

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



Form 990-EZ

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)

2014

OMR No. 1545-1150

► Do not enter social security numbers on this form as it may be made public.

Open to Public

Department of the Treasury Internal Revenue Service ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Inspection For the 2014 calendar year, or tax year beginning , 2014, and ending Aug 31 2015 Sep 1 Check if applicable Employer identification number C Name of organization Address change 05-0391481 Teachers' Association of Newport Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite Telephone number Initial return (508) 254-6545 Final return/terminated 154 Rhode Island Avenue City or town, state or province, country, and ZIP or foreign postal code Amended return **Group Exemption** Number RI 02840 Application pending X if the organization is not Other (specify) Accounting Method X Cash Accrual H Check ► required to attach Schedule B Website: ▶ (Form 990, 990-EZ, or 990-PF). 501(c)(3) X 501(c) (5) <(insert no) 4947(a)(1) or 527 Tax-exempt status (check only one) -Other X Corporation Trust Association Form of organization: Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total 176 849 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments 175,624 4 48 5 a Gross amount from sale of assets other than inventory . 5 c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a REVENUE **b** Gross income from fundraising events (not including of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 b 6 c c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 a Gross sales of inventory, less returns and allowances 7 h c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 1.177. 9 176,849. 10 Grants and similar amounts paid (list in Schedule O) 10 11 132,842. 11 12 12 Salaries, other compensation, and employee benefits 31,444. EXPENSE 13 Professional fees and other payments to independent contractors 495 13 14 14 1,320. 15 15 16 16 8,716. 17 17 174,817. 18 18 2,032. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 19 60,584. figure reported on prior year's return)....... 20 Other changes in net assets or fund balances (explain in Schedule O) . 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 62,616.

For Paperwork Reduction Act Notice, see the separate instructions.

OGDEN, UT

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Form 990-EZ (2014)

