

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 1545-0047

Open to Public

Department of the Treasury

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

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

A		2016 ca	endar year, or tax year beginning	· · · · · · · · · · · · · · · · · · ·	, and e					
		applicable		ADING ROOM	, 0.1.0		Employer	identificatio	n number	
	Address o		Doing business as	ABINO NOOM		1				
	ridui CSS C	Januarige	Number and street (or PO box if mail is not	(elivered to street address)	Room/suite	0:	5-0191260			
Ш	Name cha	ange	29 BELLEVUE AVENUE	·	ł	_	Telephone			
\Box	Initial retu	ım	City or town	State	ZIP code		104) 946 O	400		
$\overline{\Box}$			NEWPORT	RI	02840		101) 846-04	400		
닏	rinai return.	/terminated	Foreign country name Foreign	province/state/county	Foreign postal	code				
∐.	Amended	l return				G	Gross rece	ipts \$		774,400
\Box	Annlicatio	n pending	F Name and address of principal officer			H(a) is this a	a group return fo	or subordinate:	s? Yes	X No
· سا			TYLOR FIELD II 29 BELLEVUE AVE	NUE NEWPORT RI 0	2840		Il subordinate:		Yes	=
						1		t (see instrui		
	ax-exem	`		(insert no) 4947(a)(1)	or 527				-4-10/	
<u>J /</u>	Nebsite	: ► N/A	<u></u>		 -	H(c) Grou	p exemption n	umber -		
Ki	orm of ar	rganızatıon	X Corporation Trust Associa	son Other ▶	L Yea	r of formation	^{on} 1854	M State	of legal domicile	RI
E	art I	Su	nmary							
	1		escribe the organization's mission or r	nost significant activitie	s PRC	MOTING	LITERAR	Y AND SC	CIAL	
9			CTION AMONG ITS MEMBERS THR							
Activities & Governance	}								·	
<u>1</u>	2	Check ti	nis box 🕨 if the organization disc	ontinued its operations	or disposed	of more t	than 25% c	of its net a	ceate	
ő	3		of voting members of the governing b	•	or disposed	011110101	1	3	550.6	12
જ	4		of independent voting members of the	• •	/Lline 1h)		ţ	4		12
es	5		mber of individuals employed in calen				ţ	5		11
Ξ	6		mber of individuals employed in calcin	•	ne zuj		1	6		
ij	7a		related business revenue from Part VI	• •			ł	7a		0
•) 'a		elated business tevelide nominativity	• •			ł	7b		1,331
-	+	ivet unit				F	Prior Year		Current Ye	
_	8	Contribu	itions and grants (Part VIII, line 1h)	RECEIVED		} <u>·</u>		,871		612,917
Revenue	9						020	635		635
Ver	10		Sgram service revenue (i air vini, initiag)				3,358			
8	11		venue (Part VIII, column (A), lines 5, (St Sc Sc 10c and 11e	\$			7,330		3,428 74,308
	12		enue—add lines 8 through 11 (must equa					,655		691,288
	13	Grants	and similar amounts paid (Part IX, cold	m 2 1 31		 		0		001,200
	14		paid to or for members (Part IX, colui			 -		0	 	
ch.	15		other compensation, employee benefits		s 5_10\		446	3,511		428,515
Sec	16a		onal fundraising fees (Part IX, column		,	}		0		0
Expenses	b		ndraising expenses (Part IX, column (I		0			77. 34	W VIII CA	To all high
, M	17		openses (Part IX, column (A), lines 11:			3		,517		199,235
Ď	18		penses Add lines 13–17 (must equal	· ·	25)			,028		627,750
)	19		e less expenses Subtract line 18 from		,			,373		63,538
5 6	+	1.0.1.0.1.0	o loos alponedo adallade into la nan			Beginnin	g of Current		End of Yea	
Net Assets or	20	Total as	sets (Part X, line 16)				712	747		797,543
\ 8 4 8 6	21		bilities (Part X, line 26)					3,169		69,427
2	22		ets or fund balances Subtract line 21	from line 20			664	,578		728,116
	art II		nature Block							
			y, I declare that I have examined this return, inclu	ding accompanying schedules	and statements	, and to the	best of my kn	owledge		
and	belief, it i	s true, corre	of, and complete Declaration of preparer (other	han officer) is based on all info	rmation of which	h preparer h	as any knowle	edge /		
Sig	70		10/MG/ Very					3/13/	0017	
He			Signature of officer	1	100		Date	,	•	
116	16		Dicksof G. 15de	J. Iduiuu	1 eusw	<u>rez</u>				
			Type or print name and title DIC LCON	G. BOENNIN	g					
		Pnn	t/Type preparer's name	Preparer's signature	7	Date		heck X	PTIN	
Pa		lon	ses II ombardulli	MIN	2/2	1/3/7		heck <u>X</u> elf-employed	" P010599	24
	eparer	· -	nes J Lombardi III	- 14 11 - V					1.0.0099	
Us	e Only	, –	's name ► James J Lombardi III CPA				ırm's EIN 🕨			
		Firn	i's address 🕨 481 Atwood Avenue, Crar	ston, RI 02920		<u>}</u> _F	Phone no	(401) 274		
Ma	y the IF	RS discus	s this return with the preparer shown	above? (see instruction:	s)				X Yes	No

orm 9	90 (2016)	NEWPORT READING ROOM	05-0191260	Page 2
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	, ,	escribe the organization's mission OFIT LIBRARY AND READING ROOM		
		·		
2	the prior	organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ? describe these new services on Schedule O	Yes	X No
3	Did the services	organization cease conducting, or make significant changes in how it conducts, any program ?	Yes	X No
4	Describ expense	describe these changes on Schedule O the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a expenses, and revenue, if any, for each program service reported		
4a) (Expenses \$ Including grants of \$) (Rever TING LITERARY AND SOCIAL INTERACTION AMONG ITS MEMBERS		
		·		
				
4b	(Code) (Expenses \$ including grants of \$) (Rever)
				·
			·····	·
			· · · · · · · · · · · · · · · · · · ·	
				·
4c	(Code) (Expenses \$ including grants of \$) (Rever	iue \$)
			·	
			·	
				·
4d	Other p	ogram services (Describe in Schedule O) es \$ 0 including grants of \$ 0) (Revenue \$	0)	
4e		gram service expenses O (Revenue \$ 0) (Revenue \$ 0)	<u> </u>	-

Form 9	990 (2016) NEWPORT READING ROOM	05-0191260	P	age 3
Part	IV Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	v	
_	complete Schedule A	2	Х	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	-2	<u> </u>	^
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or deb			١
	negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		ļ	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	क्षात्र इत्यादक्ष	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	44.5		l ,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<u>11c</u>	 	X
	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		x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Par	t X 11e	X	ļ.—
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1	ļ	١.,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	-	_ X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," comp			
	Schedule D, Parts XI and XII	12a	 	X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yeard of the organization appropriate and "No" to line 120, then completing School D. Ports XI and XII is entired.	es," 12b		_
40	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	120		X

