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)

2017

Department of the Treasury

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

Go to www.irs.gov/Form990F7 for instructions and the latest in

Open to Public Inspection

		nue Service	- Go to www.iis.govii oiiiissoi			<u> </u>		10		
A F	or the	2017 calend	r year, or tax year beginning	Sep 1	, 2017, and ending		ıg 31			
B c	heck if ap	oplicable	C Name of organization			•	-	entification number		
	Address c	hange	_Teachers' Association of	Newport		05-	0391	.481		
	Name change Number and street (or PO box, if mail is not delivered to street address) Room/suite E Initial return c/o Largy 29 Maple Drive					E Telep	E Telephone number			
=						(50	(508) 254-6545			
Final return/terminated City or town, state or province, country, and ZIP or foreign postal code					Λ.	F Group Exemption				
=	Amended		Tiverton, RI 02878	.	()5		nber 🕨	•		
_		n pending								
		ting Method	■ Cash		H			f the organization is not		
	Vebsite			······································		-		ach Schedule B		
JT	ax-exen	npt status (che	ck only one) — 🔲 501(c)(3) 🗵 501(c) (5) ◀ (insert no.) ☐ 49	947(a)(1) or 527	(Form 9	90, 990	D-EZ, or 990-PF).		
		organization.	☑ Corporation ☐ Trust ☐	Association [Other					
			7b to line 9 to determine gross receipts. If gi		00,000 or more, or if tota	assets				
(Par	t II, coli	umn (B) belov) are \$500,000 or more, file Form 990 instea	ad of Form 990-EZ	•		▶ \$	194,128.		
P	art I	Revenu	e, Expenses, and Changes in Net	Assets or Fund	Balances (see the	instruc	ctions	for Part I)		
			the organization used Schedule O to							
	1		ns, gifts, grants, and similar amounts re				1			
	2		rvice revenue including government fe				2			
	3		p dues and assessments				3	194,114.		
	4	Investment					4	14.		
						• •	-	14.		
	5a		unt from sale of assets other than inver							
	b		or other basis and sales expenses		5b					
	С	•	s) from sale of assets other than invent	tory (Subtract line	5b from line 5a)		5c			
	6	-	d fundraising events				.			
ē	а	Gross inc \$15,000) .	ome from gaming (attach Schedule							
AB Bane	ь									
₩.	5		aising events reported on line 1) (attac			13				
त्स			n gross income and contributions exce		1 1					
ಗು	_		-	•	6b 6c					
-	C		expenses from gaming and fundraisin			-44				
¥	d		e or (loss) from gaming and fundraisin	g events (add iine	es ba and bb and su	otract				
⋛		line 6c) .			1 - 1		6d			
<u></u>	7a		of inventory, less returns and allowand	ces	7a					
Ш	b		of goods sold		7b					
2	С	Gross prof	t or (loss) from sales of inventory (Subti	ract line 7b from lii	ne 7a)		7c			
Z	8		,				8			
	∫ 9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and		<u> </u>	. ▶	9	194,128.		
SCANNED MAR	110	Grants and	similar amounts paid (list in Schedule	0)	RECEIVED		10			
V.	11	Benefits pa	ıd to or for members		POEINFD	. / .	11	136,006.		
S	12	Salaries, o	her compensation, and employee bene	efits 🔯 .		يا <u>ري</u>	12	31,623.		
Expenses	13	Profession	her compensation, and employee beneal fees and other payments to independ	dent contractors .	DEC 2.7 2018	31 .	13	499.		
þe	14	Occupanc	rent, utilities, and maintenance			<u>5</u>]	14	292.		
Ä	15		blications, postage, and shipping	LC	GDEN LIT	1	15	14.		
	16		nses (describe in Schedule O)		PLIA OL		16	15,336.		
	17	•	,			· .	17	183,770.		
_	18		deficit) for the year (Subtract line 17 fro		<u> </u>		18	10,358.		
sts	19		or fund balances at beginning of year			· ·	10	10,336.		
SS	'		r figure reported on prior year's return)		- · · · · ·	• WILTI		06 020		
t A	00	-				• •	19	86,930.		
Net Assets	20		ges in net assets or fund balances (exp			• •	20	67.000		
	21	Net assets	or fund balances at end of year. Comb	ine lines 18 throug	jh 20	. ▶	21	97,288.		