Form	990-EZ (2014) Teachers' Assoc.	iation of Newport		05	<u>-039</u>	1481 Page 2
Par	Balance Sheets (see the instr Check if the organization used Sched	ructions for Part II)	on in this Bort II			X
	Check if the organization used Sched	ule O to respond to any questi		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			44,864		46,961.
23	I and and buildings			0		0.
24	Other assets (describe in Schedule O)	Şee L-24 Str	nt	15,720	. 24	15,655.
25	Total assets			60,584	. 25	62,616.
26	Total liabilities (describe in Schedule O).			0	. 26	0.
27	Net assets or fund balances (line 27 of co	olumn (B) must agree with line	e 21) . .	60,584	. 27	62,616.
Par	Statement of Program Service A					Expenses
	Check if the organization used Sche				(Requ	ured for section 501
What	is the organization's primary exempt purpose? \underline{Rep}	resentation of its members	<u>in Educational Suppor</u>	<u>t and Negotiations</u>	(c)(3)	and 501(c)(4) sizations; optional
meas	ribe the organization's program service acc sured by expenses. In a clear and concise n fited, and other relevant information for eac	omplishments for each of its tr nanner, describe the services (h program title.	provided, the number of	rvices, as f persons		hers.)
28	Representation of members in					
	other_related_employment				1	
					1 1	
	(Grants \$) If thi	s amount includes foreign grai	nts, check here	· · · · · · · · · · · · · · · · · · ·	28 a	618.
29						
			- 			
				· ·]	
	(Grants \$) if thi	s amount includes foreign grai	nts, check here	· · · · · · · · · · · · · · · · · · ·	29 a	
30						
	(Grants \$) If the	s amount includes foreign grai	nts, check here		30 a	
31	Other program services (describe in Sched					
		s amount includes foreign grai			31 a	
	Total program service expenses (add lin				32	618.
Pai	List of Officers, Directors,					
	Check if the organization used Sche	equie o to respond to any que	stion in this Part IV	. .		
		7 1	1	(4) 1111-1		
	(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-)	(4) 1111-1	yee	(e) Estimated amount of other compensation
	(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 benefit contributions to emplo benefit plans, and def compensation	oyee erred	(e) Estimated amount of other compensation
Pre	(a) Name and tite liam Kimes esident	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefit contributions to emplo benefit plans, and def compensation	yee	(e) Estimated amount of
<u>Pre</u>	(a) Name and tite liam Kimes esident thia Cykert	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefit contributions to emple benefit plans, and def compensation	οyee erred	(e) Estimated amount of other compensation
Pre Cyr Vic	(a) Name and tite liam Kimes esident thia Cykert ee President	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefit contributions to emple benefit plans, and def compensation	oyee erred	(e) Estimated amount of other compensation
Pre Cyr Vic Mel	(a) Name and tite liam Kimes esident thia Cykert ee President issa Turner	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 7,185	(d) Health benefit contributions to emple benefit plans, and def compensation	O.	(e) Estimated amount of other compensation 0.
Cyr Vic Mel	(a) Name and tite liam Kimes esident thia Cykert ee President issa Turner	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefit contributions to emple benefit plans, and def compensation	οyee erred	(e) Estimated amount of other compensation
Cyr Vic Mel Sec Sha	(a) Name and title liam Kimes esident thia Cykert ee President issa Turner eretary aron McDonnell	(b) Average hours per week devoted to position 20.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 7, 185 3, 935	(d) Health benefit contributions to emplo benefit plans, and deficompensation	0. 0.	(e) Estimated amount of other compensation 0.
Cyr Vic Mel Sec Sha	(a) Name and tite liam Kimes esident thia Cykert ee President issa Turner	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 7,185	(d) Health benefit contributions to emplo benefit plans, and deficompensation	O.	(e) Estimated amount of other compensation 0.
Cyr Vic Mel Sec Sha	(a) Name and title liam Kimes esident thia Cykert ee President issa Turner eretary aron McDonnell	(b) Average hours per week devoted to position 20.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 7, 185 3, 935	(d) Health benefit contributions to emplo benefit plans, and deficompensation	0. 0.	(e) Estimated amount of other compensation 0.
Cyr Vic Mel Sec Sha	(a) Name and title liam Kimes esident thia Cykert ee President issa Turner eretary aron McDonnell	(b) Average hours per week devoted to position 20.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 7, 185 3, 935	(d) Health benefit contributions to emplo benefit plans, and deficompensation	0. 0.	(e) Estimated amount of other compensation 0.
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Cyr Vic Mel Sec Sha	(a) Name and title liam Kimes esident thia Cykert ee President issa Turner eretary aron McDonnell	(b) Average hours per week devoted to position 20.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 7, 185 3, 935	(d) Health benefit contributions to emplo benefit plans, and deficompensation	0. 0.	(e) Estimated amount of other compensation 0.
Cyr Vic Mel Sec Sha	(a) Name and title liam Kimes esident thia Cykert ee President issa Turner eretary aron McDonnell	(b) Average hours per week devoted to position 20.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 7, 185 3, 935	(d) Health benefit contributions to emplo benefit plans, and deficompensation	0. 0.	(e) Estimated amount of other compensation 0.
Cyr Vic Mel Sec Sha	(a) Name and title liam Kimes esident thia Cykert ee President issa Turner eretary aron McDonnell	(b) Average hours per week devoted to position 20.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 7, 185 3, 935	(d) Health benefit contributions to emplo benefit plans, and deficompensation	0. 0.	(e) Estimated amount of other compensation 0.
Cyr Vic Mel Sec Sha	(a) Name and title liam Kimes esident thia Cykert ee President issa Turner eretary aron McDonnell	(b) Average hours per week devoted to position 20.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 7, 185 3, 935	(d) Health benefit contributions to emplo benefit plans, and deficompensation	0. 0.	(e) Estimated amount of other compensation 0.
Cyr Vic Mel Sec Sha	(a) Name and title liam Kimes esident thia Cykert ee President issa Turner eretary aron McDonnell	(b) Average hours per week devoted to position 20.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 7, 185 3, 935	(d) Health benefit contributions to emplo benefit plans, and deficompensation	0. 0.	(e) Estimated amount of other compensation 0.
Cyr Vic Mel Sec Sha	(a) Name and title liam Kimes esident thia Cykert ee President issa Turner eretary aron McDonnell	(b) Average hours per week devoted to position 20.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 7, 185 3, 935	(d) Health benefit contributions to emplo benefit plans, and deficompensation	0. 0.	(e) Estimated amount of other compensation 0.
Cyr Vic Mel Sec Sha	(a) Name and title liam Kimes esident thia Cykert ee President issa Turner eretary aron McDonnell	(b) Average hours per week devoted to position 20.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 7, 185 3, 935	(d) Health benefit contributions to emplo benefit plans, and deficompensation	0. 0.	(e) Estimated amount of other compensation 0.
Cyr Vic Mel Sec Sha	(a) Name and title liam Kimes esident thia Cykert ee President issa Turner eretary aron McDonnell	(b) Average hours per week devoted to position 20.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 7, 185 3, 935	(d) Health benefit contributions to emplo benefit plans, and deficompensation	0. 0.	(e) Estimated amount of other compensation 0.
Cyr Vic Mel Sec Sha	(a) Name and title liam Kimes esident thia Cykert ee President issa Turner eretary aron McDonnell	(b) Average hours per week devoted to position 20.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 7, 185 3, 935	(d) Health benefit contributions to emplo benefit plans, and deficompensation	0. 0.	(e) Estimated amount of other compensation 0.
Cyr Vic Mel Sec Sha	(a) Name and title liam Kimes esident thia Cykert ee President issa Turner eretary aron McDonnell	(b) Average hours per week devoted to position 20.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 7, 185 3, 935	(d) Health benefit contributions to emplo benefit plans, and deficompensation	0. 0.	(e) Estimated amount of other compensation 0.
Cyr Vic Mel Sec Sha	(a) Name and title liam Kimes esident thia Cykert te President tissa Turner tretary tron McDonnell easurer	(b) Average hours per week devoted to position 20.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 7, 185 3, 935 2, 525 3, 025	(d) Health benefit contributions to emplo benefit plans, and deficompensation	0. 0.	(e) Estimated amount of other compensation 0.

