

Form **990-PF**

EXTENDED TO NOVEMBER 17, 2025 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 **2024**Open to Public Inspection

Department of the Treasury Internal Revenue Service For calendar year 2024 or tax year beginning and ending Name of foundation A Employer identification number NEWMAN'S OWN FOUNDATION 06-1606588 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite **B** Telephone number ONE MORNINGSIDE DRIVE NORTH 203-222-0136 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here WESTPORT, CT 06880 G Check all that apply: Initial return Initial return of a former public charity **D** 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation **H** Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: Cash X Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here ... 215, 656, 516 . (Part I, column (d), must be on cash basis.) Part I Analysis of Revenue and Expenses (c) Adjusted net (d) Disbursements for charitable purposes (b) Net investment (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) expenses per books income income (cash basis only) Contributions, gifts, grants, etc., received 319,645. N/A2 Check if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 685,313. 1,685,313. STATEMENT Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) -15,000. 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 747,000. b assets on line 6a 7 Capital gain net income (from Part IV, line 2) 0. Net short-term capital gain Income modifications Gross sales less returns 10a and allowances b Less: Cost of goods sold c Gross profit or (loss) 13,554,295. 13,547,691. STATEMENT 2 11 Other income 15,233,004. 15,544,253. 12 Total. Add lines 1 through 11 0. 556,053. 333,631. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 1,414,004. 8.846. 1,358,239. 299,121. 1,343. 294,941. 15 Pension plans, employee benefits 68,788. 46,935. 0. 16a Legal fees STMT Administrative Expenses 73,319b Accounting fees STMT 4 37,171. 10,410. c Other professional fees STMT 369,215. 0. 412,261. 17 Interest Taxes STMT 6 223,848. 0. 0. 18 Depreciation and depletion 19 86,264 0. 86,264. Occupancy 20 21 Travel, conferences, and meetings 104,677. 0. 104,677. 22 Printing and publications 23 Other expenses STMT 7 403,850. 430,604. 0. 24 Total operating and administrative 3,577,286. 20,599. 3,126,576. expenses. Add lines 13 through 23 12,000,000. 12,000,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 15,577,286 20,599. 15,126,576. Add lines 24 and 25 27 Subtract line 26 from line 12: -33,033a Excess of revenue over expenses and disbursements 15,212,405. **b Net investment income** (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions.

423501 12-06-24

Form 990-PF (2024)

Р	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End	of year
		column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	116,738.		
	2	Savings and temporary cash investments	5,172,230.	7,389,814.	7,389,814.
		Accounts receivable 19,791.			
		Less: allowance for doubtful accounts		19,791.	19,791.
		Pledges receivable		23,732	
		Less: allowance for doubtful accounts			
					
		Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons			
		Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	55,563.	125,710.	
ğ	10a	Investments - U.S. and state government obligations STMT 9	24,573,773.	20,480,758.	20,480,758.
	b	Investments - corporate stock			
		Investments - corporate bonds			
		Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation			
		Investments - mortgage loans			
	13	Investments - other STMT 10	186 125 368.	187 640 382.	187,640,443.
	14	Land buildings and aguinment basis 393 062	100/123/3001	107,010,302	107701071131
	14	Land, buildings, and equipment: basis 393,062. Less: accumulated depreciation 393,062.			
	4-	Other assets (describe DUE FROM NOI)	574.	0.	0.
		`	J/=•	0.	0.
		Total assets (to be completed by all filers - see the	216 044 246	215 656 455	215 656 516
		instructions. Also, see page 1, item I)	50 472	107 602	215,656,516.
		Accounts payable and accrued expenses	30,473.	107,003	
		Grants payable			
es		Deferred revenue			
ij		Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable	37,531.	76 601	
_	22	Other liabilities (describe STATEMENT 11)	37,331.	76,601.	
		7	00 004	101 201	
		Total liabilities (add lines 17 through 22) Foundations that follow FASB ASC 958, check here	88,004.	184,284	
ces		and complete lines 24, 25, 29, and 30.	215,956,242.	015 470 171	
auc		Net assets without donor restrictions	213,930,242.	412,111.	
Bal		Net assets with donor restrictions			
or Fund Balan		Foundations that do not follow FASB ASC 958, check here			
Ŀ		and complete lines 26 through 30.			
		Capital stock, trust principal, or current funds			
ets		Paid-in or capital surplus, or land, bldg., and equipment fund			
Ass		Retained earnings, accumulated income, endowment, or other funds	215 056 242	015 470 171	
Net Assets	29	Total net assets or fund balances	215,956,242.	215,4/2,1/1.	
_		Table Pak PP and a standard word haloss	216,044,246.	215 656 455	
=		Total liabilities and net assets/fund balances		213,030,433	
P	art	III Analysis of Changes in Net Assets or Fund Ba	llances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	29	T	
				1	215,956,242.
	•				
		amount from Part I, line 27a increases not included in line 2 (itemize) UNREALIZED GAII	NS	3	4 444
		1 0 10			0110010
		nnes 1, 2, and 3 cases not included in line 2 (itemize)		ATEMENT 8 5	
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co			44-4-4-4
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Pa	art IV Capital Gains a	and Losses for Tax on In	vestment Inc	ome						
	(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			quired lase tion (c) Date acqui (mo., day, yi		(d) Date sold (mo., day, yr.)			
1a	PUBLICLY TRADEI	SECURITIES					2			
b	IMPACT MAKERS					I	?			
С										
d										
e										
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or plus exper					(h) Gain o ((e) plus (f) r		
а	662,000.			662,00	0.					0.
b	85,000.			100,00	0.					-15,000.
С										
d										
е										
	Complete only for assets showin	g gain in column (h) and owned by t	he foundation on 1	2/31/69.				Gains (Col. (h		
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col.					k), but not le Losses (fron		
a										0.
b										-15,000.
c										
d										
е										
		(If gain, also enter	in Part I line 7		$\overline{}$					
2 (Capital gain net income or (net ca	pital loss) { If gain, also enter If (loss), enter -0:	- in Part I, line 7		. }	2				-15,000.
3 V	let chart-term canital gain or (los	ss) as defined in sections 1222(5) an			´ [
		column (c). See instructions. If (loss)					
	Part I, line 8		····		. J	3			N/A	
Pa	art V Excise Tax Bas	ed on Investment Incom	e (Section 49	940(a), 49	940(b), or	4948 - s	ee instru	ctior	ns)
1a	Exempt operating foundations of	described in section 4940(d)(2), chec	ck here	and enter "N	I/A" on	line 1.)			
	Date of ruling or determination		ach copy of letter					1		211,452.
b	All other domestic foundations	enter 1.39% (0.0139) of line 27b. Ex	empt foreign orgar	izations, ent	er		· }			
		(b)								
2	Tax under section 511 (domest	ic section 4947(a)(1) trusts and taxa	ble foundations on	ly; others, en	nter -0-	·)	········· <i>)</i>	2		0.
3								3		211,452.
4		tic section 4947(a)(1) trusts and tax						4		0.
5		me. Subtract line 4 from line 3. If ze						5		211,452.
6	Credits/Payments:		, , , , , , , , , , , , , , , , , , , ,							
		nd 2023 overpayment credited to 20	24	6a		191	L,396.			
		tax withheld at source		6b			0.			
		tension of time to file (Form 8868)		6c		70),545.			
d		y withheld		6d			0.			
7	Total credits and payments. Add	d Barre Or House als Od		•				7		261,941.
8		ment of estimated tax. Check here						8		589.
9		and 8 is more than line 7, enter amo u		io attaonoa				9		
10		than the total of lines 5 and 8, enter						10		49,900.
11		e: Credited to 2025 estimated tax	2 0.01p		900) .	Refunded	11		0.
				- 1					F	orm 990-PF (2024)

