

**PUBLIC INSPECTION COPY**

**Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

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**2020**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

For calendar year 2020 or tax year beginning , and ending

Name of foundation <b>NEWMAN'S OWN FOUNDATION</b>		<b>A Employer identification number</b> 06-1606588
Number and street (or P.O. box number if mail is not delivered to street address) <b>ONE MORNINGSIDE DRIVE NORTH</b>	Room/suite	<b>B Telephone number</b> 203-222-0136
City or town, state or province, country, and ZIP or foreign postal code <b>WESTPORT, CT 06880</b>		<b>C</b> If exemption application is pending, check here ... <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here ..... <input type="checkbox"/>  <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ..... <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>233,504,041.</b>	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d), must be on cash basis.)	
<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>		

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received .....			N/A	
	<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments .....	346,920.	62,982.		STATEMENT 1
	<b>4</b> Dividends and interest from securities .....	104,554.	104,554.		STATEMENT 2
	<b>5a</b> Gross rents .....				
	<b>b</b> Net rental income or (loss) .....				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 .....	-19,056.			STATEMENT 3
	<b>b</b> Gross sales price for all assets on line 6a <b>15,122,000.</b>				
	<b>7</b> Capital gain net income (from Part IV, line 2) .....		0.		
	<b>8</b> Net short-term capital gain .....				
	<b>9</b> Income modifications .....				
	<b>10a</b> Gross sales less returns and allowances .....				
<b>b</b> Less: Cost of goods sold .....					
<b>c</b> Gross profit or (loss) .....					
<b>11</b> Other income .....	24,196,295.	24,168,747.		STATEMENT 4	
<b>12 Total.</b> Add lines 1 through 11 .....	24,628,713.	24,336,283.			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc. ....	498,630.	0.		645,872.
	<b>14</b> Other employee salaries and wages .....	1,126,990.	7,299.		711,477.
	<b>15</b> Pension plans, employee benefits .....	1,105,709.	4,964.		1,107,012.
	<b>16a</b> Legal fees ..... <b>STMT 5</b>	304,791.	0.		447,736.
	<b>b</b> Accounting fees ..... <b>STMT 6</b>	88,267.	20,788.		44,184.
	<b>c</b> Other professional fees ..... <b>STMT 7</b>	245,065.	2,991.		221,516.
	<b>17</b> Interest .....	311.	311.		0.
	<b>18</b> Taxes ..... <b>STMT 8</b>	380,129.	0.		168,001.
	<b>19</b> Depreciation and depletion .....	47,128.	0.		
	<b>20</b> Occupancy .....	278,663.	0.		278,663.
	<b>21</b> Travel, conferences, and meetings .....	15,774.	0.		15,742.
	<b>22</b> Printing and publications .....	6.	0.		396.
	<b>23</b> Other expenses ..... <b>STMT 9</b>	371,376.	0.		538,439.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....	4,462,839.	36,353.		4,179,038.
	<b>25</b> Contributions, gifts, grants paid .....	11,500,000.			11,480,000.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....	15,962,839.	36,353.		15,659,038.	
<b>27 Subtract line 26 from line 12:</b>					
<b>a</b> Excess of revenue over expenses and disbursements .....	8,665,874.				
<b>b Net investment income</b> (if negative, enter -0-) .....		24,299,930.			
<b>c Adjusted net income</b> (if negative, enter -0-) .....			N/A		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	104,156.	290,261.	290,261.
	2 Savings and temporary cash investments	18,462,887.	16,499,625.	16,499,625.
	3 Accounts receivable ▶ 83,042.			
	Less: allowance for doubtful accounts ▶	231,757.	83,042.	83,042.
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶ 8,170,492.			
	Less: allowance for doubtful accounts ▶ 0.	8,195,776.	8,170,492.	8,170,492.
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	20.	51,879.	51,879.
	10a Investments - U.S. and state government obligations STMT 11	2,935,137.	11,691,138.	11,691,138.
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis ▶			
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other STMT 12	186,539,268.	188,166,358.	196,536,393.	
14 Land, buildings, and equipment: basis ▶ 393,062.				
Less: accumulated depreciation ▶ 211,851.	247,396.	181,211.	181,211.	
15 Other assets (describe ▶)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	216,716,397.	225,134,006.	233,504,041.	
Liabilities	17 Accounts payable and accrued expenses	927,171.	741,010.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)	927,171.	741,010.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	215,789,226.	224,392,996.	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 Total net assets or fund balances	215,789,226.	224,392,996.	
30 Total liabilities and net assets/fund balances	216,716,397.	225,134,006.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	215,789,226.
2 Enter amount from Part I, line 27a	2	8,665,874.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	224,455,100.
5 Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 10	5	62,104.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	224,392,996.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a ML SHORT-TERM REDEMPTIONS</b>		P		
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a 15,122,000.		15,122,000.	0.	
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a			0.	
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 ..... }		2 0.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 .....		{ ..... }		3 N/A

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**  
**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.**

1 Reserved			
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
Reserved			
Reserved			
Reserved			
Reserved			
Reserved			
2 Reserved .....			2
3 Reserved .....			3
4 Reserved .....			4
5 Reserved .....			5
6 Reserved .....			6
7 Reserved .....			7
8 Reserved .....			8

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Reserved		1	337,769.
c All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	337,769.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	337,769.
6 Credits/Payments:			
a 2020 estimated tax payments and 2019 overpayment credited to 2020	6a		307,448.
b Exempt foreign organizations - tax withheld at source	6b		0.
c Tax paid with application for extension of time to file (Form 8868)	6c		0.
d Backup withholding erroneously withheld	6d		0.
7 Total credits and payments. Add lines 6a through 6d		7	307,448.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached		8	376.
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>		9	30,697.
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>		10	
11 Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>		11	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file <b>Form 1120-POL</b> for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	X	
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> <b>SEE STATEMENT 13</b>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions STATEMENT 14 STMT 16
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions SEE STATEMENT 15 SEE STATEMENT 17
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.NEWMANSOWNFOUNDATION.ORG
14 The books are in care of THE ORGANIZATION Telephone no. 203-222-0136 Located at ONE MORNINGSIDE DRIVE NORTH, WESTPORT, CT ZIP+4 06880
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 15 N/A
16 At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country CANADA

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.
1a During the year, did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes No
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes No
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020?
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
a At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? Yes No If "Yes," list the years
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes No
b If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2020.)
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

		Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>		
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	X
If "Yes" to 6b, file Form 8870.			
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b	
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

**1** List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 18		498,630.	54,052.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
KELLY GIORDANO - ONE MORNINGSIDE DRIVE NORTH, WESTPORT, CT 06880	MANAGING DIRECTOR 40.00	234,186.	45,656.	0.
PAM PAPAY - ONE MORNINGSIDE DRIVE NORTH, WESTPORT, CT 06880	COUNSELOR TO THE PRESIDENT 40.00	167,015.	318.	0.
CHRISTINE BREITE - ONE MORNINGSIDE DRIVE NORTH, WESTPORT, CT 06880	ASSISTANT CONTROLLER 28.00	130,045.	25,421.	0.
JAN SCHAEFER - ONE MORNINGSIDE DRIVE NORTH, WESTPORT, CT 06880	DIRECTOR OF COMMUNICATIONS 40.00	134,565.	10,506.	0.
DIANA ECHEVARRIA - ONE MORNINGSIDE DRIVE NORTH, WESTPORT, CT 06880	SENIOR PROGRAM DIRECTOR 40.00	125,874.	16,301.	0.
<b>Total</b> number of other employees paid over \$50,000				7

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. Rows include MORGAN LEWIS & BOCKIUS, COYNE PUBLIC RELATIONS, RUSSELL REYNOLDS ASSOCIATES INC, and CYBERGRANTS, LLC.

Total number of others receiving over \$50,000 for professional services 0

Part IX-A Summary of Direct Charitable Activities

Table with 2 columns: Description of activity and Expenses. Row 1 contains 'N/A'.

Part IX-B Summary of Program-Related Investments

Table with 2 columns: Description of investment and Amount. Row 1 contains 'N/A'. Includes a section for 'All other program-related investments.'

Total. Add lines 1 through 3 0.



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities .....	1a	5,961,900.
b	Average of monthly cash balances .....	1b	22,095,372.
c	Fair market value of all other assets .....	1c	204,389,313.
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	232,446,585.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	232,446,585.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	3,486,699.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	228,959,886.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	11,447,994.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part X, line 6 .....	1	11,447,994.
2a	Tax on investment income for 2020 from Part VI, line 5 .....	2a	337,769.
b	Income tax for 2020. (This does not include the tax from Part VI.) .....	2b	94,352.
c	Add lines 2a and 2b .....	2c	432,121.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	11,015,873.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	11,015,873.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	7	11,015,873.

**Part XII Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	15,659,038.
b	Program-related investments - total from Part IX-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....	4	15,659,038.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b .....	5	0.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	15,659,038.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				11,015,873.
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015	25,249,745.			
<b>b</b> From 2016	20,562,923.			
<b>c</b> From 2017	23,814,892.			
<b>d</b> From 2018	24,371,151.			
<b>e</b> From 2019	15,687,489.			
<b>f</b> Total of lines 3a through e	109,686,200.			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ 15,659,038.				
<b>a</b> Applied to 2019, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2020 distributable amount				11,015,873.
<b>e</b> Remaining amount distributed out of corpus	4,643,165.			
<b>5</b> Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	114,329,365.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				0.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7	25,249,745.			
<b>9</b> Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	89,079,620.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016	20,562,923.			
<b>b</b> Excess from 2017	23,814,892.			
<b>c</b> Excess from 2018	24,371,151.			
<b>d</b> Excess from 2019	15,687,489.			
<b>e</b> Excess from 2020	4,643,165.			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9) **N/A**

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4, for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

**1 Information Regarding Foundation Managers:**  
**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**  
 Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV** Supplementary Information *(continued)*

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
A HOUSE IN AUSTIN NFP P.O. BOX 3576 OAK PARK, IL 60303		PC	CHILDREN'S PROGRAMS	1,875.
ACRES OF LOVE INC 31920 DEL OBISPO ST STE 175 SAN JUAN CAPO, CA 92675-3194		PC	INGANE FOREVER FAMILY HOME - NOAH	1,500.
ACTA NON VERBA YOUTH URBAN FARM PROJECT 1001 83RD AVENUE MAILBOX 1 OAKLAND, CA 94621-1800		PC	CAPACITY-BUILDING: LEADERS-IN-TRAINING EXPANSION/ANV EVALUATION ENHANCEMENT	27,000.
ALL CHILDRENS HOSPITAL FOUNDATION INC 500 SEVENTH AVE S ST. PETERSBURG, FL 33701		PC	GENERAL OPERATIONS	10,000.
ALTRUSA INTERNATIONAL FOUNDATION OF GREEN BAY, WI, INC. 1116 EAST MASON GREEN BAY, WI 54301		PC	GENERAL OPERATIONS	5,000.
<b>Total</b> ..... <b>SEE CONTINUATION SHEET(S)</b> ..... ▶ <b>3a</b>				<b>11,480,000.</b>
<b>b Approved for future payment</b>				
<b>NONE</b>				
<b>Total</b> ..... ▶ <b>3b</b>				<b>0.</b>

**Part XVI-A** **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies .....					
2 Membership dues and assessments .....					
3 Interest on savings and temporary cash investments .....	900000	283,938.	14	62,982.	
4 Dividends and interest from securities .....			14	104,554.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property .....					
b Not debt-financed property .....					
6 Net rental income or (loss) from personal property .....					
7 Other investment income .....	531190	27,548.	15	24,168,747.	
8 Gain or (loss) from sales of assets other than inventory .....			18	-19,056.	
9 Net income or (loss) from special events .....					
10 Gross profit or (loss) from sales of inventory .....					
11 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e) .....		311,486.		24,317,227.	0.
13 Total. Add line 12, columns (b), (d), and (e) .....			13	24,628,713.	

(See worksheet in line 13 instructions to verify calculations.)