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

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

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)

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

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

14a

14b

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9 5 F W	Chacklist at Dagilled Schooling	irontiniiaai
Part IV	Checklist of Required Schedules	100mmucu)

L GII	Oncornist of Acquired Continues		Yes	No
00-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	res	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			1
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	'	Х
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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	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?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? 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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,	-		
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		_X
33	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		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	If "Yes" to line 35a, 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	35b		
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	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	J		
55	19? Note. All Form 990 filers are required to complete Schedule O	38	х	

Form 990 (2016)	NEWPORT READING ROOM
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>			Щ
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	l reportable	5.4		
	gaming (gambling) winnings to prize winners?	1 1	. 10	: X	et 496. tesséri
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	2a	11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re		21		1 2 2 3
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruct	ions)	3		
3a h	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Scheduler.	ulo O	31	_	
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or oth		-31	'\^	+
44	over, a financial account in a foreign country (such as a bank account, securities account, or other	-		1	1
	account)?	manoidi	4	,	X
b	If "Yes," enter the name of the foreign country	•			1993
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	al Accounts			
	(FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	?	. 5	1	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tran		. 51		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50	: [
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and dis	d the			
	organization solicit any contributions that were not tax deductible as charitable contributions?		. 6	1	X_
b	If "Yes," did the organization include with every solicitation an express statement that such contrib	utions or		1	1
_	gifts were not tax deductible?		. 6) *:	-
7	Organizations that may receive deductible contributions under section 170(c).		, and the		事品
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly f and services provided to the payor?	or goods	. 7		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7		+^-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which if	was	· //	' 十一	
·	required to file Form 8282?	Was	. 7	,	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		19	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benef	it contract?	. 70	9	2 2 2 2 2 2
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co		7	f.	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8	899 as required?	. 7	1	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		C? 7	<u> </u>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ned by the			
	sponsoring organization have excess business holdings at any time during the year?		. 8	material Composition	X
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		. 9	-	
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter		. 9		X Regard
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			38 4.7
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources		Š		
	against amounts due or received from them)	11b			150
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo		12	a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		2		
а	Is the organization licensed to issue qualified health plans in more than one state?		. 13	a	THE COLUMN
4.	Note. See the instructions for additional information the organization must report on Schedule O				
þ	Enter the amount of reserves the organization is required to maintain by the states in which	1425	î.		
_	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13b			
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	130	. 14	2	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched	dule O	14		+^
					(2016)
					· \=0 (0)

Form 9	99 (2016) NEWPORT READING ROOM	05-019	1260	P	age 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O contains a response or note to any line in this Part VI			"	
Sect	iòn A. Governing Body and Management	-		<u> </u>	느.
<u> </u>	IOTA: GOVERNING BODY and management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	12	1 18	år,	٠ د م
	If there are material differences in voting rights among members of the governing body, or				* 1
	if the governing body delegated broad authority to an executive committee or similar				- 19
	committee, explain in Schedule O			, e.	
b	Enter the number of voting members included in line 1a, above, who are independent	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		1		.673
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct				
_	supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	<u> </u>	X
5					X
6	Did the organization have members or stockholders?	•	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		<u> </u>		
	one or more members of the governing body?		7a	x	1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	•	· · · ·		
_	stockholders, or persons other than the governing body?		7b	×	l
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	•	18.00	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	52 % 3 %
•	the year by the following				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?	•	8b	<u> </u>	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	·	1		
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue (<u> </u>)	
	The second secon	<u> </u>		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10ь		Х
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form?.	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		133	170	3,5
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	- Marie Company	Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to disclose annually interests that could give rise to disclose annually interests.	onflicts?	12b		X
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done		12c	,	X
13	Did the organization have a written whistleblower policy?		13		X
14	Did 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 approval by		-	77	1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	n?		,	l
а	The organization's CEO, Executive Director, or top management official		15a		Х
b	Other officers or key employees of the organization		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				<u> </u>
	with a taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				Г
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard		1.		_
	the organization's exempt status with respect to such arrangements?		16b		
Sect	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► RI				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501(c) (3)s onl	y)	
	available for public inspection. Indicate how you made these available. Check all that apply	•			
	Own website				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	nterest pol	ıcy, ar	ıd	
	financial statements available to the public during the tax year				

State the name, address, and telephone number of the person who possesses the organization's books and records:

29 BELLEVUE AVENUE, NEWPORT, RI 02840

JUDY SOUZA

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(401) 846-0480

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NEWPORT READING ROOM

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Comp	ensated		
	• Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII				
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employee	s		<u>.</u>	

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 compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) Position (do not check more than one (F) (A) (B) Name and Title Reportable Estimated Reportable Average box, unless person is both an officer and a director/trustee) compensation compensation amount of hours per week (list any Individual from related other from Highest employee Institutional trustee organizations compensation hours for the director (W-2/1099-MISC) related from the employee organization (W-2/1099-MISC) organization organizations t compensated below dotted and related trustee line) organizations (1) TYLOR FIELD II 5 00 0.00 Χ PRESIDENT 0 0 (2) BRIAN G BARDORF 5 00 0 00 Х 0 **SECRETARY** 0 (3) DICKSON G BOENNING 5 00 **TREARURER** 0 00 0 0 0 (4) TIMOTHY J DEMY 2 00 **GOVERNING COMMITTEE** 0.00 Х 0 0 (5) DAVID L REED 2 00 Х **GOVERNING COMMITTEE** 0.00 0 (6) JEFFREY L GORDON 2 00 **GOVERNING COMMITTEE** 0.00 Х 0 (7) ANDREW K REILLY 2 00 **GOVERNING COMMITTEE** 0.00 0 Х 0 0 (8) WILLIAM F LUCEY III 200 **GOVERNING COMMITTEE** 0.00 Х 0 2 00 (9) EMLEN M DRAYTON 0 00 Х **GOVERNING COMMITTEE** 0 0 (10) BAYARD RUSSELL 2 00 **GOVERNING COMMITTEE** 0 00 0 0 (11) WILLIAM N WOOD PRINCE 200 **GOVERNING COMMITTEE** 0 00 Х 0 0 0 (12) BARCLAY DOUGLAS JR 2 00 **GOVERNING COMMITTEE** 0.00 Х 0 0 0 (13) KEVIN J MCGARRY 40 00 MANAGER 0.00 Х Х 127,494 0

