

PUBLIC INSPECTION COPY

Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation**

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

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

For calendar year 2021 or tax year beginning , and ending

Name of foundation NEWMAN'S OWN FOUNDATION		A Employer identification number 06-1606588
Number and street (or P.O. box number if mail is not delivered to street address) ONE MORNINGSIDE DRIVE NORTH		B Telephone number 203-222-0136
City or town, state or province, country, and ZIP or foreign postal code WESTPORT, CT 06880		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change </div> <div> <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change </div> </div>		D 1. Foreign organizations, check here <input type="checkbox"/>
H Check type of organization: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust </div> <div> <input type="checkbox"/> Other taxable private foundation </div> </div>		2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 229,274,890.		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
J Accounting method: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Cash <input type="checkbox"/> Other (specify) _____ </div> <div> <input checked="" type="checkbox"/> Accrual </div> </div> (Part I, column (d), must be on cash basis.)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <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)
Revenue	1 Contributions, gifts, grants, etc., received	100.		N/A	
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	85,473.	85,473.		STATEMENT 1
	4 Dividends and interest from securities	13,050.	13,050.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	19,567,902.	19,551,309.		STATEMENT 3	
12 Total. Add lines 1 through 11	19,666,525.	19,649,832.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	778,398.	0.		1,157,533.
	14 Other employee salaries and wages	1,172,629.	8,760.		1,242,382.
	15 Pension plans, employee benefits	323,393.	1,452.		341,971.
	16a Legal fees STMT 4	112,900.	0.		123,735.
	b Accounting fees STMT 5	75,164.	13,535.		37,407.
	c Other professional fees STMT 6	366,793.	0.		365,535.
	17 Interest				
	18 Taxes STMT 7	367,327.	437.		130,367.
	19 Depreciation and depletion	46,644.	0.		
	20 Occupancy	215,873.	0.		215,873.
	21 Travel, conferences, and meetings	17,055.	0.		16,948.
	22 Printing and publications				
	23 Other expenses STMT 8	564,674.	0.		385,324.
	24 Total operating and administrative expenses. Add lines 13 through 23	4,040,850.	24,184.		4,017,075.
	25 Contributions, gifts, grants paid	13,597,500.			13,617,500.
26 Total expenses and disbursements. Add lines 24 and 25	17,638,350.	24,184.		17,634,575.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	2,028,175.				
b Net investment income (if negative, enter -0-)		19,625,648.			
c Adjusted net income (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		290,261.	528,732.	528,732.
	2	Savings and temporary cash investments		16,499,625.	29,648,993.	29,648,993.
	3	Accounts receivable ▶ 16,757.				
		Less: allowance for doubtful accounts ▶		83,042.	16,757.	16,757.
	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 ▶ 340,000.				
		Less: allowance for doubtful accounts ▶ 0.		8,170,492.	340,000.	340,000.
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges		51,879.	51,050.	51,050.
	10a	Investments - U.S. and state government obligations STMT 10		11,691,138.	3,399,898.	3,399,898.
	b	Investments - corporate stock				
	c	Investments - corporate bonds				
	11	Investments - land, buildings, and equipment: basis ▶				
Liabilities		Less: accumulated depreciation ▶				
	12	Investments - mortgage loans				
	13	Investments - other STMT 11		188,166,358.	192,784,849.	195,154,893.
	14	Land, buildings, and equipment: basis ▶ 393,062.				
		Less: accumulated depreciation ▶ 258,495.		181,211.	134,567.	134,567.
	15	Other assets (describe ▶)				
	16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		225,134,006.	226,904,846.	229,274,890.
	17	Accounts payable and accrued expenses		741,010.	461,587.	
	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 ▶ DUE FROM NO LIMIT)		0.	26,966.	
	23	Total liabilities (add lines 17 through 22)		741,010.	488,553.	
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		224,392,996.	226,416,293.	
	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		224,392,996.	226,416,293.	
	30	Total liabilities and net assets/fund balances		225,134,006.	226,904,846.	

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	224,392,996.
2	Enter amount from Part I, line 27a	2	2,028,175.
3	Other increases not included in line 2 (itemize) ▶ PRIOR PERIOD ADJUSTMENT	3	1,069.
4	Add lines 1, 2, and 3	4	226,422,240.
5	Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 9	5	5,947.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	226,416,293.

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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.)
1a				
b NONE				
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				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(i) 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				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)		<div> <div> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div> 2 </div>		
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		<div> <div> If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 </div> 3 </div>		

Part V 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)		1	272,797.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) 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	272,797.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	272,797.
6 Credits/Payments:			
a 2021 estimated tax payments and 2020 overpayment credited to 2021	6a	244,000.	
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	244,000.	
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	778.	
9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed	9	29,575.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2022 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

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Part VI-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 Form 1120-POL 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. ▶ \$ <u>0.</u> (2) On foundation managers. ▶ \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
If "Yes," attach a detailed description of the activities.		
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 Form 990-T for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
If "Yes," attach the statement required by <i>General Instruction T</i> .		
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 XIV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ <u>SEE STATEMENT 12</u>		
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 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
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 <u>STATEMENT 13 STMT 14</u>	X	
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 <u>SEE STATEMENT 15 SEE STATEMENT 16</u>	X	
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address ▶ <u>WWW.NEWMANSOWN.ORG</u>		
14 The books are in care of ▶ <u>THE ORGANIZATION</u> Telephone no. ▶ <u>203-222-0136</u> Located at ▶ <u>ONE MORNINGSIDE DRIVE NORTH, WESTPORT, CT</u> ZIP+4 ▶ <u>06880</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ <u>15</u> N/A		
16 At any time during calendar year 2021, 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?	X	
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶ <u>CANADA</u>		

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Part VI-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.

	Yes	No
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?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(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)?		
(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.)	1a(5)	X
	1a(6)	X
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	1b	X
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d 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 2021?	1d	X
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 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021?	2a	X
If "Yes," list the years <input type="checkbox"/> , , ,		
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.)	2b	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. <input type="checkbox"/> , , ,		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	X
b If "Yes," did it have excess business holdings in 2021 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 2021.)	3b	X
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
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 2021?	4b	X

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

5a 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))?

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

(3) Provide a grant to an individual for travel, study, or other similar purposes?

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

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

c Organizations relying on a current notice regarding disaster assistance, check here

d 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?

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

8 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?

	Yes	No
5a(1)		X
5a(2)		X
5a(3)		X
5a(4)		X
5a(5)		X
5b		
5d		
6a		X
6b		X
7a		X
7b		
8		X

Part VII 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 17		778,398.	78,563.	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
CHRISTINE SANNI - ONE MORNINGSIDE DRIVE NORTH, WESTPORT, CT 06880	CHIEF EXTERNAL RELATIONS OFFICER 40.00	225,221.	44,621.	0.
KELLY GIORDANO - ONE MORNINGSIDE DRIVE NORTH, WESTPORT, CT 06880	OUTGOING MANAGING DIRECTOR 40.00	175,217.	8,552.	0.
CHRISTINE BREITE - ONE MORNINGSIDE DRIVE NORTH, WESTPORT, CT 06880	ASSISTANT CONTROLLER 28.00	154,340.	27,716.	0.
FAITH FENNELLY - ONE MORNINGSIDE DRIVE NORTH, WESTPORT, CT 06880	DIRECTOR OF PHILANTHROPY 40.00	155,287.	22,790.	0.
KATHY SIEVER - ONE MORNINGSIDE DRIVE NORTH, WESTPORT, CT 06880	GRANTS MANAGER 40.00	91,264.	20,283.	0.

Total number of other employees paid over \$50,000

3

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Part VII 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."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
STEEGE THOMSON COMMUNICATIONS INC - 230 S. BROAD ST., SUITE 200, PHILADELPHIA, PA 19102	PUBLIC RELATIONS	169,201.
MORGAN LEWIS & BOCKIUS - 1111 PENNSYLVANIA AVE, NW, WASHINGTON, DC 20004	LEGAL	96,535.
FLIGHTPATH INC - 36 W 25TH STREET, 8TH FLOOR, NEW YORK, NY 10010	PROFESSIONAL SERVICES	70,000.

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

Part VIII-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

Part VIII-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

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Part IX 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	12,987,549.
b	Average of monthly cash balances	1b	20,553,925.
c	Fair market value of all other assets (see instructions)	1c	195,357,267.
d	Total (add lines 1a, b, and c)	1d	228,898,741.
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	228,898,741.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	3,433,481.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	225,465,260.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	11,273,263.

Part X 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 IX, line 6	1	11,273,263.
2a	Tax on investment income for 2021 from Part V, line 5	2a	272,797.
b	Income tax for 2021. (This does not include the tax from Part V.)	2b	2,730.
c	Add lines 2a and 2b	2c	275,527.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	10,997,736.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	10,997,736.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	10,997,736.

Part XI 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	17,634,575.
b	Program-related investments - total from Part VIII-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	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	17,634,575.

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Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				10,997,736.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016 20,562,923.				
b From 2017 23,814,892.				
c From 2018 24,371,151.				
d From 2019 15,687,489.				
e From 2020 4,643,165.				
f Total of lines 3a through e	89,079,620.			
4 Qualifying distributions for 2021 from Part XI, line 4: ► \$ 17,634,575.				
a Applied to 2020, but not more than line 2a ...			0.	
b Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2021 distributable amount				10,997,736.
e Remaining amount distributed out of corpus	6,636,839.			
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:	95,716,459.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c 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.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				0.
7 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.			
8 Excess distributions carryover from 2016 not applied on line 5 or line 7	20,562,923.			
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	75,153,536.			
10 Analysis of line 9:				
a Excess from 2017 ... 23,814,892.				
b Excess from 2018 ... 24,371,151.				
c Excess from 2019 ... 15,687,489.				
d Excess from 2020 ... 4,643,165.				
e Excess from 2021 ... 6,636,839.				

Part XIII Private Operating Foundations (see instructions and Part VI-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 2021, 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	Prior 3 years			(e) Total
	(a) 2021	(b) 2020	(c) 2019	(d) 2018	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XIV 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 XIV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

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
a Paid during the year				
4-CT CORP 50 CHARLES STREET WESTPORT, CT 06880		PC	COVID-19 RELIEF FUND	5,000.
A BETTER CHANCE OF WESTPORT INC P.O. BOX 2153 WESTPORT, CT 06880		PC	GENERAL OPERATIONS	2,500.
A HOUSE IN AUSTIN NFP P.O. BOX 3576 CHICAGO, IL 60644		PC	CHILDREN & FAMILY PROGRAMMING	2,500.
A PLACE CALLED HOPE INC 154 POND MEADOW RD KILLINGWORTH, CT 06419		PC	RAPTOR REHABILITATION	2,500.
ACTA NON VERBA YOUTH URBAN FARM PROJECT 1001 83RD AVENUE MAILBOX 1 OAKLAND, CA 94621		PC	GENERAL OPERATING SUPPORT	50,000.
Total	SEE CONTINUATION SHEET(S)			13,617,500.
b Approved for future payment				
NONE				
Total				0.

Part XIV 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
ACTA NON VERBA YOUTH URBAN FARM PROJECT 1001 83RD AVENUE MAILBOX 1 OAKLAND, CA 94621		PC	PROFESSIONAL DEVELOPMENT	10,000.
ACTIVITIES 4 ALL 534 CEREZE ST WATSONVILLE, CA 95076		PC	GENERAL OPERATIONS	2,500.
AFRICA BRIDGE 17600 PACIFIC HWY SUITE 115 MARYLHURST, OR 97036		PC	VULNERABLE CHILDREN-SUSTAINABLE CO-OPS	6,500.
AFUTURESUPERHERO AND FRIENDS 4470 ATLANTIC AVE #7843 LONG BEACH, CA 90807		PC	GENERAL OPERATIONS	5,000.
ALCORN STATE UNIVERSITY FOUNDATION INCORPORATED 1000 ASU DRIVE LORMAN, MS 39096-7500		PC	THE ALPHA ZETA CHAPTER OF PHI BETA SIGMA FRATERNITY DEVELOPMENT FUND	2,500.
ALTRUSA INTERNATIONAL FOUNDATION INC 1116 EAST MASON GREEN BAY, WI 54301		PC	GENERAL OPERATIONS	5,000.
AMERICAN CIVIL LIBERTIES UNION FOUNDATION INC 125 BROAD STREET, 18TH FLOOR NEW YORK, NY 10004		PC	VOTING RIGHTS	20,000.
AMERICAN FOUNDATION FOR SUICIDE PREVENTION - NATIONAL OFFICE 199 WATER ST. NEW YORK, NY 10038		PC	NEVADA CHAPTER	5,000.
AMERICAN INDIAN CANCER FOUNDATION 3001 BROADWAY ST. NE SUITE 185 MINNEAPOLIS, MN 55413		PC	ADVANCING HEALTH EQUITY THROUGH CULTURALLY TAILORED NUTRITION STRATEGIES	50,000.
AMERICAN MURAL PROJECT 90 WHITING STREET PO BOX 538 WINSTED, CT 06098		PC	GENERAL OPERATIONS	100,000.
Total from continuation sheets				13,555,000.

