As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492029007121 Short Form OMB No. 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2019 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to ▶ Do not enter social security numbers on this form as it may be made public. Department of the **Public** Treasury ► Go to www.irs.gov/Form990EZ for instructions and the latest information. Inspection Internal Revenue Service A For the 2019 calendar year, or tax year beginning 09-01-2019, and ending 08-31-2020 **B** Check if applicable: D Employer identification number C Name of organization Teachers' Association of Newport ☐ Address change 05-0391481 ☐ Name change Number and street (or P. O. box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return c/o Largy 29 Maple Drive ☐ Final return/terminated (508) 254-6545 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return F Group Exemption Tiverton, RI 02878 ☐ Application pending Number Check ▶ ☑ if the organization is **not** G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). I Website: ►N/A **J Tax-exempt status** (check only one) - ☐ 501(c)(3) ☑ 501(c)(5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 **K** Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 0 Contributions, gifts, grants, and similar amounts received . . . . . . . . . . . . . . 2 0 2 Program service revenue including government fees and contracts . . . . . 3 3 Membership dues and assessments . . . . . 182,919 4 4 5a Gross amount from sale of assets other than inventory 0 h Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c C 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) а of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less: direct expenses from gaming and fundraising events 60 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d d 0 7a Gross sales of inventory, less returns and allowances . b Less: cost of goods sold **7**c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . c 8 Other revenue (describe in Schedule O) . . 8 9 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . 182,923 10 10 Grants and similar amounts paid (list in Schedule O) . 11 11 Benefits paid to or for members 136,653 12 12 28,300 Salaries, other compensation, and employee benefits . Expenses 13 13 355 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . . . . 15 Printing, publications, postage, and shipping. 15 33 16 Other expenses (describe in Schedule O) 16 7,079 17 Total expenses. Add lines 10 through 16 17 172,420 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 10,503 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 103,130 20 Other changes in net assets or fund balances (explain in Schedule O) . 21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . . . . . . . . . . 21 113,633 For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 10642I Form **990-EZ** (2019)

Down II	Polonos Charte ( 11 1 1 1 1	5 D + TT)					i age <b>z</b>
Part II	Balance Sheets (see the instructions Check if the organization used Schedule		uestion in this F	Part II			🗹
	Officers in the organization about behicutal	o to respond to any q	acoulon in timo i		eginning of year	<del></del>	(B) End of year
<b>22</b> Cash. sa	vings, and investments			(A) D	87,184	22	99,013
	buildings				51,251	23	
	sets (describe in Schedule O)		[		15,946	24	14,620
25 Total as	sets				103,130	25	113,633
26 Total lia	ibilities (describe in Schedule O)				,	26	<u>,                                      </u>
27 Net ass	ets or fund balances (line 27 of column	(B) must agree with	line 21)		103,130	27	113,633
Part Ⅲ	Statement of Program Service A			ns for Pai	·	Т	Expenses
	Check if the organization used Schedule	O to respond to any o	uestion in this l	Part III			equired for section 501(c)
	organization's primary exempt purpose?	N + : - + :					) and 501(c)(4) ganizations; optional for
Describe the measured by	ion of its members in Educational Support organization's program service accomplis expenses. In a clear and concise manne and other relevant information for each pro	shments for each of its r, describe the service				- ot	hers.)
<b>28</b> See Addition	al Data Table						
(Grants \$ )	If this amoun	t includes foreign gran	ts check here		. ▶ □	28a	
29	I this difficult	e melades foreign gran	its, theth here	•	<u> </u>	29a	
(Grants \$ )	If this amoun	t includes foreign gran	ts check here		▶ □		
	Ti this amoun	- Includes foreign gran	its, check here	• •	. , .	-	
30						30a	
(Grants \$ )	If this amoun	t includes foreign gran	ts, check here		. ▶ ⊔		
<b>31</b> Other pro	ogram services (describe in Schedule 0)				· · <u>·</u> ·		
(Grants \$ )	If this amoun	t includes foreign gran				31a	
	<mark>ogram service expenses</mark> (add lines 28a				<u> •</u>		
Part IV	<b>List of Officers, Directors, Trustees,</b> Check if the organization used Schedule						
	Check if the organization used Schedule	O to respond to any q	descion in this r	ait IV.		•	
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reporta compensat (Forms W-2/ MISC) (if not enter -0	ion 1099- : <b>paid,</b>	(d) Health bend contributions to end benefit plans, deferred compen	nploy and	(e) Estimated amount of other compensation
Jennifer Hole	2	5.00	enter -o	3,775			0 0
Vice Dueside	-+						
Vice Preside David Kouts		20.00		7,625			0 0
David Routs	ogiane	20.00		7,023			"
President							
Melissa Turn	er	5.00		2,100			0
Secretary							
Patrick Largy	/	10.00		2,575			0 0
Treasurer							
reasurer							
			l		<u> </u>		1