any political campaign? 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 1 ar 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. c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. c Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. c Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. c Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. c Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. c Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. c Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. d D. d Has the foundation made any changes, not previously peep reported to the IRS; in its governing instrument, articles of incorporation, or bysaws, or other similar instruments? If 'Yes,' attach attach active the state act		11 VI A CLASSICAL TO GALLANIS / ICAN TRACE			
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 to connection with the activities. c Did the foundation file Form 1120-POL for this year? (1) On the foundation \(\sigma \) and political expenditures (section 4955) imposed during the year: (1) On the foundation \(\sigma \) and by the foundation during the year for political expenditure tax imposed on foundation managers. \(\sigma \) \(\text{or } \) = there the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \(\sigma \) \(\text{or } \) \(\text{or } \) = that the foundation managers. \(\sigma \) \(\text{or } \) \(\text{or } \) = that the foundation managers and any activities that have not previously been reported to the IRS? If 'Yes, 'attach a detailed description of the activities. 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 A bid the foundation have unrelated business gross income of \$1,000 or more during the year? 4b If 'Yes,' tast if filed a fax return on Form 990-T for this year? If 'Yes,' attach the statement required by <i>General Instruction T</i> . A return required by <i>General Instruction T</i> . A return required by <i>General Instruction T</i> , 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 powerning instrument. By the through of the tax year of the tax year year of the tax year year year year year year year year	1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
b Did it spend more than \$100 during the year (either directly) 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. Did the foundation managers. D. C. Has the foundation on agoaged in any activities that have not previously been reported to the IRS? If "Yes," and a detailed description of the activities. Has the foundation have unrelated business gross income of \$1,000 or more during the year? Abilityes, "that if it is at return on Form 990-T for this year? So was there a liquidation, retimination, dissolution, or substantial contraction during the year? For yes, attach the statement required by General Instruction T. Are the requirements of section 508(c) (relating to section 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? By 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 By the foundation claiming status as a private operating foundation which the meaning of section 4942(l)(5) or 4942(l)(5) for calendar year 2012 or the tax year beginning in 2014? See the instructions of Part XIVI. If "Yes," complete Part XIVI. Did the foundation claiming status as a private operating foundation whin the meaning of section 4942(l)(5) or 4942(l)(5) for calend		any political campaign?	1a		X
distributed by the foundation in connection with the activities. b Id the foundation file Form 1120-P0. (b) this year? (1) On the foundation in \$ 0. (2) On foundation managers. \$ 0. e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0. e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0. e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0. e That the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0. Has the foundation made any changes, not previously reported to the IRS; ni its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes 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 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 the statement required by General Instruction of or more during the year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? 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, 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? By state legislation that effectively amends the governing instrument or of each state as required by Ge	b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		X
c Did the foundation file Form 1120-PDL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0. effect the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0. effect the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0. effects of the provided of the IRS? If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS? If "Yes," attach a detailed description of the activities. 3 Has the foundation make any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bytaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," attach the statement required by General Instruction T. 6 What there a liquidation, termination, dissolution, or substantial contraction during the year? 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either; 9 by language in the governing instrument, or 9 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? 5 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 General Instruction of 91 if NO," attach explanation 9 Is the foundation calcining status as a private operating foundation within the meaning of section 4942(i)(3) or 4942(i)(5) for calendar year 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII 9 If Yes," attach statement, See instructions		If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
c Did the foundation file Form 1120-PDL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0. effect the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0. effect the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0. effects of the provided of the IRS? If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS? If "Yes," attach a detailed description of the activities. 3 Has the foundation make any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bytaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," attach the statement required by General Instruction T. 6 What there a liquidation, termination, dissolution, or substantial contraction during the year? 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either; 9 by language in the governing instrument, or 9 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? 5 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 General Instruction of 91 if NO," attach explanation 9 Is the foundation calcining status as a private operating foundation within the meaning of section 4942(i)(3) or 4942(i)(5) for calendar year 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII 9 If Yes," attach statement, See instructions		distributed by the foundation in connection with the activities.			
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. S	C		1c		Х
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0 \cdot \$ 0 \cdo \$ 0 \cdot \$ 0 \cdo \$ 0 \cdo \$ 0 \cdot \$ 0					
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0. 2 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 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 detailed description of the activities. 3 Has the foundation have unrelated business gross income of \$1,000 or more during the year? 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4b X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 6 Are the requirements of section 508(c) (relating to sections 4941 through 4945) satisfied either: 8 By language in the governing instrument, or 9 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, or 9 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, or 9 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? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part III, ool. (c), and Part XIV 7 X 8a Enter the states as required by *General Instructions** Or *Form** 990-PF to the Attorney General (or designate) of each state as required by *General Instructions** Or *Part XIII. If "Yes," complete Part XIII 10 Did any persons become substantial contributors during the tax year? If "Yes," attach excluded institutions for Part XIII. If "Yes," complete Part XIII 9 Did the foundation on the sact achies she decide listing the names and advisory privileges					