For Paperwork Reduction Act Notice, see the separate instructions. BAA

REV 10/16/18 PRO

Form **990-EZ** (2017)



га	Balance Sheets (see the instructions f	•				6.7
	Check if the organization used Schedule	O to respond to ar		Part II	• •	
	One has done and investments		⊢	· · · · · · · · · · · · · · · · · · ·	_	
22	Cash, savings, and investments				22 23	81,582.
23	Land and buildings		—		23 24	15 706
24 25	Total assets		_		25	15,706. 97,288.
26	Total liabilities (describe in Schedule O))		26	37,200.
27	Net assets or fund balances (line 27 of column		-		27	97,288.
Par						
	Check if the organization used Schedule	•		•		Expenses
Wha	t is the organization's primary exempt purpose?			uired for section c)(3) and 501(c)(4)		
as m	cribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the ach program title.	e services provided	, the number of	•	nizations, optional for
28	Representation of members in collect other related employment matters	ive bargaining,	grievance pro	cessing and		
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ □	28a	142,448.
29 30	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	29a	
31	(Grants \$) If this amount Other program services (describe in Schedule O)	includes foreign gra	ints, check here .	•	30a	
20		includes foreign gra			31a	140 440
32	Total program service expenses (add lines 28a t	inrough Sta)	· · · · · · · ·		32	142,448.
	List of Officers Directors Trustees and Vo.	. Employees (lat asak	one even if not come	anastad ass the in	otru o	tions for Dort IVA
Par			•			<u> </u>
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to ar	•			tions for Part IV)
			y question in this I	Part IV	e (e) (🗀
Par Jen	Check if the organization used Schedule (a) Name and title nifer Hole	O to respond to ar (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	ort IV (d) Health benefits, contributions to employe benefit plans, and	e (e) (Estimated amount of ther compensation
Jen Vic	Check if the organization used Schedule (a) Name and title nifer Hole e President	O to respond to an (b) Average hours per week	y question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	ort IV (d) Health benefits, contributions to employe benefit plans, and	e (e) (Estimated amount of
Jen Vic Cyn	Check if the organization used Schedule (a) Name and title nifer Hole e President thia Cykert	O to respond to ar (b) Average hours per week devoted to position	ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	e (e) (Estimated amount of ther compensation
Jen Vic Cyn	Check if the organization used Schedule (a) Name and title nifer Hole e President thia Cykert sident	O to respond to ar (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	e (e) (Estimated amount of ther compensation
Jen Vic Cyn Pre Mel	Check if the organization used Schedule (a) Name and title nifer Hole e President thia Cykert sident issa Turner	O to respond to ar (b) Average hours per week devoted to position 5.00	y question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 3, 400.	Part IV	e (e) (Estimated amount of ther compensation 0.
Jen Vic Cyn Pre Mel	Check if the organization used Schedule (a) Name and title nifer Hole e President thia Cykert sident issa Turner retary	O to respond to ar (b) Average hours per week devoted to position	ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	e (e) (Estimated amount of ther compensation
Jen Vic Cyn Pre Mel Sec	Check if the organization used Schedule (a) Name and title nifer Hole e President thia Cykert sident issa Turner retary rick Largy	O to respond to ar (b) Average hours per week devoted to position 5.00 20.00	y question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 3, 400. 7, 050.	Part IV	e (e) (Estimated amount of ther compensation 0. 0.
Jen Vic Cyn Pre Mel Sec	Check if the organization used Schedule (a) Name and title nifer Hole e President thia Cykert sident issa Turner retary	O to respond to ar (b) Average hours per week devoted to position 5.00	y question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 3, 400.	Part IV	e (e) (Estimated amount of ther compensation 0.
Jen Vic Cyn Pre Mel Sec	Check if the organization used Schedule (a) Name and title nifer Hole e President thia Cykert sident issa Turner retary rick Largy	O to respond to ar (b) Average hours per week devoted to position 5.00 20.00	y question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 3, 400. 7, 050.	Part IV	e (e) (Estimated amount of ther compensation 0. 0.
Jen Vic Cyn Pre Mel Sec	Check if the organization used Schedule (a) Name and title nifer Hole e President thia Cykert sident issa Turner retary rick Largy	O to respond to ar (b) Average hours per week devoted to position 5.00 20.00	y question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 3, 400. 7, 050.	Part IV	e (e) (Estimated amount of ther compensation 0. 0.
Jen Vic Cyn Pre Mel Sec	Check if the organization used Schedule (a) Name and title nifer Hole e President thia Cykert sident issa Turner retary rick Largy	O to respond to ar (b) Average hours per week devoted to position 5.00 20.00	y question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 3, 400. 7, 050.	Part IV	e (e) (Estimated amount of ther compensation 0. 0.
Jen Vic Cyn Pre Mel Sec	Check if the organization used Schedule (a) Name and title nifer Hole e President thia Cykert sident issa Turner retary rick Largy	O to respond to ar (b) Average hours per week devoted to position 5.00 20.00	y question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 3, 400. 7, 050.	Part IV	e (e) (Estimated amount of ther compensation 0. 0.
Jen Vic Cyn Pre Mel Sec	Check if the organization used Schedule (a) Name and title nifer Hole e President thia Cykert sident issa Turner retary rick Largy	O to respond to ar (b) Average hours per week devoted to position 5.00 20.00	y question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 3, 400. 7, 050.	Part IV	e (e) (Estimated amount of ther compensation 0. 0.
Jen Vic Cyn Pre Mel Sec	Check if the organization used Schedule (a) Name and title nifer Hole e President thia Cykert sident issa Turner retary rick Largy	O to respond to ar (b) Average hours per week devoted to position 5.00 20.00	y question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 3, 400. 7, 050.	Part IV	e (e) (Estimated amount of ther compensation 0. 0.
Jen Vic Cyn Pre Mel Sec	Check if the organization used Schedule (a) Name and title nifer Hole e President thia Cykert sident issa Turner retary rick Largy	O to respond to ar (b) Average hours per week devoted to position 5.00 20.00	y question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 3, 400. 7, 050.	Part IV	e (e) (Estimated amount of ther compensation 0. 0.
Jen Vic Cyn Pre Mel Sec	Check if the organization used Schedule (a) Name and title nifer Hole e President thia Cykert sident issa Turner retary rick Largy	O to respond to ar (b) Average hours per week devoted to position 5.00 20.00	y question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 3, 400. 7, 050.	Part IV	e (e) (Estimated amount of ther compensation 0. 0.
Jen Vic Cyn Pre Mel Sec	Check if the organization used Schedule (a) Name and title nifer Hole e President thia Cykert sident issa Turner retary rick Largy	O to respond to ar (b) Average hours per week devoted to position 5.00 20.00	y question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 3, 400. 7, 050.	Part IV	e (e) (Estimated amount of ther compensation 0. 0.



Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
33	Did the expenientian engage in any exprise out partition to provide a		Yes	No
JJ	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		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		×
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	-	<u> </u>
С	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	35c		×
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		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		, ,	
b	Did the organization file Form 1120-POL for this year?	37b		×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	<u>ء - ي.</u>		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		×
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	:	`	^,₹
39	Section 501(c)(7) organizations. Enter:	j		~ r
a	Initiation fees and capital contributions included on line 9	ļ.,. `		
b 40a	Gross receipts, included on line 9, for public use of club facilities		.	١.
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	14.4	:::	. ,
L	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		, ~	ļ. `, `
b	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	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	,	7 ;	
	on organization managers or disqualified persons during the year under sections 4912,	₽ L		
	4955, and 4958	·,	"	Ϊ.
d	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 shelter transaction? If "Yes," complete Form 8886-T	40e	,¥	<u>*</u>
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Patrick Largy Telephone no. ▶ (50)	3)25	4-65	45
	Located at ▶ 29 Maple Drive, Tiverton RI ZIP + 4 ▶ 028	7.0		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		×
	If "Yes," enter the name of the foreign country: ▶	40172306	, , , , , , , , , , , , , , , , , , ,	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	٠,٠	٠, ١	. '
	Financial Accounts (FBAR).	-4-1		<u> </u>
	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:	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	.	D
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	-, 44b	<u>.</u>	
С	Did the organization receive any payments for indoor tanning services during the year?	44c		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	•;		
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		. i th .