**Part XVI-B** **Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

**Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
<b>1</b>	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
<b>a</b>	Transfers from the reporting foundation to a noncharitable exempt organization of:		
(1)	Cash		X
(2)	Other assets		X
<b>b</b>	Other transactions:		
(1)	Sales of assets to a noncharitable exempt organization		X
(2)	Purchases of assets from a noncharitable exempt organization		X
(3)	Rental of facilities, equipment, or other assets		X
(4)	Reimbursement arrangements		X
(5)	Loans or loan guarantees		X
(6)	Performance of services or membership or fundraising solicitations		X
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X
<b>d</b>	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **CFO**

May the IRS discuss this return with the preparer shown below? See instr.  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>LISA M. CUMMINGS, CPA</b>	Preparer's signature	Date <b>11/10/21</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00043433</b>
	Firm's name <b>COHNREZNICK LLP</b>			Firm's EIN <b>22-1478099</b>	
	Firm's address <b>400 CAPITOL MALL, SUITE 1200 SACRAMENTO, CA 95814</b>			Phone no. <b>916-442-9100</b>	

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>NEWMAN'S OWN FOUNDATION</b>	Taxpayer identification number (TIN) <b>06-1606588</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>ONE MORNINGSIDE DRIVE NORTH</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WESTPORT, CT 06880</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**THE ORGANIZATION**

- The books are in the care of ▶ **ONE MORNINGSIDE DRIVE NORTH - WESTPORT, CT 06880**  
Telephone No. ▶ **203-222-0136** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$ <b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$ <b>223,448.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
AMERICAN ALPINE CLUB 710 10TH ST STE 100 GOLDEN, CO 80401-5843		PC	GENERAL OPERATIONS (FUNDING CANNOT BE USED FOR LOBBYING ACTIVITIES)	10,000.
AMERICAN INDIAN CANCER FOUNDATION 3001 BROADWAY ST. NE SUITE 185 MINNEAPOLIS, MN 55413		PC	ADVANCING HEALTH EQUITY THROUGH CULTURALLY TAILORED NUTRITION STRATEGIES	20,000.
AMERICAN MURAL PROJECT 90 WHITING STREET PO BOX 538 WINSTED, CT 06098		PC	AMERICAN MURAL PROJECT CAPACITY BUILDING	75,000.
ANGEL VIEW, INC. 67625 E. PALM CANYON DRIVE, SUITE 7A CATHEDRAL CITY, CA 92234		PC	GENERAL OPERATIONS	10,000.
ANIMAL SHELTER OF MARTHA S VINEYARD INC P.O. BOX 1829 ONE PENNYWISE PATH EDGARTOWN, MA 02539		PC	GENERAL OPERATIONS	2,500.
ANN'S PLACE 80 SAW MILL ROAD DANBURY, CT 06810		PC	CANCER CARE PROGRAMS	2,500.
AREA CONGREGATIONS TOGETHER, INC. 30 TODD ROAD SHELTON, CT 06484-5342		PC	SPOONER HOUSE	3,750.
ARTISTS STRIVING TO END POVERTY 165 WEST 46TH STREET SUITE 1303 NEW YORK, NY 10036		PC	GENERAL OPERATIONS	2,500.
ASPETUCK LAND TRUST PO BOX 444 WESTPORT, CT 06881-0444		PC	GENERAL OPERATIONS	40,000.
ASSISTANCE LEAGUE OF BOISE P. O. BOX 140104 5825 GLENWOOD GARDEN CITY, ID 83714-0104		PC	OPERATION SCHOOL BELL	2,500.
<b>Total from continuation sheets</b>				<b>11,434,625.</b>



**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ASSOCIATION OF AMERICAN COLLEGES AND UNIVERSITIES 1818 R STREET NW WASHINGTON, DC 20009		PC	OFFICE OF CIVIC ENGAGEMENT	15,000.
ASSOCIATION OF THE APOSTLES OF DON BOSCO INC 9722 W. PACIFIC AVE. ANAHEIM, CA 92804 - 5946		PC	PROGRAMS FOR KIDS IN NEED	2,500.
ATHOL YOUNG MENS CHRISTIAN ASSOCIATION AND SUBSIDIARY 545 MAIN ST ATHOL, MA 01331		PC	GENERAL OPERATIONS	5,000.
BAIL PROJECT INC PO BOX 750 VENICE, CA 90294		PC	GENERAL OPERATIONS	4,000.
BIG BROTHERS BIG SISTERS OF SOUTHWESTERN CT 2470 FAIRFIELD AVE BRIDGEPORT, CT 06605		PC	GENERAL OPERATIONS	2,250.
BILLINGS FORGE COMMUNITY WORKS 227 LAWRENCE STREET HARTFORD, CT 06106		PC	GENERAL OPERATIONS	2,500.
BLESSINGS IN A BACKPACK 111 E WAYNE ST STE 555 FORT WAYNE, IN 46802		PC	GENERAL OPERATIONS	25,000.
BLUE RIDGE PUBLIC TELEVISION 1215 MCNEIL DR ROANOKE, VA 24015		PC	GENERAL OPERATIONS	20,000.
BOISE VETERANS DAY PARADE COMMITTEE INC. P. O. BOX 8574 BOISE, ID 83707		PC	VETERANS DAY PARADE	1,250.
BOYS & GIRLS CLUB OF THE GRAND STRAND, INC 1229 38TH AVENUE NORTH, #320 MYRTLE BEACH, SC 29577		PC	GENERAL OPERATIONS AND EDUCATION PROGRAMS	30,000.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BOYS & GIRLS CLUB OF THE LOWER NAUGATUCK VALLEY ONE POSITIVE PLACE SHELTON, CT 06484		PC	GENERAL OPERATIONS	3,750.
BRAIN INJURY ALLIANCE OF CONNECTICUT INC 200 DAY HILL ROAD, SUITE 250 WINDSOR, CT 06095		PC	BIAC CONFERENCE	2,500.
BRIDGE HOUSE, INC. 880 FAIRFIELD AVE BRIDGEPORT, CT 06605		PC	ART BEAT	2,250.
BRIDGEPORT HOSPITAL FOUNDATION INC 267 GRANT ST BRIDGEPORT, CT 06610		PC	GENERAL OPERATIONS	4,375.
BRIDGEPORT RESCUE MISSION INC 1088 FAIRFIELD AVENUE BRIDGEPORT, CT 06605		PC	NUTRITION	13,000.
C. THOMAS CLAGETT JR. MEMORIAL CLINIC AND REGATTA, INC. 231 INDIAN AVENUE PORTSMOUTH, RI 02871-5152		PC	BOAT GRANTS	3,333.
CALIFORNIA FIRE FOUNDATION 1780 CREEKSIDE OAKS DR SACRAMENTO, CA 95833		PC	GENERAL OPERATIONS	20,000.
CALVARY FUND, INC. 1740 EASTCHESTER ROAD BRONX, NY 10461		PC	CHILDRENS BEREAVEMENT SUPPORT AND PET THERAPY	75,000.
CAMP KOREY 24880 BROTHERHOOD ROAD MOUNT VERNON, WA 98274		PC	GENERAL OPERATIONS	15,000.
CAMPUS COMPACT 89 SOUTH STREET SUITE 103 BOSTON, MA 02111		PC	GENERAL OPERATIONS	25,000.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CANAL ALLIANCE 91 LARKSPUR STREET SAN RAFAEL, CA 94901		PC	GENERAL OPERATIONS	10,000.
CAPITOL SQUASH INC 300 SUMMIT STREET BOX 702611 HARTFORD, CT 06106-3100		PC	GENERAL OPERATIONS	15,000.
CARING FOR MILITARY FAMILIES THE ELIZABETH DOLE FOUNDATION 600 NEW HAMPSHIRE AVE NW 10TH FLOOR WASHINGTON, DC 20037-2407		PC	HEROES AND HISTORY MAKERS 2019 GALA	50,000.
CARVER FOUNDATION OF NORWALK 7 ACADEMY STREET NORWALK, CT 06850		PC	AFTER SCHOOL PROGRAM	8,750.
CENTER FOR RURAL AFFAIRS PO BOX 136 145 MAIN STREET LYONS, NE 68038		PC	GROWING OUR OWN: EXPANDING LOCAL FOOD SYSTEMS IN NATIVE AMERICAN COMMUNITIES IN NEBRASKA	20,000.
CHANNEL 5 PUBLIC BROADCASTING INC 1670 NORTH VIRGINIA STREET RENO, NV 89503		PC	GENERAL OPERATIONS	20,000.
CHIEF EXECUTIVES FOR CORPORATE PURPOSE 85 BROAD STREET, 27TH FLOOR NEW YORK, NY 10004		PC	2020 MEMBERSHIP DUES	200,000.
CHILD GUIDANCE CENTER OF SOUTHERN CT INC 103 WEST BROAD STREET STAMFORD, CT 06902		PC	GENERAL OPERATIONS	10,000.
CHRISTIAN METHODIST EPISCOPAL CHURCH/HOPEWELL C.M.E. CHURCH PO BOX 1275 ESTILL, SC 29918		PC	HELPING HAND FOOD MINISTRY	1,250.
CIRCLE OF FRIENDS OF CONNECTICUT INC 40 KING STREET NORWALK, CT 06851		PC	GENERAL OPERATIONS	5,000.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CITIZENS FOR EASTON PO BOX 151 EASTON, CT 06612		PC	PROGRAM RESTORATION	4,000.
CITYSEED INC 817 GRAND AVE STE 101 NEW HAVEN, CT 06511		PC	GENERAL OPERATIONS	2,500.
COACHELLA VALLEY REPERTORY 68510 E. PALM CANYON DRIVE CATHEDRAL CITY, CA 92234		PC	YOUTH PROGRAM	5,000.
COACHELLA VALLEY WELLNESS FOUNDATION 71687 HIGHWAY 111 STE 203 RANCHO MIRAGE, CA 92270		PC	GENERAL OPERATIONS	20,000.
COLLEGE OF THE ATLANTIC 105 EDEN ST BAR HARBOR, ME 04609		PC	GENERAL OPERATIONS	20,000.
COLLIER COUNTY AUDUBON SOCIETY INC P.O. BOX 1738 NAPLES, FL 34106		PC	GENERAL OPERATIONS	5,000.
COMMUNITY BONDS INC 19 GRAND AVENUE NEW HAVEN, CT 06513		PC	GENERAL OPERATIONS	2,500.
COMMUNITY FOUNDATION SONOMA COUNTY 120 STONY POINT ROAD SANTA ROSA, CA 95404		PC	GENERAL OPERATIONS	10,000.
COMMUNITY PARTNERS - FUND THE PEOPLE 1000 N ALAMEDA ST STE 240 LOS ANGELES, CA 90012		PC	FUND THE PEOPLE	20,000.
COMMUNITY SERVICES COUNCIL OF WOODBURY INC PO BOX 585 WOODBURY, CT 06798-0585		PC	CRISIS ASSISTANCE PROGRAM	3,750.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CONNECTICUT COUNCIL FOR PHILANTHROPY 75 CHARTER OAK AVE, STE 1-205 HARTFORD, CT 06106		PC	GENERAL OPERATIONS	81,870.
CONNECTICUT FOOD BANK, INC. 2 RESEARCH PARKWAY WALLINGFORD, CT 06492		PC	NUTRITION PROGRAMS	23,125.
CONNECTICUT FUND FOR THE ENVIRONMENT/SAVE THE SOUND 900 CHAPEL STREET, SUITE 2202 NEW HAVEN, CT 06510		PC	SAVE THE SOUND	240,000.
CONNECTICUT HUMANE SOCIETY 701 RUSSELL ROAD NEWINGTON, CT 06111		PC	ANIMAL CARE	11,250.
CONNECTICUT PUBLIC BROADCASTING NETWORK 1049 ASYLUM AVENUE HARTFORD, CT 06105		PC	JERRY FRANKLIN RETIREMENT GALA	150,000.
CONNECTICUT QUEST FOR PEACE INC PO BOX 356 GEORGETOWN, CT 06829		PC	GENERAL OPERATIONS	1,250.
CONNECTICUT ZOOLOGICAL SOCIETY 1875 NOBLE AVENUE BRIDGEPORT, CT 06610		PC	TIGER HABITAT	5,000.
CONWAY LAKE CONSERVATION ASSOCIATION PO BOX 803 CENTER CONWAY, NH 03813-0803		PC	GENERAL OPERATIONS	5,000.
COUNCIL ON FOUNDATIONS 1255 23RD ST NW STE 200 WASHINGTON, DC 20037		PC	GENERAL OPERATIONS	20,000.
COURT APPOINTED SPECIAL ADVOCATES OF SOUTHERN CONNECTICUT INC 157 CHURCH STREET 19TH FLOOR NEW HAVEN, CT 06510		PC	GENERAL OPERATIONS	10,000.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
COVE ANIMAL RESCUE CORPORATION 40 SHORE ROAD GLEN COVE, NY 11542		PC	GENERAL OPERATIONS	3,500.
COVE COMMUNITIES SENIOR ASSOCIATION 73750 CATALINA WAY PALM DESERT, CA 92260		PC	THEATRE PROGRAMING	5,000.
CT SEAHAWKS INC 8 PECKS LN STE A2 NEWTOWN, CT 06470		PC	GENERAL OPERATIONS	2,500.
DAKOTA RURAL ACTION PO BOX 549 BROOKINGS, SD 57006-0549		PC	NUTRITION AND FOOD ACCESS COHORT	20,000.
DAMIEN THE LEPER SOCIETY INC PO BOX 17428 DESTIN, FL 32522		PC	GENERAL OPERATIONS	2,500.
DANBURY ANIMAL WELFARE SOCIETY INC 147 GRASSY PLAIN ST BETHEL, CT 06801-2806		PC	GENERAL OPERATIONS	2,500.
DELTA FRESH FOODS INITIATIVE PO BOX 432 X HERNANDO, MS 38632		PC	BOLIVAR COUNTY GOOD FOOD REVOLUTION	20,000.
DEMOCRACY NOW PRODUCTIONS INC 87 LAFAYETTE ST NEW YORK, NY 10013		PC	GENERAL OPERATIONS	65,000.
DEMOS - A NETWORK FOR IDEAS AND ACTION LTD 80 BROAD STREET NEW YORK, NY 10004		PC	GENERAL OPERATIONS	2,500.
DETROIT FOOD & ENTREPRENEURSHIP ACADEMY 4444 SECOND AVE DETROIT FOOD ACADE DETROIT, MI 48201-0000		PC	DETROIT FOOD ACADEMY	15,000.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
DISCOVERING AMISTAD 129 CHURCH ST., STE. 521 NEW HAVEN, CT 06510		PC	SUSTAINABILITY CAMPAIGN	75,000.
DOMESTIC VIOLENCE CRISIS CENTER 777 SUMMER ST 4TH FLOOR STAMFORD, CT 06901		PC	GENERAL OPERATIONS	2,500.
DOMUS KIDS INC 83 LOCKWOOD AVE STAMFORD, CT 06902-4201		PC	GENERAL OPERATIONS	7,000.
DOROT, INC. 171 W 85TH ST NEW YORK, NY 10024-4400		PC	DOOR TO DOOR	30,000.
DOUBLE "H" HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846-3318		PC	GENERAL OPERATIONS	27,500.
DREAM OF WILD HEALTH 1308 E. FRANKLIN AVENUE SUITE 203 MINNEAPOLIS, MN 55404		PC	GENERAL OPERATIONS	10,000.
DREAMING OUT LOUD FOUNDATION 80 M STREET SE C/O WEWORK WASHINGTON, DC 20003		PC	GENERAL OPERATIONS	20,000.
DRESSING ANGELS INC 4129 WARWICK HILLS DR WESLEY CHAPEL, FL 33543-7145		PC	GENERAL OPERATIONS	2,500.
EASTERN CONNECTICUT COMMUNITY GARDEN ASSOCIATION 121 PEQUOT AVE NEW LONDON, CT 06320		PC	GRASSO TECH GREENHOUSE FEEDS AND EDUCATES NEW LONDON COUNTY	2,500.
ECHOING GREEN 462 7TH AVENUE 13TH FLOOR NEW YORK, NY 10018		PC	GENERAL OPERATIONS	70,000.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ECOTRUST 721 NW NINTH AVENUE SUITE 200 PORTLAND, OR 97209		PC	FISHERIES	20,000.
ECSU FOUNDATION, INC. C/O EASTERN CONNECTICUT STATE UNIVERSITY, 83 WINDHAM STREET, WILLIMANTIC, CT 06226-2995		PC	INNER CITY ENROLLMENT	7,500.
EDUCATION AND HOPE PO BOX 486 NORWALK, CT 06856		PC	GENERAL OPERATIONS	5,000.
ELM PROJECT 88 HAMILTON AVENUE STAMFORD, CT 06902		PC	GENERAL OPERATIONS	2,500.
ELTON JOHN AIDS FOUNDATION INC. 584 BROADWAY NEW YORK, NY 10012		PC	GENERAL OPERATIONS	35,000.
EMERGE INC PO BOX 1190 STRATFORD, CT 06615-8690		PC	GENERAL OPERATIONS	6,000.
EVANGELICAL BAPTIST CHURCH OF THE NEW JERUSALEM 926 STATE ST BRIDGEPORT, CT 06605		PC	GENERAL OPERATIONS	2,500.
FAIR FOOD NETWORK 1250 N. MAIN ST. NORTH SUITE ANN ARBOR, MI 48104		PC	GENERAL OPERATING & CAPACITY BUILDING	20,000.
FAIRFIELD COUNTY'S COMMUNITY FOUNDATION 40 RICHARDS AVE NORWALK, CT 06854		PC	GENERAL OPERATIONS	20,000.
FAIRFIELD HISTORICAL SOCIETY 370 BEACH ROAD FAIRFIELD, CT 06824		PC	GENERAL OPERATIONS	6,000.
<b>Total from continuation sheets</b>				