Part XIV 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
ANGEL VIEW, INC. 67625 E. PALM CANYON DRIVE, SUITE 7A CATHEDRAL CITY, CA 92234		PC	COVID RELIEF	5,000.
ANIMAL SAMARITANS SPCA INC 72120 PET LAND PLACE THOUSAND PALMS, CA 92276		PC	COVID RELIEF - SENIOR'S PROGRAM	5,000.
ASPETUCK LAND TRUST INC PO BOX 444 WESTPORT, CT 06881-0444		PC	GENERAL OPERATIONS IN HONOR OF LISSY NEWMAN	10,000.
ASPETUCK LAND TRUST INC PO BOX 444 WESTPORT, CT 06881-0444		PC	GENERAL OPERATIONS	25,000.
ASSOCIATION OF THE APOSTLES OF DON BOSCO INC 9722 W. PACIFIC AVE. ANAHEIM, CA 92804 - 5946		PC	YOUTH EDUCATION PROGRAMS IN VIETNAM	2,500.
BIG BROTHERS BIG SISTERS OF SOUTHWESTERN CT 2470 FAIRFIELD AVE BRIDGEPORT, CT 06605		PC	MENTORING PROGRAMS	5,000.
BIG BROTHERS-BIG SISTERS AGENCY OF SANTA CRUZ COUNTY INC 1500 41ST AVE #250 CAPITOLA, CA 95010		PC	GENERAL OPERATIONS	5,000.
BIG SUR LAND TRUST 509 HARTNELL ST MONTEREY, CA 93940		PC	CARR LAKE PROJECT FUNDING AND OPERATIONS FEASIBILITY STUDY	12,750.
BIRCHBARK FOUNDATION INC 101 COOPER STREET SANTA CRUZ, CA 95060		PC	GENERAL OPERATIONS	2,500.
BLESSINGS IN A BACKPACK INC 4121 SHELBYVILLE RD LOUISVILLE, KY 40207		PC	GENERAL OPERATIONS	5,000.
Total from continuation sheets				

Part XIV 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
BOY SCOUTS OF AMERICA 25 RAMAPO VALLEY RD CEDAR KNOLLS, NJ 07436		PC	FRIENDS OF SCOUTING	5,000.
BOYS & GIRLS CLUB OF THE GRAND STRAND, INC 1229 38TH AVENUE NORTH, #320 MYRTLE BEACH, SC 29577		PC	CHILDRENS NUTRITION SECURITY	50,000.
BOYS & GIRLS CLUB OF THE LOWER NAUGATUCK VALLEY ONE POSITIVE PLACE SHELTON, CT 06484		PC	CHILDREN'S PROGRAMS	2,500.
BRAIN INJURY ALLIANCE OF CONNECTICUT INC 200 DAY HILL ROAD, SUITE 250 WINDSOR, CT 06095		PC	GENERAL OPERATIONS	2,500.
BRIDGEPORT RESCUE MISSION INC 1088 FAIRFIELD AVENUE BRIDGEPORT, CT 06605		PC	EMERGENCY HOUSING/WOMEN AND CHILDREN HOUSING	5,000.
BRIGHTER CHILDREN INC 23 BRENNAN ST HUNTINGTON, NY 11743		PC	GENERAL OPERATIONS	5,000.
CALVARY FUND, INC. 1740 EASTCHESTER ROAD BRONX, NY 10461		PC	CHILDRENS BEREAVEMENT SUPPORT AND PET THERAPY	50,000.
CANAL ALLIANCE 91 LARKSPUR STREET SAN RAFAEL, CA 94901		PC	GENERAL OPERATIONS	5,000.
CARVER FOUNDATION OF NORWALK 7 ACADEMY STREET NORWALK, CT 06850		PC	GENERAL OPERATIONS	5,000.
CARVER FOUNDATION OF NORWALK 7 ACADEMY STREET NORWALK, CT 06850		PC	SUMMER ENRICHMENT CAMP	2,500.
Total from continuation sheets				

Part XIV 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
CASCADE EDUCATIONAL BROADCAST SERVICE PO BOX 12147 PORTLAND, OR 97212-0147		PC	AMPLIFYING BIPOC AND MARGINALIZED VOICES AT KRAY.FM	5,250.
CATCH GLOBAL FOUNDATION 8000 CENTRE PARK AUSTIN, TX 78754		PC	GENERAL OPERATIONS	20,000.
CENTER FOR RURAL AFFAIRS PO BOX 136 145 MAIN STREET LYONS, NE 68038		PC	NATIVE FOOD SYSTEMS AND SOVEREIGNTY IN NEBRASKA	50,000.
CHEF ANN FOUNDATION 5485 CONESTOGA CT #110F BOULDER, CO 80301		PC	GENERAL OPERATIONS AND PROGRAMMING SUPPORT FOR NATIVE AMERICAN NUTRITION FOOD SECURITY	25,000.
CHEYENNE RIVER YOUTH PROJECT INC 702 4TH ST EAGLE BUTTE, SD 57625		PC	GENERAL OPERATIONS	20,000.
CHIEF EXECUTIVES FOR CORPORATE PURPOSE INC 85 BROAD STREET, 27TH FLOOR NEW YORK, NY 10010		PC	ADVANCE THE MOVEMENT & GLOBAL EXCHANGE	200,000.
CHILDREN OF ARMENIA FUND INC 149 5TH AVE., SUITE 500 NEW YORK, NY 10011		PC	CHILD DEVELOPMENT CENTER IN THE VILLAGE OF MYASNIKYAN, ARMENIA	14,250.
CHILDRENS NUTRITION PROGRAM OF HAITI INC P.O. BOX 3720 CHATTANOOGA, TN 37404		PC	GENERAL OPERATIONS	5,000.
CHOLANGIOCARCINOMA FOUNDATION 5526 13400 S #510 HERRIMAN, UT 84096		PC	GENERAL OPERATIONS	5,000.
CIRCLE OF FRIENDS OF CONNECTICUT INC 40 KING STREET NORWALK, CT 06851		PC	GENERAL OPERATIONS	5,000.
Total from continuation sheets				

Part XIV 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
COACHELLA VALLEY REPERTORY 68510 E. PALM CANYON DRIVE CATHEDRAL CITY, CA 92234		PC	CHILDREN'S OUTREACH - COVID RESPONSE	5,000.
COMMIT FOUNDATION 280 WEST KAGY BLVD., SUITE D 313 BOZEMAN, MT 59715		PC	GENERAL OPERATIONS	2,500.
COMMON GROUND -- NEW HAVEN ECOLOGY PROJECT 358 SPRINGSIDE AVE NEW HAVEN, CT 06515		PC	COMMON GROUND HIGH SCHOOL FARM TO SCHOOL NUTRITION PROGRAM	25,000.
COMMUNITY BRIDGES 519 MAIN ST SUITE A WATSONVILLE, CA 95076		PC	GENERAL OPERATIONS	2,500.
CONDUCTIVE EDUCATION CENTER OF ORLANDO INC 931 S SEMORAN BLVD STE. 220 ORLANDO, FL 32792		PC	FULL DAY SCHOOL PROGRAM	2,500.
CONNECT US INC 855 MAIN ST BRIDGEPORT, CT 06604		PC	GENERAL OPERATIONS	2,500.
CONNECTICUT CASA 157 CHURCH ST NEW HAVEN, CT 06510		PC	GENERAL OPERATIONS	20,000.
CONNECTICUT COUNCIL FOR PHILANTHROPY 75 CHARTER OAK AVE, STE 1-205 HARTFORD, CT 06106		PC	GENERAL OPERATIONS	35,000.
CONNECTICUT FOOD BANK, INC. 2 RESEARCH PARKWAY WALLINGFORD, CT 06492		PC	GENERAL OPERATIONS	15,000.
CONNECTICUT FOOD BANK, INC. 2 RESEARCH PARKWAY WALLINGFORD, CT 06492		PC	MOBILE FOOD PANTRY	2,500.
Total from continuation sheets				

Part XIV 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 HUMANE SOCIETY 701 RUSSELL ROAD NEWINGTON, CT 06111		PC	GENERAL OPERATIONS	12,500.
CONNECTICUT HUMANE SOCIETY 701 RUSSELL ROAD NEWINGTON, CT 06111		PC	CAT PROGRAMS	2,500.
CONNECTICUT PUBLIC BROADCASTING NETWORK 1049 ASYLUM AVENUE HARTFORD, CT 06105		PC	GENERAL OPERATIONS	35,000.
CONNECTICUT QUEST FOR PEACE INC PO BOX 356 GEORGETOWN, CT 06829		PC	CHILDREN'S PROGRAMS	2,500.
CONNECTICUT STATE POLICE FIRE AND EXPLOSION INVESTIGATION UNIT 269 MAXIM ROAD HARTFORD, CT 06114		PC	FIRE & EXPOSION INVESTIGATION UNIT	1,000.
CONWAY LAKE CONSERVATION ASSOCIATION PO BOX 803 CENTER CONWAY, NH 03813-0803		PC	GENERAL OPERATIONS	2,500.
COUNCIL OF CHURCHES OF GREATER BRIDGEPORT INC 1718 CAPITOL AVE BRIDGEPORT, CT 06604		PC	FEED CENTER	5,000.
COURT APPOINTED SPECIAL ADVOCATES OF SANTA CRUZ COUNTY 813 FREEDOM BLVD WATSONVILLE, CA 95076		PC	GENERAL OPERATIONS	2,500.
COVE ANIMAL RESCUE CORPORATION 40 SHORE ROAD GLEN COVE, NY 11542		PC	GENERAL OPERATIONS	5,000.
COVE COMMUNITIES SENIOR ASSOCIATION 73750 CATALINA WAY PALM DESERT, CA 92260		PC	NEWMAN THEATRE - OUTREACH	2,500.
Total from continuation sheets				

Part XIV 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
CREATIVE YOUTH PRODUCTIONS INC 53 DAVIS AVE BRIDGEPORT, CT 06605		PC	GENERAL OPERATIONS	5,000.
CURIOUS LEARNING A GLOBAL LITERACY PROJECT INC 27 POND ST AMESBURY, MA 01913		PC	GENERAL OPERATIONS	40,000.
CURTAIN CALL INC 1349 NEWFIELD AVE STAMFORD, CT 06905		PC	GENERAL OPERATIONS	2,500.
DAKOTA RURAL ACTION PO BOX 549 BROOKINGS, SD 57006-0549		PC	RE-IMAGINING COMMUNITY CENTERED FOOD SYSTEMS IN SOUTH DAKOTA	75,000.
DAKOTA RURAL ACTION PO BOX 549 BROOKINGS, SD 57006-0549		PC	PROFESSIONAL DEVELOPMENT	10,000.
DAMIEN THE LEPER SOCIETY INC PO BOX 17428 DESTIN, FL 32522		PC	CHILDREN WITH LEPROSY	2,500.
DANBURY ANIMAL WELFARE SOCIETY INC 147 GRASSY PLAIN ST BETHEL, CT 06801-2806		PC	GENERAL OPERATIONS	5,000.
DELTA FRESH FOODS INITIATIVE PO BOX 432 X HERNANDO, MS 38632		PC	PROFESSIONAL DEVELOPMENT	10,000.
DELTA FRESH FOODS INITIATIVE PO BOX 432 X HERNANDO, MS 38632		PC	BOLIVAR COUNTY HEALTHY EATING, HEALTHY LIVING	30,000.
DETROIT FOOD & ENTREPRENEURSHIP ACADEMY 4444 SECOND AVE DETROIT FOOD ACADE DETROIT, MI 48201-0000		PC	DETROIT FOOD & ENTREPRENEURSHIP ACADEMY	25,000.
Total from continuation sheets				