managers. \$ 0. 2 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. 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	е				
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. 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 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," attach the statement required by General Instruction T. 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: 9 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, or 9 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? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If Yes," complete Part III, col. (c), and Part XIV 7 X 8a Enter the states to which the foundation reports or with which it is registered. See instructions. SEE STATEMENT 12 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 General Instruction GP If "No," attach explanation 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 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII 9 Justine during the year, of different private, and a section 4942(j)(3) or 4942(j)(5) for calendar year 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII 10 Did any persons beco	·				
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 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," has it filed a tax return on Form 990-T for this year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 6 Yes, "attach the statement required by *General Instruction T.* 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? 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 7 X X 8a Enter the states to which the foundation reports or with which it is registered. See instructions. 8 EE STATEMENT 12 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 *General Instruction GP II*No,* attach explanation of each state as required by *General Instruction GP II*No,* attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(5) for calendar year 2024 or the tax year beginning in 20247 See the instructions for Part XIII. If "Yes," complete Part XIII. 9 If "Yes," attach as the during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section \$12(b)(13)? If "Yes," attach schedule. See instructions \$ STATEMENT 13 STMT 14 11 X 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a dis	2		2		х
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 4 Bid the foundation have unrelated business gross income of \$1,000 or more during the year? 4 Bid Has the foundation have unrelated business gross income of \$1,000 or more during the year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 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? 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 7 X 8a Enter the states to which the foundation reports or with which it is registered. See instructions. SEE STATEMENT 12 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 General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(I)(5) for calendar year 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII 9 Did any persons become substantial contributors during the tax year? If "Yes," attach exclude letting their names and addresses 10 If the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions SEE STATEMENT 15 SEE STATEMENT 16 12 X 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Verbsite address WWW. NEWMANSOW	-		_		
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year 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII. Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions STATEMENT Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions SEE STATEMENT Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW · NEWMANSOWN · ORG Telephone no. 203-222-0136 Located at ONE MORNINGSIDE DRIVE NORTH, WESTPORT, CT Telephone no. 203-222-0136 ZIP+4 Do 880 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country	٥		OD	21	
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11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions STATEMENT Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions SEE STATEMENT Did the foundation comply with the public inspection requirements for its annual returns and exemption application? The books are in care of ERIC FULLER Located at ONE MORNINGSIDE DRIVE NORTH, WESTPORT, CT Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country	10				X
section 512(b)(13)? If "Yes," attach schedule. See instructions STATEMENT 13 STMT 14 11 X			10		^
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions SEE STATEMENT 15 SEE STATEMENT 16 12 X 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW NEWMANSOWN ORG 14 The books are in care of ERIC FULLER Located at ONE MORNINGSIDE DRIVE NORTH, WESTPORT, CT Section 4947(a)(1) nonexempt charitable trusts filling Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 15 N/A 16 At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filling requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country	11			v	
If "Yes," attach statement. See instructions SEE STATEMENT 15 SEE STATEMENT 16 12 X 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW NEWMANSOWN ORG 14 The books are in care of ERIC FULLER Located at ONE MORNINGSIDE DRIVE NORTH, WESTPORT, CT Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 15 At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country	10				
13 X Website address WWW.NEWMANSOWN.ORG WWW.NEWMANSOWN.ORG 14 The books are in care of ERIC FULLER Telephone no. 203-222-0136 Located at ONE MORNINGSIDE DRIVE NORTH WESTPORT CT ZIP+4 06880 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 15 N/A 16 At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority over a bank, Yes See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country	12	The foundation make a distribution to a donor advised fund over which the foundation of a disqualified person had advisory privileges?	40	v	
Website address WWW.NEWMANSOWN.ORG 14 The books are in care of ERIC FULLER Telephone no. 203-222-0136 Located at ONE MORNINGSIDE DRIVE NORTH, WESTPORT, CT ZIP+4 06880 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 15 N/A 16 At any time during calendar year 2024, 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? 16 See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country	40	II res, attach statement. See instructions Did the foundation county with the cubic inscretion are instructed for its county to the county in the cubic inscretion are instructed.			
Telephone no. 203-222-0136 Located at ONE MORNINGSIDE DRIVE NORTH, WESTPORT, CT Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 15 N/A 16 At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country	13		13	Λ	
Located at ONE MORNINGSIDE DRIVE NORTH, WESTPORT, CT Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 15 N/A 16 At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country			2 0	1 2 6	
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 15 N/A 16 At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country	14			130	
and enter the amount of tax-exempt interest received or accrued during the year 15 N/A 16 At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country	4-		000		
At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country	15	The I	.	/ 2\	Ш
securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country	10		TA		No
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country	16		40	162	X
foreign country			16		Λ
			rm 990)-PF	(2024)