**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FAIRFIELD UNIVERSITY 1073 NORTH BENSON ROAD FAIRFIELD, CT 06824		PC	FAIRFIELD PREP SCHOLARSHIP PROGRAM	5,570.
FAMILY & CHILDREN'S AGENCY 9 MOTT AVENUE, SUITE 410 NORWALK, CT 06850		PC	GENERAL OPERATIONS	5,000.
FATHER BILLS & MAINSPRING INC 430 BELMONT ST BROCKTON, MA 02301-4921		PC	BROCKTON MAINSPRING HOMELESS SHELTER	1,250.
FEATHERSTONE CENTER FOR THE ARTS INC PO BOX 1145 OAK BLUFFS, MA 02557		PC	YOUTH PROGRAMS	10,000.
FILLING IN THE BLANKS INC 346 MAIN AVE STE 3A NORWALK, CT 06851		PC	GENERAL OPERATIONS	2,500.
FILM AND ENTERTAINMENT SOCCER TOURNAMENT INC 175 RIVERSIDE DR 15G NEW YORK, NY 10024		PC	GENERAL OPERATIONS	2,500.
FISHER HOUSE FOUNDATION INC 12300 TWINBROOK PARKWAY ROCKVILLE, MD 20852		PC	GENERAL OPERATIONS	100,000.
FLYING HORSE FARMS 5260 STATE ROUTE 95 MOUNT GILEAD, OH 43338		PC	GENERAL OPERATIONS	15,000.
FOLDS OF HONOR 8551 N. 125TH E. AVE., STE. 100 OWASSO, OK 74055		PC	GENERAL OPERATIONS	2,500.
FOOD BANK OF LOWER FAIRFIELD COUNTY INC 461 GLENBROOK ROAD STAMFORD, CT 06906		PC	GENERAL OPERATIONS	2,500.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FOOD PROJECT, INC. 10 LEWIS STREET LINCOLN, MA 01773		PC	CULTIVATING LEADING-EDGE FOOD SYSTEM CHANGE	7,000.
FOOD RESCUE US INC 165 WATER STREET, #204 NORWALK, CT 06854		PC	GENERAL OPERATIONS	10,000.
FOOD SHARE OF HARTFORD 450 WOODLAND AVE BLOOMFIELD, CT 06002		PC	GENERAL OPERATIONS	5,000.
FOODCORPS, INC. 1140 SE 7TH AVE STE 110 PORTLAND, OR 97214		PC	SCHOOL FOOD LEADERSHIP PROGRAM	25,000.
FOODWHAT INCORPORATED FOODWHAT 1156 HIGH STREET SANTA CRUZ, CA 95064-0000		PC	FOOD FOR SELF, FOOD FOR FAMILY, FOOD FOR COMMUNITY: YOUTH EMPOWERMENT THROUGH SUSTAINABLE	20,000.
FOR INSPIRATION AND RECOGNITION OF SCIENCE AND TECHNOLOGY 2541 SOUTH IH-35 SUITE 200-263 ROUND ROCK, TX 78664		PC	GENERAL OPERATIONS	15,000.
FOUNDERS HALL FOUNDATION INC 193 DANBURY RD RIDGEFIELD, CT 06877-3213		PC	GENERAL OPERATIONS	1,750.
FOXG1 RESEARCH INC 1 LUCKENBACH LN SANDS POINT, NY 11050-1903		PC	GENERAL OPERATIONS	6,000.
FRANCES PERKINS CENTER P.O. BOX 281 NEWCASTLE, ME 04553		PC	FRANCES PERKINS TRAVELING EXHIBIT	10,000.
FRIENDS OF CHRIST IN INDIA INC 1045 OLD ACADEMY RD FAIRFIELD, CT 06824-2051		PC	LOTUS CENTER - EDUCATION FOR WOMEN/CHILDREN	2,500.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FRIENDS OF MONTANA PBS INC PO BOX 173340 BOZEMAN, MT 59717		PC	GENERAL OPERATIONS	20,000.
FRIENDS OF THE CULTURAL CENTER, INC. 73000 FRED WARING DRIVE PALM DESERT, CA 92260		PC	EDUCATION PROGRAMS	10,000.
FULLER PROJECT FOR INTERNATIONAL REPORTING INC 1875 CONNECTICUT AVE NW FL 10 WASHINGTON, DC 20009		PC	GENERAL OPERATIONS	65,000.
GAMECHANGER CHARITY 30767 GATEWAY PLACE #705 RANCHO MISSION VIEJO, CA 92694		PC	GAMECHANGER VIRTUAL REALITY & TECH TOUR	50,000.
GATHER 210 WEST RD UNIT 3 PORTSMOUTH, NH 03801		PC	GENERAL OPERATIONS	3,750.
GENEROSITY-GLOBAL INCORPORATED 6751 COLUMBIA GATEWAY DR 3RD FL COLUMBIA, MD 21046-2164		PC	GENERAL OPERATIONS	2,500.
GEORGETOWN UNIVERSITY 37TH AND O STREETS NW WASHINGTON, DC 20057-0001		PC	SCHOOL OF NURSING AND HEALTH STUDIES FACULTY AND STUDENT RESEARCH	20,000.
GOOD IN THE HOOD 2101 CHICAGO AVE MINNEAPOLIS, MN 55404		PC	GENERAL OPERATIONS	5,000.
GOOD SHEPHERD FOOD BANK 3121 HOTEL ROAD AUBURN, ME 04210		PC	GENERAL OPERATIONS	10,000.
GRADES OF GREEN INC 1730 E HOLLY AVE EL SEGUNDO, CA 90245-4404		PC	PROTECTING WATER RESOURCES	2,500.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
GREATER LOWELL FAMILY Y M C A 35 YMCA DR LOWELL, MA 01852		PC	GENERAL OPERATIONS	10,000.
GREEN BRONX MACHINE INTERNATIONAL INC 3935 BLACKSTONE AVENUE BRONX, NY 10471-3715		PC	CAPACITY BUILDING AND ADMINISTRATIVE SUPPORT	25,000.
GREEN VILLAGE INITIATIVE 325 LAFAYETTE ST. UNIT 9101 BRIDGEPORT, CT 06604		PC	CULTIVATING COMMUNITY WELL BEING AND SELF SUFFICIENCY THROUGH URBAN FARMING	39,000.
GROUNDTRUTH PROJECT INC 10 GUEST STREET BOSTON, MA 02135		PC	GENERAL OPERATIONS	75,000.
GROW DAT YOUTH FARM 1 PALM DR NEW ORLEANS, LA 70124-4608		PC	GENERAL OPERATIONS	20,000.
GROWINGGREAT 2711 N. SEPULVEDA BLVD. # 279 MANHATTAN BEACH, CA 90266-2725		PC	INNER CITY SCHOOL PROGRAMS	2,500.
HAPPY TAILS RESCUE 160 MILLER PARK RD MILFORD, NJ 08848		PC	GENERAL OPERATIONS	2,500.
HARLEM GROWN INC 127 W 127TH STREET ROOM 201 NEW YORK, NY 10027		PC	HARLEM GROWN YOUTH FOOD & FARM EDUCATION	15,000.
HARTFORD FOUNDATION FOR PUBLIC GIVING 10 COLUMBUS BOULEVARD HARTFORD, CT 06106		PC	GENERAL OPERATIONS	5,000.
HARTFORD PROMISE INC. 750 MAIN STREET, SUITE 1108-1 HARTFORD, CT 06103		PC	GENERAL OPERATIONS	20,000.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HEADSTRONG PROJECT INC 220 W 42ND ST NEW YORK, NY 10036		PC	GENERAL OPERATIONS	75,000.
HIGHLAND HALL WALDORF SCHOOL 17100 SUPERIOR STREET NORTHRIDGE, CA 91325		PC	TUITION ASSISTANCE/SCHOLARSHIP PROGRAM	7,500.
HISPANICS IN PHILANTHROPY - SOLAR RESPONDERS 414 13TH ST STE 200 OAKLAND, CA 94612-2603		PC	SOLAR RESPONDERS	20,000.
HOLE IN THE WALL GANG FUND, INC. 555 LONG WHARF DRIVE NEW HAVEN, CT 06511		PC	PROGRAM SUPPORT - IN RECOGNITION OF THE HAIGIS FAMILY	42,000.
HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR INCORPORATED 1365 ENFIELD ST ENFIELD, CT 06082		PC	GENERAL OPERATIONS	2,500.
HOMELESS GARDEN PROJECT PO BOX 617 SANTA CRUZ, CA 95061		PC	GENERAL OPERATIONS	20,000.
HOMES WITH HOPE, INC. 49 RICHMONDVILLE AVENUE SUITE 212 WESTPORT, CT 06880		PC	PROJECT RETURN	2,500.
HOPE COMMUNITY SERVICES INC 50 WASHINGTON BLVD NEW ROCHELLE, NY 10801		PC	GENERAL OPERATIONS	10,000.
HOSPICE OF MARTHAS VINEYARD INC PO BOX 1748 79 BEACH ROAD VINEYARD HAVEN, MA 02568-0910		PC	THE CHRISTOPHER FUND	5,000.
IMAGINE SUPPORTED LIVING SERVICES 9065 SOQUEL DRIVE APTOS, CA 95003		PC	GENERAL OPERATIONS	10,000.
<b>Total from continuation sheets</b> .....				