Part XIV 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
DETROIT FOOD & ENTREPRENEURSHIP ACADEMY 4444 SECOND AVE DETROIT FOOD ACADE DETROIT, MI 48201-0000		PC	PROFESSIONAL DEVELOPMENT	10,000.
DIGITAL NEST INC 318 UNION ST WATSONVILLE, CA 95076		PC	GENERAL OPERATIONS	10,000.
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	5,000.
DOROT, INC. 171 W 85TH ST NEW YORK, NY 10024-4400		PC	THANKSGIVING BANQUET AND MEAL DELIVERY	25,000.
DREAM OF WILD HEALTH 1308 E. FRANKLIN AVENUE SUITE 203 MINNEAPOLIS, MN 55404		PC	GENERAL OPERATIONS	40,000.
DREAMING OUT LOUD FOUNDATION 80 M STREET SE C/O WEWORK WASHINGTON, DC 20003		PC	BLACK FARM CSA: EXPANDING FOOD ACCESS AND OPPORTUNITY	15,000.
DRESSING ANGELS INC 4129 WARWICK HILLS DR WESLEY CHAPEL, FL 33543-7145		PC	LOW INCOME STUDENT	2,500.
EARTH ISLAND INSTITUTE INC 2150 ALLSTON WAY, SUITE 460 BERKELEY, CA 94704		PC	FILMING THE FIRE AND WATER CEREMONY	6,500.
EASTFORD INDEPENDENT FIRE CO NO 1 6 WESTFORD RD, EASTFORD EASTFORD, CT 06242		PC	GENERAL OPERATIONS	1,000.
Total from continuation sheets				

Part XIV 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
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	20,000.
FAIR FOOD NETWORK 1250 N. MAIN ST. NORTH SUITE ANN ARBOR, MI 48104		PC	FAIR FOOD NETWORK	100,000.
FAIRFIELD COUNTY'S COMMUNITY FOUNDATION 40 RICHARDS AVE NORWALK, CT 06854		PC	GENERAL OPERATIONS	10,000.
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	CONWAY HOUSE MIDDLEBORO MA	2,500.
FEATHERSTONE CENTER FOR THE ARTS INC PO BOX 1145 OAK BLUFFS, MA 02557		PC	GENERAL OPERATIONS/YOUTH PROGRAMS	9,000.
FEED MY STARVING CHILDREN 401 93RD AVENUE NW COON RAPIDS, MN 55433		PC	2309-001MI (CT MOBILE PACK FEED MY STARVING CHILDREN)	5,000.
FILM AND ENTERTAINMENT SOCCER TOURNAMENT INC 175 RIVERSIDE DR 15G NEW YORK, NY 10024		PC	GENERAL OPERATIONS	2,500.
Total from continuation sheets				

Part XIV 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
FIRST CONG. CHURCH OF LOS GUILICOS 9637 CHANNING ROW KENWOOD, CA 95452		PC	GENERAL OPERATIONS	20,000.
FIRST DESCENTS 3827 LAFAYETTE ST. STE 161 DENVER, CO 80205		PC	ONCOLOGY	2,500.
FIRST NATIONS DEVELOPMENT INSTITUTE 2432 MAIN STREET, 2ND FLOOR LONGMONT, CO 80501		PC	GENERAL SUPPORT FOR THE NATIVE AGRICULTURE AND FOOD SYSTEMS INITIATIVE (NAFSI)	75,000.
FOOD PROJECT, INC. 10 LEWIS STREET LINCOLN, MA 01773		PC	THE FOOD PROJECT: EMPOWERING YOUTH, GROWING COMMUNITIES	25,000.
FOOD RESEARCH & ACTION CENTER INC 1200 18TH ST NW #400 WASHINGTON, DC 20036		PC	ADVANCING PROFOUND CHILD NUTRITION PROGRAM IMPROVEMENTS TO ADDRESS CHILDHOOD HUNGER	250,000.
FOODCORPS, INC. 1140 SE 7TH AVE STE 110 PORTLAND, OR 97214		PC	FOODCORPS: CONNECTING KIDS TO NUTRITIOUS FOOD IN SCHOOL	250,000.
FOODCORPS, INC. 1140 SE 7TH AVE STE 110 PORTLAND, OR 97214		PC	FOODCORPS AND NEWMAN'S OWN FOUNDATION PLANNING GRANT	250,000.
FOODWHAT INCORPORATED 1156 HIGH STREET SANTA CRUZ, CA 95064-0000		PC	PROFESSIONAL DEVELOPMENT	10,000.
FOODWHAT INCORPORATED 1156 HIGH STREET SANTA CRUZ, CA 95064-0000		PC	FOOD, WHAT?!: BUILDING YOUTH POWER THROUGH ORGANIC FARMING, NOURISHING FOOD, AND LOVING COMMUNITY	75,000.
FORDHAM UNIVERSITY - WFUV THE BRONX NEW YORK, NY 10458		PC	WFUV	10,000.
Total from continuation sheets				

Part XIV 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
FORDHAM UNIVERSITY - WFUV THE BRONX NEW YORK , NY 10458		PC	GENERAL OPERATIONS - IN MEMORY OF RITA HOUSTON	5,000.
FOUNDERS HALL FOUNDATION INC 193 DANBURY RD RIDGEFIELD, CT 06877-3213		PC	GENERAL EDUCATION PROGRAMS	2,500.
FOXG1 RESEARCH INC 1 LUCKENBACH LN SANDS POINT, NY 11050-1903		PC	GENERAL OPERATIONS	5,000.
FRANKLIN G. BURROUGHS SIMEON B. CHAPIN ART MUSEUM 3100 S OCEAN BLVD MYRTLE BEACH, SC 29577		PC	CHILDRENS ART / SPECIAL NEEDS POTTERY	25,000.
FRIENDS OF THE CULTURAL CENTER INC 73000 FRED WARING DRIVE PALM DESERT, CA 92260		PC	CHILDREN'S OUTREACH - COVID RESPONSE	10,000.
FRIENDS OF THE NORWALK RIVER VALLEY TRAIL INC PO BOX 174 GEORGETOWN, CT 06829-0174		PC	WILWALK GAP	5,000.
GAMEROSITY 691 E VILAS RD CENTRAL POINT, OR 97502		PC	HERO PACKAGES	5,000.
GATHER 210 WEST RD UNIT 3 PORTSMOUTH, NH 03801		PC	MEALS 4 KIDS	5,000.
GENEROSITY-GLOBAL INCORPORATED 6751 COLUMBIA GATEWAY DR 3RD FL COLUMBIA, MD 21046-2164		PC	PORTABLE SHOWER TRAILER FOR HOMELESS AND/OR SELFLESS SATURDAY - FOOD, CLOTHING GIVEN TO	5,000.
GEORGETOWN UNIVERSITY 37TH AND O STREETS NW WASHINGTON, DC 20057-0001		PC	SARAH L. TRIPODI NURSING SCHOLARSHIP	15,000.
Total from continuation sheets				

Part XIV 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
GRADES OF GREEN INC 1730 E HOLLY AVE EL SEGUNDO, CA 90245-4404		PC	UPLIFT	3,000.
GREEN BRONX MACHINE INTERNATIONAL INC 3935 BLACKSTONE AVENUE BRONX, NY 10471-3715		PC	GREEN BRONX MACHINE	50,000.
GREEN BRONX MACHINE INTERNATIONAL INC 3935 BLACKSTONE AVENUE BRONX, NY 10471-3715		PC	FOSTER CARE TINY HOMES KITCHEN APPLIANCES	25,000.
GREEN VILLAGE INITIATIVE 325 LAFAYETTE ST. UNIT 9101 BRIDGEPORT, CT 06604		PC	GENERAL OPERATIONS	10,000.
GREEN VILLAGE INITIATIVE 325 LAFAYETTE ST. UNIT 9101 BRIDGEPORT, CT 06604		PC	PROFESSIONAL DEVELOPMENT	10,000.
GREEN VILLAGE INITIATIVE 325 LAFAYETTE ST. UNIT 9101 BRIDGEPORT, CT 06604		PC	ROOTING FOOD JUSTICE AND COMMUNITY WELLBEING THROUGH COMMUNITY GARDENS AND SCHOOL GARDENS	50,000.
GREY BEARS 2710 CHANTICLEER AVE SANTA CRUZ, CA 95065		PC	BROWN BAG FOOD PROGRAM	5,000.
GREY BEARS 2710 CHANTICLEER AVE SANTA CRUZ, CA 95065		PC	GENERAL OPERATIONS	5,000.
GROUNDTRUTH PROJECT INC 10 GUEST STREET BOSTON, MA 02135		PC	SENIOR REPORTING	5,000.
GROW DAT YOUTH FARM 1 PALM DR NEW ORLEANS, LA 70124-4608		PC	GROW DAT YOUTH LEADERSHIP PROGRAMS	30,000.
Total from continuation sheets				

Part XIV 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
GROW DAT YOUTH FARM 1 PALM DR NEW ORLEANS, LA 70124-4608		PC	PROFESSIONAL DEVELOPMENT	10,000.
GROWINGGREAT 2711 N. SEPULVEDA BLVD. # 279 MANHATTAN BEACH, CA 90266-2725		PC	INNER CITY PROGRAMS	3,000.
GRUMMAN HILL MONTESSORI ASSOCIATION 34 WHIPPLE RD WILTON, CT 06897		PC	PRIMARY PROGRAM	5,000.
HARLEM GROWN INC 127 W 127TH STREET ROOM 201 NEW YORK, NY 10027		PC	HARLEM GROWN YOUTH DEVELOPMENT PROGRAM	50,000.
HEARTS TO HOMES FURNISHINGS INC 51 LINDBERGH PLACE YONKERS, NY 10707-2232		PC	FROM FOSTER CARE TO FIRST HOME - PROVIDING FURNISHINGS FOR YOUNG ADULTS AGING OUT OF FOSTER CARE.	2,500.
HIGHLAND HALL INCORPORATED 17100 SUPERIOR ST NORTHRIDGE, CA 91325		PC	TUITION ASSISTANCE AND SCHOLARSHIPS	55,000.
HISTORIC FAIR HILL INC 5501 GERMANTOWN AVE PHILADELPHIA, PA 19144		PC	THE GROW HEALTHY PROJECT	10,000.
HOLE IN THE WALL GANG FUND, INC. 555 LONG WHARF DRIVE NEW HAVEN, CT 06511		PC	CAMPERSHIPS	2,500.
HOLE IN THE WALL GANG FUND, INC. 555 LONG WHARF DRIVE NEW HAVEN, CT 06511		PC	FIRE RELIEF	1,000,000.
HOMELESS GARDEN PROJECT PO BOX 617 SANTA CRUZ, CA 95061		PC	GENERAL OPERATIONS	12,500.
Total from continuation sheets				

Part XIV 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
HOMES WITH HOPE, INC. 49 RICHMONDVILLE AVENUE SUITE 212 WESTPORT, CT 06880		PC	PROJECT RETURN	2,500.
HOPEWELL C.M.E. CHURCH/CHRISTIAN METHODIST EPISCOPAL CHURCH 3200 DALEY RD ESTILL, SC 29922		PC	HELPING HAND FOOD MINISTRY	2,500.
HORIZONS NATIONAL STUDENT ENRICHMENT PROGRAM INC 120 POST RD W #202 WESTPORT, CT 06880		PC	GENERAL OPERATIONS	25,000.
HOSPICE OF MARTHAS VINEYARD INC PO BOX 1748 79 BEACH ROAD VINEYARD HAVEN, MA 02568-0910		PC	GENERAL OPERATIONS	2,000.
HOSPICE OF SANTA CRUZ COUNTY 940 DISC D SCOTTS VALLEY, CA 95066		PC	GENERAL OPERATIONS	10,000.
I AM ALS 1200 PENNSYLVANIA AVENUE NW #14135 WASHINGTON, DC 20044		PC	CLINICAL TRIALS TEAM	5,000.
IMAGINE SUPPORTED LIVING SERVICES 9065 SOQUEL DRIVE APTOS, CA 95003		PC	GENERAL OPERATIONS	12,500.
IMMACARE INC. 168 HUNGERFORD STREET HARTFORD, CT 06106		PC	GENERAL OPERATIONS	5,000.
IMMIGRANT STORY 1126 SOUTHWEST PARK AVENUE PORTLAND, OR 97035		PC	TO BEAR WITNESS	5,000.
INTERNATIONAL FOLK ART ALLIANCE INC 620 CERRILLOS ROAD SANTA FE, NM 87505-5994		PC	COVID RELIEF PROGRAMS	5,000.
Total from continuation sheets				