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. (A) Name and title	(B) Average hours per	box,	unies	Pos neck ss pe	more rson	than o	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15)										-
(16)										
(17)		-							_	
(18)										
(19)			-		_					
(20)		-	-							
(21)			_							
(22)										
(23)			-							
(24)		-		_						
(25)										
1b Sub-total c Total from continuation sheets to Part VII, S	ection A	<u>, </u>		.			>	127,494	0	
d Total (add lines 1b and 1c)							<u> </u>	127,494	0	
Total number of individuals (including but not lii reportable compensation from the organization		sted a		e) v 1	vho _	recei	ved	more than \$100	,000 of	
3 Did the organization list any former officer, dire	ector, or trustee,	key e	emp	oye	e, o	r high	nest	compensated		Yes No
employee on line 1a? If "Yes," complete SchedFor any individual listed on line 1a, is the sum of the sum				. n. a	nd (other	con	nneneation from	•	3 X
the organization and related organizations great		•						•	h	
individual5 Did any person listed on line 1a receive or acci	rue compensatio	n froi	m aı	ny u	nrel	lated	org	anization or indiv	vidual	4 X
for services rendered to the organization? If "Y	es," complete So	chedu	ıle J	for	suc	h per	rson		·	5 X
Complete this table for your five highest compectation from the organization. Report converse year.										tax
(A) Name and business add	ress							(B) Description of ser	vices	(C) Compensation
							-			
Total number of independent contractors (inclu	ding but not limit	ted to	tho	se I	ıste	d abo	ve)	who received		
more than \$100,000 of compensation from the	•	<u> </u>				0				
										Form 990 (2016

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		Check if Schedule O contains	a response or	note to any line ii	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
25 25	1a	Federated campaigns	1a					
ra T	þ	Membership dues	1 <u>b</u>	612,917				
s, G	С	Fundraising events	<u>1c</u>					
la Gr	d	Related organizations	10	 				
SIE	е	Government grants (contribution:		0			. ค.ศ์เข็จ	
utfo	f	All other contributions, gifts, gran						
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included abo		0				
and G	g	Noncash contributions included in I	nes 1a-1f \$	0	040.047	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		
	<u>h</u>	Total. Add lines 1a-1f		Business Code	612,917	65 - 48 67 3 - 48 67 68 68 68 68 68 68 68 68 68 68 68 68 68		
8	2a	BOOK SALES		453000	635		2-14-16-12 / 1-28-12 12 12	
8,6	za b	BOOK SALES		453000	635		·	
8					0	ļ		<u> </u>
٤	d			<u> </u>	0			
S E	e				0			
Program Service Revenue	f	All other program service revenu	e		0			
P	g	Total. Add lines 2a–2f			635		44. (F)	
	3	Investment income (including div	idends, interest	, and				
		other similar amounts)		•	3,428			
	4	Income from investment of tax-ex	kempt bond pro	ceeds >	0			
	5	Royalties			0			
			(ı) Real	(ii) Personal				
	6a	Gross rents						
	b	Less rental expenses	<u> </u>	 				
	C	Rental income or (loss)	L	0	A		2003000	
	d Zo	Net rental income or (loss)	(ı) Securities	(ii) Other	0	100 D 100 D 100 D		
	7a	Gross amount from sales of	(i) Securities	 				
	b	assets other than inventory Less cost or other basis	 	<u>, </u>				
		and sales expenses)	م ار				
	С	Gain or (loss)						
)	d	Net gain or (loss)	<u> </u>	>	0	24	N	3
		3 ()					* * * * * * * * * * * * * * * * * * *	4
ě	8a	Gross income from fundraising				```	* **	
ē		events (not including \$	0			,		
Other Revenue		of contributions reported on line	1c)					
<u></u>		See Part IV, line 18	a	0	_			
¥	b	Less direct expenses	b	0	<u> </u>			
Ĭ		Net income or (loss) from fundra	_	<u> </u>	0			
	9a	Gross income from gaming activities						
Ì	_	See Part IV, line 19	а	0	-i			
		Less direct expenses Net income or (loss) from gaming	b	0	0			
		Gross sales of inventory, less	y activities		ļ			
	IUa	returns and allowances	а	157,420	ļ			
	b	Less cost of goods sold	b					
ļ		Net income or (loss) from sales of	_	<u> </u>	74,308			
	<u> </u>	Miscellaneous Revenue		Business Code	1 , 4,000	 		
	11a			1	0			
	b				0			
- }	С				0			
	d	All other revenue			0			
}	е	Total. Add lines 11a-11d		>	0			
	12	Total revenue. See instructions		•	691,288	1 0	_ o	1 0

Part IX Statement of Functional Expenses

9	Section 501(c)(3) a	nd 501(c)(4) or	ganizations must	complete all columns	All other organizations mu	st complete column (A)

	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	domestic governments See Part IV, line 21	0		75 1 1744							
2	Grants and other assistance to domestic			444. To 4.	9						
	individuals See Part IV, line 22	0			23.5						
3	Grants and other assistance to foreign			4	1.00						
	organizations, foreign governments, and foreign	_		47 6	44 44 1						
	individuals See Part IV, lines 15 and 16	0			And the second second						
4	Benefits paid to or for members	0		38							
5	Compensation of current officers, directors,	107.404									
_	trustees, and key employees	127,494		0							
6	Compensation not included above, to disqualified	l									
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0									
7	Other salaries and wages	269,738			 .						
8	Pension plan accruals and contributions (include	209,730			<u> </u>						
Ū	section 401(k) and 403(b) employer contributions)	o.									
9	Other employee benefits	31,283									
10	Payroll taxes	01,200									
11	Fees for services (non-employees)										
а	Management	0									
b	Legal	0									
С	Accounting	1,500									
d	Lobbying	0									
е	Professional fundraising services See Part IV, line 17	0		A 18							
f	Investment management fees	0									
g	Other (If line 11g amount exceeds 10% of line 25, column										
	(A) amount, list line 11g expenses on Schedule O)	0									
12	Advertising and promotion	0									
13	Office expenses	4,962									
14	Information technology	0									
15	Royalties	0									
16	Occupancy	15,718									
17	Travel	0									
18	Payments of travel or entertainment expenses										
40	for any federal, state, or local public officials	0									
19	Conferences, conventions, and meetings										
20 21	Interest Payments to affiliates	0									
22	Depreciation, depletion, and amortization	22,119	0	0	0						
23	Insurance	39,172	 								
24	Other expenses Itemize expenses not covered	33,172									
•	above (List miscellaneous expenses in line 24e If										
	line 24e amount exceeds 10% of line 25, column	i									
	(A) amount, list line 24e expenses on Schedule O)			• 11							
а	SUPPLIES, OFFICE, AND POSTAGE ETC	9,909									
b	REPAIRS AND MAINTENANCE	24,916									
С	FUND EXPENSES ETC	42,861									
ď	PROPERTY TAXES AND LICENSES	22,265									
е	All other expenses UTILITIES	15,813									
25	Total functional expenses. Add lines 1 through 24e	627,750	0	0	0						
26	Joint costs. Complete this line only if the										
	organization reported in column (B) joint costs										
	from a combined educational campaign and										
	fundraising solicitation Check here										
	following SOP 98-2 (ASC 958-720)	<u></u>	<u> </u>		l						