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
IMMACARE INC. 168 HUNGERFORD STREET HARTFORD, CT 06106		PC	GENERAL OPERATIONS	3,750.
INITIATIVE FOR MEDICINES ACCESS &KNOWLEDGE I-MAK INC 16192 COASTAL HWY LEWES, DE 19958		PC	GENERAL OPERATIONS	2,500.
INTERNATIONAL FOLK ART ALLIANCE INC 620 CERRILLOS ROAD SANTA FE, NM 87505-5994		PC	GENERAL OPERATING SUPPORT	5,000.
INTERNATIONAL INSTITUTE OF CONNECTICUT, INC. 670 CLINTON AVENUE BRIDGEPORT, CT 06605-1704		PC	GENERAL OPERATIONS	2,500.
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168		PC	GENERAL OPERATIONS	20,000.
ISLAND FOOD PANTRY OF MARTHAS VINEYARD INC PO BOX 1874 VINEYARD HAVEN, MA 02568		PC	GENERAL OPERATIONS	2,500.
JESSE LEWIS CHOOSE LOVE FOUNDATION PO BOX 605 NEWTOWN, CT 06470		PC	GENERAL OPERATIONS	1,250.
KANSAS UNIVERSITY ENDOWMENT ASSOC PO BOX 928 LAWRENCE, KS 66044-0928		PC	THE DOLE FELLOWSHIP PROGRAM	40,000.
KENTUCKY WATERWAYS ALLIANCE INC 120 WEBSTER STREET SUITE 217 LOUISVILLE, KY 40206		PC	GENERAL OPERATIONS	30,000.
KIWANIS FOUNDATION OF HICKSVILLE PO BOX 772 HICKSVILLE, NY 11802-0772		PC	SCHOLARSHIP	4,000.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
KOMERA PO BOX 1491 JAMAICA PLAIN, MA 02130		PC	GENERAL OPERATIONS	5,000.
LA SOUPE INC 915 E MCMILLAN ST CINCINNATI, OH 45206		PC	GENERAL OPERATIONS	2,500.
LAWYERS' COMMITTEE FOR CIVIL RIGHTS UNDER LAW 1500 K ST. NW, SUITE 900 WASHINGTON, DC 20005		PC	ELECTION PROTECTION	97,500.
LENSIC PERFORMING ARTS CENTER CORPORATION 211 W. SAN FRANCISCO STREET SANTA FE, NM 87501-2128		PC	YOUTH PROGRAMING	5,000.
LIFE LAB SCIENCE PROGRAM 1156 HIGH STREET SANTA CRUZ, CA 95064-1077		PC	GENERAL OPERATIONS	12,500.
LIFEBRIDGE COMMUNITY SERVICES 475 CLINTON AVE BRIDGEPORT, CT 06605		PC	GENERAL OPERATIONS	2,000.
LITTLE SUNAPEE PROTECTIVE ASSOCIATION PO BOX 1653 NEW LONDON, NH 03257		PC	GENERAL OPERATIONS	5,000.
LITTLESTOWN BASKETBALL BOOSTERS INC 200 E MYRTLE ST LITTLESTOWN, PA 17340		PC	GENERAL OPERATIONS	1,250.
MAKE THE ROAD NEW YORK 301 GROVE STREET BROOKLYN, NY 11237		PC	GENERAL OPERATIONS	2,500.
MARIPOSA DR FOUNDATION PO BOX 425 ITHACA, NY 14851		PC	GENERAL OPERATIONS	20,000.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MARSHALL PROJECT INC 156 W 56TH ST STE 701 NEW YORK, NY 10019		PC	GENERAL OPERATIONS	65,000.
MARTHAS VINEYARD CEREBRAL PALSY CAMP INC PO BOX 1357 VINEYARD HAVEN, MA 02568		PC	CAMP JABBERWOCKY DINING HALL RENOVATION	2,500.
MARTHAS VINEYARD FILM SOCIETY INC PO BOX 4423 VINEYARD HAVEN, MA 02568-0934		PC	YOUTH PROGRAMS	10,000.
MARTHAS VINEYARD MEDIATION PROGRAM PO BOX 761 VINEYARD HVN, MA 02568-0761		PC	EDUCATION CONFLICT RESOLUTION	2,500.
MARYMOUNT MANHATTAN COLLEGE 221 E. 71ST STREET NEW YORK, NY 10021		PC	BEDFORD HILLS COLLEGE PROGRAM	10,000.
MENTAL HEALTH ASSOCIATION OF CT 27 GRAND ST DANBURY, CT 06810		PC	GENERAL OPERATIONS	5,000.
METROWEST YMCA 280 OLD CONNECTICUT PATH FRAMINGHAM, MA 01701		PC	GENERAL OPERATIONS	5,000.
MID-FAIRFIELD CHILD GUIDANCE CENTER 100 EAST AVENUE NORWALK, CT 06851		PC	GENERAL OPERATIONS	25,000.
MOTHER HUBBARDS CUPBOARD INC 1100 W. ALLEN ST. BLOOMINGTON, IN 47403		PC	GARDEN AND NUTRITION EDUCATION	20,000.
MUSEUM OF NEW MEXICO FOUNDATION 1411 PASEO DE PERALTA SANTA FE, NM 87501-4326		PC	EXHIBITIONS, PROGRAMMING & OPERATIONS	10,000.
<b>Total from continuation sheets</b> .....				



**Part XV** Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
NATIONAL DANCE INSTITUTE, INC. 217 W 147TH ST NEW YORK, NY 10039		PC	GENERAL OPERATIONS	10,000.
NAVY SEAL FOUNDATION INC 1619 D STREET VIRGINIA BEACH, VA 23459		PC	GENERAL OPERATIONS	10,000.
NEIGHBORHOOD PLAYHOUSE INC 340 EAST 54TH STREET NEW YORK, NY 10022		PC	GENERAL OPERATIONS	15,000.
NET IMPACT 1333 BROADWAY SUITE 250 OAKLAND, CA 94612		PC	2019-2020 NOF FELLOW	50,000.
NEVADA COUNTY FOOD & TOY RUN PO BOX 549 NEVADA CITY, CA 95959-0549		PC	GENERAL OPERATIONS	5,000.
NEW CANAAN COUNTRY SCHOOL 635 FROGTOWN ROAD NEW CANAAN, CT 06840		PC	HORIZONS	14,000.
NEW ENGLAND RESIDENT SERVICE COORDINATORS INC PO BOX 1019 GLASTONBURY, CT 06033		PC	GENERAL OPERATIONS	1,250.
NEW MEXICO SCHOOL FOR THE ARTS ART INSTITUTE 500 MONTEZUMA AVE. SUITE 200 SANTA FE, NM 87501		PC	STUDENT TRANSPORTATION	5,000.
NEW MEXICO STATE UNIVERSITY FOUNDATION INC PO BOX 3590 LAS CRUCES, NM 88003		PC	GENERAL OPERATIONS	5,000.
NEW REACH 269 PECK STREET NEW HAVEN, CT 06513		PC	EMERGENCY SHELTER	5,000.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NEW VENTURE FUND - ENOUGH PROJECT SENTRY INITIATIVE 1201 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036		PC	ENOUGH PROJECTS SENTRY INITIATIVE	25,000.
NEW YORK PUBLIC RADIO 160 VARICK STREET FLOOR 7 NEW YORK, NY 10013		PC	GENERAL OPERATIONS	30,000.
NEWARK ARTS COUNCIL 17 ACADEMY ST NEWARK, NJ 07102		PC	GENERAL OPERATIONS	5,000.
NEWTOWN MEALS ON WHEELS INC PO BOX 122 NEWTOWN, CT 06470		PC	GENERAL OPERATIONS	2,500.
NEXT STEP FUND INC. 99 BISHOP ALLEN DRIVE CAMBRIDGE, MA 02139		PC	NEXT STEP'S 3 YEAR GROWTH STRATEGY	52,500.
NORTH BROOKLYN COALITION OF NEIGHBORS HELPING NEIGHBORS 127 KENT ST BROOKLYN, NY 11222		PC	GENERAL OPERATIONS	10,000.
NORTH STAR REACH 674 S. WAGNER ROAD ANN ARBOR, MI 48103		PC	VOLUNTEERS	3,333.
NORWALK COMMUNITY HEALTH CENTER INC 120 CONNECTICUT AVE NORWALK, CT 06854		PC	GENERAL OPERATIONS	5,000.
NORWALK HOSPITAL FOUNDATION INC 34 MAPLE STREET NORWALK, CT 06850-3815		PC	NURSE CREDENTIALING PROGRAM	21,000.
NORWALK SENIOR CENTER 11 ALLEN RD NORWALK, CT 06851-2319		PC	MEALS ON WHEELS	5,000.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
OKIZU 83 HAMILTON DRIVE, SUITE 200 NOVATO, CA 94949		PC	GENERAL OPERATIONS	15,000.
OLD COLONY YOUNG MENS CHRISTIAN ASSOCIATION INC 320 MAIN STREET BROCKTON, MA 02301		PC	GENERAL OPERATIONS	5,000.
ORLEANS PUBLIC DEFENDER PROGRAM/ORLEANS PUBLIC DEFENDERS 2601 TULANE AVE. SUITE 700 NEW ORLEANS, LA 70119		PC	YOUTH ADVOCATE SERVICES	10,000.
OUR COMPANIONS P. O. BOX 956 MANCHESTER, CT 06045		PC	2020 GIVING DAY	5,000.
OUR PIECE OF THE PIE INC 20-28 SARGEANT ST HARTFORD, CT 06105-1400		PC	HARTFORD YOUTH SERVICE CORPS	275,000.
OUR SISTERS SCHOOL INC 145 BROWNELL AVE NEW BEDFORD, MA 02740		PC	GENERAL OPERATIONS	30,000.
PAINTED DESERT DEMONSTRATION PROJECTS INC 145 LEUPP ROAD 145 LEUPP FLAGSTAFF, AZ 86004-0000		PC	LOCALLY GROWN AND HARVESTED FOOD FEEDS NAVAJO YOUTH AND THEIR FAMILIES	20,000.
PALM SPRINGS AIR MUSEUM INC 745 N GENE AUTRY TRL PALM SPRINGS, CA 92262-5464		PC	EDUCATION PROGRAMS	5,000.
PALM SPRINGS ART MUSEUM PO BOX 2310 101 MUSEUM DRIVE PALM SPRINGS, CA 92263-2310		PC	GENERAL OPERATIONS	5,000.
PALM SPRINGS OPERA GUILD OF THE DESERT 70177 HWY 111 SUITE 202 RANCHO MIRAGE, CA 92270		PC	OPERA IN THE PARK	10,000.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PARAQUAD, INC. 5240 OAKLAND AVENUE SAINT LOUIS, MO 63110		PC	INDEPENDENT LIVING	2,500.
PARTNERSHIP WITH NATIVE AMERICANS 16415 ADDISON ROAD SUITE 200 ADDISON, TX 75001		PC	NATIVE FOOD PREPARATION EDUCATION	20,000.
PASEO ARTISTS ASSOCIATION INC. 3022 PASEO OKLAHOMA CITY, OK 73103-1021		PC	YOUTH PROGRAM/AFTER SCHOOL ARTS	5,000.
PATRIOT BOOT CAMP 1050 WALNUT ST STE 202 DENVER, CO 80202		PC	GENERAL OPERATIONS	40,000.
PATTISONS D R E A M ACADEMY 721 WAPPOO RD CHARLSTON, SC 29407		PC	GENERAL OPERATIONS	5,000.
PEAK GRANTMAKING INC 1666 K ST NW STE 440 WASHINGTON, DC 20006		PC	GENERAL OPERATIONS	7,500.
PERSON-TO-PERSON, INC. 1864 POST ROAD DARIEN, CT 06820		PC	GENERAL OPERATIONS	5,000.
PET ANIMAL WELFARE SOCIETY OF CONNECTICUT 504 MAIN AVENUE NORWALK, CT 06851		PC	IN-HOUSE SPAY/NEUTER CLINIC	2,500.
POLARIS P.O. BOX 65323 WASHINGTON, DC 20035		PC	GENERAL OPERATIONS	10,000.
PRAIRIE PUBLIC BROADCASTING INC 207 NORTH FIFTH STREET FARGO, ND 58102		PC	GENERAL OPERATIONS	20,000.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PRO BONO NETWORK PO BOX 469 OAK PARK, IL 60303-0469		PC	LEGAL SERVICES	1,875.
PRO INSPIRE 1440 G STREET NW-9TH FLOOR WASHINGTON, DC 20005		PC	GENERAL OPERATIONS	15,000.
PRO PUBLICA INC 155 AVENUE OF THE AMERICAS NEW YORK, NY 10013		PC	GENERAL OPERATIONS	40,000.
PROPRIETORS OF THE BOSTON ATHENAEUM 10 1/2 BEACON ST BOSTON, MA 02108-3777		PC	EMPOWERING INTERNS PROGRAM	50,000.
PROVIDENCE COLLEGE 1 CUNNINGHAM SQ PROVIDENCE, RI 02918		PC	GENERAL OPERATIONS	5,000.
PROVIDENCE HOUSE INC. 703 LEXINGTON AVENUE BROOKLYN, NY 11221-2206		PC	WOMEN'S JUSTICE PROGRAM	5,000.
RADIO BILINGUE INC 5005 EAST BELMONT AVENUE FRESNO, CA 93727		PC	GENERAL OPERATIONS	40,000.
RADY CHILDREN'S HOSPITAL - SAN DIEGO 3020 CHILDRENS WAY SAN DIEGO, CA 92123		PC	GENERAL OPERATIONS	10,000.
RANCHO MIRAGE WRITERS FESTIVAL 71100 HIGHWAY 111 RANCHO MIRAGE, CA 92270-4123		PC	GENERAL OPERATIONS	10,000.
READ TO GROW INC. 53 SCHOOL GROUND RD STE 3 BRANFORD, CT 06405		PC	GENERAL OPERATIONS	5,000.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
RE-CENTER RACE & EQUITY IN EDUCATION 75 CHARTER OAK AVENUE SUITE 1-310 HARTFORD, CT 06106		PC	2019-2020 NOF FELLOW	250,000.
RED FEATHER DEVELOPMENT GROUP 2501 N. 4TH STREET SUITE 17 FLAGSTAFF, AZ 86004		PC	GENERAL OPERATIONS	5,000.
REFUGEPOINT INC 689 MASSACHUSETTS AVENUE 2ND FLOOR CAMBRIDGE, MA 02139-3302		PC	2019-2020 NOF FELLOW	100,000.
REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S STATE ST G395 WOLVERINE TWR ANN ARBOR, MI 48109		PC	GENERAL OPERATIONS	40,000.
RICHSTONE FAMILY CENTER 13634 CORDARY AVENUE HAWTHORNE, CA 90250		PC	CHILDREN'S PROGRAMS	7,500.
RID-ALL FOUNDATION INC 25411 TRYON RD. BEDFORD, OH 44146		PC	GREEN PARTNERSHIP	28,000.
ROCKEFELLER PHILANTHROPY ADVISORS 6 WEST 48TH STREET 10TH FLOOR NEW YORK, NY 10036		PC	DONOR ADVISED FUND	600,000.
RUNNING STRONG FOR AMERICAN INDIAN YOUTH 8301 RICHMOND HIGHWAY, STE 200 ALEXANDRIA, VA 22309-2324		PC	MEDICINE ROOT GARDENING PROGRAM	20,000.
SAFE WATER NETWORK 122 EAST 42ND STREET 28TH FLOOR NEW YORK, NY 10168		PC	REPLICATION FOR SCALE	780,000.
SAMARITAN HOUSE COMMUNITY CENTER PO BOX 939 ROGERS, AR 72757-0939		PC	GARDEN PROJECT	3,750.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SANDPIPERS PHILANTHROPY FUND INC PO BOX 72 HERMOSA BEACH, CA 90254		PC	SCHOLARSHIPS	2,500.
SANTA FE COMMUNITY FOUNDATION 501 HALONA STREET SANTA FE, NM 87505		PC	MOGRO	20,000.
SAVE THE MANATEE CLUB INC 500 N MAITLAND AVE STE 210 MAITLAND, FL 32751-4462		PC	GENERAL OPERATIONS	2,500.
SAVE THE WAVES COALITION PO BOX 183 DAVENPORT, CA 95017		PC	GENERAL OPERATIONS	12,500.
SAVE THE WHALES INC 1192 WARING ST SEASIDE, CA 93955-6020		PC	GENERAL OPERATIONS	1,250.
SCLERODERMA FOUNDATION SOUTHERN CALIFORNIA CHAPTER 8929 S SEPULVEDA BLVD STE 412 LOS ANGELES, CA 90045		PC	GENERAL OPERATIONS	12,500.
SECOND HARVEST HEARTLAND 7101 WINNETKA AVE BROOKLYN, NY 55428		PC	GENERAL OPERATIONS	10,000.
SERIOUSFUN CHILDREN'S NETWORK, INC. 228 SAUGATUCK AVENUE WESTPORT, CT 06880		PC	OPERATIONAL SUPPORT - SFCN SUPPORT CENTER	2,690,144.
SHARED ADVENTURES PO BOX 396 SANTA CRUZ, CA 95061		PC	GENERAL OPERATIONS	20,000.
SHERIFF'S MEADOW FOUNDATION PO BOX 1088 VINEYARD HAVEN, MA 02568		PC	GENERAL OPERATIONS	2,500.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SHINING HOPE FOR COMMUNITIES, INC. 175 VARICK ST, 5TH FLOOR NEW YORK, NY 10014		PC	2019-2020 NOF FELLOW	1,215,000.
SILVERMINE GUILD ARTS CENTER 1037 SILVERMINE ROAD NEW CANAAN, CT 06840		PC	ART PARTNERS	5,000.
SIXDEGREES.ORG 107 S WEST STREET 548 ALEXANDRIA, VA 22314		PC	GENERAL OPERATIONS	10,000.
SOCIAL ADVOCATES FOR YOUTH 2447 SUMMERFIELD RD SANTA ROSA, CA 95405		PC	GENERAL OPERATIONS	17,500.
SOCIAL ENTERPRISE GREENHOUSE 460 HARRIS AVE UNIT 303 PROVIDENCE, RI 02909		PC	GENERAL OPERATIONS	63,000.
SOCIAL ENTREPRENEURS OF NEW ORLEANS, INC 4035 WASHINGTON AVE NEW ORLEANS, LA 70125-2935		PC	2019-2020 NOF FELLOW	20,000.
SOLAR RESPONDERS INC 902 BROADWAY FL 6 NEW YORK, NY 10010		PC	GENERAL OPERATIONS	2,500.
SOLUTIONS JOURNALISM NETWORK INC 79 MADISON AVENUE SUITE 224 NEW YORK, NY 10016		PC	GENERAL OPERATIONS	40,000.
SOUL FIRE FARM INSTITUTE INC 1972 NY HIGHWAY 2 PETERSBURG, NY 12138-6012		PC	SEEDING SOVEREIGNTY	29,000.
SOUL RYEDERS INC 1091 BOSTON POST RD RYE, NY 10580-2910		PC	GENERAL OPERATIONS	4,000.
<b>Total from continuation sheets</b> .....				



