Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2016

Department of the Treasury

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

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

Open to Public

OMB No 1545-1150

		irtment of the Tr nal Revenue Sei		► Infor	mation abou	t Form 990-	EZ and its i	nstructions	is at w	ww.irs.	.gov/form	990.	l	Inspection	
	A	For the 2016 calendar year, or tax year beginning Sep 1 , 2016, and ending Aug 31									2017				
			heck if applicable C Name of organization					DE	Employer identification number						
	H	Address change Name change		chers' As	ssociatio	on of Ne	wport					1 ,	05-0391481		
	\vdash	Initial return		lumber and street (o				s)	TR	oom/suite		Εī	elephone r	number	
	\vdash	Final return/termina	ted C/C	Largy 29	Maple [rive						1	(508)	254-6545	
	\vdash	Amended return		city or town, state or			gn postal code					E (Froup Ex		
		A(C 1F										Number			
		G Accounting Method: X Cash Accrual Other (specify) ► H Check ► X if the c										organization is n	ot		
	1	Website: ► N/A required to									attach S	Schedule B			
	J	Tax-exempt status (check only one) — 501(c)(3) X 501(c) (5) ◄(insert no) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF)													
	ĸ	Form of org	anization	X Corpora	ation Tr	ust A	ssociation	Other			<u> </u>				
				7b to line 9 to	determine ara	uss receints	If arass rece	unts are \$20	0 000 0	r more	or if total				
	_	assets (Parl	II, colum	n (B) below) ar	e \$500,000 or	r more, file F	orm 990 inst	lead of Form	1990-E	Z			►\$	179,9	994.
	Pa	rt I Rev	enue, E	xpenses, a	nd Change	es in Net	Assets or	Fund Ba	lance	s (se	e the ins	truct	ions fo	r Part I)	
														<u></u>	. X
2018		1 Contr	butions,	gifts, grants, an	d similar amo	unts receive	d						1		
7		2 Progr	am servic	e revenue inclu	ıdıng governm	nent fees and	d contracts.						. 2	179,0	031.
r=={		3 Memi	ership di	ues and assess	ments								. 3		
e 3		4 Inves	tment inco	ome		<i>.</i>							. 4		49.
FEB		5 a Gross	amount	from sale of as	sets other tha	n inventory .			5 a						
		b Less	cost or of	ther basis and	sales expense	es			5 b]]		
		c Gain o	r (loss) from	sale of assets oth	ner than inventor	y (Subtract line	5b from line 5a)					5 c		_
M		ŀ		ndraising event		, ,		•							
\$	R E V	a Gross	income t	from gaming (a	ttach Schedul	e G if greate	r than \$15,0	00)	6 a				1 1		
	V E	b Gross	b Gross income from fundraising events (not including \$ of contributions												
SCANNED	N U E			g events report					 6b				1		
	_	c Less	direct ex	penses from ga	ming and fund	draising evei	nts		6 c] [
		d Net in	come or	(loss) from gam	ning and fundi	raising event	s (add lines	6a and							
				t line 6c)									6 d		
		l		inventory, less					7 a				-		
		1	_	oods sold					7 b				 -1		
				(loss) from sale			ne 7b-trom-l <u>i</u>	ne-7a)		do EZ Dos	Line 9 Oth	· · ·	7 c		
		1		(describe in Sc			l	RECEP	V	1911-EZ, Pai	iti, Liife & Ohii	i Vesêu			91 <u>4.</u>
	_			. Add lines 1, 2					· · · ·	၂ပ္	 · · · ·	<u>· · · '</u>	9	179,	<u>994.</u>
		10 Grant	s and sim	ular amounts p	aid (list in Sch	iedule O)		JAN TO 8	2018	8	1		. 10		
	_			o or for membe						- R	1	• • •	11	132,	
	X	12 Salar	es, other	compensation,	and employe	e benefits .	11.0	ONEA	n a r	~			12		<u>825.</u>
	E	13 Profe	ssional te	es and other pa	ayments to inc	dependent co	ontractors						13		<u>550.</u>
	N S		Professional fees and other payments to independent contractors GDFN					14	1,	<u>563.</u>					
	S		Printing, publications, postage, and shipping			 • Evnano	15								
															237.
				s. Add lines 10										167,	
	Α	18 Exces	s or (deti	cit) for the year	(Subtract line	e i/ trom line	∌ ყ)						18	12,	<u>442.</u>
	NS			und balances a											
	ASSET		-	on prior year's	•								19	74,	<u> 488.</u>
	Ś	ľ		in net assets o											
				und balances a					• • • •	• • • • •	• • • • •	<u>· · · ˈ</u>	21		930.
	BA	a ror Pape	rwork Re	eduction Act N	iotice, see th	e separate i	nstructions							Form 990-EZ ((2016)