Part X Balance Sheet

		` Check if Schedule O contains a response or	note to any line in this Part	K		
				(A)		(B)
				Beginning of year		End of year
	1	Cash—non-interest-bearing	-	6,794	1	20,814
-	2	Savings and temporary cash investments		197,973	2	154,392
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		20,945	4	13,156
,	5	Loans and other receivables from current and fo	rmer officers, directors,	A Section of the Sect		
		trustees, key employees, and highest compensation	ated employees		120	
Į		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified person	ns (as defined under section		8 77°	
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	nd contributing employers and			
Ì		sponsoring organizations of section 501(c)(9) voluntary en	mployees' beneficiary			
ets		organizations (see instructions) Complete Part II of Sche	dule L		_ 6	·
Assets	7	Notes and loans receivable, net		0	7	0
4	8	Inventories for sale or use		48,840	88	45,241
- {	9	Prepaid expenses and deferred charges	5,495	9	5,735	
ļ	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D				
ļ	b	Less accumulated depreciation	240,549	10c	350,001	
	11	Investments—publicly traded securities		192,151	11	208,204
	12	Investments—other securities See Part IV, line	.0	12	0	
	13	Investments—program-related See Part IV, line	11	0	13	0
Ì	14	Intangible assets		0		0
	15	Other assets See Part IV, line 11		0		0
	16	Total assets. Add lines 1 through 15 (must equa	al line <u>34)</u>	712,747	16	797,543
	17	Accounts payable and accrued expenses		5,185		13,474
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete F			21	CONTRACTOR OF THE CONTRACTOR O
Liabilities	22	Loans and other payables to current and former				
¥		trustees, key employees, highest compensated				
lat		disqualified persons Complete Part II of Schedu			22	
-	23 24	Secured mortgages and notes payable to unrela	The state of the s	0	23 24	0
	2 4 25	Unsecured notes and loans payable to unrelated		0		0
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines			}	
		Part X of Schedule D	17-24) Complete	42,984	25	55,953
	26	Total liabilities. Add lines 17 through 25		48,169		69,427
			N abadabana b 🗍 and			30, 121
S.	ı	Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 ar				
ည		· ·	iu 34.		<u> </u>	<u></u>
ala	27	Unrestricted net assets		<u> </u>	27	
Fund Balances	28	Temporarily restricted net assets			28	
Juc	29	Permanently restricted net assets			29	7)
ŭ.		Organizations that do not follow SFAS 117 (ASC958),	check here $\blacktriangleright X$ and			<u></u>
s or		complete lines 30 through 34.			<u> </u>	
Net Assets	30	Capital stock or trust principal, or current funds		41,800		41,800
488	31	Paid-in or capital surplus, or land, building, or ed	• •		31	
et /	32	Retained earnings, endowment, accumulated in	come, or other funds	622,778		686,316
Ž	33	Total net assets or fund balances		664,578		728,116
	34	Total liabilities and net assets/fund balances		712,747	34	797,543

-01111	NEVPORT READING ROOM		<u> </u>	Page	<u> 14</u>
Part	XI Reconciliation of Net Assets				
	'Check if Schedule O contains a response or note to any line in this Part XI				
1	,Total revenue (must equal Part VIII, column (A), line 12)	1		691,	,288
2	Total expenses (must equal Part IX, column (A), line 25)	2		627,	750
3	Revenue less expenses Subtract line 2 from line 1	3		63,	,538
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		664,	578
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		728,	<u>,116</u>
Part				_	_
	Check if Schedule O contains a response or note to any line in this Part XII.	•		<u>. L</u>	丄
				Yes	No
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		Sing.		
	Schedule O				أنا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both			Sec.	
	Separate basis Donsolidated basis Both consolidated and separate basis			dishille wickle	
b	Were the organization's financial statements audited by an independent accountant?		2b		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		, S.		
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
_	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		2"
	if the organization changed either its oversight process or selection process during the tax year, explain in		13.4	No.	
	Schedule O		F 28		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		I this and make the	-	- American
	the Single Audit Act and OMB Circular A-133?		3a	j	
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		3b		
			Form	990 (2	2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name o	of the organization					Employer identification	number		
	PORT READING ROOM					O5-019	91260		
Part									
1 ne o	rganization is not a private foundat A church, convention of church	· ·	_	_					
2	A school described in section	·				(~)(1).			
3	A hospital or a cooperative hos					i)			
4	A medical research organization						tor the		
- [hospital's name, city, and state			·					
5 [An organization operated for th section 170(b)(1)(A)(iv). (Com		ge or university owned	or operate	ed by a go	vernmental unit desc	ribed in		
6	A federal, state, or local govern	ment or governmen	ntal unit described in se	ection 170	(b)(1)(A)(v).			
7 [An organization that normally redescribed in section 170(b)(1) 			m a gove	rnmental ι	unit or from the gener	ral public		
8	A community trust described in	section 170(b)(1)(/	A)(vi). (Complete Part	II)					
9 [An agricultural research organi: or university or a non-land-grar university	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.							
10 [An organization that normally re receipts from activities related to support from gross investment acquired by the organization af	to its exempt function income and unrelated	ons—subject to certain led business taxable in	exception come (les	s, and (2) s section (no more than 33 1/3 511 tax) from busines	% of its		
11 [An organization organized and operated exclusively to test for public safety. See section 509(a)(4).								
12 [An organization organized and of one or more publicly support Check the box in lines 12a thro	ed organizations de	escribed in section 509	(a)(1) or s	section 50	09(a)(2). See section	1 509(a)(3).		
а	Type I. A supporting organize the supported organization(supported organization)	s) the power to regu	larly appoint or elect a						
b	Type II. A supporting organic control or management of the organization(s) You must o	ne supporting organ	ization vested in the sa						
С	Type III functionally integral						rated with,		
d	its supported organization(s Type III non-functionally in						anization(s)		
u	that is not functionally integr								
	requirement (see instruction	is) You must comp	olete Part IV, Sections	A and D,	and Part	V.			
е	Check this box if the organiz					Type I, Type II, Type	e III		
f	functionally integrated, or Ty Enter the number of supported		ally integrated supporting	ng organiz	ation		0		
g	Provide the following information		ted organization(s)			•			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A)									
(B)									
(C)									
(D)				 					
(E)									
Total		,		}					