**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ST MARKS DAY CARE CENTER INC 368 NEWFIELD AVE BRIDGEPORT CT 06607 BRIDGEPORT, CT 06607		PC	GENERAL OPERATIONS	2,500.
STRATTON MOUNTAIN & VALLEY COMMUNITY BENEFIT FOUNDATION PO BOX 523 STRATTON MOUNTAIN, VT 05155		PC	GENERAL OPERATIONS	6,250.
SUPPORT THE SOUPMAN P.O. BOX 825 BRIDGEWATER, MA 02324-2875		PC	SUPPORT THE HOMELESS	2,500.
TEACH FOR AMERICA LOS ANGELES 606 SOUTH OLIVE STREET SUITE 300 LOS ANGELES, CA 90014		PC	LOS ANGELES PROGRAMS	5,000.
TEAM RUBICON 6171 W. CENTURY BLVD., SUITE 310 SUITE 310 LOS ANGELES, CA 90045		PC	HURRICANE DORIAN RELIEF	25,000.
THE AQUAYA INSTITUTE PO BOX 1603 SAN ANSELMO, CA 94979		PC	GENERAL OPERATIONS	2,500.
THE BRANCHES OUTREACH 9425 3RD AVE STONE HARBOR, NJ 08247		PC	GENERAL OPERATIONS	2,500.
THE CARTER CENTER INC. 453 FREEDOM PKWY NE ATLANTA, GA 30307-1496		PC	GENERAL OPERATIONS	10,000.
THE CENTER FOR NATIVE AMERICAN YOUTH AT THE ASPEN INSTITUTE 2300 N ST NW SUITE 700 WASHINGTON, DC 20037		PC	GENERAL OPERATIONS	20,000.
THE COUNCIL OF CHURCHES OF GREATER BRIDGEPORT, INC. 1718 CAPITOL AVE BRIDGEPORT, CT 06604		PC	GENERAL OPERATIONS	5,000.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THE CULINARY INSTITUTE OF AMERICA 1946 CAMPUS DRIVE HYDE PARK, NY 12538		PC	EDUCATION / NUTRITION PROGRAMS	2,500.
THE DIRECT RELIEF FOUNDATION 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117		PC	GENERAL OPERATIONS	20,000.
THE EVERGLADES FOUNDATION INC 18001 OLD CUTLER RD STE 625 PALMETTO BAY, FL 33157-6441		PC	GENERAL OPERATIONS (FUNDING CANNOT BE USED TO SUPPORT LOBBYING ACTIVITIES)	10,000.
THE FOOD DEPOT 1222 A SILER ROAD SANTA FE, NM 87507		PC	KIDS 'BACKPACK' FEEDING PROGRAM	10,000.
THE FRIENDS OF GREEN CHIMNEYS 400 DOANSBURG RD BOX 719 BREWSTER, NY 10509-0719		PC	GENERAL OPERATIONS	100,000.
THE HORACE BUSHNELL MEMORIAL HALL CORPORATION 166 CAPITOL AVENUE HARTFORD, CT 06106		PC	PARTNERS PROGRAM	25,000.
THE MANNA FOOD PROJECT, INC. 8791 MCBRIDE PARK COURT HARBOR SPRINGS, MI 49740		PC	GENERAL OPERATIONS	10,000.
THE NEW YORK BOTANICAL GARDEN 2900 SOUTHERN BOULEVARD BRONX, NY 10458		PC	EDIBLE ACADEMY	5,000.
THE PLANETARY SOCIETY 60 SOUTH LOS ROBLES AVENUE PASADENA, CA 91101		PC	GENERAL OPERATIONS	2,500.
THE POINT COMMUNITY DEVELOPMENT CORPORATION 940 GARRISON AVE BRONX, NY 10474		PC	GENERAL OPERATIONS	5,000.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THE RESOLUTION PROJECT INC 420 LEXINGTON AVENUE 16TH FLOOR, SUITE 1626 NEW YORK, NY 10170		PC	SOCIAL VENTURE CHALLENGE CONFERENCE	20,000.
THE SANTA FE OPERA P.O. BOX 2408 SANTA FE, NM 87504-2408		PC	PUEBLO OPERA PROGRAM	10,000.
THE SHAKESPEARE THEATRE OF NEW JERSEY INC 3 VREELAND ROAD FLORHAM PARK, NJ 07932		PC	EDUCATION PROGRAMS	1,500.
THE SMALLSLIVE FOUNDATION, INC 183 WEST 10 STREET BASEMENT NEW YORK, NY 10014		PC	GENERAL OPERATIONS	5,000.
THE TANZANIA WILDLIFE FUND 277 BROADWAY, SUITE 210 NEW YORK, NY 10007		PC	GENERAL OPERATIONS	15,000.
THE TRUST FOR PUBLIC LAND 101 WHITNEY AVENUE 2ND FLOOR NEW HAVEN, CT 06510		PC	GENERAL OPERATIONS IN CONNECTICUT	5,000.
THE URBAN FOOD INITIATIVE 420 WASHINGTON STREET DORCHESTER, MA 02124		PC	THE DAILY TABLE	40,000.
THUNDER VALLEY COMMUNITY DEVELOPMENT CORPORATION PO BOX 290 PORCUPINE, SD 57772-0290		PC	FOOD SOVEREIGNTY INITIATIVE	20,000.
TIDES CENTER - EMERGING PRACTITIONERS IN PHILANTHROPY PMB # 104, 8770 W. BRYN MAWR AVENUE, SUITE 1300 CHICAGO, IL 60631-3515		PC	EMERGING PRACTITIONERS IN PHILANTHROPY	20,000.
TIDES CENTER - NATIONAL FARM TO SCHOOL NETWORK PMB # 104, 8770 W. BRYN MAWR AVENUE, SUITE 1300 CHICAGO, IL 60631-3515		PC	NATIONAL FARM TO SCHOOL NETWORK - SEED CHANGE	25,000.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
TILTH ALLIANCE 4649 SUNNYSIDE AVE N STE 100 SEATTLE, WA 98103-6952		PC	RAINIER BEACH URBAN FARM AND WETLAND	20,000.
TOGETHER WE RISE 1608 E ST NE APT 1 WASHINGTON, DC 20002		PC	GENERAL OPERATIONS	13,000.
TROUT UNLIMITED - EMERYVILLE, CA 4221 HOLLIS ST EMERYVILLE, CA 94608		PC	GENERAL OPERATIONS	5,000.
TRULY LIVING WELL CENTER FOR NATURAL URBAN AGRICULTURE INC PO BOX 90841 EAST POINT, GA 30364-0841		PC	TLW GENERAL OPERATIONS 2019-2020	4,000.
TRUSTEES OF BOSTON UNIVERSITY - BOSTON UNIVERSITY TANGLEWOOD INSTITUTE 881 COMMONWEALTH AVE 4TH FL BOSTON, MA 02215		PC	BOSTON UNIVERSITY TANGLEWOOD INSTITUTE	1,000.
TRUSTEES OF TUFTS COLLEGE 136 HARRISON AVENUE BOSTON, MA 02111		PC	TISCH COLLEGE / FRIEDMAN SCHOOL	10,000.
TSNE MISSIONWORKS - GARDENING THE COMMUNITY PO BOX 90774 SPRINGFIELD, MA 01139		PC	GARDENING THE COMMUNITY	10,000.
TSNE MISSIONWORKS - INTEGRITY INITIATIVES INTERNATIONAL PO BOX 90774 SPRINGFIELD, MA 01139		PC	INTEGRITY INITIATIVES INTERNATIONAL	2,000.
TYPE MEDIA CENTER 116 EAST 16TH STREET 8TH FLOOR NEW YORK, NY 10003-0000		PC	GENERAL OPERATIONS	10,000.
UC SANTA CRUZ FOUNDATION PO BOX 8501 SANTA CRUZ, CA 95061		PC	GENERAL OPERATIONS	20,000.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
UNIFORMED PROFESSIONAL FIREFIGHTERS ASSOCIATION OF CONNECTICUT ERF 30 SHERMAN ST WEST HARTFORD, CT 06110-1915		PC	THE CT UNITED RIDE	3,750.
UNITED CEREBRAL PALSY OF INLAND EMPIRE 70-017 HIGHWAY 111, SUITE 5 RANCHO MIRAGE, CA 92270		PC	GENERAL OPERATIONS	5,000.
UNITED PHILANTHROPY FORUM 1020 19TH ST NW STE 360 WASHINGTON, DC 20036		PC	GENERAL OPERATIONS	40,000.
UNITED STATES WOMEN'S RUGBY FOUNDATION 1016 E. WORTHINGTON AVE CHARLOTTE, NC 28203		PC	COACHING OF RUGBY FOR WOMEN AND GIRLS	5,000.
UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVENUE WEST HARTFORD, CT 06117		PC	ATHLETICS - WOMEN'S SOCCER	22,500.
UPSTATE FOREVER 507 PETTIGRU ST GREENVILLE, SC 29601		PC	GENERAL OPERATIONS	10,000.
URBAN CREATORS 2315 N 11TH STREET PHILADELPHIA, PA 19133-0000		PC	GENERAL OPERATIONS	26,000.
URBAN IMPACT OF BLACK ROCK INCORPORATED PO BOX 3716 BRIDGEPORT, CT 06605		PC	GENERAL OPERATIONS	8,750.
VETERANS HEALING FARM 19 MAHSHIE LN HENDERSONVILLE, NC 28739-8460		PC	FARMING WORKSHOPS AND BOOT CAMP FOR VETERANS	15,000.
VIEQUES CONCERT SOCIETY CORP PO BOX 109 VIEQUES, PR 00765-0000		PC	GENERAL OPERATIONS	2,500.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
VOTERIDERS 171 PIER AVENUE 313 SANTA MONICA, CA 90405-5311		PC	NORTH CAROLINA VOTER ID COALITION COORDINATOR	95,000.
WADSWORTH ATHENEUM MUSEUM OF ART 600 MAIN ST HARTFORD, CT 06103-2911		PC	CAPACITY-BUILDING SUPPORT	7,500.
WAGS AND WALKS 2236 FEDERAL AVE LOS ANGELES, CA 90064		PC	GENERAL OPERATIONS	10,000.
WASHINGTON EMERGENCY SQUAD PO BOX 4 WASHINGTON, NJ 07882		PC	GENERAL OPERATIONS	2,500.
WASHINGTON UNIVERSITY IN ST. LOUIS ONE BROOKINGS DRIVE ST. LOUIS, MO 63130		PC	GENERAL OPERATIONS	25,000.
WATCHFUL SHEPHERD USA 1061 WATERDAM PLAZA DRIVE SUITE 204 MCMURRAY, PA 15317		PC	MONITOR PROGRAM	7,500.
WENDELL P CLARK MEMORIAL YOUNG MENS CHRISTIAN ASSOCIATION INC 155 CENTRAL ST WINCHENDON, MA 01475		PC	GENERAL OPERATIONS	5,000.
WESLEYAN UNIVERSITY 237 HIGH STREET MIDDLETOWN, CT 06459-3208		PC	PATRICELLI CENTER FOR SOCIAL ENTREPRENEURSHIP AT WESLEYAN UNIVERSITY	10,000.
WESTPORT COUNTRY PLAYHOUSE 25 POWERS COURT WESTPORT, CT 06880		PC	GENERAL OPERATIONS	35,000.
WESTPORT VOLUNTARY EMS 50 JESUP ROAD WESTPORT, CT 06880		PC	GENERAL OPERATIONS	2,500.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
WHOLESOME WAVE INC 855 MAIN STREET SUITE 910 BRIDGEPORT, CT 06604		PC	GENERAL OPERATIONS	40,000.
WILD CANID SURVIVAL & RESEARCH CENTER INC 6750 TYSON VALLEY RD EUREKA, MO 63025		PC	GENERAL OPERATIONS	20,000.
WILD EARTH ALLIES 2 WISCONSIN CIRCLE, SUITE 900 CHEVY CHASE, MD 20815		PC	PROTECTING WILDLIFE AND WILD PLACES: BUILDING A WILD FUND	150,000.
WINCHENDON MEMORIAL ELEMENTARY SCHOOL 32 ELMWOOD RD WINCHENDON, MA 01475		PC	GENERAL OPERATIONS	5,000.
WNET/CHANNEL 13 825 EIGHTH AVENUE NEW YORK, NY 10019		PC	GENERAL OPERATIONS	60,000.
WORLD CONNECT 632 BROADWAY 12TH FLOOR NEW YORK, NY 10012		PC	GENERAL OPERATIONS	2,500.
WPKN INC 244 UNIVERSITY AVENUE BRIDGEPORT, CT 06604		PC	GENERAL OPERATIONS	5,000.
WSHU PUBLIC RADIO 5151 PARK AVE FAIRFIELD, CT 06825		PC	GENERAL OPERATIONS	35,000.
WYOMING PBS FOUNDATION 115 N 5TH ST E RIVERTON, WY 82501		PC	GENERAL OPERATIONS	20,000.
YALE UNIVERSITY - SCHOOL OF MANAGEMENT PO BOX 209010 NEW HAVEN, CT 06520		PC	SCHOOL OF MANAGEMENT	5,000.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
YMCA OF THE NORTH SHORE INC 245 CABOT STREET BEVERLY, MA 01915		PC	GENERAL OPERATIONS	5,000.
YOUNG CONCERT ARTISTS INC. 1776 BROADWAY NEW YORK, NY 10019		PC	GENERAL OPERATIONS	2,500.
YOUNG MENS CHRISTIAN ASSOCIATION OF RYE N Y 21 LOCUST AVE RYE, NY 10580-2953		PC	GENERAL OPERATIONS	3,500.
YOUNG MEN'S CHRISTIAN ASSOCIATION OF WORCESTER 766 MAIN STREET WORCESTER, MA 01610		PC	GENERAL OPERATIONS	5,000.
YWCA OF SOUTHEASTERN MASSACHUSETTS 20 S 6TH ST NEW BEDFORD, MA 02740		PC	GENERAL OPERATIONS	5,000.
ZACHARY AND ELIZABETH M. FISHER CENTER FOR ALZHEIMERS RESEARCH FOUNDATION FDR STATION PO BOX 220 NEW YORK, NY 10150		PC	GENERAL OPERATIONS	15,000.
ZUNI YOUTH ENRICHMENT PROJECT PO BOX 447 ZUNI, NM 87327-0000		PC	PLANTING SEEDS OF OUR FUTURE	20,000.
<b>Total from continuation sheets</b> .....				