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Form 990-EZ (2014)

Form 990-E	Z (2014) Teachers' Associati	on of Newport		05-039	1481	Р	age 4
	ne organization engage, directly or indirectly dates for public office? If 'Yes,' complete So				46	Yes X	No
	Section 501(c)(3) organizations			 -			
	All section 501(c)(3) organization	s must answer que	stions 47-49b and 5	2, and complete the	tables		
	for lines 50 and 51.						_
	Check if the organization used Schedule	O to respond to any que	stion in this Part VI	· · · · · · · · · · · · · · · · · · ·	• • • • • •		للن
47 Did th	ne organization engage in lobbying activities	or have a section 501/	n) election in effect during	the tax year? If 'Yes.'		Yes	No
comp	lete Schedule C, Part II				47		
48 Is the	organization a school as described in secti	on 170(b)(1)(A)(II)? If 'Y	es,' complete Schedule E		48		
49 a Did th	ne organization make any transfers to an ex	empt non-charitable rela	ated organization?		49 a		
	s,' was the related organization a section 52						<u> </u>
	plete this table for the organization's five hig				l key		
empio	byees) who each received more than \$100,0	Jou of compensation fro	m the organization, it the		T		
	(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		
						-	
f Total	number of other employees paid over \$100	<u> </u>	<u> </u>		J		
	plete this table for the organization's five hig		pendent contractors who	each received more thai	n \$100.000 d	of	
comp	ensation from the organization. If there is n	one, enter 'None '					
	(a) Name and business address of each independent con	tractor	(b) Type	of service	(c) Com	ensatio	n
	_						
				- · · · · · · · · · · · · · · · · · · ·	 		
		- 					
		· *			<u> </u>		
d Total	number of other independent contractors e	ach receiving over \$100	,000				
	ne organization complete Schedule A? Note	e. All section 501(c)(3) o	rganizations must attach	а	. ► ∏Yes	. [No
	oleted Schedule A	luding accompanying schedules	and statements, and to the best	of my knowledge and belief, it is			
true, correct, a	nd complete Declaration of preparer (other than officer) is	based on all/information of whi	ch preparer has any knowledge				
	Signature or officer			Date			
Sign Here	Type or print name and title	en Trasu	vV	11/29/1			
	Print/Type preparer's name	Preparer's signature	Date		PTIÑ		
		mag(')	20 lovero 11/20/1	Check if self-employed	P0069953	12	
Paid	James Towers & Associ	James Towers	111/20/	LO sou-employed	-0003333		
Preparer Use Only	Firm's name Towers & Associ Firm's address 88 MAIN RD	aces V		Firm's EIN	90-0444	1847	
Jac Omy	TIVERTON		RI 02878	Phone no (4)		2840	<u> </u>
May the IR	S discuss this return with the preparer show	vn above? See instruction			► \ Ye	s T	No
			 		Form 99	0-EZ	(2014)

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

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and it instructions is at www.irs.gov/form990.

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-B.