Sche		T READING ROO				05-019126	0 <u>Page</u> 2
Pa	rt II Support Schedule for Org						
	(Complete only if you check				•	•	der
	Part III If the organization fa	alls to qualify ur	der the tests lis	sted below, plea	ase complete F	Part III.)	
_	ction'A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants")	481,798	539,302	521,712	529,871	612,917	2,685,600
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf					-	0
3	The value of services or facilities						
	furnished by a governmental unit to the						_
	organization without charge	404 700	500,000	504 740	500.074	212 217	0 005 000
4	Total. Add lines 1 through 3	481,798	539,302	521,712	529,871	612,917	2,685,600
5	The portion of total contributions by each	484			ففيتها		
	person (other than a governmental unit			# 4	· ** **********************************		
	or publicly supported organization) included on line 1 that exceeds 2%	**	1.45		P = 1		
	of the amount shown on line 11,		. 1				
	column (f)	3 .					
6	Public support. Subtract line 5 from line 4	7.0					2,685,600
	ction B. Total Support	20019-7-1-1200-7-0019-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	3/2-27 (W. 1971)		Sport of the Contract of the C	Plan Winters And 1989	2,000,000
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	481,798	539,302	521,712	529,871	612,917	2,685,600
8	Gross income from interest, dividends,	401,700	000,002	<u>521,712</u>	020,071	012,317	2,000,000
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	2,900	3,340	3,362	2,811	3,428	15,841
9	Net income from unrelated business			,	,		
	activities, whether or not the business is						
	regularly carried on						0
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)	90,016	80,631	77,473	80,791	74,308	403,219
11	Total support. Add lines 7 through 10						3,104,660
	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the o	rganization's first, s	second, third, fourth	n, or fifth tax year a	s a section 501(c)	(3)	_
	organization, check this box and stop here		 				<u> </u>
	ction C. Computation of Public Su						
	Public support percentage for 2016 (line 6, o			7))		14	86 50%
	Public support percentage from 2015 Sched					15	<u>85 75%</u>
16a	33 1/3% support test—2016. If the organiz			, and line 14 is 33	1/3% or more,		
	and stop here. The organization qualifies a		-				►LX
b	33 1/3% support test—2015. If the organiz				s 33 1/3% or more	, check this	_
	box and stop here. The organization qualifier	es as a publicly sup	ported organizatio	n		•	▶
17a	10%-facts-and-circumstances test—2016	6. If the organizatio	n did not check a b	ox on line 13, 16a,	or 16b, and line 14	4	
	is 10% or more, and if the organization mee	ts the "facts-and-cu	rcumstances" test,	check this box and	stop here. Explai	n in	
	Part VI how the organization meets the "fact organization	s-and-circumstance	es" test. The organ	ization qualifies as	a publicly supporte	ea	. —
.	•	E If the erganization	n did not shook - L	ov on line 42, 40=	16h or 17a a		▶ ∟_
	 10%-facts-and-circumstances test—2019 15 is 10% or more, and if the organization m 						
	Part VI how the organization meets the "fact					·F	

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

<u> </u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")						0
2	Gross receipts from admissions, merchandise						_
	sold or services performed, or facilities furnished in any activity that is related to the					ĺ	
	organization's tax-exempt purpose	\					0
3	Gross receipts from activities that are not an						
-	unrelated trade or business under section 513				Į ,		0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf	Ì			1		0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total, Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons				[0
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the				<u>'</u>		
	amount on line 13 for the year						0
c	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	* 200 3			表 6. A		
	line 6)	40.4		3		ar material constraints	0
Sec	ction B. Total Support				-		
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,				1		
	payments received on securities loans,	}	İ				
	rents, royalties and income from similar sources		·				0
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975					1	0
	,	ļ					
C	Add lines 10a and 10b	0	0	0	0	0	0
11	•	0	0	0	0	0	0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or	0	0	0	0	0	0
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets	0	0	0	0	0	0
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	0	0	0	0	0	0
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11,			0			0
11 12 13	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0
11 12 13	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the or	O organization's first, s	0	0	0	0	0
11 12 13 14	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the corganization, check this box and stop here	O organization's first, s	0 second, third, fourth	0	0	0	0
11 12 13 14 Sec	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization, check this box and stop here extion C. Computation of Public Su	organization's first, s	0 second, third, fourti	O n, or fifth tax year a	0	0	0 0 •
11 12 13 14 Sec	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the corganization, check this box and stop here extion C. Computation of Public Surpublic support percentage for 2016 (line 8, 6)	organization's first, s pport Percenta column (f) divided b	0 second, third, fourth age y line 13, column (O n, or fifth tax year a	0	(3)	0 0 • [
11 12 13 14 Sec 15 16	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the corganization, check this box and stop here extion C. Computation of Public Support percentage for 2016 (line 8, 6).	organization's first, s pport Percents column (f) divided b dule A, Part III, line	0 second, third, fourth age y line 13, column (O n, or fifth tax year a	0	0	0
11 12 13 14 Sec 15 16 Sec	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the corganization, check this box and stop here cition C. Computation of Public Support percentage for 2016 (line 8, 0). Public support percentage from 2015 Scheet cition D. Computation of Investments.	organization's first, s pport Percenta column (f) divided b sule A, Part III, line nt Income Percent	oecond, third, fourting age y line 13, column (15)	On, or fifth tax year a	0	0 (3) 15 16	0 0 ▶ □ 0 00% 0 00%
11 12 13 14 Sec 15 16 Sec	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the corganization, check this box and stop here ction C. Computation of Public Support percentage for 2016 (line 8, computation of Investment Investment income percentage for 2016 (line 8).	organization's first, sepport Percenta column (f) divided bule A, Part III, line nt Income Perce 10c, column (f) di	osecond, third, fourth age y line 13, column (15 centage vided by line 13, co	On, or fifth tax year a	0	0 (3) 15 16	0 0 • □ 0 00% 0 00%
11 12 13 14 Sec 15 16 Sec 17	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the corganization, check this box and stop here ction C. Computation of Public Support percentage for 2016 (line 8, computation of Investment income percentage for 2016 (line 1).	organization's first, sepport Percenta column (f) divided buile A, Part III, line nt Income Perce 10c, column (f) dischedule A, Part III, schedule A, Part	osecond, third, fourth age y line 13, column (15 centage vided by line 13, column 17	On, or fifth tax year aft)	0 as a section 501(c)	0 (3) 15 16 17 18	0 0 ▶ □ 0 00% 0 00%
11 12 13 14 Sec 15 16 Sec 17	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the corganization, check this box and stop here ction C. Computation of Public Support percentage for 2016 (line 8, 4) Public support percentage from 2015 Scheet investment income percentage from 2015 Signal Investment income percentage from 2015 Signal 1/3% support tests—2016. If the organization of the organization of the corganization of the support percentage from 2015 Signal Investment income percentage Investment Income Investment	organization's first, some port Percents column (f) divided bute A, Part III, line ent Income Percent icolumn (f) divided bute A, Part III, sization did not checi	opecond, third, fourth age by line 13, column (15) centage vided by line 13, column (17) sk the box on line 1	0 n, or fifth tax year a f)) olumn (f)) 4, and line 15 is m	o as a section 501(c)	0 (3) 15 16 17 18	0 0 • □ 0 00% 0 00%
11 12 13 14 Sec 15 16 Sec 17 18 19a	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the corganization, check this box and stop here exion C. Computation of Public Support percentage for 2016 (line 8, 20) Public support percentage from 2015 Scheetion D. Computation of Investment Investment income percentage from 2015 States 33 1/3% support tests—2016. If the organization more than 33 1/3%, check this box and	organization's first, some percent column (f) divided bute A, Part III, line ent Income Percent icolumn (f) dichedule A, Part III, lization did not check stop here. The org	osecond, third, fourth age y line 13, column (15 centage vided by line 13, column 17 ck the box on line 1 anization qualifies	0 n, or fifth tax year a f)) blumn (f)) 4, and line 15 is mas a publicly supp	opas a section 501(c)	15 16 17 18 and line 17 is	0 0 • □ 0 00% 0 00%
11 12 13 14 Sec 15 16 Sec 17 18 19a	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the corganization, check this box and stop here ction C. Computation of Public Support percentage for 2016 (line 8, 4) Public support percentage from 2015 Scheet investment income percentage from 2015 Signal Investment income percentage from 2015 Signal 1/3% support tests—2016. If the organization of the organization of the corganization of the support percentage from 2015 Signal Investment income percentage Investment Income Investment	organization's first, some percent column (f) divided bute A, Part III, line ent Income Percent icolumn (f) dichedule A, Part III, lization did not check stop here. The organization did not check ization ization ization did not check ization did not check ization ization ization ization did not check ization iz	osecond, third, fourth age y line 13, column (15 centage vided by line 13, column 17 ck the box on line 1 anization qualifies ck a box on line 14	f)) olumn (f)) 4, and line 15 is mas a publicly suppor line 19a, and lin	operation 33 1/3%, orted organization to 16 is more than 3	0 (3) 15 16 17 18 and line 17 is	0 0 • □ 0 00% 0 00%