Form 990-PF (2024) NEWMAN'S OWN FOUNDATION	06-1606588		Page 5
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)?	1a(5)		X
(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(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		Х
c Organizations relying on a current notice regarding disaster assistance, check here			
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 2024?	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 2024, did the foundation have any undistributed income (Part XII, lines			
6d and 6e) for tax year(s) beginning before 2024?	2a		X
If "Yes," list the years,,,,,			
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
statement - see instructions.)	N/A 2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the year?	3a	Х	
b If "Yes," did it have excess business holdings in 2024 as a result of (1) any purchase by the foundation or disqualified persons afte	r		
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dis 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,	pose		
Schedule C, to determine if the foundation had excess business holdings in 2024.)	3b		х
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose			
had not been removed from jeopardy before the first day of the tax year beginning in 2024?			х
	Form 99 0)-PF	

423541 12-06-24

Form 990-PF (2024) NEWMAN'S OWN FOUNDATION			06-1606	588	I	Page 6
Part VI-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired _{(contine}	ued)			
5a During the year, did the foundation pay or incur any amount to:					Yes	-
(1) Carry on propaganda, or otherwise attempt to influence legislation (section				5a(1)		X
(2) Influence the outcome of any specific public election (see section 4955); o				- /-		37
any voter registration drive?				5a(2)		X
(3) Provide a grant to an individual for travel, study, or other similar purposes				5a(3)		X
(4) Provide a grant to an organization other than a charitable, etc., organization				Eo/4\		Х
4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious, charitable, scientific, literary,	or advectional purposes, or fe			5a(4)		
				5a(5)		х
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 uni	der the excentions described i	n Ragulations		Ja(J)		22
section 53.4945 or in a current notice regarding disaster assistance? See instru	·	-	N/A	5b		
c Organizations relying on a current notice regarding disaster assistance, check h	iere		····· - ·/·	0.5		
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi						
expenditure responsibility for the grant?			N/A	5d		
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?				6a		Х
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b		Х
If "Yes" to 6b, file Form 8870.						
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?			7a		Х
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$						
excess parachute payment(s) during the year?				8		X
Part VII Information About Officers, Directors, Truste	es, Foundation Mar	nagers, Highly				
Paid Employees, and Contractors						
1 List all officers, directors, trustees, and foundation managers and the	· · · · · · · · · · · · · · · · · · ·	(a) Companyation	(d) Contributions to		() [
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plan and deferred	s a	(e) Exp ccount,	other
	to position	`enter`-0-)´	compensation	-	allowai	nces
SEE STATEMENT 17		556,053.	F2 627			0.
SEE STATEMENT IT		330,033.	32,021	+		<u> </u>
				+		
2 Compensation of five highest-paid employees (other than those inc	uded 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 plan and deferred compensation	s a	(e) Exp ccount, allowai	other
EMILY YU - ONE MORNINGSIDE DRIVE	CHIEF PARTNER	SHIP & PRO	·	וליי		
NORTH, WESTPORT, CT 06880	40.00	207,953.	44,319			0.
JACLYN BLACKBIRD - ONE MORNINGSIDE	INDIGENOUS CO					
DRIVE NORTH, WESTPORT, CT 06880	40.00	125,484.	32,768			0.
	FINANCE DIREC					
DRIVE NORTH, WESTPORT, CT 06880	24.00	127,865.	26,718			0.
	MONITORING, E	VAL & LEAI	RNING OF	TTI	ER	
MORNINGSIDE DRIVE NORTH, WESTPORT,	40.00	116,792.	32,783			0.
JENNIFER MILLONES - ONE MORNINGSIDE	CHIEF LEGAL O	FFICER				
DRIVE NORTH, WESTPORT, CT 06880		T				
DRIVE NORTH, WESTFORT, CT 00000	20.00	118,060.	9,325	<u>. </u>		<u> </u>

Paid Employees, and Contractors (continued)	on Managers, righty	
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
JO EHRENREICH CONSULTING LLC		
27 ST MARKS PL #2, BROOKLYN, NY 11217	CONSULTING SERVICE	ES 83,399.
AGILE CLOUD CONSULTING - 276 5TH AVENUE SUITE		
704 - 3080, NEW YORK, NY 10001	CONSULTING SERVICE	ES 60,356.
BEYOND ADVISORS, LLC - 200 SOUTH WACKER DRIVE	SOCIAL IMPACT	
- SUITE 2700, CHICAGO, IL 60606	CONSULTING SERVICE	ES 57,750.
RSM US LLP	_AUDIT AND CONSULTI	NG
5155 PAYSPHERE CIRCLE, CHICAGO, IL 60674	SERVICES	52,500.
CJC INSIGHTS, LLC - 215 EAST 120TH STREET FL	$_$ PUBLIC RELATIONS 8	
3, NEW YORK, NY 10035	COMMUNICATIONS	50,750.
Total number of others receiving over \$50,000 for professional services		1
Part VIII-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produce.		Expenses
1 N/A		
2		
3		
4		
Part VIII-B Summary of Program-Related Investments	<u></u>	
Describe the two largest program-related investments made by the foundation during the tax year on li	nes 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total, Add lines 1 through 3		0.

Р	art IX Minimum Investment Return (All domestic foundation	ations must comp	olete this part. Foreign fo	undation	ns, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out ch	aritable, etc., purpo	ses:		
а	Average monthly fair market value of securities			1a	22,464,877.
b	Average of monthly cash balances			1b	7,887,793.
C	Fair market value of all other assets (see instructions)			1c	187,785,944.
d	Total (add lines 1a, b, and c)			1d	218,138,614.
е	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	218,138,614.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for great	ater amount, see ins	structions)	4	3,272,079.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3			5	214,866,535.
6				6	10,743,327.
P	art X Distributable Amount (see instructions) (Section 494)	2(j)(3) and (j)(5) pr	ivate operating foundations	and certa	in
	foreign organizations, check here and do not complete th	nis part.)			
1	Minimum investment return from Part IX, line 6			1	10,743,327.
2a	Tax on investment income for 2024 from Part V, line 5	2a	211,452. 982.		
b	Income tax for 2024. (This does not include the tax from Part V.)	2b	982.		
C	Add lines 2a and 2b			2c	212,434.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	10,530,893.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	10,530,893.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and o	n Part XII, line 1		7	10,530,893.
P	art XI Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc.				15 106 556
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26 $$			1a	15,126,576.
b				1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out cl	haritable, etc., purp	oses	2	
3	Amounts set aside for specific charitable projects that satisfy the:				
	Suitability test (prior IRS approval required)			3a	
b	Cash distribution test (attach the required schedule)			3b	
4				4	15.126.576.