Part XIV 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
INTERNATIONAL RESCUE COMMITTEE INC 122 EAST 42ND STREET NEW YORK, NY 10168		PC	GENERAL OPERATIONS	22,500.
INTERTRIBAL AGRICULTURE COUNCIL INC PO BOX 958 BILLINGS, MT 59103		PC	PROGRAM SUPPORT	75,000.
JACOBS HEART CHILDRENS CANCER SUPPORT SERVICES 680 W BEACH ST WATSONVILLE, CA 95076		PC	GENERAL OPERATIONS	5,000.
KANSAS UNIVERSITY ENDOWMENT ASSOC PO BOX 928 LAWRENCE, KS 66044-0928		PC	THE DOLE FELLOWSHIP PROGRAM	40,000.
KENYON COLLEGE 106 COLLEGE PARK DR GAMBIER, OH 43022		PC	DEPARTMENT OF DANCE, DRAMA AND FILM	50,000.
LA SOUPE INC 915 E MCMILLAN ST CINCINNATI, OH 45206		PC	GENERAL OPERATIONS	5,000.
LENSIC PERFORMING ARTS CENTER CORPORATION 211 W. SAN FRANCISCO STREET SANTA FE, NM 87501-2128		PC	CHILDREN'S OUTREACH	5,000.
LIFE LAB SCIENCE PROGRAM 1156 HIGH STREET SANTA CRUZ, CA 95064-1077		PC	GENERAL OPERATIONS	12,500.
MAKE A WISH FOUNDATION OF NEW JERSEY 1384 PERRINEVILLE RD MONROE TOWNSHIP, NJ 08831		PC	GENERAL OPERATIONS	5,000.
MAKOCE AGRICULTURE DEVELOPMENT PO BOX 163 PORCUPINE, SD 57772		PC	GENERAL OPERATIONS	30,000.
Total from continuation sheets				

Part XIV 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
MARITIME AQUARIUM AT NORWALK 10 N WATER ST NORWALK, CT 06854		PC	GENERAL OPERATIONS	75,000.
MARTHAS VINEYARD FILM SOCIETY INC 79 BEACH RD VINEYARD HAVEN, MA 02568		PC	GENERAL OPERATIONS	9,000.
MARYMOUNT MANHATTAN COLLEGE 221 E. 71ST STREET NEW YORK, NY 10021		PC	BEDFORD HILLS COLLEGE PROGRAM	20,000.
MASSACHUSETTS ADOPTION RESOURCE EXCHANGE INC 19 NEEDHAM ST SUITE 206 NEWTON, MA 02461		PC	GENERAL OPERATIONS	5,000.
MERCY LEARNING CENTER OF BRIDGEPORT INCORPORATED 637 PARK AVE BRIDGEPORT, CT 06604		PC	GENERAL OPERATIONS	10,000.
MID-FAIRFIELD CHILD GUIDANCE CENTER 100 EAST AVENUE NORWALK, CT 06851		PC	GENERAL OPERATIONS	7,500.
MOTHER HUBBARDS CUPBOARD INC 1100 W. ALLEN ST. BLOOMINGTON, IN 47403		PC	GARDEN AND NUTRITION EDUCATION	10,000.
MUSEUM OF NEW MEXICO FOUNDATION 1411 PASEO DE PERALTA SANTA FE, NM 87501-4326		PC	HISTORY & FOLK ART MUSEUMS	10,000.
NACA-INSPIRED SCHOOLS NETWORK 2301 MOUNTAIN RD NE ALBUQUERQUE, NM 87106		PC	INDIGENOUS FARM HUB PROJECT	25,000.
NATIONAL DANCE INSTITUTE, INC. 217 W 147TH ST NEW YORK, NY 10039		PC	GENERAL OPERATIONS - IN HONOR OF JUDY WESTON AND JACQUES D'AMBOISE	10,000.
Total from continuation sheets				

Part XIV 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
NATIONAL FAMILIES IN ACTION, INC. PO BOX 133136 ATLANTA, GA 30333-3136		PC	EDUCATING SCIENCE TEACHERS ABOUT DRUGS KIDS USE	7,750.
NATIVE AMERICAN FOOD SOVEREIGNTY ALLIANCE P.O. BOX 675 FLAGSTAFF, AZ 86002		PC	FOOD AND CULINARY PROGRAM	75,000.
NDN COLLECTIVE INC 408 KNOLLWOOD DR RAPID CITY, SD 57701		PC	GENERAL OPERATIONS	75,000.
NEIGHBORHOOD PLAYHOUSE INC 340 EAST 54TH STREET NEW YORK, NY 10022		PC	GENERAL OPERATIONS	25,000.
NEW CANAAN COUNTRY SCHOOL INC 635 FROGTOWN ROAD NEW CANAAN, CT 06840		PC	HORIZONS STUDENT ENRICHMENT	10,000.
NEW EYES FOR THE NEEDY 549 MILLBURN AVE SHORT HILLS, NJ 07078		PC	GENERAL OPERATIONS	5,000.
NEW MEXICO SCHOOL FOR THE ARTS ART INSTITUTE 500 MONTEZUMA AVE. SUITE 200 SANTA FE, NM 87501		PC	STUDENT TRANSPORTATION	5,000.
NEW REACH 269 PECK STREET NEW HAVEN, CT 06513		PC	SHELTER SERVICES	5,000.
NEW VENTURE FUND 1201 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036		PC	GENERAL OPERATIONS	35,000.
NEW VENTURE FUND 1201 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036		PC	ILLUMINATIVES - 2021 INDIGENOUS FUTURES SURVEY	50,000.
Total from continuation sheets				

Part XIV 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 YORK PUBLIC RADIO 160 VARICK STREET FLOOR 7 NEW YORK, NY 10013		PC	GENERAL OPERATIONS	2,500.
NEWARK ARTS COUNCIL 17 ACADEMY ST NEWARK, NJ 07102		PC	THE JAZZ EXCHANGE (CANDICE REYES)	5,000.
NORTH AMERICAN TRADITIONAL INDIGENOUS FOOD SYSTEMS 920 E. LAKE ST. MINNEAPOLIS, MN 55407		PC	GENERAL OPERATIONS	40,000.
NORTH STAR REACH 674 S. WAGNER ROAD ANN ARBOR, MI 48103		PC	GENERAL OPERATIONS IN HONOR OF JOHN MARSHALL	5,000.
NORWALK HOSPITAL FOUNDATION INC 34 MAPLE STREET NORWALK, CT 06854		PC	NURSING EDUCATION PROGRAMS	5,000.
OKIZU FOUNDATION 83 HAMILTON DRIVE, SUITE 200 NOVATO, CA 94949		PC	GENERAL OPERATIONS	20,000.
OPEN DOOR SHELTER 4 MERRITT STREET NORWALK, CT 06854		PC	GENERAL OPERATIONS	2,500.
OPERATION FREEDOM PAWS 13920 LLAGAS AVE GILROY, CA 95046		PC	GENERAL OPERATIONS	5,000.
OREGON FOOD BANK INC 7900 NE 33RD DRIVE PORTLAND, OR 97211		PC	SNAP OUTREACH AND ADVOCACY COHORT	17,000.
OREGON HEALTH AND SCIENCE UNIVERSITY FOUNDATION 2020 SW 4TH AVE SUITE 900 PORTLAND, OR 97201		PC	ACUTE LYMPHOBLASTIC LEUKEMIA RESEARCH	24,000.
Total from continuation sheets				

Part XIV 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
ORLEANS CONSERVATION TRUST 2601 TULANE AVE. SUITE 700 ORLEANS, MA 70119		PC	GENERAL OPERATIONS	2,500.
OUR SISTERS SCHOOL INC 145 BROWNELL AVE NEW BEDFORD, MA 02740		PC	COVID RELIEF PROGRAMS	25,000.
OYATE NETWORKING PROJECT INC PO BOX 316 KYLE, SD 57752		PC	PROFESSIONAL DEVELOPMENT	10,000.
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	75,000.
PAJARO VALLEY LOAVES AND FISHES 150 2ND ST WATSONVILLE, CA 95076		PC	GENERAL OPERATIONS	5,000.
PALM SPRINGS AIR MUSEUM INC 745 N GENE AUTRY TRL PALM SPRINGS, CA 92262-5464		PC	CHILDREN'S OUTREACH	5,000.
PALM SPRINGS ART MUSEUM PO BOX 2310 101 MUSEUM DRIVE PALM SPRINGS, CA 92263-2310		PC	COVID RELIEF PROGRAMS	5,000.
PALM SPRINGS OPERA GUILD OF THE DESERT 70177 HWY 111 SUITE 202 PALM SPRINGS, CA 92270		PC	OPERA IN THE PARK	5,000.
PAPER FIG FOUNDATION INC 110 LEROY ST NEW YORK, NY 10014		PC	GENERAL OPERATIONS	5,000.
PARTNERSHIP FOR A HEALTHIER AMERICA INC P.O. BOX 1200 WASHINGTON, DC 20678-9998		PC	GENERAL OPERATIONS	25,000.
Total from continuation sheets				

Part XIV 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
PARTNERSHIP WITH NATIVE AMERICANS 16415 ADDISON ROAD SUITE 200 ADDISON, TX 75001		PC	HEALTHY NATIVE YOUTH 4D LEADERSHIP PROGRAM	75,000.
PASEO ARTISTS ASSOCIATION INC. 3022 PASEO OKLAHOMA CITY, OK 73103-1021		PC	CHILDREN'S OUTREACH	5,000.
PATTISONS D R E A M ACADEMY 721 WAPPOO RD CHARLESTON, SC 29407		PC	ONE CHILD ONE DAY	5,000.
PEACE OF MIND DOG RESCUE 615 FOREST AVE, PACIFIC GROVE PACIFIC GROVE, CA 93950		PC	GENERAL OPERATIONS	2,500.
PEAK GRANTMAKING INC 1666 K ST NW STE 440 WASHINGTON, DC 20006		PC	GENERAL OPERATIONS	5,000.
PRAIRIE INDEPENDENT LIVING RESOURCE CENTER 207 NORTH FIFTH STREET HUTCHINSON, KS 58102		PC	GENERAL OPERATIONS	3,500.
PRESERVE VISION FLORIDA INC 9200 SEMINOLE BLVD SEMINOLE, FL 33772		PC	CHILDREN'S VISION SCREENING AND INTERVENTION	2,500.
PRO BONO NETWORK PO BOX 469 OAK PARK, IL 60303-0469		PC	IMMIGRATION PROGRAMS	2,500.
PROJECT ACCESS OF NEW HAVEN INC 63 YORK ST NEW HAVEN, CT 06511		PC	GENERAL OPERATIONS	2,500.
PROPRIETORS OF THE BOSTON ATHENAEUM 10-1/2 BEACON ST BOSTON, MA 02108		PC	EMPOWERING INTERNS PROGRAM	50,000.
Total from continuation sheets				