orm	990-EZ (2019)			Page <b>3</b>
Pa	<b>Other Information</b> (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
	instructions for hard v.) Check if the organization used Schedule of to respond to any question in this hard v	• • •	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		165	NO
	detailed description of each activity in Schedule O	33		No
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		No
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		No
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		
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		No
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		No
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		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	]		
b	Gross receipts, included on line 9, for public use of club facilities	2		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶			
b	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	40b		
С	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 sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No
41	transaction? If "Yes," complete Form 8886-T			
42a	The organization's books are in care of ▶ Patrick Largy Telephone r	o. <b>⊳</b> <u>(5</u> 0	08) 254-6	5545
7 <b>2</b> 4	Located at ▶ 29 Maple Drive Tiverton , RI ZIP + 4 ▶	02878		
			Yes	No
b	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)?	42b		No
	If "Yes," enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			
c	Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		No
_	If "Yes," enter the name of the foreign country: ▶			
42 (	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here		▶ □	
<b>.</b>	and enter the amount of tax-exempt interest received or accrued during the tax year	•		
	<del>40</del>		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	res	No
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		No
C	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	111		
45~	explanation in Schedule O  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		No No
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning	_		-110
	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		No

								Yes	No
cariuiu	e organization engage, directly or indirect ates for public office? If "Yes," complete					)	46		
	Section 501(c)(3) Organizations								l
	All section 501(c)(3) organizations r Check if the organization used Schedule	must answer question O to respond to any qu	ons 47- 49b and uestion in this Part	52, and o	complete th	e tables	for lir	nes 50	and 51
	-							Yes	No
	e organization engage in lobbying activiti	es or have a section 50	01(h) election in e	ffect during	the tax year	?			
If "Yes	," complete Schedule C, Part II						47		
Is the	organization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete	Schedule E	:	• •	48		
19a Did the	e organization make any transfers to an e	exempt non-charitable	related organizati	on?		• •	49a		
<b>b</b> If "Yes	," was the related organization a section	527 organization? .					49b		
	ete this table for the organization's five h ach received more than \$100,000 of com					ustees a	nd key	employ	ees)
(a) Nam	Name and title of each employee	(b) Average hours per week	(c) Reportable		l) Health ben ibutions to ei			timated	
		devoted to position	compensation (Forms W-2/109	99- b	enefit plans,	and ´	or ourse	er comp	ensatio
			MISC)	dere	erred comper	isation			
compe	ensation from the organization. If there is  (a) Name and business address of each	none, enter "None."	•		ype of service			0,000 o	
Compe	<u> </u>	none, enter "None."	•						
	<u> </u>	none, enter "None."	actor	<b>(b)</b> T					
d Total	(a) Name and business address of each	none, enter "None."  ach independent contr	\$100,000	(ь) т	ype of service				
d Total	(a) Name and business address of each	none, enter "None."  ach independent contr  s each receiving over  OTE. All section 501(a	\$100,000 c)(3) organizations	(b) T	ype of service	e (c)	Compe		
d Total  2 Did com	(a) Name and business address of experiments of other independent contractor the organization complete Schedule A? Note that I have example the organization it is true, correct, and complete that I have exampled belief, it is true, correct, and complete that I have exampled belief, it is true, correct, and complete that I have exampled belief, it is true, correct, and complete the correct.	s each receiving over  OTE. All section 501(a	\$100,000	(b) T	ype of service	e (c)	Compe	ensation	No my
d Total  2 Did com	(a) Name and business address of experiments of other independent contractor the organization complete Schedule A? Note that I have example the organization it is true, correct, and complete that I have exampled belief, it is true, correct, and complete that I have exampled belief, it is true, correct, and complete that I have exampled belief, it is true, correct, and complete the correct.	s each receiving over  OTE. All section 501(a	\$100,000	(b) T	ype of service	e (c)	Compe	ensation	No my
d Total  2 Did com  nder penalt nowledge ar as any knov	number of other independent contractor the organization complete Schedule A? Negleted Schedule A	s each receiving over  OTE. All section 501(a	\$100,000	(b) T	ype of service	e (c)	Compe	ensation	No my
d Total  2 Did com  nder penalt nowledge ar as any knov	number of other independent contractor the organization complete Schedule A? Negleted Schedule A	s each receiving over  OTE. All section 501(a	\$100,000	(b) T	ch a	e (c)	Compe	ensation	No my
d Total  2 Did com  nder penalt nowledge ar as any knov	number of other independent contractor the organization complete Schedule A? No pleted Schedule A	s each receiving over  OTE. All section 501(a	\$100,000	(b) T	ch a	e (c)	Compe	ensation	No my
d Total  i2 Did com  nder penalt nowledge ar as any knov	number of other independent contractor the organization complete Schedule A? No pleted Schedule A	s each receiving over  OTE. All section 501(action of preparation of preparation of preparation)	\$100,000	(b) T	ch a	e (c)	Compe	ensation	No my
d Total  2 Did com  Inder penalt nowledge ar as any knov  ign ere	number of other independent contractor the organization complete Schedule A? N pleted Schedule A	s each receiving over  OTE. All section 501(action of preparation of preparation of preparation)	\$100,000	(b) T	ch a	e (c)	Compe	ensation	No my
d Total 2 Did com inder penalt nowledge ar as any knov ign ere	number of other independent contractor the organization complete Schedule A? N pleted Schedule A	s each receiving over  OTE. All section 501(action of preparation of preparation of preparation)	\$100,000	(b) T	ch a	e (c)	Ye to the of which	ensation	No my
d Total  52 Did com	number of other independent contractor the organization complete Schedule A? N pleted Schedule A ies of perjury, I declare that I have exam nd belief, it is true, correct, and complete vledge.  ***** Signature of officer  Patrick Largy Treasurer Type or print name and title  Print/Type preparer's name James Towers  Firm's name Towers & Associates	s each receiving over  OTE. All section 501(action of preparation of preparation of preparation)	\$100,000	(b) T	ch a	e (c)	Ye to the of which	ensation	No my