					Yes	
46	Did the organization engage, directly or i					
	to candidates for public office? If "Yes,"		, Part I	· · · · · · ·	· 46 ×	
Part	VI Section 501(c)(3) organization	s only		-		
	All section 501(c)(3) organization	ns must answer que	stions 47-49b and	52, and complete th	ne tables for lines	3
	50 and 51.					
	Check if the organization used So	hedule O to respond	I to any question in t	his Part VI		\Box
					Yes N	No.
47	Did the organization engage in lobbying	activities or have a	section 501(h) electio	n in effect durina the		
	year? If "Yes," complete Schedule C, Pa				. 47	
48	Is the organization a school as described					
49a	Did the organization make any transfers		•			
	If "Yes," was the related organization a s	· ·			. 49b	
_ b	Complete this table for the organization's					leave
50	employees) who each received more tha					ĸey
	employees) who each received more tha	T \$ 100,000 of comper	isation from the organ	·	ie, enter None.	
		(b) Average	(c) Reportable	(d) Health benefits, contributions to employee	(e) Estimated amount	of
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and deferred		
		devoted to position	(1 Offilia VV 2/1000 Wildo)	compensation		
]				
						-
]				
		1				
		<u> </u>				
		1	ľ		,	
f	Total number of other employees paid ov	ver \$100 000		ļ.		
51	Complete this table for the organization			contractors who eac	h received more th	han
31	\$100,000 of compensation from the organization	anization. If there is no	one, enter "None."	Contractors who eac	ii received more u	IIQII
			<u> </u>			
	(a) Name and business address of each indepen	dent contractor	(b) Type of serv	ice (c	c) Compensation	
				•		
-	**************************************					
d	Total number of other independent contr	actors each receiving	over \$100,000			
d 52	Did the organization complete Sched	-		►	h a	
	•	-	ction 501(c)(3) orga		h a .▶ □ Yes □ No	
52 Under p	Did the organization complete Sched completed Schedule A	ule A? Note: All se	ction 501(c)(3) organ	nts, and to the best of my k	.▶□ Yes □ No	
52 Under p	Did the organization complete Sched completed Schedule A	ule A? Note: All se	ction 501(c)(3) organ	nts, and to the best of my k	.▶□ Yes □ No	
52 Under p true, cor	Did the organization complete Sched completed Schedule A	ule A? Note: All se	ction 501(c)(3) organ	nts, and to the best of my k	.▶□ Yes □ No	
52 Under p	Did the organization complete Sched completed Schedule A	ule A? Note: All se	ction 501(c)(3) organ	nts, and to the best of my k	.▶□ Yes □ No	_
52 Under p true, cor	Did the organization complete Sched completed Schedule A	ule A? Note: All se	ction 501(c)(3) organ	nts, and to the best of my k as any knowledge	.▶□ Yes □ No	_
Under p true, cor	Did the organization complete Sched completed Schedule A	ule A? Note: All se	ction 501(c)(3) organ	nts, and to the best of my k as any knowledge	.▶□ Yes □ No	
Under p true, cor Sign Here	Did the organization complete Sched completed Schedule A	ule A? Note: All se	ction 501(c)(3) organ	nts, and to the best of my k as any knowledge Date	.▶☐ Yes ☐ No nowledge and belief, it is	_
Under p true, cor Sign Here	Did the organization complete Sched completed Schedule A	ule A? Note: All se	ction 501(c)(3) orgal	nts, and to the best of my k as any knowledge Date Check	No Yes No No No Nowledge and belief, it is	_
Under p true, cor Sign Here Paid	Did the organization complete Sched completed Schedule A	return, including accompany n officer) is based on all info	ction 501(c)(3) orgal	nts, and to the best of my k as any knowledge Date Check C	.▶☐ Yes ☐ No nowledge and belief, it is	_
Under p true, cor Sign Here	Did the organization complete Sched completed Schedule A	return, including accompany n officer) is based on all info	ction 501(c)(3) organ	nts, and to the best of my k as any knowledge Date 2 - 19 - 18 Check Self-emplo	No Yes No No No Nowledge and belief, it is	_

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 20**17**

Open to Public Inspection

Department of the Treasury

Complete if the organization is described below Attach to Form 990 or Form 990-F7

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

• Se	ection 501(c)(4), (5), or (6) orga	anizations [.] Complete Part III.			
Name	of organization			Employer ider	ntification number
Teac	hers' Association	of Newport		05-03914	
Part	I-A Complete if the	e organization is exempt und	er section 501(c) or is a section 527 (organization.
1	Provide a description of definition of political can	the organization's direct and in	direct political ca	mpaign activities in Part	IV (see instructions for
2	Political campaign activit	y expenditures (see instructions) .			700.
3		cal campaign activities (see instruc			
Part		e organization is exempt und			
1		excise tax incurred by the organiza			
2		excise tax incurred by organization			
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this ye	ear?	Yes DNo
4a					Yes No
b	If "Yes," describe in Part				
Part	· · · · · · · · · · · · · · · · · · ·	e organization is exempt und			(c)(3).
1	Enter the amount direct activities	ly expended by the filing organiz	ation for section	527 exempt function	700.
2	Enter the amount of the	filing organization's funds contributions	outed to other org	anizations for section	
3	Total exempt function e	expenditures. Add lines 1 and 2	. Enter here and	on Form 1120-POL,	700.
4		file Form 1120-POL for this year			
5	organization made payme the amount of political co	ses and employer identification nui ents. For each organization listed, ontributions received that were pro fund or a political action committe	enter the amount mptly and directly	paid from the filing organ delivered to a separate p	ization's funds. Also enter political organization, such
	(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)					