Part XIV 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
PROSPECTS OPPORTUNITY AND ENRICHMENT INC 25 PROSPECT ST RIDGEFIELD, CT 06877		PC	INTEGRATED EMPLOYMENT FOR ADULTS WITH DISABILITY	5,000.
PROVIDENCE HOUSE INC 703 LEXINGTON AVENUE BROOKLYN, NY 11221-2206		PC	GENERAL OPERATIONS	5,000.
RANCHO MIRAGE WRITERS FESTIVAL 71100 HIGHWAY 111 RANCHO MIRAGE, CA 92270-4123		PC	COVID RELIEF - VIRTUAL PROGRAMS	10,000.
RE-CENTER RACE & EQUITY IN EDUCATION 75 CHARTER OAK AVENUE SUITE 1-310 HARTFORD, CT 06106		PC	EQUITY TEAMS FOR POSITIVE SCHOOL CHANGE (ETPSC)	2,500.
RE-CENTER RACE & EQUITY IN EDUCATION 75 CHARTER OAK AVENUE SUITE 1-310 HARTFORD, CT 06106		PC	GENERAL OPERATIONS - RE-CENTER RACE & EQUITY IN EDUCATION	150,000.
RE-CENTER RACE & EQUITY IN EDUCATION 75 CHARTER OAK AVENUE SUITE 1-310 HARTFORD, CT 06106		PC	GENERAL OPERATIONS	100,000.
RID-ALL FOUNDATION INC 25411 TRYON RD. BEDFORD, OH 44146		PC	RID-ALL "FARM TO MARKET" CAPACITY BUILDING	50,000.
RISE UP INC PO BOX 1264 TAHLEQUAH, OK 74465		PC	GENERAL OPERATIONS	5,000.
ROCKEFELLER PHILANTHROPY ADVISORS 6 WEST 48TH STREET 10TH FLOOR NEW YORK, NY 10035		PC	DONOR ADVISED FUND	700,000.
ROCKEFELLER PHILANTHROPY ADVISORS 6 WEST 48TH STREET 10TH FLOOR NEW YORK, NY 10036		PC	GLOBAL PHILANTHROPY COURSE	15,000.
Total from continuation sheets				

Part XIV 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
ROUNDUP RIVER RANCH 8333 COLORADO RIVER RD AVON, CO 81637		PC	A GRATEFUL HARVEST	5,000.
RUNNING STRONG FOR AMERICAN INDIAN YOUTH 8301 RICHMOND HIGHWAY, STE 200 ALEXANDRIA, VA 22309-2324		PC	CLEAN WATER	2,500.
RUNNING STRONG FOR AMERICAN INDIAN YOUTH 8301 RICHMOND HIGHWAY, STE 200 ALEXANDRIA, VA 22309-2324		PC	MEDICINE ROOT GARDENING PROGRAM	75,000.
SAFE WATER NETWORK 122 EAST 42ND STREET 28TH FLOOR NEW YORK, NY 10168		PC	BUSINESS DEVELOPMENT	56,250.
SAFE WATER NETWORK 122 EAST 42ND STREET 28TH FLOOR NEW YORK, NY 10168		PC	GENERAL OPERATIONS	435,000.
SAFE WATER NETWORK 122 EAST 42ND STREET 28TH FLOOR NEW YORK, NY 10168		PC	JOSH WESTON INNOVATION FUND	75,000.
SAMMIES FRIENDS 14647 MCCOURTNEY RD GRASS VALLEY, CA 95949		PC	GENERAL OPERATIONS	5,000.
SANTA FE COMMUNITY FOUNDATION 501 HALONA STREET SANTA FE, NM 87505		PC	NORTHERN ROOTS	50,000.
SAVE THE KID FUND INC 455 BOSTON POST RD EAST LYME, CT 06333		PC	ROBBIES RIDERS	2,500.
SAVE THE MANATEE CLUB INC 500 N MAITLAND AVE STE 210 MAITLAND, FL 32751-4462		PC	GENERAL OPERATIONS	2,500.
Total from continuation sheets				

Part XIV 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
SAVE THE SOUND INC 900 CHAPEL STREET NEW HAVEN, CT 06510		PC	GENERAL OPERATIONS	40,000.
SCHOOL FOR ADVANCED RESEARCH 660 GARCIA ST SANTA FE, NM 87505		PC	COVID RELIEF	5,000.
SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY 800 OHLONE PKWY WATSONVILLE, CA 95076		PC	GENERAL OPERATIONS	5,000.
SERIOUS FUN CHILDRENS NETWORK INC 228 SAUGATUCK AVENUE NORWALK, CT 06880		PC	GENERAL OPERATIONS	110,000.
SERIOUS FUN CHILDRENS NETWORK INC 228 SAUGATUCK AVENUE NORWALK, CT 06880		PC	OPERATIONAL SUPPORT - SFCN SUPPORT CENTER	3,750,000.
SERIOUS FUN CHILDRENS NETWORK INC 228 SAUGATUCK AVENUE NORWALK, CT 06880		PC	THE HOLE IN THE WALL GANG CAMP	10,000.
SERIOUS FUN CHILDRENS NETWORK INC 228 SAUGATUCK AVENUE NORWALK, CT 06880		PC	THE SUPPORT CENTER	56,250.
SHARE OUR STRENGTH 1030 15TH ST NW WASHINGTON, DC 20005		PC	GENERAL OPERATIONS	10,000.
SHINING HOPE FOR COMMUNITIES INC 175 VARICK ST, 5TH FLOOR NEW YORK, NY 10014		PC	MOVEMENT-BUILDING AND CONTINUED EXPANSION	1,000,000.
SHIRLEY PROCTOR PULLER FOUNDATION INC 4133 CORTEZ WAY SOUTHST. ST PETERSBURG, FL 33712		PC	SPPF MASTR KIDS PROGRAM	22,500.
Total from continuation sheets				

Part XIV 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
SILVERMINE GUILD ARTS CENTER 1037 SILVERMINE ROAD NEW CANAAN, CT 06840		PC	GAS KILN REBUILD, CERAMICS	5,000.
SKY DOG SANCTUARY INC 23823 MALIBU RD STE 50 # 347 MALIBU, CA 90265		PC	GENERAL OPERATIONS	5,000.
SOCIETY OF THE FOUR ARTS 100 FOUR ARTS PLAZA PALM BEACH, FL 33480		PC	CHILDREN'S PROGRAMS	5,000.
SOLAR RESPONDERS INC 902 BROADWAY FL 6 NEW YORK, NY 10010		PC	GENERAL OPERATIONS	2,500.
SOUL FIRE FARM INSTITUTE INC 1972 NY HIGHWAY 2 PETERSBURG, NY 12138-6012		PC	GENERAL OPERATIONS	5,000.
SOUL FIRE FARM INSTITUTE INC 1972 NY HIGHWAY 2 PETERSBURG, NY 12138-6012		PC	UPROOTING RACISM IN THE FOOD SYSTEM, SEEDING SOVEREIGNTY	50,000.
SOUL RYEDERS INC 1091 BOSTON POST RD RYE, NY 10580-2910		PC	GIVING CIRCLE	2,500.
ST. PHILIP CHURCH 1 FATHER CONLON PL NORWALK, CT 06851		PC	THE FOOD PANTRY	10,000.
ST. VINCENT HOSPITAL FOUNDATION 455 ST MICHAELS DR 2ND FLOOR SANTA FE, NM 87505		PC	EDUCATIONAL OUTREACH	5,000.
STERLING HOUSE COMMUNITY CENTER 2283 MAIN ST, STRATFORD STRATFORD, CT 06615		PC	FOOD PANTRY	5,000.
Total from continuation sheets				

Part XIV 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
SUPPORT THE SOUPMAN P.O. BOX 825 BRIDGEWATER, MA 02324-2875		PC	SUPPORT THE SOUPMAN	2,500.
SUSTAINABLE AGRICULTURE AND FOOD SYSTEMS FUNDERS 133 E DE LA GUERRA ST #306 SANTA BARBARA, CA 93101		PC	INDIGINOUS FOOD SYSTEMS PROGRAM	50,000.
SWITCH SC PO BOX 5394 GREENVILLE, SC 29606		PC	GENERAL OPERATIONS	5,000.
SYLVIA'S STUDENTS FOUNDATION INC 86 CRANE RD CARMEL, NY 10512		PC	PRIMARY SCHOOLS	2,500.
TEACH FOR AMERICA INC 25 BROADWAY 12TH FLOOR NEW YORK, NY 10004		PC	TRAINING PROGRAMS	4,000.
TEAM RUBICON 6171 W. CENTURY BLVD., SUITE 310 SUITE 310 EL SEGUNDO, CA 90045		PC	GENERAL OPERATIONS	7,500.
THE ALS ASSOCIATION DC/MD/VA CHAPTER 30 W GUDE DR ROCKVILLE, MD 20850		PC	GENERAL OPERATIONS	5,000.
THE AQUAYA INSTITUTE 12 E SIR FRANCIS DRAKE BLVD E SAN ANSELMO, CA 94939		PC	GENERAL OPERATIONS	2,500.
THE ASHFORD VOLUNTEER FIRE DEPARTMENT INCORPORATED 46 WESTFORD RD ASHFORD, CT 06278		PC	GENERAL OPERATIONS	1,000.
THE BOYS AND GIRLS CLUB OF STAMFORD INC 347 STILLWATER AVE STAMFORD, CT 06902		PC	TEEN CENTER	5,000.
Total from continuation sheets				

Part XIV 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 CARTER CENTER INC. 453 FREEDOM PKWY NE ATLANTA, GA 30307-1496		PC	GENERAL OPERATIONS	10,000.
THE CENTER FOR FAMILY JUSTICE 753 FAIRFIELD AVE BRIDGEPORT, CT 06604		PC	PRO BONO LEGAL CENTER	2,500.
THE FOOD DEPOT 1222 A SILER ROAD SANTA FE, NM 87507		PC	FOOD FOR KIDS, COVID RELIEF	10,000.
THE FRIENDS OF GREEN CHIMNEYS 400 DOANSBURG RD BOX 719 BREWSTER, NY 10509-0719		PC	GENERAL OPERATIONS	50,000.
THE GROWHAUS 3840 YORK ST #245 DENVER, CO 80216		PC	COSECHANDO SALUD (HARVESTING HEALTH)	2,500.
THE INSTITUTE FOR GLOBAL ENVIRONMENTAL STRATEGIES INC 3033 WILSON BLVD. ARLINGTON, VA 22201		PC	CREA MONT-BLANC - LA NATURE DBOUSOLE	15,000.
THE JEWISH HOME FOR THE ELDERLY OF FAIRFIELD COUNTY INC 4200 PARK AVE BRIDGEPORT, CT 06604		PC	GENERAL OPERATIONS	10,000.
THE MANNA PROJECT INC 8791 MCBRIDE PARK COURT HARBOR SPRINGS, MI 49740		PC	MANNA FOOD BANK	7,500.
THE NEW YORK BOTANICAL GARDEN 2900 SOUTHERN BOULEVARD BRONX, NY 10458		PC	EDIBLE ACADEMY	25,000.
THE NEXT STEP FUND INC 99 BISHOP ALLEN DRIVE CAMBRIDGE, MA 02139		PC	NEXT STEP'S 3 YEAR GROWTH STRATEGY	50,000.
Total from continuation sheets				

Part XIV 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 NEXT STEP FUND INC 99 BISHOP ALLEN DRIVE CAMBRIDGE, MA 02139		PC	GENERAL OPERATIONS	2,500.
THE POINT COMMUNITY DEVELOPMENT CORPORATION 940 GARRISON AVE BRONX, NY 10474		PC	GENERAL OPERATIONS	2,500.
THE RICHSTONE CENTER INC 13634 CORDARY AVE HAWTHORNE, CA 90250		PC	SCHOOL PROGRAMS	7,500.
THE SANTA FE OPERA P.O. BOX 2408 SANTA FE, NM 87504-2408		PC	PUEBLO CHILDREN'S PROGRAM	10,000.
THE SHAKESPEARE THEATRE OF NEW JERSEY INC 3 VREELAND ROAD FLORHAM PARK, NJ 07932		PC	THE SHAKESPEARE THEATRE ACADEMY	2,500.
THE SMALLSLIVE FOUNDATION, INC 183 WEST 10 STREET BASEMENT NEW YORK, NY 10014		PC	GENERAL OPERATIONS	5,000.
THE TRUST FOR PUBLIC LAND - CT 101 WHITNEY AVE 2ND FLOOR NEW HAVEN, CT 06510		PC	GENERAL SUPPORT	5,000.
THE URBAN FOOD INITIATIVE 420 WASHINGTON STREET DORCHESTER, MA 02124		PC	HEALTHY AFFORDABLE GROCERY STORES	20,000.
THUNDER VALLEY COMMUNITY DEVELOPMENT CORPORATION PO BOX 290 PORCUPINE, SD 57772-0290		PC	DEMONSTRATION FARM	75,000.
THUNDER VALLEY COMMUNITY DEVELOPMENT CORPORATION PO BOX 290 PORCUPINE, SD 57772-0290		PC	PROFESSIONAL DEVELOPMENT	10,000.
Total from continuation sheets				