Form **990-PF** (2024)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2023	(c) 2023	(d) 2024
1 Distributable amount for 2024 from Part X,	237722	, san a protest sa		-
line 7				10,530,893.
2 Undistributed income, if any, as of the end of 2024:			•	
a Enter amount for 2023 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2024:		0.		
a From 2019 15,687,489.				
b From 2020 4,643,165.				
c From 2021 6,636,839.				
d From 2022 6,698,164.				
e From 2023 4,056,475.				
f Total of lines 3a through e	37,722,132.			
4 Qualifying distributions for 2024 from				
Part XI, line 4: \$ 15,126,576.				
a Applied to 2023, 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 2024 distributable amount				10,530,893.
e Remaining amount distributed out of corpus	4,595,683.			
5 Excess distributions carryover applied to 2024 (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:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	42,317,815.			
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.		
assessed d Subtract line 6c from line 6b. Taxable		•		
amount - see instructions		0.		
e Undistributed income for 2023. Subtract line		•		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2024. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2025				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 2019 not applied on line 5 or line 7	15,687,489.			
9 Excess distributions carryover to 2025.	, ,			
Subtract lines 7 and 8 from line 6a	26,630,326.			
10 Analysis of line 9:				
a Excess from 2020 4,643,165.				
b Excess from 2021 6,636,839.				
c Excess from 2022 6,698,164.				
d Excess from 2023 4,056,475.				
e Excess from 2024 4,595,683.				
				Form 990-PF (2024)

Form **990-PF** (2024)

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Part XIII	Private Operating Fo	oundations (see ins	structions and Part VI-	A, question 9)	N/A	
1 a If the for	undation has received a ruling or	r determination letter that	it is a private operating			
foundati	on, and the ruling is effective for	2024, enter the date of t	he rulina			
	ox to indicate whether the found				4942(j)(3) or 49	942(j)(5)
	e lesser of the adjusted net	Tax year	g roundanon docombod n	Prior 3 years	<u> </u>	
	from Part I or the minimum	(a) 2024	(b) 2023	(c) 2022	(d) 2021	(e) Total
	ent return from Part IX for	()	()			
	ar listed					
	05) (1) 0					
•	85) of line 2a					
	ng distributions from Part XI,					
	or each year listed					
	s included in line 2c not					
	ectly for active conduct of					
	activities					
e Qualifyir	ng distributions made directly					
	e conduct of exempt activities.					
Subtract	line 2d from line 2c					
	te 3a, b, or c for the					
	alternative test - enter:					
	ue of all assets					
	ue of assets qualifying ler section 4942(j)(3)(B)(i)					
	nent" alternative test - enter					
2/3 of m shown i	inimum investment return n Part IX, line 6, for each year					
	t" alternative test - enter:					
	al support other than gross					
	estment income (interest,					
	dends, rents, payments on					
	urities loans (section (a)(5)), or royalties)					
(2) Supand	port from general public 5 or more exempt					
org	anizations as provided in					
	tion 4942(j)(3)(B)(iii)					
. ,	gest amount of support from					
	exempt organization					
	ss investment income	uma ati ana 10 amanalar	la Alaia mantanti i	t the formulation	had CE OOO as man	
Part XIV	Supplementary Informat any time during the			the foundation	nad \$5,000 or moi	re in assets
			<u> </u>			
	ation Regarding Foundation	-				
	managers of the foundation who			ibutions received by the	foundation before the clos	e of any tax
- '	t only if they have contributed m	1016 tilali \$5,000). (366 Si	5011011 507 (u)(2).)			
NONE						
	managers of the foundation who			or an equally large porti	on of the ownership of a pa	artnership or
	tity) of which the foundation has	s a 10% or greater interes	τ.			
NONE						
2 Informa	ation Regarding Contribution	on, Grant, Gift, Loan,	Scholarship, etc., Pro	ograms:		
Check h					s not accept unsolicited red	quests for funds. If
the foun	dation makes gifts, grants, etc.,	to individuals or organiza	tions under other conditi	ons, complete items 2a,	b, c, and d.	
a The nam	ne, address, and telephone numb	er or email address of th	e person to whom applica	ations should be addres	sed:	
b The form	n in which applications should b	e submitted and informat	ion and materials they sh	ould include:		
			, , , , , , , , , , , , , , , , , , , ,			
c Anv suh	mission deadlines:					
- 7 my 5 db						
d Anv rest	rictions or limitations on awards	s, such as hy deodraphica	l areas, charitable fields	kinds of institutions or	other factors:	
= 7 m/y 1000		., as aj geograpino	oas, sharrasio noido,			

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Part XIV Supplementary Information 3 Grants and Contributions Paid During the Ye		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	**	
a Paid during the year				
CHARITYVEST - ABOVE THE CLOUDS		PC	GENERAL OPERATIONS	
125 ACCESS ROAD NORWOOD, MA 02062				10,000
,				
CHARITYVEST - AMERICAN INDIAN		PC	AMERICAN INDIAN	
RESOURCE CENTER INC			RESOURCE CENTER	
110 WEST CHOCTAW			-TRADITIONAL CHEROKEE	
TAHLEQUAH, OK 74464-3800			ECOLOGICAL KNOWLEDGE (T-CEK) FOR YOUTH	25 000
			(1-CER) FOR TOUTH	25,000
CHARITYVEST - APPALACHIAN MOUNTAIN		PC	GENERAL OPERATIONS	
ADVOCATES PO BOX 507				
LEWISBURG, WV 24901-0507				10,000
ELMIDESKO, WV E1901 CSCV				10,000
CHARITYVEST - ASPETUCK LAND TRUST INC		PC	GENERAL OPERATIONS	
PO BOX 444				
WESTPORT, CT 06881				30,000
CHARITYVEST - ATLANTIC SALMON		PC	OPERATIONAL SUPPORT	
FEDERATION			FOR COMMUNITY BASED	
PO BOX 807			RIVER RESTORATION	
CALAIS, ME 04619-0807				10,000
	TINUATION SHEE	T(S)		12,000,000
b Approved for future payment				
NONE				
Total	ı	1		C