**Part XV** Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - FOODWHAT INCORPORATED

FOOD FOR SELF, FOOD FOR FAMILY, FOOD FOR COMMUNITY: YOUTH EMPOWERMENT  
THROUGH SUSTAINABLE AGRICULTURE, NOURISHING FOOD AND LOVING COMMUNITY

# Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return. **FORM 990-PF**

**2020**

▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

Name <b>NEWMAN'S OWN FOUNDATION</b>	Employer identification number <b>06-1606588</b>
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**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1 Total tax (see instructions) .....		<b>1</b>	<b>337,769.</b>
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	<b>2a</b>		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	<b>2b</b>		
c Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>		
d Total. Add lines 2a through 2c .....		<b>2d</b>	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....		<b>3</b>	<b>337,769.</b>
4 Enter the tax shown on the corporation's 2019 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....		<b>4</b>	<b>473,281.</b>
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....		<b>5</b>	<b>337,769.</b>

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

		(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. <b>Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions</b> .....	<b>9</b>	07/15/20	07/15/20	09/15/20	12/15/20
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	<b>10</b>	84,442.	84,443.	84,442.	84,442.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	<b>11</b>	223,448.		30,000.	54,000.
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	<b>12</b>		139,006.	54,563.	121.
13 Add lines 11 and 12 .....	<b>13</b>		139,006.	84,563.	54,121.
14 Add amounts on lines 16 and 17 of the preceding column .....	<b>14</b>				
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	223,448.	139,006.	84,563.	54,121.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>		0.	0.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	<b>17</b>				30,321.
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>	139,006.	54,563.	121.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions ..... <b>19</b>				
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2020 and before 7/1/2020 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{366}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2020 and before 10/1/2020 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{366}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2020 and before 1/1/2021 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{366}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2020 and before 4/1/2021 .....	<b>27</b>	<b>SEE ATTACHED WORKSHEET</b>		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2021 and before 7/1/2021 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2021 and before 10/1/2021 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2021 and before 1/1/2022 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2021 and before 3/16/2022 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....	<b>38</b>			\$ <b>376.</b>

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

**FORM 990-PF  
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

<b>Name(s)</b> <b>NEWMAN'S OWN FOUNDATION</b>	<b>Identifying Number</b> <b>06-1606588</b>
--	--

(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
07/15/20	84,442.	84,442.			
07/15/20	84,443.	168,885.			
07/15/20	-223,448.	-54,563.			
09/02/20	-30,000.	-84,563.			
09/15/20	84,442.	-121.			
12/10/20	-54,000.	-54,121.			
12/15/20	84,442.	30,321.	16	.000081967	40.
12/31/20	0.	30,321.	135	.000082192	336.

Penalty Due (Sum of Column F). ..... 376.

\* Date of estimated tax payment, withholding credit date or installment due date.

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
BNY MELLON	2,991.	2,991.	
JP MORGAN CHASE	13,314.	13,314.	
MERRILL LYNCH	33,294.	33,294.	
NEWMAN'S OWN, INC.	283,938.	0.	
OTHER	13,383.	13,383.	
TOTAL TO PART I, LINE 3	346,920.	62,982.	

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
BNY MELLON	99,554.	0.	99,554.	99,554.	
IMPACT MAKERS	5,000.	0.	5,000.	5,000.	
TO PART I, LINE 4	104,554.	0.	104,554.	104,554.	

FORM 990-PF

GAIN OR (LOSS) FROM SALE OF ASSETS

STATEMENT 3

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) MANNER ACQUIRED DEPREC.	DATE ACQUIRED	DATE SOLD	(F) GAIN OR LOSS
ML SHORT-TERM REDEMPTIONS	15,122,000.	15,122,000.	0.				0.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) MANNER ACQUIRED DEPREC.	DATE ACQUIRED	DATE SOLD	(F) GAIN OR LOSS
LOSS ON DISPOSAL OF FIXED ASSETS	0.	19,056.	0.	PURCHASED			-19,056.

NET GAIN OR LOSS FROM SALE OF ASSETS							-19,056.
CAPITAL GAINS DIVIDENDS FROM PART IV							0.
TOTAL TO FORM 990-PF, PART I, LINE 6A							-19,056.

FORM 990-PF

OTHER INCOME

STATEMENT 4

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PASS THROUGH ROYALTY INCOME FROM NO LIMIT, LLC	24,248,447.	24,248,447.	
S CORPORATION K-1 FLOW THROUGH	21,146.	0.	
PLN ROYALTIES	2,980.	2,980.	
PASS THROUGH INCOME FROM SOUTHOCEAN REAL ESTATE PARTNERS	-9,984.	-9,984.	
PASS THROUGH RENTAL REAL ESTATE INCOME FROM NO REAL ESTATE LLC	-72,696.	-72,696.	
PASS THROUGH INCOME FROM SOUTHOCEAN REAL ESTATE PARTNERS	6,402.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	24,196,295.	24,168,747.	

FORM 990-PF	LEGAL FEES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	304,791.	0.		447,736.
TO FM 990-PF, PG 1, LN 16A	304,791.	0.		447,736.

FORM 990-PF	ACCOUNTING FEES			STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	88,267.	20,788.		44,184.
TO FORM 990-PF, PG 1, LN 16B	88,267.	20,788.		44,184.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER PROFESSIONAL FEES	242,074.	0.		221,516.
INVESTMENT MANAGEMENT FEES	2,991.	2,991.		0.
TO FORM 990-PF, PG 1, LN 16C	245,065.	2,991.		221,516.

FORM 990-PF	TAXES			STATEMENT 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAX	175,000.	0.		0.
PAYROLL AND OTHER TAXES	205,129.	0.		168,001.
TO FORM 990-PF, PG 1, LN 18	380,129.	0.		168,001.

FORM 990-PF	OTHER EXPENSES			STATEMENT 9
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVERTISING	5,812.	0.		5,812.
CHARITABLE PROGRAMMING	41,120.	0.		56,120.
GENERAL ADMINISTRATIVE EXPENSES	111,817.	0.		163,695.
INFORMATION TECHNOLOGY	141,632.	0.		174,678.
MEETINGS/CONFERENCES	17,455.	0.		17,455.
OFFICE EXPENSE	53,540.	0.		120,679.
<b>TOTAL TO FORM 990-PF, PG 1, LN 23</b>	<b>371,376.</b>	<b>0.</b>		<b>538,439.</b>

FORM 990-PF	OTHER DECREASES IN NET ASSETS OR FUND BALANCES	STATEMENT 10
DESCRIPTION		AMOUNT
BOOK/TAX DIFFERENCES FROM PASSTHROUGHS		19,135.
BOOK/TAX DIFFERENCES FROM BROKERAGE ACCOUNT - US TREASURY INTEREST		33,294.
PRIOR PERIOD ADJUSTMENT		9,675.
<b>TOTAL TO FORM 990-PF, PART III, LINE 5</b>		<b>62,104.</b>

FORM 990-PF	U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS		STATEMENT 11	
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
US TREASURY BILLS - ML	X		11,691,138.	11,691,138.
<b>TOTAL U.S. GOVERNMENT OBLIGATIONS</b>			<b>11,691,138.</b>	<b>11,691,138.</b>
<b>TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS</b>				
<b>TOTAL TO FORM 990-PF, PART II, LINE 10A</b>			<b>11,691,138.</b>	<b>11,691,138.</b>



FORM 990-PF

OTHER INVESTMENTS

STATEMENT 12

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
PARTNERSHIP INVESTMENT INTERESTS	COST	188,166,358.	196,536,393.
TOTAL TO FORM 990-PF, PART II, LINE 13		188,166,358.	196,536,393.