Part XIV 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
TIDES CENTER - NATIONAL FARM TO SCHOOL NETWORK PMB # 104, 8770 W. BRYN MAWR AVENUE, SUITE 1300 CHICAGO, IL 60631-3515		PC	ADVANCING RACIAL EQUITY THROUGH FARM TO SCHOOL	250,000.
TILTH ALLIANCE 4649 SUNNYSIDE AVE N STE 100 SEATTLE, WA 98103-6952		PC	FARM, MARKET AND FOOD PROGRAM	15,000.
TOLLAND FIRE DEPARTMENT INC 191 MERROW RD TOLLAND, CT 06084		PC	GENERAL OPERATIONS	1,000.
TOOLS FOR TOMORROW INC 42600 COOK ST STE 202 PALM DESERT, CA 92211		PC	CHILDREN'S OUTREACH - COVID RELIEF	2,500.
TOWN OF MANSFIELD CT 4 S EAGLEVILLE ROAD STORRS/MANSFIELD, CT 06268		PC	MANSFIELD FIRE DEPARTMENT	1,000.
TRIANGLE COMMUNITY CENTER INC 650 WEST AVE SUITE 2, NORWALK, CT 06850		PC	TRIANGLE COMMUNITY CENTER	2,500.
TROOP C CONNECTICUT STATE POLICE 1320 TOLLAND STAGE RD TOLLAND, CT 06084		PC	TROOP C CONNECTICUT STATE POLICE	1,000.
TRUSTEES OF TUFTS COLLEGE 136 HARRISON AVENUE BOSTON, MA 02111		PC	CHILDOBESITY180 COMMUNICATIONS	36,000.
TSNE MISSIONWORKS - GARDENING THE COMMUNITY PO BOX 90774 SPRINGFIELD, MA 01139		PC	GENERAL OPERATING SUPPORT & CAPACITY BUILDING	40,000.
TURNING THE TIDE 425 S 61ST ST PHILADELPHIA, PA 19143		PC	YOUTH LEADERS COUNCIL	2,500.
Total from continuation sheets				

Part XIV 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
TYPE MEDIA CENTER INC 116 EAST 16TH STREET 8TH FLOOR NEW YORK, NY 10003-0000		PC	GENERAL OPERATIONS	5,000.
UCSC/CASFS 1156 HIGH ST. SANTA CRUZ, CA 95064		PC	GENERAL OPERATIONS	20,000.
UNIFORMED PROFESSIONAL FIREFIGHTERS ASSOCIATION OF CONNECTICUT ERF 30 SHERMAN ST WEST HARTFORD, CT 06110-1915		PC	GENERAL OPERATIONS	5,000.
UNION OF CONCERNED SCIENTISTS 2 BRATTLE SQUARE CAMBRIDGE, MA 02138		PC	NATIVE AMERICAN FOOD SOVEREIGNTY	75,000.
UNITED CEREBRAL PALSY OF INLAND EMPIRE 70-017 HIGHWAY 111, SUITE 5 RANCHO MIRAGE, CA 92270		PC	COVID RELIEF PROGRAMS	5,000.
UNITED STATES WOMEN'S RUGBY FOUNDATION 1016 E. WORTHINGTON AVE CHARLOTTE, NC 28203		PC	COACHING PROGRAMS FOR GIRLS AND WOMEN	5,000.
UNITED WE DREAM NETWORK INC 1900 L STREET, NORTHWEST SUITE 900 WASHINGTON, DC 20036		PC	GENERAL OPERATIONS	20,000.
UNIVERSITY OF ARKANSAS FOUNDATION INC 535 W RESEARCH CENTER BLVD #120 FAYETTEVILLE, AR 72701		PC	INDIGENOUS FOOD AND AGRICULTURE INITIATIVE	50,000.
UNIVERSITY OF CONNECTICUT FOUNDATION INCORPORATED 55 ELIZABETH ST STORRS, CT 06105		PC	UCONN FIRE DEPARTMENT	1,000.
UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVENUE WEST HARTFORD, CT 06117		PC	GENERAL OPERATIONS	20,000.
Total from continuation sheets				

Part XIV 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
UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVENUE WEST HARTFORD, CT 06117		PC	WOMEN'S SOCCER PROGRAM	5,000.
UNIVERSITY OF NEW HAMPSHIRE FOUNDATION INCORPORATED 9 EDGEWOOD RD DURHAM, NH 03824		PC	FOOD SOLUTIONS NEW ENGLAND - 21-DAY RACIAL EQUITY CHALLENGE	10,000.
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726		PC	PROFESSIONAL DEVELOPMENT	10,000.
UPPER SACO VALLEY LAND TRUST 111 MAIN ST CONWAY, NH 03818		PC	GENERAL OPERATIONS	2,500.
URBAN CREATORS 2315 N 11TH STREET PHILADELPHIA, PA 19133-0000		PC	GENERAL OPERATING	25,000.
VIEQUES CONCERT SOCIETY CORP PO BOX 109 VIEQUES, PR 00765-0000		PC	GENERAL OPERATIONS	2,500.
VOTERIDERS 171 PIER AVENUE 313 SANTA MONICA, CA 90405-5311		PC	NATIONAL VOTER ID CLINICS	51,000.
WADSWORTH ATHENEUM MUSEUM OF ART 600 MAIN ST HARTFORD, CT 06103-2911		PC	SECOND SATURDAY PROGRAM FOR FAMILIES	10,000.
WALNUT AVENUE FAMILY & WOMENS CENTER 303 WALNUT AVE SANTA CRUZ, CA 95060		PC	GENERAL OPERATIONS	2,500.
WASHINGTON UNIVERSITY IN ST. LOUIS ONE BROOKINGS DRIVE ST. LOUIS, MO 63130		PC	GENERAL OPERATIONS	25,000.
Total from continuation sheets				

Part XIV 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
WASHINGTON UNIVERSITY IN ST. LOUIS ONE BROOKINGS DRIVE ST. LOUIS, MO 63130		PC	PERFORMING ARTS	5,000.
WATSONVILLE WETLANDS WATCH 500 HARKINS SLOUGH RD FREEDOM, CA 95076		PC	GENERAL OPERATIONS	7,500.
WELLNESS IN THE SCHOOLS INC 31 W 125TH ST NEW YORK, NY 10027		PC	SCRATCHWORKS	25,000.
WELLNESS IN THE SCHOOLS INC 31 W 125TH ST NEW YORK, NY 10027		PC	WELLNESS IN THE SCHOOLS	100,000.
WESTPORT COUNTRY PLAYHOUSE 25 POWERS COURT WESTPORT, CT 06880		PC	GENERAL OPERATIONS	35,000.
WESTPORT LIBRARY ASSOCIATION 6 HARRIS LN, WESTPORT, CT 12993		PC	GENERAL OPERATIONS	2,500.
WHOLESOME WAVE INC 855 MAIN STREET SUITE 910 BRIDGEPORT, CT 06604		PC	GENERAL OPERATIONS	5,000.
WILD CANID SURVIVAL & RESEARCH CENTER INC 6750 TYSON VALLEY RD EUREKA, MO 63025		PC	GENERAL OPERATIONS	20,000.
WILD EARTH ALLIES INC 2 WISCONSIN CIRCLE, SUITE 900 CHEVY CHASE, MD 20815		PC	GENERAL OPERATIONS	50,000.
WILLINGTON FIRE DEPARTMENT #1 426 RIVER RD WILLINGTON, CT 06279		PC	GENERAL OPERATIONS	1,000.
Total from continuation sheets				

Part XIV 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
WNET/CHANNEL 13 825 EIGHTH AVENUE NEW YORK, NY 10019		PC	GENERAL OPERATIONS	25,000.
WORLD CENTRAL KITCHEN INCORPORATED 200 MASSACHUSETTS AVE NW WASHINGTON, DC 20001		PC	GENERAL OPERATIONS	50,000.
WORLD CONNECT INC 632 BROADWAY 12TH FLOOR NEW YORK, NY 10012		PC	GENERAL OPERATIONS	2,500.
WPKN INCORPORATED 244 UNIVERSITY AVENUE BRIDGEPORT, CT 06604		PC	GENERAL OPERATIONS	5,000.
WSHU PUBLIC RADIO 5151 PARK AVE FAIRFIELD, CT 06825		PC	GENERAL OPERATIONS	20,000.
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	DEVELOPMENT FUND	2,500.
YOUTH EMPLOYMENT ACADEMY 1079 OSAGE ST. DENVER, CO 80204		PC	YOUTH NUTRITION SECURITY AND EDUCATION	10,000.
YWCA GETTYSBURG & ADAMS COUNTY 909 FAIRFIELD RD GETTYSBURG, PA 17325		PC	SCHOOL PLAYGROUND	2,500.
ZUNI YOUTH ENRICHMENT PROJECT PO BOX 447 ZUNI, NM 87327-0000		PC	HEALTHY FUTURES FOR ZUNI YOUTH	75,000.
Total from continuation sheets				

3 Grants and Contributions Paid During the Year (Continuation)

123631
11-18-21

Part XIV Supplementary Information

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

NAME OF RECIPIENT - GENEROSITY-GLOBAL INCORPORATED

PORTABLE SHOWER TRAILER FOR HOMELESS AND/OR SELFLESS SATURDAY - FOOD,
CLOTHING GIVEN TO FAMILIES.

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

▶ Attach to the corporation's tax return.

FORM 990-PF

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

2021

Name NEWMAN'S OWN FOUNDATION	Employer identification number 06-1606588
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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)	1	272,797.
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b 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	2b	
2c Credit for federal tax paid on fuels (see instructions)	2c	
d Total. Add lines 2a through 2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	272,797.
4 Enter the tax shown on the corporation's 2020 income tax return. See instructions. Caution: 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	4	337,769.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	272,797.

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 Installment due dates. 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	9	05/15/21	06/15/21	09/15/21	12/15/21
10 Required installments. 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	10	68,199.	68,200.	68,199.	68,199.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11		122,000.	61,000.	61,000.
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13		122,000.	61,000.	61,000.
14 Add amounts on lines 16 and 17 of the preceding column	14		68,199.	14,399.	21,598.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	53,801.	46,601.	39,402.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. 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	17	68,199.	14,399.	21,598.	28,797.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

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)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2021 and before 7/1/2021	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$...	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2021 and before 10/1/2021	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$...	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2021 and before 1/1/2022	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$...	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$...	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2022 and before 7/1/2022	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2022 and before 10/1/2022	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2022 and before 1/1/2023	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2022 and before 3/16/2023	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. 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	38			
		\$		778.

* 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. You can also call 1-800-829-4933 to get interest rate information.

FORM 990-PF
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) NEWMAN'S OWN FOUNDATION					Identifying Number 06-1606588
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
05/15/21	68,199.	68,199.	20	.000082192	112.
06/04/21	-61,000.	7,199.	10	.000082192	6.
06/14/21	-61,000.	-53,801.			
06/15/21	68,200.	14,399.	90	.000082192	107.
09/13/21	-61,000.	-46,601.			
09/15/21	68,199.	21,598.	90	.000082192	160.
12/14/21	-61,000.	-39,402.			
12/15/21	68,199.	28,797.	106	.000082192	251.
03/31/22	0.	28,797.	45	.000109589	142.
Penalty Due (Sum of Column F).					778.

* 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
JP MORGAN CHASE	2,088.	2,088.	
MERRILL LYNCH	5,947.	5,947.	
NEWMAN'S OWN, INC.	77,438.	77,438.	
TOTAL TO PART I, LINE 3	85,473.	85,473.	

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
IMPACT MAKERS	7,500.	0.	7,500.	7,500.	
MERRILL LYNCH	5,142.	0.	5,142.	5,142.	
OTHER	408.	0.	408.	408.	
TO PART I, LINE 4	13,050.	0.	13,050.	13,050.	

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PASS THROUGH ROYALTY INCOME FROM NO LIMIT, LLC	19,507,402.	19,507,402.	
S CORPORATION K-1 FLOW THROUGH	16,947.	0.	
PASS THROUGH INCOME FROM SOUTHOCEAN REAL ESTATE PARTNERS	-4,676.	-4,676.	
PASS THROUGH RENTAL REAL ESTATE INCOME FROM NO REAL ESTATE, LLC	48,583.	48,583.	
PASS THROUGH INCOME FROM SOUTHOCEAN REAL ESTATE PARTNERS	-354.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	19,567,902.	19,551,309.	

