	. ► Yes		
Under penal true, correct	ities of perjury, I declare that I have examined this return, incl., and complete pegaration of preparer (other than officer) is	uding accompanying schedules based on all information of whice	and statements, and to the best of	of my knowledge and belief, it is	<del></del>		
	> Xhaun Ma) uni	41		12/2/1/4	/		
Sign Here	Signification of officer  Sharm Million  Type or print name and title	nell		Date			
	Print/Type preparer's name	Preparer's signature	Date		TIN		
Paid	James Towers	James Togers	5 lowers 12/01/1	Check L if self-employed F	00699532	2	
Preparer		ates V					
Use Only			DT 00070	Firm's EIN	90-0444		
May the I	TIVERTON  IRS discuss this return with the preparer show	n ahove? See instruction	RI 02878	Phone no (40	1) 624-2 .► \ Yes		No
	C 2.35555 d.io fotoni mai die preparei Silow				Form 990	<u> </u>	

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

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

Section 501(c)(4) (5) or (6) organizations. Complete Part III

	3ection 30 (c)(4), (3), or (0) org	pariizations Complete Fart III.				
Name	of organization			Employer identific	ation number	
	achers' Association			05-039148		
		rganization is exempt under secti	• •		zation.	
1		rganization's direct and indirect political camp				
2	Political expenditures				<b>-</b>	600.
3_	Volunteer hours					0
Pai	rt I-B   Complete if the o	rganization is exempt under secti	on 501(c)(3).			
1	Enter the amount of any excis	e tax incurred by the organization under sect	ion 4955	<i></i>		
2	Enter the amount of any excis	e tax incurred by organization managers und	er section 4955	▶ \$		
3	If the organization incurred a s	section 4955 tax, did it file Form 4720 for this	year?		· · · Yes	No
4 a	Was a correction made?				· · · TYes	∏No
t	If 'Yes,' describe in Part IV					
Par	t I-C Complete if the o	rganization is exempt under secti	on 501(c) , excep	t section 501(c)(3)	•	
1	Enter the amount directly expe	ended by the filing organization for section 52	7 exempt function acti	vities ▶ \$		0.
2	Enter the amount of the filing of function activities	organization's funds contributed to other orga	nizations for section 5	27 exempt ▶ \$		600.
3	Total exempt function expendine 17b	itures. Add lines 1 and 2. Enter here and on F	Form 1120-POL,			600.
4	Did the filing organization file i	Form 1120-POL for this year?			· · · Yes	X No
5	organization made payments. amount of political contribution	and employer identification number (EIN) of al For each organization listed, enter the amoun is received that were promptly and directly de action committee (PAC). If additional space is	nt paid from the filing of	organization's funds Also political organization, suc	enter the	_
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of po contributions receiv promptly and dir delivered to a sep political organizat none, enter -	ved and ectly parate non If
(1)	-					
(2)						
(3)						
(4)						_
(5)						
/6\						

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

Schedule C (Form 990 or 990-EZ) 2013

schedule C (Form 990 or 990-EZ) 201	<sup>3</sup> Teachers' A	<u>ssociation of Nev</u>	vport	<u>05-0391</u>	.481 Page <b>2</b>
Part II-A Complete if t section 501(	he organization n)).	n is exempt under se	ction 501(c)(3) and	d filed Form 5768 (el	ection under
A Check ► If the filing	organization belong	s to an affiliated group (and	l list in Part IV each affili	ated group member's nam	e,
address, E	EIN, expenses, and	share of excess lobbying ex	penditures).		
		ed box A and 'limited control			
(The term '	Limits on Lobbyi	ng Expenditures ns amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditure	es to influence public	oninion (grass roots lobby)	ng)		
b Total lobbying expenditure	•			<del></del>	_ <del></del>
c Total lobbying expenditure	•	• • • •	•		
d Other exempt purpose ex	•	•			
e Total exempt purpose exp					<del></del>
	·	•			<del></del>
f Lobbying nontaxable amo					
	<del></del>	The lebbying pertayable		<u> </u>	
If the amount on line 1e, colu		The lobbying nontaxable	amount is		'
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1,0		\$100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$1		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$1		\$225,000 plus 5% of the excess of	over \$1,500,000		
Over \$17,000,000		\$1,000,000			
g Grassroots nontaxable am	•	· · · · · · · · · · · · · · · · · · ·			<del></del>
h Subtract line 1g from line	·				
i Subtract line 1f from line 1	c If zero or less, en	ter -0			
		line 1h or line 1i, did the org			Yes No
(Some	organizations that	-Year Averaging Period U made a section 501(h) ele s below. See the instruction	ection do not have to c		
	Lobb	ying Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) Total
2 a Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures · · · ·					
BAA			- <del>-</del>	Schedule C (Form	990 or 990-EZ) 2013