Form 990-EZ (2016) Teachers' Assoc	iation of Newport		05-	-039	1481 Page 2
Part II Balance Sheets (see the institute of the Check if the organization used Sched		on in this Part II			X
	<u> </u>	OH MI BUOT GIVE	A) Beginning of year	r	(B) End of year
22 Cash, savings, and investments			58,153	$\overline{}$	70,538.
			0	* 	70,330.
23 Land and buildings24 Other assets (describe in Schedule O)	See L-24 Str	nt	16,335		16,392.
25 Total assets			74,488		86, 930.
26 Total liabilities (describe in Schedule O) .			74,400	_	
27 Net assets or fund balances (line 27 of c			74,488		<u>0.</u> 86,930.
Part III Statement of Program Service A			74,400	121	Expenses
Check if the organization used Sche					•
What is the organization's primary exempt purpose? Rep				(Regu	ired for section 501 and 501(c)(4)
Describe the organization's program service acc	omplishments for each of its th	ree largest program se	rvices, as		izations, optional
Describe the organization's program service acmeasured by expenses in a clear and concise in benefited, and other relevant information for each	nanner, describe the services i	provided, the number o	persons	for oth	iers)
					· · · · · · · · · · · · · · · · · · ·
28 Representation of members in				1	
<u>other_related_employment_</u>	matters				
				l l	
	is amount includes foreign grai	nts, check here	· · · · · · •	28 a	132,377.
29					
				1 1	
				1 1	
(Grants \$) If the	is amount includes foreign grai	nts, check here	▶	29 a	
20					
				}]	
(Grants S) If the	is amount includes foreign grai	nts, check here	·····	30 a	
31 Other program services (describe in Sched	dule O)				
	is amount includes foreign grai			31 a	
32 Total program service expenses (add lin				32	132,377.
Part IV List of Officers, Directors,	<u>-</u>			see the	
Check if the organization used Scho					
	I		(al) Hamilton barrafte	,	
(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to emplo	i, iyee	(e) Estimated amount of
(a) Name and title	(b) Average hours per		(al) Hamilton barrafte	i, iyee	
	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to emplo benefit plans, and defe	i, iyee	(e) Estimated amount of
(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to emplo benefit plans, and defe compensation	i, iyee	(e) Estimated amount of
(a) Name and title Jennifer Hole	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to emplo benefit plans, and defe compensation	i, lyee erred	(e) Estimated amount of other compensation
(a) Name and title Jennifer Hole Vice President	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to emplo benefit plans, and defe compensation	i, lyee erred	(e) Estimated amount of other compensation
(a) Name and title Jennifer Hole Vice President Cynthia Cykert	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to emplo benefit plans, and defe compensation	yee erred	(e) Estimated amount of other compensation
(a) Name and title Jennifer Hole Vice President Cynthia Cykert President	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to emploi benefit plans, and defe compensation	yee erred	(e) Estimated amount of other compensation
(a) Name and title Jennifer Hole Vice President Cynthia Cykert President Melissa Turner Secretary	(b) Average hours per week devoted to position 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to emploi benefit plans, and defe compensation	O.	(e) Estimated amount of other compensation 0.
(a) Name and title Jennifer Hole Vice President Cynthia Cykert President Melissa Turner	(b) Average hours per week devoted to position 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to emplo benefit plans, and defe compensation	O.	(e) Estimated amount of other compensation 0.
(a) Name and title Jennifer Hole Vice President Cynthia Cykert President Melissa Turner Secretary Patrick Largy	(b) Average hours per week devoted to position 5.00 20.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 3, 225 6,000	(d) Health benefits contributions to emplo benefit plans, and defe compensation	o.	(e) Estimated amount of other compensation 0.
(a) Name and title Jennifer Hole Vice President Cynthia Cykert President Melissa Turner Secretary Patrick Largy	(b) Average hours per week devoted to position 5.00 20.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 3, 225 6,000	(d) Health benefits contributions to emplo benefit plans, and defe compensation	o.	(e) Estimated amount of other compensation 0.
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orm	990-EZ (2016) Teachers' Association of Newport	1	P	age 3
	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in			
	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	• • •	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If Yes, attach a conformed copy of the amended documents if they reflect	24		
35 a	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		<u>X</u>
	of Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.	35 c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		
17 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37 a 0.	30		X
	Did the organization file Form 1120-POL for this year?	37 b		X
18 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	20-		
t	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
	amount involved			
39 =	Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	†		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ► , section 4912 ► , section 4955 ►			
t	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			:
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax			
41	shelter transaction? If "Yes," complete Form 8886-T	40 e	<u> </u>	Х
	The organization's books are in care of Patrick Largy Telephone no Country Located at 29 Maple Drive Tiverton RI ZIP+4 02878 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	254·	- 654 Yes	5 No X
c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country	42 c		Х
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		Yes	No
44 a	ı Did the organization maintain any donor advised funds during the year? If Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X
t	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed			_^
	Instead of Form 990-EZ	44 b		X
	Did the organization receive any payments for indoor tanning services during the year?	44 c		X
	If 'No,' provide an explanation in Schedule O	44 d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
t	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		X
	TEFA0812 1202016 E	-m 99		