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		led by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	1,685,313.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income		7,037.	15	13,547,258.	
8 Gain or (loss) from sales of assets other than inventory			18	-15,000.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		7,037.		15,217,571.	0.
13 Total . Add line 12, columns (b), (d), and (e)				13 <u></u>	15,224,608.
(See worksheet in line 13 instructions to verify calculations.)					

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

Form **990-PF** (2024)

Form 990-PF (2024) NEWMAN'S OWN FOUNDATION 06-1606588 Page 13 Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: Х (1) Cash X (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization Х 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) X (3) Rental of facilities, equipment, or other assets 1b(3) X (4) Reimbursement arrangements 1b(4) X (5) Loans or loan guarantees X (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (a) Line no. (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? **b** If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge Under penalties of perjury, I declare that I have examined this return, including accompanying solocology 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. ASST TREASURER / May the IRS discuss this return with the preparer shown below? See instr. Sign

Phone no. 781-380-3520 Form **990-PF** (2024)

X Yes

P01340068

PTIN

Firm's EIN 33-3709623

Here

Paid

Preparer

Use Only

Signature of officer or trustee

Preparer's name

JOLANTA TUCK

Firm's name COHNREZNICK ADVISORY LLC

BRAINTREE, MA 02184

Firm's address 350 GRANITE STREET,

SUITE 1200

Date

CFO

Date

Title

10/08/25

Check [

self-employed

Preparer's signature

Part XIV Supplementary Information			_	
3 Grants and Contributions Paid During the Ye	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contribution	7 iiii dant
CHARITYVEST - BIG SUR LAND TRUST		₽C	COMMUNITY AND YOUTH	
509 HARTNELL ST			PROGRAMS AT BIG SUR	
MONTEREY, CA 93940-2825			LAND TRUST	37,500.
,				,
			2777777 07777777	
CHARITYVEST - BLACK GIRLS COOK		PC	GENERAL OPERATIONS	
2516 OAKLEY AVENUE				F0 000
BALTIMORE, MD 21215				50,000.
CHARITYVEST - BOYS AND GIRLS CLUBS OF		₽C	GENERAL OPERATIONS	
PALM BEACH COUNTY INC				
800 NORTHPOINT PARKWAY SU SUITE 204				
WEST PALM BEACH, FL 33407-1978				15,000.
			DT DT TT (DDD	
CHARITYVEST - CALIFORNIA INDIAN		PC	BI DU KA WI (BABY	
MUSEUM & CULTURAL CENTER			ACORNS): RECONNECTING	
5250 AERO DR			NATIVE YOUTH WITH	25 000
SANTA ROSA, CA 95403-8069		PC	TRADITIONAL FOODS	25,000.
CHARITYVEST - CALIFORNIA STATE		PC	INDIGI-LICIOUS FOR	
UNIVERSITY SAN MARCOS FOUNDATION			NATIVE YOUTH:	
333 S TWIN OAKS VALLEY RD			DECOLONIZING YOUR	
SAN MARCOS, CA 92096-0001			PLATE, ONE BITE AT A	50,000.
			11111	30,000.
CHARITYVEST - CAMP QUALITY NEW		PC	2025 WINTER CAMP	
ZEALAND			PROGRAMS	
55 WALLS DRIVE, SUITE 302				
FAIRFIELD, CT 06824				57,000.
CHARITYVEST - CASCADE EDUCATIONAL		PC	SECURING BROADCAST	
BROADCAST SERVICE			ACCESS FOR UNDERSERVED	
PO BOX 12147			VOICES (107.1	
PORTLAND, OR 97212-0147			PURCHASE)	12,500.
				, -
CHARITYVEST - CASCADE PACIFIC		PC	OREGON FARM TO SCHOOL:	
RESOURCE CONSERVATION & DEVELOPMENT			BUILDING CAPACITY TO	
PO BOX 2630			SUPPORT NOURISHING	
CORVALLIS, OR 97339-2630			SCHOOL MEALS	100,000.
CHARITYVEST - CENTER FOR ECOLITERACY		₽C	CALIFORNIA FOOD FOR	
2150 ALLSTON WAY 270			CALIFORNIA KIDS	
BERKELEY, CA 94704				50,000.
CHARITYVEST - CENTRAL COUNCIL OF		PC	EMPOWERING TLINGIT &	•
TLINGIT & HAIDA INDIAN TRIBES OF			HAIDA YOUTH THROUGH	
ALASKA			TRADITIONAL FOODS	
9097 GLACIER HWY				
JUNEAU, AK 99801				50,000.
Total from continuation sheets				11,915,000.