Pá	art	II-A	Complete if the organization section 501(h)).	n is exempt ı	under section 50	01(c)(3) and file	d Form 5768 (ele	ection under
A	Ch	neck 🕨	If the filing organization belor address, EIN, expenses, and	n Part IV each affi itures).	liated group memb	per's name,		
В	Ch	Check ▶ ☐ If the filing organization checked box A and "limited control" provisions apply.						
			Limits on Lobl				(a) Filing	(b) Affiliated
			(The term "expenditures" m				organization's totals	group totals
•	1a		obbying expenditures to influence				_	
	b		obbying expenditures to influence	-			-	
	C		obbying expenditures (add lines 1					
	d		exempt purpose expenditures . exempt purpose expenditures (ad-					
	e •		ing nontaxable amount. Enter					
	f	columi	•	the amount in	OIII tile following	, table in both		
	Γ		nount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amoun	t is:		
	ľ		r \$500,000		nount on line 1e		• `	٠,
	Ī		00,000 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.	9 , 1	
	L	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000.	<i>↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑</i>	, .
			7,000,000	\$1,000,000			. '	
	g		oots nontaxable amount (enter 2	•			· · · -	
	h		ct line 1g from line 1a. If zero or l					
	į		ct line 1f from line 1c. If zero or le		4		file Ferre 4700	
	j		e is an amount other than zero ng section 4911 tax for this year					☐Yes ☐ No
		(Som	e organizations that made a se	ear Averaging ction 501(h) ele	Period Under sec	tion 501(h) e to complete all		ns below.
			Lobbying	Expenditures	During 4-Year Av	veraging Period	1	
		Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
_;	2a	Lobby	ng nontaxable amount					
	b		ng ceiling amount of line 2a, column (e))					
	С	Total lo	obbying expenditures					
	d	Grassr	oots nontaxable amount					
	е		oots ceiling amount of line 2d, column (e))		and service	<i>,</i> ,		
	f	Grassr	oots lobbying expenditures					

Part	= - · · · · · · · · · · · · · · · · · ·	filed	Forn	Page 3
	(election under section 501(h)).	,	- \	0.3
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed			a) 	(b)
descr	iption of the 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?	<u> </u>	_	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	├		
C	Media advertisements?	<u> </u>		
d	Publications, or published or broadcast statements?	 		
e f	Grants to other organizations for lobbying purposes?	-		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
9 h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u> </u>		
i	Other activities?			
i	Total. Add lines 1c through 1i	, de	41	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		7.5	
b	If "Yes," enter the amount of any tax incurred under section 4912	1		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	1	l	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			- 4
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), (or se	ction
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1 X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3 ×
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O			
	answered "Yes."	11 (D)	ı uı	· III-A, IIIIe 0, 13
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of		
а	Current year		2a	
b	Carryover from last year		2b	
С	Total		2c	
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		4	
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby			
_	and political expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
	Supplemental Information			
	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions), and Part II-B, line 1. Also, complete this part for any additional information.	up IIs	t), Pa	r II-A, lines I and
	······································			
				•••••

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.

2017

Employer identification number

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Teachers' Assoc	ciation of Newport	05-0391481
Pt I, Line 16:		
Description:	Donations \$600	
Description:	Minı Grants \$1,200	
Description:	Rogers High School \$75	
Description:	Scholarships \$3,500	
Description:	RI Sec of State \$44	
Description:	President Reimbursement of Expenses \$4,695	
Description:	New Pace \$2,375	
Description:	Social Event (end of year) \$1,647	
Description:	Mini Grants \$1,200	
Pt II, Line 24	:	
Description:	Charles Schwab Beginning of Year: \$5,957 End of Ye	ar: \$5,966
Description:	NEWPACE Beginning of Year: \$10,435 End of Year: \$9	,740
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