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1		
	2 3a	11 F.	Na
	3с		
	4a		
	4b		
,			
	4c		
	5a		
	5b	<u> </u>	
	. رَبِيْنِ	· .	*****
	6		
	7		
	8		
	9a		
	9b		
	9c_		
	10a		
ľ	10b	<u> </u>	

Schedu	le A (Form 990 or 990-EZ) 2016 NEWPORT READING ROOM	05-0191260	Р	age 5
Part	Supporting Organizations (continued)		,	
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		٤	3,4
а	'A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			لننا
	below, the governing body of a supported organization?	<u>11a</u>	_	
b	A family member of a person described in (a) above?	11 <u>b</u>	$\overline{}$	
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in P	art VI. 11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	ne 📜		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised,	or		
	controlled the organization's activities. If the organization had more than one supported organization,		1	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the suppo	rted	200	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in F	Part 💮		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			176
	supervised, or controlled the supporting organization	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	ors 🦃		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how contr	ol 📳		
	or management of the supporting organization was vested in the same persons that controlled or management	1.75%m2 ← C		
	the supported organization(s)	1	T	
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ie 🥻		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the	prior tax		
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies	of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provi	ded? 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support	ted 💢		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part	VI how		
	the organization maintained a close and continuous working relationship with the supported organization	(s) 2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	>	, ", 1	1
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	L		
	supported organizations played in this regard	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	ear (see instructio i	ıs)	
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a governmental entity	ant antitu (saa instri	ictions	1
		ern ernity (see inside		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purpose	4	-	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purpo-	·		
	how the organization was responsive to those supported organizations, and how the organization determined		 	لـــــا
	that these activities constituted substantially all of its activities	<u> 2a</u>	 	Ļ,
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or r	 		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI	the		
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u></u>	1	
	activities but for the organization's involvement	2b	ļ	<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u></u>		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities	of each		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this reg	ard 3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	rgar	nizations		
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	ig trus	t on Nov 20, 1970 (explain	ın Part VI) See	
instructions. All other Type III non-functionally integrated supporting organ	nızatı	ons must complete Sections	A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year(optional)	
1 Net short-term capital gain	1		(optional)	
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3	4	0	0	
5 Depreciation and depletion	5		 _	
6 Portion of operating expenses paid or incurred for production or	Ť			
collection of gross income or for management, conservation, or				
maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year	
Aggregate fair market value of all non-exempt-use assets (see	1		(optional)	
instructions for short tax year or assets held for part of year)			1 + t	
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d	0		
e Discount claimed for blockage or other	7.35	<u> </u>	Maria de la companya	
factors (explain in detail in Part VI)				
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d	3	0	0	
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	+*	<u> </u>		
see instructions)	4	o	0	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0	
6 Multiply line 5 by 035	6	0	0	
7 Recoveries of prior-year distributions	7	Ŏ	0	
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0	
Section C - Distributable Amount			Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0	
2 Enter 85% of line 1	2		0	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0	
4 Enter greater of line 2 or line 3	4		0	
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	╅			
emergency temporary reduction (see instructions)	6		0	
7 Check here if the current year is the organization's first as a non-functional		egrated Type III supporting		
instructions)	,	2	• • • • • • • • • • • • • • • • • • •	