FORM 990-PF

LIST OF STATES RECEIVING COPY OF RETURN

STATEMENT 13

STATES

AK, AL, AR, CA, CT, KS, KY, MD, MA, ME, MI, MN, NC, ND, NJ, NY, OH, OK, OR, PA, SC, TN, UT, VA, WV, WI, WA

FORM 990-PF                      TRANSFERS FROM CONTROLLED ENTITIES                      STATEMENT 14  
 PART VII-A, LINE 11

<u>NAME OF CONTROLLED ENTITY</u>	<u>EMPLOYER ID NO</u>
SALAD KING, INC.	20-3562871

ADDRESS

ONE MORNINGSIDE DRIVE NORTH  
 WESTPORT, CT 06880

DESCRIPTION OF TRANSFER

DISTRIBUTION OF S CORPORATION INCOME

AMOUNT  
 OF TRANSFER  
 17,000.

<u>NAME OF CONTROLLED ENTITY</u>	<u>EMPLOYER ID NO</u>
NO LIMIT, LLC	16-1709583

ADDRESS

ONE MORNINGSIDE DRIVE NORTH  
 WESTPORT, CT 06880

DESCRIPTION OF TRANSFER

DISTRIBUTION OF LLC ROYALTIES

AMOUNT  
 OF TRANSFER  
 22,486,699.

TOTAL AMOUNT OF TRANSFERS FROM CONTROLLED ENTITIES	<u>22,503,699.</u>
--	--------------------

FORM 990-PF                      EXPLANATION CONCERNING PART VII-A, LINE 12                      STATEMENT 15  
 QUALIFYING DISTRIBUTION STATEMENT

EXPLANATION

THE FOUNDATION TREATED ITS DISTRIBUTIONS TO A DONOR ADVISED FUND AS  
 QUALIFYING DISTRIBUTIONS.

FORM 990-PF

SCHEDULE OF CONTROLLED ENTITIES  
PART VII-A, LINE 11

STATEMENT 16

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

SALAD KING, INC.

20-3562871

ADDRESS

EXCESS BUSINESS HOLDING [ ] YES [X] NO

ONE MORNINGSIDE DRIVE NORTH  
WESTPORT, CT 06880

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

NO LIMIT, LLC

16-1709583

ADDRESS

EXCESS BUSINESS HOLDING [ ] YES [X] NO

ONE MORNINGSIDE DRIVE NORTH  
WESTPORT, CT 06880

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

NO REAL ESTATE LLC

46-3665850

ADDRESS

EXCESS BUSINESS HOLDING [ ] YES [X] NO

ONE MORNINGSIDE DRIVE NORTH  
WESTPORT, CT 06880

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

NEWMAN'S OWN, INC.

06-1067660

ADDRESS

EXCESS BUSINESS HOLDING [ ] YES [X] NO

ONE MORNINGSIDE DRIVE NORTH  
WESTPORT, CT 06880

FORM 990-PF

EXPLANATION CONCERNING PART VII-A, LINE 12  
SECTION 170(C)(2)(B) STATEMENT

STATEMENT 17

EXPLANATION

ALL GRANTS MADE VIA ROCKEFELLER PHILANTHROPY ADVISORS, INC. ARE CONSISTENT WITH THE FOUNDATION'S GRANT MAKING PURPOSE. FUNDS ARE GENERALLY DISTRIBUTED WITHIN 12 MONTHS OR LESS.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 18

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BRIAN MURPHY 2401 MAIN STREET SANTA MONICA, CA 90405	VP / TREASURER / DIRECTOR 1.00	0.	0.	0.
BRIDGETTE HELLER ONE MORNINGSIDE DRIVE NORTH WESTPORT, CT 06880	INCOMING DIRECTOR (DEC) 1.00	0.	0.	0.
ELLEN MARRAM ONE MORNINGSIDE DRIVE NORTH WESTPORT, CT 06880	DIRECTOR 1.00	0.	0.	0.
ELSA CHIN ONE MORNINGSIDE DRIVE NORTH WESTPORT, CT 06880	DIRECTOR 1.00	0.	0.	0.
ERIC FULLER ONE MORNINGSIDE DRIVE NORTH WESTPORT, CT 06880	ASST TREASURER / CFO 4.00	41,356.	5,067.	0.
JAMIE GERARD ONE MORNINGSIDE DRIVE NORTH WESTPORT, CT 06880	SECRETARY / DIRECTOR 1.00	0.	0.	0.
JEFFREY BROWN ONE MORNINGSIDE DRIVE NORTH WESTPORT, CT 06880	ASST SECRETARY / CAO 4.00	59,721.	5,161.	0.
JENNIFER MILLONES ONE MORNINGSIDE DRIVE NORTH WESTPORT, CT 06880	ASST SEC / CHIEF LEGAL OFF 3.00	27,980.	2,102.	0.
JENNIFER SMITH TURNER ONE MORNINGSIDE DRIVE NORTH WESTPORT, CT 06880	DIRECTOR 1.00	0.	0.	0.
JOHN EVERETS ONE MORNINGSIDE DRIVE NORTH WESTPORT, CT 06880	DIRECTOR 1.00	0.	0.	0.

NEWMAN'S OWN FOUNDATION

06-1606588

MICHAEL CLAYTON  
ONE MORNINGSIDE DRIVE NORTH  
WESTPORT, CT 06880

DIRECTOR  
1.00

0. 0. 0.

MIRIAM NELSON  
ONE MORNINGSIDE DRIVE NORTH  
WESTPORT, CT 06880

ACTING PRESIDENT / CEO  
36.00

369,573. 41,722. 0.

ROBERT E. PATRICELLI  
ONE MORNINGSIDE DRIVE NORTH  
WESTPORT, CT 06880

OUTGOING DIRECTOR (JAN-DEC)  
1.00

0. 0. 0.

ROBERT H. FORRESTER  
ONE MORNINGSIDE DRIVE NORTH  
WESTPORT, CT 06880

OUTGOING DIRECTOR (JAN-MAY)  
1.00

0. 0. 0.

FOR ADDITIONAL INFORMATION  
ONE MORNINGSIDE DRIVE NORTH  
WESTPORT, CT 06880

SEE STATEMENT 22  
0.00

0. 0. 0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

498,630. 54,052. 0.

## GENERAL EXPLANATION

STATEMENT 19

## FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

FROM 990-PF, PART VII-A, LINE 11 - DISCLOSURE

## EXPLANATION:

PART VII-A , LINE 11 DISCLOSURE:

THE FOUNDATION OWNS THE FOLLOWING INTERESTS IN THE FOLLOWING ENTITIES:

NEWMAN'S OWN, INC.	EIN: 06-1067660	100.0%
SALAD KING, INC.	EIN: 20-3562871	100.0%
NO LIMIT, LLC	EIN: 16-1709583	99.9%
NO REAL ESTATE LLC	EIN: 46-3665850	99.9%

SALAD KING, INC., NO LIMIT, LLC AND NO REAL ESTATE LLC ARE PASS THROUGH ENTITIES. AS SUCH, THE FOUNDATION RECEIVES NORMAL DISTRIBUTIONS OF EACH ENTITY'S EARNINGS. NEWMAN'S OWN, INC., PREVIOUSLY A PASS THROUGH ENTITY, BECAME A C CORPORATION AS OF JANUARY 1, 2010. DURING 2020, NO DIVIDENDS WERE PAID.

## GENERAL EXPLANATION

STATEMENT 20

## FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

FORM 990-PF - DISCLOSURE

## EXPLANATION:

THE FOUNDATION'S POLICY IS TO RESERVE CASH AND/OR CASH EQUIVALENTS TO PAY MULTI-YEAR PLEDGE COMMITMENTS DUE WITHIN THE NEXT TWELVE MONTHS.

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GENERAL EXPLANATION

STATEMENT 21

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FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

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FORM 990-PF, PART V11-B, LINE 1 - DISCLOSURE

EXPLANATION:

PART VIII, LINE 1 DISCLOSURE:

THE COMPENSATION PAID, EMPLOYEE BENEFIT PLAN CONTRIBUTIONS, AND AVERAGE HOURS PER WEEK ARE BASED ON ALLOCATIONS AMONG NEWMAN'S OWN FOUNDATION AND ITS CONTROLLED ENTITIES. THE AMOUNTS REFLECTED ON THE 990-PF REPRESENT THE AMOUNTS ATTRIBUTABLE TO AND FUNDED BY NEWMAN'S OWN FOUNDATION ONLY. THE AVERAGE HOURS PER WEEK ASSUMES A WORK WEEK OF 40 HOURS FOR THE COMPENSATED OFFICERS.



**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2020**

For calendar year 2020 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S</p>	Print or Type	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>NEWMAN'S OWN FOUNDATION</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>ONE MORNINGSIDE DRIVE NORTH</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>WESTPORT, CT 06880</b></p>	<p><b>D</b> Employer identification number  <b>06-1606588</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
<p><b>C</b> Book value of all assets at end of year ..... ▶ <b>225,134,006.</b></p>			

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust  Applicable reinsurance entity

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **3**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**L** The books are in care of ▶ **THE ORGANIZATION** Telephone number ▶ **203-222-0136**

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	500,217.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	500,217.
4 Charitable contributions (see instructions for limitation rules) <b>STMT 22 STMT 23</b> .....	4	49,922.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	450,295.
6 Deduction for net operating loss. See instructions .....	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	450,295.
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	449,295.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	94,352.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	94,352.

LHA For Paperwork Reduction Act Notice, see instructions.

**Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>	
<b>b</b>	Other credits (see instructions)	<b>1b</b>	
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>	
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>	
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>	94,352.
<b>3</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>	
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>	94,352.
<b>5</b>	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	<b>5</b>	0.
<b>6a</b>	Payments: A 2019 overpayment credited to 2020	<b>6a</b>	
<b>b</b>	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	91,000.
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>	
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>	
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>6g</b>	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>	91,000.
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>	24.
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>	3,376.
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>	
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

	Yes	No
<b>1</b> At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <b>CANADA</b>	X	
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		
<b>4a</b> Did the organization change its method of accounting? (see instructions)		X
<b>b</b> If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ **CFO** Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name <b>LISA M. CUMMINGS, CPA</b>	Preparer's signature	Date <b>11/10/21</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00043433</b>
Firm's name <b>COHNREZNICK LLP</b>			Firm's EIN <b>22-1478099</b>	
Firm's address <b>400 CAPITOL MALL, SUITE 1200 SACRAMENTO, CA 95814</b>			Phone no. <b>916-442-9100</b>	

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>NEWMAN'S OWN FOUNDATION</b>	Taxpayer identification number (TIN) <b>06-1606588</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>ONE MORNINGSIDE DRIVE NORTH</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WESTPORT, CT 06880</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**THE ORGANIZATION**

- The books are in the care of ▶ **ONE MORNINGSIDE DRIVE NORTH - WESTPORT, CT 06880**  
Telephone No. ▶ **203-222-0136** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$ <b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$ <b>5,000.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

FORM 990-T

CONTRIBUTIONS

STATEMENT 22

DESCRIPTION/KIND OF PROPERTY

METHOD USED TO DETERMINE FMV

AMOUNT

VARIOUS CONTRIBUTIONS

N/A

11,500,000.

TOTAL TO FORM 990-T, PART I, LINE 4

11,500,000.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 23

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT  
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS  
 FOR TAX YEAR 2015  
 FOR TAX YEAR 2016  
 FOR TAX YEAR 2017  
 FOR TAX YEAR 2018  
 FOR TAX YEAR 2019 20,879,150

TOTAL CARRYOVER 20,879,150  
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 11,500,000

TOTAL CONTRIBUTIONS AVAILABLE 32,379,150  
 TAXABLE INCOME LIMITATION AS ADJUSTED 49,922

EXCESS CONTRIBUTIONS 32,329,228  
 EXCESS 100% CONTRIBUTIONS 0  
 TOTAL EXCESS CONTRIBUTIONS 32,329,228

ALLOWABLE CONTRIBUTIONS DEDUCTION 49,922

TOTAL CONTRIBUTION DEDUCTION 49,922

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 1

OMB No. 1545-0047

**2020**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>NEWMAN'S OWN FOUNDATION</b>	<b>B</b> Employer identification number <b>06-1606588</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>531190</b>	<b>D</b> Sequence: <b>1</b> of <b>3</b>

**E** Describe the unrelated trade or business ▶ **SOUTHOCEAN REAL ESTATE PARTNERS, LLC**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales _____				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance ▶	<b>1c</b>			
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>			
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) .....	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 24</b> .....	<b>5</b>	6,402.		6,402.
<b>6</b> Rent income (Part IV) .....	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>			
<b>11</b> Advertising income (Part IX) .....	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b>	6,402.		6,402.