FORM 990-PF

LEGAL FEES

STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	112,900.	0.		123,735.
TO FM 990-PF, PG 1, LN 16A	112,900.	0.		123,735.

FORM 990-PF

ACCOUNTING FEES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	75,164.	13,535.		37,407.
TO FORM 990-PF, PG 1, LN 16B	75,164.	13,535.		37,407.

FORM 990-PF

OTHER PROFESSIONAL FEES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER PROFESSIONAL FEES	366,793.	0.		365,535.
TO FORM 990-PF, PG 1, LN 16C	366,793.	0.		365,535.

FORM 990-PF

TAXES

STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAX	269,910.	0.		0.
PAYROLL AND OTHER TAXES	97,417.	437.		130,367.
TO FORM 990-PF, PG 1, LN 18	367,327.	437.		130,367.

FORM 990-PF	OTHER EXPENSES			STATEMENT 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVERTISING	34,747.	0.		32,752.
CHARITABLE PROGRAMMING	198,059.	0.		27,567.
GENERAL ADMINISTRATIVE EXPENSES	125,588.	0.		124,759.
INFORMATION TECHNOLOGY	176,008.	0.		176,008.
MEETINGS/CONFERENCES	7,681.	0.		7,681.
OFFICE EXPENSE	22,591.	0.		16,557.
TO FORM 990-PF, PG 1, LN 23	564,674.	0.		385,324.

FORM 990-PF	OTHER DECREASES IN NET ASSETS OR FUND BALANCES	STATEMENT 9
DESCRIPTION	AMOUNT	
BOOK/TAX DIFFERENCES FROM BROKERAGE ACCOUNT - US TREASURY INTEREST		5,947.
TOTAL TO FORM 990-PF, PART III, LINE 5		5,947.

FORM 990-PF	U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS			STATEMENT 10
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
US TREASURY BILLS - ML	X		3,399,898.	3,399,898.
TOTAL U.S. GOVERNMENT OBLIGATIONS			3,399,898.	3,399,898.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			3,399,898.	3,399,898.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 11

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
PARTNERSHIP INVESTMENT INTERESTS	COST	192,784,849.	195,154,893.
TOTAL TO FORM 990-PF, PART II, LINE 13		192,784,849.	195,154,893.

FORM 990-PF

LIST OF STATES RECEIVING COPY OF RETURN

STATEMENT 12

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
PART VI-A, LINE 11

STATEMENT 13

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

SALAD KING, INC.

20-3562871

ADDRESS

ONE MORNINGSIDE DRIVE NORTH
WESTPORT, CT 06880

DESCRIPTION OF TRANSFER

DISTRIBUTION OF S CORPORATION INCOME

AMOUNT
OF TRANSFER

26,200.

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

NO LIMIT, LLC

16-1709583

ADDRESS

ONE MORNINGSIDE DRIVE NORTH
WESTPORT, CT 06880

DESCRIPTION OF TRANSFER

DISTRIBUTION OF LLC ROYALTIES

AMOUNT
OF TRANSFER

22,426,102.

TOTAL AMOUNT OF TRANSFERS FROM CONTROLLED ENTITIES

22,452,302.

FORM 990-PF

SCHEDULE OF CONTROLLED ENTITIES
PART VI-A, LINE 11

STATEMENT 14

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 VI-A, LINE 12 QUALIFYING DISTRIBUTION STATEMENT	STATEMENT 15
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EXPLANATION

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

FORM 990-PF	EXPLANATION CONCERNING PART VI-A, LINE 12 SECTION 170(C)(2)(B) STATEMENT	STATEMENT 16
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EXPLANATION

ALL GRANTS MADE VIA ROCKEFELLER PHILANTHROPY ADVISORS, INC. (RPA) ARE CONSISTENT WITH THE FOUNDATION'S GRANT MAKING PURPOSE. RPA IS UTILIZED TO RESPONSIBLY ASSIST WITH OUR INTERNATIONAL GIVING AND FUNDS ARE GENERALLY DISTRIBUTED WITHIN 12 MONTHS OR LESS.

FORM 990-PF

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

STATEMENT 17

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	DIRECTOR 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	55,811.	5,195.	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	OUTGOING ASST SECRETARY 4.00	45,176.	1,890.	0.
JENNIFER MILLONES ONE MORNINGSIDE DRIVE NORTH WESTPORT, CT 06880	OUTGOING ASST SEC / CHIEF LEGAL OFF 3.00	35,245.	2,227.	0.
JENNIFER SMITH TURNER ONE MORNINGSIDE DRIVE NORTH WESTPORT, CT 06880	OUTGOING DIRECTOR 1.00	0.	0.	0.
JOHN EVERETS ONE MORNINGSIDE DRIVE NORTH WESTPORT, CT 06880	DIRECTOR 1.00	0.	0.	0.

NEWMAN'S OWN FOUNDATION06-1606588

MICHAEL CLAYTON
ONE MORNINGSIDE DRIVE NORTH
WESTPORT, CT 06880

DIRECTOR
1.00

0. 0. 0.

MIRIAM NELSON
ONE MORNINGSIDE DRIVE NORTH
WESTPORT, CT 06880

PRESIDENT / CEO
40.00

501,331. 47,137. 0.

RAFAEL PEREZ-ESCAMILLA
ONE MORNINGSIDE DRIVE NORTH
WESTPORT, CT 06880

DIRECTOR
1.00

0. 0. 0.

SAMANTHA BURGAN
ONE MORNINGSIDE DRIVE NORTH
WESTPORT, CT 06880

ASST SECRETARY
40.00

140,835. 22,114. 0.

FOR ADDITIONAL INFORMATION
ONE MORNINGSIDE DRIVE NORTH
WESTPORT, CT 06880

SEE STATEMENT 21
0.00

0. 0. 0.

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

778,398. 78,563. 0.

GENERAL EXPLANATION

STATEMENT 18

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 2021, NO DIVIDENDS WERE PAID.

GENERAL EXPLANATION

STATEMENT 19

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 FUTURE GRANTS.

GENERAL EXPLANATION

STATEMENT 20

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

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. COMPENSATION FOR THE PRESIDENT/CEO IN 2021 INCLUDED A ONE-TIME TRANSITIONAL BONUS.

Type and Entity: SOUTHOCEAN REAL ESTATE POST-2017 NO
 Section 382 Annual Limitation

DETAIL CARRYOVER SCHEDULE

Section 382 Carryover

Year Originated	Original Carryover Amount		Total Amount Used	Amount Used for 12/31/20	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2019	2,003.		2,003.	2,003.							
B	2021	354.										
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	E S B C	Amount Used for		Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

FEIN: 06-1606588

Type and Entity: CONTRIBUTION - 50% CASH FED

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation

Section 382 Carryover

A
B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V
W

Form **990-W**
(Worksheet)**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

(and on Investment Income for Private Foundations) FORM 990-T

▶ Go to www.irs.gov/Form990W for instructions and the latest information.
▶ Keep for your records. Do not send to the Internal Revenue Service.**2022**

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2021 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	
c	2022 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	5,000.

		(a)	(b)	(c)	(d)	
11	Installment due dates. See instructions	11	05/16/22	06/15/22	09/15/22	12/15/22
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12	1,250.	1,250.	1,250.	1,250.
13	2021 Overpayment. See instructions	13	1,250.	19.		
14	Payment due (Subtract line 13 from line 12)	14		1,231.	1,250.	1,250.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)

ESTIMATED TAX	5,000.
OVERPAYMENT APPLIED	1,269.
AMOUNT DUE	3,731.

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20____

2021▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

NEWMAN'S OWN FOUNDATION

EIN or SSN

06-1606588Name and title of officer or person subject to tax **ERIC FULLER**
CFO**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here ...	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ...	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	▶ <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b 2,730.
7a Form 4720 check here	▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	▶ <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	▶ <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here ▶	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **COHNREZNICK LLP** to enter my PIN **11111**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

68297668297

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **COHNREZNICK LLP**Date ▶ **10/18/22**

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

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

OMB No. 1545-0047

► **File a separate application for each return.**
 ► **Go to 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.

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.

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

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 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
Form 990-T (corporation)	07		

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, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► ☒ calendar year **2021** 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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

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

OMB No. 1545-0047

2021Department of the Treasury
Internal Revenue Service

For calendar year 2021 or other tax year beginning _____, and ending _____

▶ Go to 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

A <input type="checkbox"/> Check box if address changed.	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number
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"/> 529A		NEWMAN'S OWN FOUNDATION	06-1606588
		Number, street, and room or suite no. If a P.O. box, see instructions. ONE MORNINGSIDE DRIVE NORTH	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code WESTPORT, CT 06880	F <input type="checkbox"/> Check box if an amended return.
		C Book value of all assets at end of year ▶ 226,904,846.	

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

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	15,446.
2 Reserved	2	
3 Add lines 1 and 2	3	15,446.
4 Charitable contributions (see instructions for limitation rules) STMT 21 STMT 22	4	1,445.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	14,001.
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	14,001.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	13,001.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	2,730.
2 Trusts taxable at trust rates. 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 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	2,730.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2021)

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		2,730.
3	Other amounts due. 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)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		2,730.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2020 overpayment credited to 2021	6a		
b	2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	4,000.	
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7	Total payments. Add lines 6a through 6g	7		4,000.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		1.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		1,269.
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax 1,269. Refunded	11		0.

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

1	At any time during the 2021 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 CANADA	Yes	No
2	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
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$	
		\$	
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a 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 6b. Also, provide any other additional information. See instructions.

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	Date	CFO Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name LISA M. CUMMINGS, CPA	Preparer's signature	Date 10/18/22	Check <input type="checkbox"/> if self-employed PTIN P00043433
	Firm's name COHNREZNICK LLP	Firm's EIN 22-1478099		
	Firm's address 621 CAPITOL MALL, SUITE 2150 SACRAMENTO, CA 95814	Phone no. 916-442-9100		

FORM 990-T

CONTRIBUTIONS

STATEMENT 21

DESCRIPTION/KIND OF PROPERTY

METHOD USED TO DETERMINE FMV

AMOUNT

VARIOUS CONTRIBUTIONS

N/A

13,597,500.

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

13,597,500.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 22

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

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2016

FOR TAX YEAR 2017

FOR TAX YEAR 2018

FOR TAX YEAR 2019

20,879,150

FOR TAX YEAR 2020

11,450,078

TOTAL CARRYOVER

32,329,228

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

13,597,500

TOTAL CONTRIBUTIONS AVAILABLE

45,926,728

TAXABLE INCOME LIMITATION AS ADJUSTED

1,445

EXCESS CONTRIBUTIONS

45,925,283

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

45,925,283

ALLOWABLE CONTRIBUTIONS DEDUCTION

1,445

TOTAL CONTRIBUTION DEDUCTION

1,445

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 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).

OMB No. 1545-0047

2021

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

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

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions		4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 23		5 -354.		-354.
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13 -354.		-354.

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

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement)	14	
15 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-354.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-354.



LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021




Part III Cost of Goods SoldEnter 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	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. 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"/>					
		A	B	C	D
2 Rent received or accrued					
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 Total rents received or accrued by property. Add lines 2a and 2b, columns A through D					
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) 		0.			
Deductions directly connected with the income					
4 in lines 2(a) and 2(b) (attach statement)					
5 Total deductions. 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"/>					
		A	B	C	D
2 Gross income from or allocable to debt-financed property					
3 Deductions directly connected with or allocable to debt-financed property					
a Straight line depreciation (attach statement)					
b Other deductions (attach statement)					
c Total deductions (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 Total gross income (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 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 		0.			
11 Total dividends-received deductions 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)
Totals			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)
Totals	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	

Schedule A (Form 990-T) 2021

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

A	
B	
C	
D	

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

		A	B	C	D
2	Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)		0.			
a					
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (B)	0.			
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				
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	0.			

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

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI	Supplemental Information (see instructions)
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FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 23

DESCRIPTION	NET INCOME OR (LOSS)
UBTI FROM PARTNERSHIP - ORDINARY BUSINESS INCOME (LOSS)	-354.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-354.

**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 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).

2
OMB No. 1545-0047

2021

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

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

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions		4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 24		5 16,946.		16,946.
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13 16,946.		16,946.