Part \	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	,				
Section	n D- Distributions			Current Year				
1_	Amounts paid to supported organizations to accomplish ex	empt purposes						
2	Amounts paid to perform activity that directly furthers exem							
	organizations, in excess of income from activity							
3_	3 Administrative expenses paid to accomplish exempt purposes of supported organizations							
4								
5_	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI) See instructions							
7	Total annual distributions. Add lines 1 through 6			0				
8	Distributions to attentive supported organizations to which t	he organization is respoi	nsive					
	(provide details in Part VI) See instructions							
9_	Distributable amount for 2016 from Section C, line 6			0				
10	Line 8 amount divided by Line 9 amount	,		0 000				
		(i)	(ii)	(iii)				
S	ection E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable				
	. 	82887A 7 7 3 8 8 8 8 7 8 8 8 8 8 8 8 8 8 8 8 8	Pre-2016	Amount for 2016				
1_	Distributable amount for 2016 from Section C, line 6			0				
_	Underdistributions, if any, for years prior to 2016							
2	(reasonable cause required—explain in Part VI) See							
	Instructions							
	Excess distributions carryover, if any, to 2016	17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18						
a		1.77 (A. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1						
b_								
<u>c</u>	From 2013 C	2 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	Ta capita suma pa					
d	From 2014 0			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
<u>е</u>	From 2015 C							
f	Total of lines 3a through e	U Programme of the second	-					
_ <u>g</u>	Applied to underdistributions of prior years		0	0				
_ <u>h</u>	Applied to 2016 distributable amount							
	Carryover from 2011 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f	0						
	Distributions for 2016 from		7m 41647					
•	Section D, line 7 \$ 0							
a	Applied to underdistributions of prior years		0					
b	Applied to 2016 distributable amount			0				
	Remainder Subtract lines 4a and 4b from 4	0						
5	Remaining underdistributions for years prior to 2016, if	W 3 - 16	1. 127. 30					
_	any Subtract lines 3g and 4a from line 2 For result	m ²						
	greater than zero, explain in Part VI See instructions	, , ,	0					
6	Remaining underdistributions for 2016 Subtract lines 3h							
	and 4b from line 1 For result greater than zero, explain in							
	Part VI See instructions			0				
7	Excess distributions carryover to 2017. Add lines 3							
	and 4c	0						
8	Breakdown of line 7							
a								
b	Excess from 2013							
с	Excess from 2014							
d	Excess from 2015)						
_	Evenes from 2016	\l						

Schedule A (Form 990 or 990-EZ) 2016	NEWPORT READING ROOM	05-0191260 Page 8
	tion. Provide the explanations required by Part II, line 10, Pa	
	ion A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, an	
	, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, S	
	1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and	
lines 2, 5, and 6 Also or	omplete this part for any additional information (See instruction	ons)
·		
	•	
•••		
······································		

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

lame of the organization		Employer identification number
IEWPORT READING ROOM		05-0191260
	ing Donor Advised Funds or Oth	
	tion answered "Yes" on Form 990,	
	(a) Donor advised fund	
1 Total number at end of year	```	
2 Aggregate value of contributions to (durin	g vear)	
3 Aggregate value of grants from (during		
4 Aggregate value at end of year		
	ors and donor advisors in writing that the	e assets held in donor advised
	rty, subject to the organization's exclusiv	
_ · · · · · · · · · · · · · · · · · · ·	ntees, donors, and donor advisors in writ	-
-	and not for the benefit of the donor or do	
purpose conferring impermissible i		Yes No
Part II Conservation Easemer		
		Port IV line 7
	tion answered "Yes" on Form 990,	
	ents held by the organization (check all	
Preservation of land for public us	e (e g , recreation or education)	Preservation of a historically important land area
Protection of natural habitat		Preservation of a certified historic structure
Preservation of open space		
2 Complete lines 2a through 2d if the	e organization held a qualified conservat	tion contribution in the form of a conservation
easement on the last day of the ta	x year	Held at the End of the Tax Year
a Total number of conservation ease	ements	2a
b Total acreage restricted by conserv	vation easements	2b
c Number of conservation easement	is on a certified historic structure include	ed in (a) 2c
d Number of conservation easement	ts included in (c) acquired after 8/17/06,	and not on a
historic structure listed in the Natio	nal Register	2d
3 Number of conservation easement	ts modified, transferred, released, exting	uished, or terminated by the organization during
the tax year ▶		
4 Number of states where property s	subject to conservation easement is loca	ited •
5 Does the organization have a writt	en policy regarding the periodic monitori	ing, inspection, handling of
violations, and enforcement of the	conservation easements it holds?	Yes No
6 Staff and volunteer hours devoted to r	monitoring, inspecting, handling of violations	, and enforcing conservation easements during the year
•		
7 Amount of expenses incurred in monit	toring, inspecting, handling of violations, and	denforcing conservation easements during the year
▶ \$		
	t reported on line 2(d) above satisfy the	requirements of section 170(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)?		Yes No
_		s in its revenue and expense statement, and
• •	_	anization's financial statements that describes
the organization's accounting for c		
		Treasures, or Other Similar Assets.
Complete if the organiza	tion answered "Yes" on Form 990,	Part IV, line 8
1a If the organization elected, as pern	nitted under SFAS 116 (ASC 958), not to	o report in its revenue statement and balance sheet
		nibition, education, or research in furtherance
of public service, provide, in Part X	(III, the text of the footnote to its financia	Il statements that describes these items
		port in its revenue statement and balance sheet
		libition, education, or research in furtherance
	ving amounts relating to these items	•
(i) Revenue included on Form 990	•	▶ \$
(ii) Assets included in Form 990, P		▶ \$
		ner similar assets for financial gain, provide the
	eported under SFAS 116 (ASC 958) rela	
a Revenue included on Form 990, P	· · · · · · · · · · · · · · · · · · ·	▶ \$
b Assets included in Form 990. Part		► \$

Sched	ule D (Form 990) 2016 NEWPORT READ	ING ROOM			05-01912	60	F	age 2
Par	III Organizations Maintaining	Collections of A	rt, Historical Tr	easures, or Othe	er Similar Assets	(con	tinuec	1)
3	Using the organization's acquisition, a	ccession, and other r	ecords, check any	of the following tha	it are a significant us	se of its	3	
	collection items (check all that apply)		_					
а	Public exhibition		d Loan	or exchange progra	ms			
b	Scholarly research		e Other					
С	Preservation for future generation	ons						
4	Provide a description of the organizat XIII	ion's collections and e	explain how they fu	ırther the organızatı	on's exempt purpos	e in Pa	ırt	
5	During the year, did the organization sassets to be sold to raise funds rather					Ye	s 🗌	No
Par	ESCROW and Custodial Ari	angements.						
	Complete if the organization 990, Part X, line 21		on Form 990, Pa	rt IV, line 9, or re	ported an amount	on Fo	orm	
1a	Is the organization an agent, trustee,	custodian or other inte	ermediary for conti	ributions or other as	sets not			
	included on Form 990, Part X?		·			Ye	s 🔙	No
b	If "Yes," explain the arrangement in P	art XIII and complete	the following table					
				<u> </u>		nount		
C	Beginning balance				C			0
d	Additions during the year				d			
e	Distributions during the year				e			
f	Ending balance			1	lf		<u> </u>	0
2a	Did the organization include an amou	nt on Form 990, Part :	X, line 21, for escr	ow or custodial acc	ount liability?	Ye	s 🔼	No
b	If "Yes," explain the arrangement in P	art XIII Check here if	the explanation ha	as been provided or	Part XIII			
Par	V Endowment Funds.							
	Complete if the organization	n answered "Yes" o	on Form 990, Pa	rt IV, line 10.				
		(a) Current year	(b) Рпог year	(c) Two years back	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance	0	0	0	0			0
b	Contributions							
С	Net investment earnings, gains,							
	and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	0	0		0			0
2	Provide the estimated percentage of			olumn (a)) neid as				
a	Board designated or quasi-endowmen		%_					
b	Permanent endowment	<u>*</u>						
С	Temporarily restricted endowment	%	. /					
٠.	The percentages on lines 2a, 2b, and			بالمناسم المام	arad for the			
3a	Are there endowment funds not in the	e possession of the or	ganization that are	e neia ana aaministe	erea for the	1	Voc	Na
	organization by					32/3	Yes	No
	(i) unrelated organizations					3a(i)		
_	(ii) related organizations	raanizationa listad	roquired on Cobo	dulo PO		3a(ii) 3b		
D	If "Yes" on line 3a(ii), are the related of	organizations listed as	required on Sche	uule K /		เวบ		l