orm 990-E	Z (2016) Teachers' Associati	on of Newport		05-039	1481	Ρ	age 4
46 Did th	ne organization engage, directly or indirectly dates for public office? If 'Yes,' complete So	, in political campaign a	ctivities on behalf of or in	opposition to	46	Yes	No
Part VI	Section 501(c)(3) organizations		· · · · · · · · · · · · · · · · · · ·		. 46	_X_	<u> </u>
F CR.L VI	All section 501(c)(3) organizations for lines 50 and 51.		stions 47-49b and 52	2, and complete the	tables		
	Check if the organization used Schedule	O to respond to any que	stion in this Part VI				. Г
				0.16.1%		Yes	No
comp	ne organization engage in lobbying activities lete Schedule C, Part II				——		
	organization a school as described in secti						
	ne organization make any transfers to an ex s,' was the related organization a section 52						
50 Comp	plete this table for the organization's five hig oyees) who each received more than \$100,	hest compensated emp	loyees (other than officer	s, directors, trustees and			
<u> </u>	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp		
. – – – -							
							
51 Comp	number of other employees paid over \$100 plete this table for the organization's five highensation of there is not because the contraction of the	thest compensated inde	pendent contractors who	each received more than	\$100,000	of	
	(a) Name and business address of each independent cor		(b) Type (of service	(c) Comp	ensation	1
- -							
							-
52 Did th	number of other independent contractors energy organization complete Schedule A? Note	e: All section 501(c)(3) o	rganizations must attach	a	. ► \ \ Yes		¬ _{No}
	pleted Schedule A					<u> </u>	
	A STIPE	- <u>-</u>		115/18			
Sign Here	Signature of officer Patrick Largy			Date Treasurer			
	Type or print name and title	Proporario puer side	LOsto		TIN		
	Print/Type preparer's name		ew Date	Check L rf	TIN		
Paid	James Towers	James Towers	01/03/1	8 self-employed P	0069953	2	
Preparer	Firm's address > 00 MAIN DD	ates		Comple SIM	00 044	047	
Jse Only	Firm's address 88 MAIN RD		DT 02070	Phone no (40	90-0444 1) 624-		
day the Unit	TIVERTON		RI 02878	Phone no (40			
nay the IR	S discuss this return with the preparer show	vn above? See instructio	ns		. ► ∐Yes	<u> </u>	No
					Form 99	0-EZ (2016

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

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

Open to Public

Schedule C (Form 990 or 990-EZ) 2016

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

• Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.