## **Additional Data**

Software ID:

**Software Version: EIN:** 05-0391481

Name: Teachers' Association of Newport

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
28 Representation of members	s in collective bargaining, grievance processing and other related employment matters	28a			
(Grants \$ )	If this amount includes foreign grants, check here $\ . \ . \ . \ \blacktriangleright$				

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

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

## Political Campaign and Lobbying Activities

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

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

2019

OMB No. 1545-0047

DLN: 93492029007121

Schedule C (Form 990 or 990-EZ) 2019

Cat. No. 50084S

**4017** 

Open to Public Inspection

EZ)

SCHEDULE C (Form 990 or 990-

Complete if the organization is described below. ►Attach to Form 990 or Form 990-EZ.

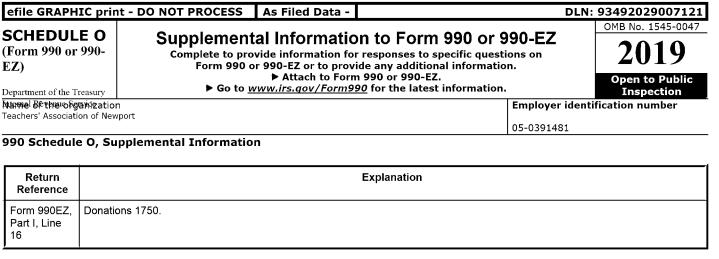
►Go to www.irs.gov/Form990 for instructions and the latest information.

• 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 • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** Teachers' Association of Newport 05-0391481 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ...... Enter the amount of any excise tax incurred by organization managers under section 4955 ...... If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... 3 ☐ Yes □ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... Did the filing organization file Form 1120-POL for this year? ☐ Yes 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-. 2 5

Return Reference

Form 5768 (election under section 501(h)).  For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		(;	(a)		(b)	
activ		Yes	No	4	lmoun	t
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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
С	Media advertisements?			1		
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 legislators, 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 1i					
2a	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			1		
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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r secti	ion		
					Yes	No
				_		
	Were substantially all (90% or more) dues received nondeductible by members?		F	1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	Yes Yes	
1 2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	Yes	No
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	 (5), o	r secti	2 3 ion 5	Yes	
2 3 Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	 (5), o	r secti	2 3 ion 5	Yes	
2 3 Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	(5), o III-A,	r secti	2 3 ion 5	Yes	
2 3 Par 1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	(5), o III-A,	r secti	2 3 ion 5	Yes	
2 3 Par 1 2 a b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	(5), o III-A,	r secti	2 3 ion 5	Yes	
2 3 Par 1 2 a b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	(5), o III-A, 1 2a 2b 2c	r secti	2 3 ion 5	Yes	
2 3 Par 1 2 a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  **TIII-B**  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	(5), o III-A,	r secti	2 3 ion 5	Yes	
2 3 Par 1 2 a b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	(5), o III-A,  1  2a  2b  2c  3	r secti	2 3 ion 5	Yes	
2 3 Par 1 2 a b c 3 4	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	(5), o III-A,  1 2a 2b 2c	r secti	2 3 ion 5	Yes	
2 3 Par 1 2 a b c 3 4	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	(5), o III-A,  1 2a 2b 2c 3	r secti	2 3 ion 5	Yes	

Explanation



990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Scholarships 3000. Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, | Social Event (end of year) 1650. Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, | Mini Grants 679. Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Charles Schwab 5966. 5985. Part II, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, NEWPACE 9980. 8635. Part II, Line