Part VI Land, Buildings, and Equipment.

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	_0	10,000		10,000
b	Buildings	0	340,144	276,314	63,830
С	Leasehold improvements	0	145,250	35,223	110,027
d	Equipment	0	73,993	67,823	6,170
е	Other	0	259,234	99,260	159,974
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X,	column (B), line 10c)	•	350,001

Part VII	Investments—Other Securion		0, Part IV, line 11b See Form 9	90 Part X line 12
(a)	Description of security or category	(b) Book value	(c) Method of valuate	on
	(including name of security)	 	Cost or end-of-year mark	et value
(1) Financial of		0		
	eld equity interests	0		
	<i>-</i>	1		
-				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)		-	 	
	must equal Form 990, Part X, col. (B) line 12.)	• 0		The second of
Part VIII	Investments—Program Rel		33 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
	•		0, Part IV, line 11c See Form 9	90, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>				Northbournes V., Tributes by T. 1, v680
		▶ 0		<u> </u>
Part IX	Other Assets. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 11d See Form 9	90, Part X, line 15
		(a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	nn (b) must equal Form 990, Part X,	col (R) line 15.)		
Part X	Other Liabilities.	COI (B) line 13)		
rait A	Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 11e or 11f. See I	Form 990, Part X,
1.	line 25. (a) Description of liability	(b) Book value		
	income taxes	0		
	LIABILITIES	12,985		
(3) MARK T		42,968		
(4)		12,000		
(5)		 		
(6)				
(7)				
(8)				
(9)				
	oust equal Form 990, Part X, col. (B) line 25)	55,953		
2. Liability for u	uncertain tax positions. In Part XIII, pro		organization's financial statements tha	t reports the
	liability for uncertain tax positions unde			

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Parl			nue per Return.	
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 12a		
1 ્	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1	1 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		^
C	Add lines 4a and 4b	40.)	4c 5	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Pan	Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 9	=	enses per Keturn.	
1	Total expenses and losses per audited financial statements	00, 1 dit 14, iiii0 12d	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
- a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	\$1.50 m	 -
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
		4b		
b	Other (Describe in Part XIII)	40	1. 2007; 7. CONST	
C	Other (Describe in Part XIII) Add lines 4a and 4b	40	4c	0
С	Add lines 4a and 4b		4c 5	0
С 5	Add lines 4a and 4b Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, lin			0
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, lin	ne 18)	5	
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are	ne 18) nd 4, Part IV, lines 1b ar	5 and 2b, Part V, line 4, Part	
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information.	ne 18) nd 4, Part IV, lines 1b ar	5 and 2b, Part V, line 4, Part	
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are	ne 18) nd 4, Part IV, lines 1b ar	5 and 2b, Part V, line 4, Part	
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are	ne 18) nd 4, Part IV, lines 1b ar	5 and 2b, Part V, line 4, Part	
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are	ne 18) nd 4, Part IV, lines 1b ar	5 and 2b, Part V, line 4, Part	
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are	ne 18) nd 4, Part IV, lines 1b ar	5 and 2b, Part V, line 4, Part	
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are	ne 18) nd 4, Part IV, lines 1b ar	5 and 2b, Part V, line 4, Part	
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are	ne 18) nd 4, Part IV, lines 1b ar	5 and 2b, Part V, line 4, Part	
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are	ne 18) nd 4, Part IV, lines 1b ar	5 and 2b, Part V, line 4, Part	
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are	ne 18) nd 4, Part IV, lines 1b ar	5 and 2b, Part V, line 4, Part	
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are	ne 18) nd 4, Part IV, lines 1b ar	5 and 2b, Part V, line 4, Part	
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are	ne 18) nd 4, Part IV, lines 1b ar	5 and 2b, Part V, line 4, Part	
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are	ne 18) nd 4, Part IV, lines 1b ar	5 and 2b, Part V, line 4, Part	
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are	ne 18) nd 4, Part IV, lines 1b ar	5 and 2b, Part V, line 4, Part	
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are	ne 18) nd 4, Part IV, lines 1b ar	5 and 2b, Part V, line 4, Part	
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are	ne 18) nd 4, Part IV, lines 1b ar	5 and 2b, Part V, line 4, Part	
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are	ne 18) nd 4, Part IV, lines 1b ar	5 and 2b, Part V, line 4, Part	
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are	ne 18) nd 4, Part IV, lines 1b ar	5 and 2b, Part V, line 4, Part	
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are	ne 18) nd 4, Part IV, lines 1b ar	5 and 2b, Part V, line 4, Part	
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are	ne 18) nd 4, Part IV, lines 1b ar	5 and 2b, Part V, line 4, Part	
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c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are	ne 18) nd 4, Part IV, lines 1b ar	5 and 2b, Part V, line 4, Part	
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are	ne 18) nd 4, Part IV, lines 1b ar	5 and 2b, Part V, line 4, Part	
c 5 Par	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are	ne 18) nd 4, Part IV, lines 1b ar	5 and 2b, Part V, line 4, Part	

Schedule D (Form 9	990) 2016	NEWPORT REA	ADING ROOM			 <u>05-019</u> 126	0 Page 5
Part XIII	Supplem	ental Informa	ation (continu	ed)			
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Schedule D (Form 990) 2016

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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

Name of the organization

Employer identification number

NEWPORT READING ROOM 05-0191260 Form 990, Part IV, Section B, Line 11 THE GOVERNING BODY REVIEWS THE FINANCIAL STATEMENTS AND TAX RETURNS Form 990, Part IV, Section C, Line 19 THE GOVERNING BODY AND MANAGEMENT REVIEW POLICIES FOR CONFLICTS OF INTEREST THERE ARE NO FINANCIAL STATEMENTS