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

• Section 527 organizations Complete Part I-A only

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

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

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

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

ે ● ક	Section 501(c)(4), (5), or (6) org	anizations: Complete Part III			
Name	of organization			Employer identific	ation number
Tea	chers' Association	of Newport		05-039148	1
Păr	t I-A Complete if the or	rganization is exempt under section	on 501(c) or is a	section 527 organi	zation.
	(see instructions for definition	ganization's direct and indirect political camp of 'political campaign activities')			
2	Political campaign activity exp	enditures (see instructions)		. > \$	0.
3	Volunteer hours for political ca	ampaign activities (see instructions)			0
Par	t I-B Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any excis	e tax incurred by the organization under sect	on 4955		
2	Enter the amount of any excis	e tax incurred by organization managers und	er section 4955	\$	
3	If the organization incurred a s	section 4955 tax, did it file Form 4720 for this	year?		· · · Yes No
			· · · · · · · · · · · · · · · ·		· · · · Yes No
	If 'Yes,' describe in Part IV		F04/-\	4 4 504/ \/0\	,
		rganization is exempt under section			
		ended by the filing organization for section 52	·		0.
2	Enter the amount of the filing of function activities	organization's funds contributed to other orga	nizations for section 5	27 exempt · · · · · · · ► \$	0.
3	Total exempt function expendi	tures. Add lines 1 and 2 Enter here and on F	form 1120-POL,	. \$	0.
4	Did the filing organization file F	Form 1120-POL for this year?			· · · Yes X No
5	organization made payments amount of political contribution	nd employer identification number (EIN) of all For each organization listed, enter the amound in seceived that were promptly and directly deaction committee (PAC). If additional space is	nt paid from the filing of	organization's funds Also	e filing
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 20	¹⁶ Teachers' As	sociation of New	wport	05-0391	.481Page 2
Part II-A Complete if section 501(the organization	is exempt under se	ction 501(c)(3) and	filed Form 5768 (el	ection under
A Check ► If the filing	g organization belong	s to an affiliated group (and	d list in Part IV each affili	ated group member's nam	ie,
address,	EIN, expenses, and s	hare of excess lobbying ex	penditures)		
B Check ► I If the filing	g organization checke	ed box A and 'limited contro	il' provisions apply		
(The term	Limits on Lobbyir 'expenditures' mear	ng Expenditures ns amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditur	res to influence public	opinion (grass roots lobbyi	ing)		
b Total lobbying expenditur					
c Total lobbying expenditur	res (add lines 1a and	1b)			
d Other exempt purpose ex	cpenditures				-
e Total exempt purpose ex	penditures (add lines	1c and 1d)			
f Lobbying nontaxable amo	ount Enter the amou	nt from the following table ii	n 		
If the amount on line 1e, colu	ımn (a) or (b) is.	The lobbying nontaxable	amount is.		
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1	,000,000	\$100,000 plus 15% of the excess	over \$500,000		
Over \$1,000,000 but not over \$	1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000		
Over \$1,500,000 but not over \$	517,000,000	\$225,000 plus 5% of the excess of	over \$1,500,000		
Over \$17,000,000		\$1,000,000			
g Grassroots nontaxable a	mount (enter 25% of I	ine 1f)			
h Subtract line 1g from line	1a. If zero or less, er	nter -0			
i Subtract line 1f from line	1c If zero or less, en	ter -0			
j If there is an amount othe section 4911 tax for this	er than zero on either year?	line 1h or line 1i, did the or	ganization file Form 472	0 reporting	Yes No
(Som	e organizations that	-Year Averaging Period U made a section 501(h) el ow. See the separate inst	ection do not have to o		
	Lobby	ring Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))	_				
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (Form	n 990 or 990-EZ) 2016

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Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a	1)	(b)			
	each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description he lobbying activity.	Yes	No	Amount			
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
	a Volunteers?			ļ			
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			ı			
	c Media advertisements?						
	d Mailings to members, legislators, or the public?						
	e Publications, or published or broadcast statements?						
	f Grants to other organizations for lobbying purposes?						_
	g Direct contact with Tegislators, their staffs, government officials, or a legislative body?						
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
	i Other activities?						
	j Total Add lines 1c through 1						
	a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
	b If 'Yes,' enter the amount of any tax incurred under section 4912						
	c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912						
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					-	
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	c)(5)	. or				
	section 501(c)(6).	(-)(-)	,				
		-				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			[1	Х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		Х
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year	ear? .			3		Х
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	(c)(5) Part	, or s III-A,	ectic line	on 50 3, is	1(c)	
1	Dues, assessments and similar amounts from members		1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).						
	a Current year		2 a				
	b Carryover from last year		2 b				
	c Total		2 c				•
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4				
5			5				
9			. J				

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1 Also, complete this part for any additional information