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

1 Compensation of officers, directors, and trustees (Part X)		1	
2 Salaries and wages		2	
3 Repairs and maintenance		3	
4 Bad debts		4	
5 Interest (attach statement). See instructions		5	
6 Taxes and licenses		6	
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b	
9 Depletion		9	
10 Contributions to deferred compensation plans		10	
11 Employee benefit programs		11	
12 Excess exempt expenses (Part VIII)		12	
13 Excess readership costs (Part IX)		13	
14 Other deductions (attach statement) SEE STATEMENT 25		14	1,500.
15 Total deductions. Add lines 1 through 14		15	1,500.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	15,446.
17 Deduction for net operating loss. See instructions		17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16		18	15,446.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods SoldEnter 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	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. 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	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. 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	Total deductions. 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	Total deductions (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	Total gross income (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	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11	Total dividends-received deductions 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)
Totals			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)
Totals	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	

Schedule A (Form 990-T) 2021

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 ☐

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

2 Gross advertising income

Add columns A through D. Enter here and on Part I, line 11, column (A)

0.

a

3 Direct advertising costs by periodical

a Add columns A through D. Enter here and on Part I, line 11, column (B)

0.

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

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

0.

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

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1

0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A)	INCOME (LOSS) FROM S CORPORATIONS	STATEMENT 24
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DESCRIPTION	NET INCOME OR (LOSS)
SALAD KING, INC. - ORDINARY BUSINESS INCOME (LOSS)	-2,630.
SALAD KING, INC. - NET RENTAL REAL ESTATE INCOME	58.
SALAD KING, INC. - ROYALTIES	19,527.
SALAD KING, INC. - OTHER INCOME (LOSS)	-9.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	16,946.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 25
----------------	------------------	--------------

DESCRIPTION	AMOUNT
TAX PREP FEE	1,500.
TOTAL TO SCHEDULE A, PART II, LINE 14	1,500.

FORM 990-T SCHEDULE A	DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY	STATEMENT 26
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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 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).

3
OMB No. 1545-0047

2021

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

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

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

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13	0.	

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

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

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods SoldEnter 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	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. 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	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. 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	Total deductions. 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	Total deductions (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	Total gross income (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	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11	Total dividends-received deductions 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			
		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) 0.	0.	0.	0.	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)
Totals			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)
Totals		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	

Schedule A (Form 990-T) 2021

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 ☐

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

2 Gross advertising income

Add columns A through D. Enter here and on Part I, line 11, column (A)

0.

a

3 Direct advertising costs by periodical

a Add columns A through D. Enter here and on Part I, line 11, column (B)

0.

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

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

0.

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

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1

0.

Part XI Supplemental Information (see instructions)

FORM 990-T
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)	Identifying Number				
NEWMAN'S OWN FOUNDATION				06-1606588	
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
05/15/21	683.	683.	20	.000082192	1.
06/04/21	-1,000.	-317.			
06/10/21	-1,000.	-1,317.			
06/15/21	682.	-635.			
09/13/21	-1,000.	-1,635.			
09/15/21	683.	-952.			
12/14/21	-1,000.	-1,952.			
12/15/21	682.	-1,270.			
03/31/22	0.	-1,270.	45	.000109589	
Penalty Due (Sum of Column F).					

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return.

FORM 990-T

OMB No. 1545-0123

2021

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

Name NEWMAN'S OWN FOUNDATION	Employer identification number 06-1606588
--	---

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)	1	2,730.
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b 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	2b	
2c Credit for federal tax paid on fuels (see instructions)	2c	
d Total. Add lines 2a through 2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	2,730.
4 Enter the tax shown on the corporation's 2020 income tax return. See instructions. Caution: 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	4	94,352.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	2,730.

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 Installment due dates. 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	9	05/15/21	06/15/21	09/15/21	12/15/21
10 Required installments. 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	10	683.	682.	683.	682.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11		2,000.	1,000.	1,000.
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12		635.	952.	
13 Add lines 11 and 12	13		2,000.	1,635.	1,952.
14 Add amounts on lines 16 and 17 of the preceding column	14		683.		
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	1,317.	1,635.	1,952.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. 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	17	683.			
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18		635.	952.	

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)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2021 and before 7/1/2021	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$...	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2021 and before 10/1/2021	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$...	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2021 and before 1/1/2022	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$...	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$...	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2022 and before 7/1/2022	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2022 and before 10/1/2022	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2022 and before 1/1/2023	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2022 and before 3/16/2023	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. 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	38			
		\$		1.

* 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. You can also call 1-800-829-4933 to get interest rate information.

FORM 990-T
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) NEWMAN'S OWN FOUNDATION					Identifying Number 06-1606588
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
05/15/21	683.	683.	20	.000082192	1.
06/04/21	-1,000.	-317.			
06/10/21	-1,000.	-1,317.			
06/15/21	682.	-635.			
09/13/21	-1,000.	-1,635.			
09/15/21	683.	-952.			
12/14/21	-1,000.	-1,952.			
12/15/21	682.	-1,270.			
03/31/22	0.	-1,270.	45	.000109589	
Penalty Due (Sum of Column F).					1.

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

Statement of Specified Foreign Financial Assets▶ Go to www.irs.gov/Form8938 for instructions and the latest information.

▶ Attach to your tax return.

OMB No. 1545-2195

Attachment
Sequence No. **938**For calendar year **2021** or tax year beginning and endingIf you have attached additional statements, check here ☐

Number of additional statements

1 Name(s) shown on return**NEWMAN'S OWN FOUNDATION****2** Taxpayer identification number (TIN)**06-1606588****3** Type of filer**a** ☐ Specified individual**b** ☐ Partnership**c** ☐ Corporation**d** ☐ Trust

4 If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.)

a Name**b** TIN**Part I Foreign Deposit and Custodial Accounts Summary**

5 Number of deposit accounts (reported in Part V)	1
6 Maximum value of all deposit accounts	\$ 3,552,874.
7 Number of custodial accounts (reported in Part V)	
8 Maximum value of all custodial accounts	\$
9 Were any foreign deposit or custodial accounts closed during the tax year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part II Other Foreign Assets Summary

10 Number of foreign assets (reported in Part VI)	
11 Maximum value of all assets (reported in Part VI)	\$
12 Were any foreign assets acquired or sold during the tax year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions)

(a) Asset category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
13 Foreign deposit and custodial accounts	a Interest	\$		
	b Dividends	\$		
	c Royalties	\$		
	d Other income	\$		
	e Gains (losses)	\$		
	f Deductions	\$		
	g Credits	\$		
14 Other foreign assets	a Interest	\$		
	b Dividends	\$		
	c Royalties	\$		
	d Other income	\$		
	e Gains (losses)	\$		
	f Deductions	\$		
	g Credits	\$		

Part IV Excepted Specified Foreign Financial Assets (see instructions)

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.

15 Number of Forms 3520 _____ **16** Number of Forms 3520-A _____ **17** Number of Forms 5471 _____
18 Number of Forms 8621 _____ **19** Number of Forms 8865 _____

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary
(see instructions)

If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.

20 Type of account a <input checked="" type="checkbox"/> Deposit b <input type="checkbox"/> Custodial	21 Account number or other designation 4000011682	
22 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset		
23 Maximum value of account during tax year \$ 3,552,874.		
24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
25 If you answered "Yes" to line 24, complete all that apply.		
(a) Foreign currency in which account is maintained CANADA, DOLLAR	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
26a Name of financial institution in which account is maintained JP MORGAN CHASE		b Global Intermediary Identification Number (GIIN) (Optional)
27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. TD TOWER, 66 WELLINGTON, SUITE 4500		
28 City or town, state or province, country, and ZIP or foreign postal code TORONTO ON CANADA M5K 1E7		

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 separate statement for each additional asset. See instructions.

29 Description of asset	30 Identifying number or other designation	
31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.		
a Date asset acquired during tax year, if applicable b Date asset disposed of during tax year, if applicable c <input type="checkbox"/> Check if asset jointly owned with spouse d <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset		
32 Maximum value of asset during tax year (check box that applies)		
a <input type="checkbox"/> \$0 - \$50,000 b <input type="checkbox"/> \$50,001 - \$100,000 c <input type="checkbox"/> \$100,001 - \$150,000 d <input type="checkbox"/> \$150,001 - \$200,000 e If more than \$200,000, list value \$		
33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No		
34 If you answered "Yes" to line 33, complete all that apply.		
(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
35 If asset reported on line 29 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) <input type="checkbox"/> Partnership (2) <input type="checkbox"/> Corporation (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> Estate		
d Mailing address of foreign entity. Number, street, and room or suite no.		
e City or town, state or province, country, and ZIP or foreign postal code		
36 If asset reported on line 29 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 separate statement with the same information for each additional issuer or counterparty. See instructions.		
a Name of issuer or counterparty Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty		
b Type of issuer or counterparty		
(1) <input type="checkbox"/> Individual (2) <input type="checkbox"/> Partnership (3) <input type="checkbox"/> Corporation (4) <input type="checkbox"/> Trust (5) <input type="checkbox"/> Estate		
c Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person		
d Mailing address of issuer or counterparty. Number, street, and room or suite no.		
e City or town, state or province, country, and ZIP or foreign postal code		

Power of Attorney and Declaration of Representative

OMB No. 1545-0150

For IRS Use Only

Received by:

Name _____

Telephone _____

Function _____

Date / /

► Go to www.irs.gov/Form2848 for instructions and the latest information.

Part I Power of Attorney

Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address

NEWMAN'S OWN FOUNDATION
ONE MORNINGSIDE DRIVE NORTH
WESTPORT, CT 06880

Taxpayer identification number(s)

06-1606588

Daytime telephone number

203-222-0136

Plan number (if applicable)

hereby appoints the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address

MICHAEL PEZZULLO, CPA
350 CHURCH STREET, 12TH FLOOR
HARTFORD, CT 06103

Check if to be sent copies of notices and communications ☒

CAF No. 0306-39361R

PTIN P01284361

Telephone No. 959-200-7000

Fax No. 959-200-7300

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

LISA M. CUMMINGS, CPA
400 CAPITOL MALL, SUITE 1200
SACRAMENTO, CA 95814

Check if to be sent copies of notices and communications ☒

CAF No. 9006-04703R

PTIN P00043433

Telephone No. 916-930-5250

Fax No. 916-930-5251

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

CONNOR MURPHY, CPA
350 CHURCH STREET, 12TH FLOOR
HARTFORD, CT 06103

(Note: IRS sends notices and communications to only two representatives.)

CAF No. 0312-71984R

PTIN P01718145

Telephone No. 959-200-7000

Fax No. 959-200-7300

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

CAF No. _____

PTIN _____

Telephone No. _____

Fax No. _____

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

(Note: IRS sends notices and communications to only two representatives.)

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3 Acts authorized (you are required to complete line 3). Except for the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)
INCOME TAX	FORM 990-PF	2018-2022

4 Specific use not recorded on the Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check

this box. See *Line 4. Specific Use Not Recorded on CAF* in the instructions ☐

5a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information): ☐ Access my IRS records via an Intermediate Service Provider;

☐ Authorize disclosure to third parties; ☐ Substitute or add representative(s); ☐ Sign a return;

☐ Other acts authorized: _____

- b Specific acts not authorized.** My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.
List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): _____

- 6 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this form. If you **do not** want to revoke a prior power of attorney, check here _____ ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

- 7 Taxpayer declaration and signature.** If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify I have the legal authority to execute this form on behalf of the taxpayer.

► **IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.**

CFO

Signature

Date

Title (if applicable)

ERIC FULLER

Print name

NEWMAN'S OWN FOUNDATION

Print name of taxpayer from line 1 if other than individual

Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
 - a Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant - a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent - enrolled as an agent by the IRS per the requirements of Circular 230.
 - d Officer - a bona fide officer of the taxpayer organization.
 - e Full-Time Employee - a full-time employee of the taxpayer.
 - f Family Member - a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g Enrolled Actuary - enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the IRS is limited by section 10.3(d) of Circular 230).
 - h Unenrolled Return Preparer - Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). **See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.**
 - k Qualifying Student or Law Graduate - receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student, or law graduate working in a LITC or STCP. See instructions for Part II for additional information and requirements.
 - r Enrolled Retirement Plan Agent - enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

► **IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.**

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation - Insert above letter (a-r).	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)	Signature	Date
B	CT	13786		
B	CA	56347		
B	CT	20429		

Form **2848** (Rev. 1-2021)