**Part II** Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....					
<b>2</b> Salaries and wages .....					
<b>3</b> Repairs and maintenance .....					
<b>4</b> Bad debts .....					
<b>5</b> Interest (attach statement) (see instructions) .....					
<b>6</b> Taxes and licenses .....					
<b>7</b> Depreciation (attach Form 4562) (see instructions) .....		7			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....		8a		8b	
<b>9</b> Depletion .....					
<b>10</b> Contributions to deferred compensation plans .....					
<b>11</b> Employee benefit programs .....					
<b>12</b> Excess exempt expenses (Part VIII) .....					
<b>13</b> Excess readership costs (Part IX) .....					
<b>14</b> Other deductions (attach statement) .....					
<b>15 Total deductions.</b> Add lines 1 through 14 .....					0.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....					6,402.
<b>17</b> Deduction for net operating loss (see instructions) .....					STATEMENT 25 2,003.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....					4,399.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes a Yes/No checkbox for section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Rent received or accrued from personal/real property and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Gross income from debt-financed property, deductions, average acquisition debt, average adjusted basis, and total gross income. Rows 9-11: Allocable deductions, total allocable deductions, and total dividends-received deductions.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
<b>Totals</b>			0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4
5	Gross income from activity that is not unrelated business income .....	5
6	Expenses attributable to income entered on line 5 .....	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7



Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A B C D checkboxes

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows (Gross advertising income, Add columns A through D)

Table with 4 columns (A, B, C, D) and 2 rows (Direct advertising costs by periodical, Add columns A through D)

Table with 4 columns (A, B, C, D) and 1 row (Advertising gain (loss). Subtract line 3 from line 2)

Table with 4 columns (A, B, C, D) and 1 row (Readership costs)

Table with 4 columns (A, B, C, D) and 1 row (Circulation income)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs allowed as a deduction)

Table with 4 columns (A, B, C, D) and 1 row (Add line 8, columns A through D)

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 24
DESCRIPTION		NET INCOME OR (LOSS)
UBTI FROM PARTNERSHIP - ORDINARY BUSINESS INCOME (LOSS)		6,402.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		6,402.

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 25
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
2,003.	2,003.	0.

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 2

OMB No. 1545-0047

**2020**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>NEWMAN'S OWN FOUNDATION</b>	<b>B</b> Employer identification number <b>06-1606588</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>424000</b>	<b>D</b> Sequence: <b>2</b> of <b>3</b>

**E** Describe the unrelated trade or business ▶ **INCOME FROM SALAD KING, INC., AN S CORPORATIO**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales _____				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance ▶	<b>1c</b>			
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>			
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) .....	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) ..... <b>STATEMENT 26</b>	<b>5</b>	21,146.		21,146.
<b>6</b> Rent income (Part IV) .....	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>			
<b>11</b> Advertising income (Part IX) .....	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b>	21,146.		21,146.

**Part II** Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....					
<b>2</b> Salaries and wages .....					
<b>3</b> Repairs and maintenance .....					
<b>4</b> Bad debts .....					
<b>5</b> Interest (attach statement) (see instructions) .....					
<b>6</b> Taxes and licenses .....					
<b>7</b> Depreciation (attach Form 4562) (see instructions) .....		<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....		<b>8a</b>		<b>8b</b>	
<b>9</b> Depletion .....					
<b>10</b> Contributions to deferred compensation plans .....					
<b>11</b> Employee benefit programs .....					
<b>12</b> Excess exempt expenses (Part VIII) .....					
<b>13</b> Excess readership costs (Part IX) .....					
<b>14</b> Other deductions (attach statement) ..... <b>SEE STATEMENT 27</b>					1,950.
<b>15 Total deductions.</b> Add lines 1 through 14 .....					1,950.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....					19,196.
<b>17</b> Deduction for net operating loss (see instructions) .....					0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....					19,196.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

**Part III Cost of Goods Sold** Enter method of inventory valuation

1	Inventory at beginning of year .....	1	
2	Purchases .....	2	
3	Cost of labor .....	3	
4	Additional section 263A costs (attach statement) .....	4	
5	Other costs (attach statement) .....	5	
6	<b>Total.</b> Add lines 1 through 5 .....	6	
7	Inventory at end of year .....	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c	<b>Total rents received or accrued by property.</b> Add lines 2a and 2b, columns A through D .....				
3	<b>Total rents received or accrued.</b> Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5	<b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

**Part V Unrelated Debt-Financed Income** (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property .....	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement) .....				
b	Other deductions (attach statement) .....				
c	<b>Total deductions</b> (add lines 3a and 3b, columns A through D) .....				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5	Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6	Divide line 4 by line 5 .....	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6 .....				
8	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9	Allocable deductions. Multiply line 3c by line 6				
10	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11	<b>Total dividends-received deductions</b> included in line 10	0.			

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
<b>Totals</b>			0.	0.		

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A B C D checkboxes

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows (Gross advertising income, Add columns A through D)

Table with 4 columns (A, B, C, D) and 2 rows (Direct advertising costs by periodical, Add columns A through D)

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8.

Table with 4 columns (A, B, C, D) and 4 rows (Readership costs, Circulation income, Excess readership costs, Excess readership costs allowed as a deduction)

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns (1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business)

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information

FORM 990-T (A)	INCOME (LOSS) FROM S CORPORATIONS	STATEMENT 26
DESCRIPTION		NET INCOME OR (LOSS)
SALAD KING, INC. - ORDINARY BUSINESS INCOME (LOSS)		-3,054.
SALAD KING, INC. - NET RENTAL REAL ESTATE INCOME		-73.
SALAD KING, INC. - ROYALTIES		24,273.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		21,146.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 27
DESCRIPTION		AMOUNT
TAX PREP FEE		1,950.
TOTAL TO SCHEDULE A, PART II, LINE 14		1,950.

FORM 990-T SCHEDULE A	DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY	STATEMENT 28
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INCOME FROM SALAD KING, INC., AN S CORPORATION

TO FORM 990-T, SCHEDULE A, LINE E

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 3

OMB No. 1545-0047

**2020**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>NEWMAN'S OWN FOUNDATION</b>	<b>B</b> Employer identification number <b>06-1606588</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>900003</b>	<b>D</b> Sequence: <b>3</b> of <b>3</b>

**E** Describe the unrelated trade or business ▶ **INTEREST FROM CONTROLLED ENTITY**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales _____				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance ▶	<b>1c</b>			
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>			
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) .....	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) .....	<b>5</b>			
<b>6</b> Rent income (Part IV) .....	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>	476,622.		476,622.
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>			
<b>11</b> Advertising income (Part IX) .....	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b>	476,622.		476,622.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....		<b>1</b>			
<b>2</b> Salaries and wages .....		<b>2</b>			
<b>3</b> Repairs and maintenance .....		<b>3</b>			
<b>4</b> Bad debts .....		<b>4</b>			
<b>5</b> Interest (attach statement) (see instructions) .....		<b>5</b>			
<b>6</b> Taxes and licenses .....		<b>6</b>			
<b>7</b> Depreciation (attach Form 4562) (see instructions) .....	<b>7</b>				
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....	<b>8a</b>			<b>8b</b>	
<b>9</b> Depletion .....				<b>9</b>	
<b>10</b> Contributions to deferred compensation plans .....				<b>10</b>	
<b>11</b> Employee benefit programs .....				<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII) .....				<b>12</b>	
<b>13</b> Excess readership costs (Part IX) .....				<b>13</b>	
<b>14</b> Other deductions (attach statement) .....				<b>14</b>	
<b>15 Total deductions.</b> Add lines 1 through 14 .....				<b>15</b>	0.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....				<b>16</b>	476,622.
<b>17</b> Deduction for net operating loss (see instructions) .....				<b>17</b>	0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....				<b>18</b>	476,622.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020



Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Row 9 is a checkbox question: 'Do the rules of section 263A... apply to the organization?' with Yes/No options.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Grid for rent received or accrued from personal property (a), real and personal property (b), and total rents (c). Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions. Total values are shown as 0.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Grid for gross income from debt-financed property (2), deductions (3a, 3b, 3c), average acquisition debt (4), average adjusted basis (5), and percentage calculation (6). Row 8: Total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions. Total values are shown as 0.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) NEWMAN'S OWN, INC.	06-1067660				
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1) 1,357,633.	476,622.	476,622.	476,622.	0.
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
<b>Totals</b>			476,622.	0.

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4
5 Gross income from activity that is not unrelated business income .....	5
6 Expenses attributable to income entered on line 5 .....	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A B C D checkboxes

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows (Gross advertising income, Add columns A through D)

Table with 4 columns (A, B, C, D) and 2 rows (Direct advertising costs by periodical, Add columns A through D)

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

- 5 Readership costs
6 Circulation income
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

Table with 4 columns (A, B, C, D) and 4 rows (lines 4, 5, 6, 7, 8)

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns (1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business) and 5 rows (Total and 4 numbered entries)

Part XI Supplemental Information (see instructions)

Multiple horizontal lines for supplemental information input.



# Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return. **FORM 990-T**

**2020**

▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

Name <b>NEWMAN'S OWN FOUNDATION</b>	Employer identification number <b>06-1606588</b>
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**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1 Total tax (see instructions) .....		<b>1</b>	<b>94,352.</b>
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	<b>2a</b>		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	<b>2b</b>		
c Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>		
d Total. Add lines 2a through 2c .....		<b>2d</b>	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....		<b>3</b>	<b>94,352.</b>
4 Enter the tax shown on the corporation's 2019 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....		<b>4</b>	<b>3,024.</b>
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....		<b>5</b>	<b>3,024.</b>

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

		(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. <b>Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions</b> .....	<b>9</b>	07/15/20	07/15/20	09/15/20	12/15/20
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	<b>10</b>	756.	756.	756.	756.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	<b>11</b>				91,000.
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	<b>12</b>				
13 Add lines 11 and 12 .....	<b>13</b>				91,000.
14 Add amounts on lines 16 and 17 of the preceding column .....	<b>14</b>		756.	1,512.	2,268.
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	0.	0.	0.	88,732.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>		756.	1,512.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	<b>17</b>	756.	756.	756.	
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions ..... <b>19</b>				
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2020 and before 7/1/2020 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{366}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2020 and before 10/1/2020 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{366}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2020 and before 1/1/2021 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{366}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2020 and before 4/1/2021 .....	<b>27</b>	<b>SEE ATTACHED WORKSHEET</b>		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2021 and before 7/1/2021 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2021 and before 10/1/2021 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2021 and before 1/1/2022 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2021 and before 3/16/2022 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....	<b>38</b> \$			<b>24.</b>

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.







**Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary**

(see instructions) (continued)

<b>7a</b> Name of financial institution in which account is maintained <b>JPM CHASE</b>	<b>b</b> Global Intermediary Identification Number (GIIN) (Optional)
<b>8</b> Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. <b>TD TOWER, 66 WELLINGTON, SUITE 4500</b>	
<b>9</b> City or town, state or province, and country (including postal code) <b>TORONTO ON CANADA M5K 1E7</b>	

**Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary** (see instructions)

If you have more than one asset to report in Part VI, attach a continuation statement for each additional asset. See instructions.

<b>1</b> Description of asset	<b>2</b> Identifying number or other designation
<b>3</b> Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.	
<b>a</b> Date asset acquired during tax year, if applicable _____	
<b>b</b> Date asset disposed of during tax year, if applicable _____	
<b>c</b> <input type="checkbox"/> Check if asset jointly owned with spouse	<b>d</b> <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset

**4** Maximum value of asset during tax year (check box that applies)

**a**  \$0 - \$50,000    **b**  \$50,001 - \$100,000    **c**  \$100,001 - \$150,000    **d**  \$150,001 - \$200,000

**e** If more than \$200,000, list value \_\_\_\_\_ \$

**5** Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars?  Yes  No

**6** If you answered "Yes" to line 5, complete all that apply.

<b>(a)</b> Foreign currency in which asset is denominated	<b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars	<b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
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**7** If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

**a** Name of foreign entity \_\_\_\_\_ **b** GIIN (Optional) \_\_\_\_\_

**c** Type of foreign entity    **(1)**  Partnership    **(2)**  Corporation    **(3)**  Trust    **(4)**  Estate

**d** Mailing address of foreign entity. Number, street, and room or suite no.

**e** City or town, state or province, and country (including postal code)

**8** If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

**Note:** If this asset has more than one issuer or counterparty, attach a continuation statement with the same information for each additional issuer or counterparty. See instructions.

**a** Name of issuer or counterparty \_\_\_\_\_

Check if information is for     Issuer     Counterparty

**b** Type of issuer or counterparty

**(1)**  Individual    **(2)**  Partnership    **(3)**  Corporation    **(4)**  Trust    **(5)**  Estate

**c** Check if issuer or counterparty is a     U.S. person     Foreign person

**d** Mailing address of issuer or counterparty. Number, street, and room or suite no.

**e** City or town, state or province, and country (including postal code)