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	Γ file	d For	m 5768
·· <u>·</u>	3)	(b)		
For each 'Y of the lobby	es' response to lines 1a through 1i below, provide in Part IV a detailed description ring activity.	Yes	No	Amount
legisla throug	g the year, did the filing organization attempt to influence foreign, national, state or local ation, including any attempt to influence public opinion on a legislative matter or referendum, the use of.			
	teers?			· i
<b>b</b> Paid s	staff or management (include compensation in expenses reported on lines 1c through 1i)?			
	advertisements?			
	gs to members, legislators, or the public?			
e Public	cations, or published or broadcast statements?			
f Grant	s to other organizations for lobbying purposes?			
g Direct	contact with legislators, their staffs, government officials, or a legislative body?			
h Rallie	s, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other	activities?			
J Total.	Add lines 1c through 11			
2 a Did th	e activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If 'Yes	s,' enter the amount of any tax incurred under section 4912			
c If 'Yes	s,' enter the amount of any tax incurred by organization managers under section 4912			
d If the	filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A	Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or	
				Yes No
1 Were	substantially all (90% or more) dues received nondeductible by members?			1 X
2 Did th	e organization make only in-house lobbying expenditures of \$2,000 or less?			2 X
3 Did th	e organization agree to carry over lobbying and political expenditures from the prior year?			3 X
Part III-B	Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Fanswered 'Yes.'	(c)(5) Part I	, or s	section 501(c) line 3, is
1 Dues,	assessments and similar amounts from members		1	
2 Section	on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political nases for which the section 527(f) tax was paid).			
a Curre	nt year		2 a	
<b>b</b> Carry	over from last year ....................................		2 b	
c Total			2 c	
3 Aggre	egate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
does	ces were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political additional notions.		<u>-</u>	
•	ole amount of lobbying and political expenditures (see instructions)		5	
Part IV	Supplemental Information			·
Provide the Part II-B, lin	descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group list); Part II. Also, complete this part for any additional information	·		?, and

Total

Teachers' Association of Newport 05-0391481		1
Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990-EZ, Part I, Line 8 Other Revenue	Form 990 or 990-EZ	
Other revenue (describe in Schedule O) NEARI Subsidy	900.	
Social Function	675.	
Total	1,575.	
Form 990-EZ, Part I, Line 16 Other Expenses  Other expenses (describe in Schedule O)		
Donations	1,425.	
Minigrants		
National Haras Casacta Dannes High Cabaci	975.	
National Honor Society Rogers High School	975. 200.	
Scholarships		
	200.	
Scholarships	200. 1,500.	
Scholarships Presidents Expense Reimbursements	200. 1,500. 450.	

9,143.

#### **Supporting Statement of:**

Form 990-EZ/Line 4

Description	Amount
Bank Newport	43.
Total	43.

#### Supporting Statement of:

Form 990-EZ/Line 11

Description	Amount
Dues NEARI FCPE NEARI PACE	122,426. 260. 2,050.
Total	124,736.

#### **Supporting Statement of:**

Form 990-EZ/Line 14

Description	Amount
Telephone Rental for Negotiations	1,654. 100.
Total	1,754.

#### **Supporting Statement of:**

Form 990-EZ/Line 13

Description	Amount
Accounting	450.
Rhode Island Secretary of State	40.
Total	400

Total 490.

# Supporting Statement of:

Form 990-EZ/Line 28, Expenses

Description	Amount
PR&R Hall Rental	4,500. 100.
Total	4,600.

## **Supporting Statement of:**

Form 990-EZ/Line 37a, Amount

Description	Amount
Political Contributions	600.
Total	600.