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

• 5	Section 501(c)(4), (5), or (6) orga	anizations Complete Part III.			
Name	of organization			Employer Identifica	tion number
Tea	chers' Association	of Newport		05-039148	1
Par	t I-A Complete if the or	of Newport rganization is exempt under section	on 501(c) or is a	section 527 organiz	zation.
1		ganization's direct and indirect political campa			
2	Political expenditures			· · · · · · · · · · ≻ \$	2,700.
Par	t I-B ∦Complete if the o i	rganization is exempt under section is exempt under section is exempt under section in the companization under section is the companization under section is the companization in the companization is the companization is exempt under section is ex	on 501(c)(3).	· · · · · · · · · · · · · · · · · · ·	
1					
2	•	e tax incurred by organization managers unde			
3	If the organization incurred a s	section 4955 tax, did it file Form 4720 for this	year?		· · · LYes LNo
4 a	Was a correction made?				Yes No
	If 'Yes,' describe in Part IV.				
		rganization is exempt under section			
1	Enter the amount directly expe	ended by the filing organization for section 52	7 exempt function activ	vities ▶ \$	0.
2	Enter the amount of the filing of function activities	organization's funds contributed to other orga	nizations for section 52	27 exempt	2,700.
3	Total exempt function expendi	tures. Add lines 1 and 2. Enter here and on F	orm 1120-POL,		2,700.
4	Did the filing organization file I	Form 1120-POL for this year?			Yes X No
5	Enter the names, addresses a organization made payments amount of political contribution	and employer identification number (EIN) of al For each organization listed, enter the amoun as received that were promptly and directly de action committee (PAC). If additional space is	I section 527 political of the paid from the filing of the livered to a separate p	organizations to which the rganization's funds. Also political organization, suc	e filing enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(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) 2014

chedule C (Form 990 or 990-EZ) 201	⁴ Teachers'	Association of New	port	05-0391	L481 Page 2
	he organizati	on is exempt under sec		l filed Form 5768 (e	lection under
A Check ► If the filing	organization belo	ongs to an affiliated group (and	list in Part IV each affilia	ated group member's nam	ne,
	-	d share of excess lobbying ex			
B Check ► ☐ if the filing	organization che	cked box A and 'limited control	provisions apply.		
(The term		ying Expenditures eans amounts pald or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total Johnving expenditure	es to influence pul	blic opinion (grass roots lobbyii	ng)		
• • •	•	egislative body (direct lobbying	= :		
		nd 1b)	•		
	•				
		es 1c and 1d)			
		ount from the following table in			
-		The lobbying nontaxable			
If the amount on line 1e, colu Not over \$500,000	ITIII (a) OI (D) 15.	20% of the amount on line 1e.	amount is		
Over \$500,000 but not over \$1,	000 000	\$100,000 plus 15% of the excess	over \$500 000		
Over \$1,000,000 but not over \$1		\$175,000 plus 10% of the excess	· · · · · ·		
Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess of		į	
Over \$17,000,000	17,000,000	\$1,000,000	VCI \$1,500,000		
	mount (enter 25%	of line 1f)			
_	•	, enter -0			
-		enter -0			
				<u>. </u>	-
j If there is an amount othe section 4911 tax for this y	er than zero on eith	ner line 1h or line 1ı, dıd the orç	ganization file Form 472	0 reporting	Yes No
(Some		4-Year Averaging Period U hat made a section 501(h) elo nns below. See the instruction	ection do not have to c		
	Lo	bbying Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2 a Lobbying non-taxable amount					
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				0.644.075	- 000 000 57\ 0011
BAA				Schedule C (Form	n 990 or 990-EZ) 2014

	O		under coeffee E04/e)/2	Land has NOT filed for	- F7C0
Part II-B	Complete if the	organization is exempt	: under section builc)(3) and has NOT filed For	M 2/08
		section 501(h)).		-	

	(a)		(b)	
for each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description f the lobbying activity	Yes	No	Am	ount	
Dunng the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			,		į
a Volunteers?					
c Media advertisements?					
d Mailings to members, legislators, or the public?	-	<u> </u>			
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?			· · · · · · · · · · · · · · · · · · ·		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
1 Other activities?					
j Total. Add lines 1c through 1					
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If 'Yes,' enter the amount of any tax incurred under section 4912		}			
c If 'Yes,' 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	Х	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		Х
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		Х
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) I answered 'Yes.'	c)(5) >art ∣	, or s	ection 5 line 3, is	501(c) S	,
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2 a			
b Carryover from last year		2 b			
c Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next-year?	_••	_4_			

Part IV | Supplemental Information

Provide the 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-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

5 Taxable amount of lobbying and political expenditures (see instructions)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is

OMB No 1545-0047

2014

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internal Revenue Service	at www.iis.gov/i	<i>61111390.</i> ;
Name of the organization		Employer Identification number
Teachers' Associat	ion of Newport	05-0391481