

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2015

Open to Public Inspection

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

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.

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: NEWPORT CITY RENAISSANCE CORP. Number and street: 194 MAIN STREET - SUITE 208. City or town: NEWPORT, VT 05855

D Employer identification number: 45-0565353. Telephone number: (802) 323-1056. F Group Exemption Number

G Accounting Method: Cash, Accrual, Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.DISCOVERNEWPORTVT.COM

J Tax-exempt status (check only one): 501(c)(3), 501(c)(6), 4947(a)(1), 527

K Form of organization: Corporation, Trust, Association, Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 107,544

Part I 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

Table with 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 107,544 and total expenses is 110,517.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	47,834	22 48,767
23 Land and buildings		23
24 Other assets (describe in Schedule O)	11,250	24 18,242
25 Total assets	59,084	25 67,009
26 Total liabilities (describe in Schedule O)	11,273	26 22,171
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	47,811	27 44,838

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?

THE MISSION OF THE NEWPORT CITY RENAISSANCE CORPORATION, A PRIVATE NONPROFIT ORGANIZATION OF BUSINESS OWNERS, CITIZENS AND MUNICIPAL LEADERS, IS TO SERVE AS A CATALYST FOR ECONOMIC CHANGE AND COMMUNITY DEVELOPMENT BY 1) ADVANCING AND ENHANCING THE ECONOMIC ENVIRONMENT, 2) DEVELOPING A COHESIVE AND WELCOMING CITY DESIGN, AND 3) PROMOTING THE CITY AS A TOURISM AND INVESTMENT DESTINATION

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 ECONOMIC DEVELOPMENT AND MARKETING PROJECTS IN PARTNERSHIP WITH OTHER ORGANIZATIONS FOR PLANNING AND ECONOMIC GROWTH, DENSE DEVELOPMENT OF THE HISTORIC DOWNTOWN, BRANDING OF THE AREA THROUGH A WEBSITE AND MARKETING STRATEGY KNOWN AS NEWPORT GENUINE BY NATURE, CONNECTING LOCAL FARMS WITH DOWNTOWN MARKETS THROUGH OUR NEWPORT FRESH BY NATURE EFFORTS, AND PROMOTING RECREATIONAL ACTIVITIES THROUGH OUR ACTIVE BY NATURE CAMPAIGN (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	61,725
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input checked="" type="checkbox"/>	32	61,725

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(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 employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TERRIE MCQUILLEN TREASURER	5 00	0		
ROB HODGKINS PRESIDENT	5 00	7,000		
AIME CONRAD BELLAVANCE SECRETARY	2 00	0		
KIM BUTLER VICE PRESIDE	2 00	0		
ROSS MACCORMACK DIRECTOR	2 00	0		
CLAUDIO FORT DIRECTOR	2 00	0		
LAURA DOLGIN DIRECTOR	2 00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

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
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35a 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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a 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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of HAYES ACCOUNTING SERVICES Telephone no (802) 334-2201 Located at 411 EAST MAIN STREET NEWPORT, VT ZIP +4 05855
42b 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)? If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
42c At any time during the calendar year, did the organization maintain an office outside the U S ? 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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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)

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with 3 columns: Question number, Yes, No. Row 46: 46, Yes, No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47 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

Table with 3 columns: Question number, Yes, No. Row 47: 47, Yes, No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 3 columns: Question number, Yes, No. Row 48: 48, Yes, No

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 3 columns: Question number, Yes, No. Row 49a: 49a, Yes, No

b If "Yes," was the related organization a section 527 organization?

Table with 3 columns: Question number, Yes, No. Row 49b: 49b, Yes, No

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

Table with 5 columns: (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 amount of other compensation

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

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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation

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

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A

Yes No

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 Here ***** Signature of officer 2016-08-23 Date TERRIE MCQUILLEN TREASURER Type or print name and title

Paid Preparer Use Only Preparer's name: EVA M HAYES CPA, Preparer's signature, Date: 2016-08-26, Check self-employed, PTIN: P00999296, Firm's name: HAYES ACCOUNTING SERVICES, Firm's EIN: 27-0410468, Firm's address: 411 E MAIN ST NEWPORT, VT 058555826, Phone no: (802) 334-2201

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 at
www.irs.gov/form990.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
NEWPORT CITY RENAISSANCE CORP

Employer identification number

45-0565353

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING AND PROMOTION 18,118 OFFICE 183 INFORMATION TECHNOLOGY 932 TRAVEL 213 CONFERENCES AND MEETINGS 1,019 INTEREST 13 INSURANCE 1,846 PROJECT COSTS 19,095 EVENT COSTS 3,821 SERVICE CHARGES 401 GRANT PROJECTS 30,553 GRANTS - OTHER 6,000 DUES AND MEMBERSHIPS 240 MISCELLANEOUS 1,237 TAXES - STATE USE TAX 33 TOTAL 83,704
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 11,250 18,242 TOTAL 11,250 18,242
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 969 12,365 UNSECURED NOTES AND LOANS PAYABLE 140 601 PAYROLL LIABILITIES 99 35 LINE OF CREDIT 0 0 OTHER PAYABLES 10,065 9,170
FORM 990-EZ, PART III	THE MISSION OF THE NEWPORT CITY RENAISSANCE CORPORATION, A PRIVATE NONPROFIT ORGANIZATION OF BUSINESS OWNERS, CITIZENS AND MUNICIPAL LEADERS, IS TO SERVE AS A CATALYST FOR ECONOMIC CHANGE AND COMMUNITY DEVELOPMENT BY 1) ADVANCING AND ENHANCING THE ECONOMIC ENVIRONMENT, 2) DEVELOPING A COHESIVE AND WELCOMING CITY DESIGN, AND 3) PROMOTING THE CITY AS A TOURISM AND INVESTMENT DESTINATION
FORM 990-EZ, PART III, LINE 28	ECONOMIC DEVELOPMENT AND MARKETING PROJECTS IN PARTNERSHIP WITH OTHER ORGANIZATIONS FOR PLANNING AND ECONOMIC GROWTH, DENSE DEVELOPMENT OF THE HISTORIC DOWNTOWN, BRANDING OF THE AREA THROUGH A WEBSITE AND MARKETING STRATEGY KNOWN AS NEWPORT GENUINE BY NATURE, CONNECTING LOCAL FARMS WITH DOWNTOWN MARKETS THROUGH OUR NEWPORT FRESH BY NATURE EFFORTS, AND PROMOTING RECREATIONAL ACTIVITIES THROUGH OUR ACTIVE BY NATURE CAMPAIGN