Part XIV Supplementary Information				
3 Grants and Contributions Paid During the Ye	ar (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	- Contribution	
CHARITYVEST - CHEF ANN FOUNDATION		PC	THE LUNCH BOX	
485 CONESTOGA CT., #110F SUITE 110F				
BOULDER, CO 80301				100,000.
CHARITYVEST - CHEYENNE RIVER YOUTH		PC	GENERAL OPERATIONS	
PROJECT				
PO BOX 410				
EAGLE BUTTE, SD 57625-0410				100,000
				·
CHARITYVEST - CHICKAHOMINY INDIAN		PC	CHICKAHOMINY INDIAN	
TRIBE OF VIRGINIA			TRIBE SUMMER CULTURE	
3200 LOTT CARY ROAD			CAMP 2025	
PROVIDENCE FORGE, VA 23140				50,000
CHARITYVEST - CHILDHOOD CANCER		₽C	CAMP CRYSTAL	
UPPORT				
55 WALLS DRIVE, SUITE 302				
AIRFILED, CT 06824				42,000
HARITYVEST - CHILDREN OF ARMENIA		PC	INVESTING IN RURAL	
FUND, INC			FUTURES: ENHANCING	
149 FIFTH AVENUE, ROOM 500			FAMILY SUPPORT AND	
NEW YORK, NY 10010-6826			EDUCATION IN RURAL	
			ARMENIA	30,000
CHARITYVEST - COLLEGE OF THE ATLANTIC		PC	COLLEGE OF THE	
105 EDEN ST COA			ATLANTIC ANNUAL FUND	
BAR HARBOR, ME 04609-1136				20,000
CHARITYVEST - COMMUNITY FOOD		PC	LUNCH 4 LEARNING:	
ADVOCATES INC			BUILDING THE MOST	
15 BROADWAY, 5TH FLOOR			INNOVATIVE SCHOOL	
NEW YORK, NY 10006			MEALS PROGRAM THROUGH	
			COMMUNITY PARTNERSHIPS	100,000
CHARITYVEST - COMMUNITY HEALTH		PC	CHILD GUIDANCE CENTER	
ENTER, INC			OF SOUTHERN CT -	
75 MAIN STREET			MENTAL HEALTH SERVICES	
MIDDLETOWN, CT 06457			FOR KIDS	10,000
HARITYVEST - CONNECT US, INC		₽C	CONNECT-US AFTERSCHOOL	
355 MAIN STREET 10TH FLOOR			PROGRAMS	
BRIDGEPORT, CT 06604-4915				10,000
HARITYVEST - CONNECTICUT WOMEN'S		PC	EDUCATING, EMPOWERING	
ALL OF FAME INC			INSPIRING CT'S FUTURE	
320 FITCH ST SCHWARTZ HALL, B - 3				10 000
(SCSU) NEW HAVEN, CT 06515-1306		I		10,000

Part XIV Supplementary Information				
3 Grants and Contributions Paid During the Ye		Т		
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
CHARITYVEST - COVE COMMUNITIES SENIOR ASSOCIATION 73750 CATALINA WAY PALM DESERT, CA 92260-2906	or substantial contributor	PC	ARTHUR NEWMAN THEATRE PROGRAMMING	10,000.
CHARITYVEST - COWLITZ INDIAN TRIBE HHS 1055 9TH AVENUE P.O. BOX 2547 LONGVIEW, WA 98632		₽C	COWLITZ INDIAN TRIBE - COMMUNITY GARDEN FOR NATIVE YOUTH AND FAMILIES	50,000.
CHARITYVEST - DAKOTA RURAL ACTION PO BOX 549 BROOKINGS, SD 57006-0549		PC	SOUTH DAKOTA FARM TO SCHOOL OPERATIONS	25,000.
CHARITYVEST - DEBRA AUSTRALIA 55 WALLS DRIVE, SUITE 302 FAIRFIELD, CT 06824		PC	CAMP FOR DEBRA FAMILIES	32,000.
CHARITYVEST - DELAWARE COUNTY COMMUNITY PARTNERSHIP INC PO BOX 450277		PC	INDIGENOUS FOODS YOUTH PROGRAMMING	
GROVE, OK 74345-0277 CHARITYVEST - DETROIT FOOD & ENTREPRENEURSHIP ACADEMY 4444 2ND AVE DETROIT, MI 48201-1216		PC	GROWING DETROIT FOOD ACADEMY'S FOOD SOVEREIGNTY CURRICULUM AND YOUTH-LED ADVOCACY EFFORTS	25,000. 50,000.
CHARITYVEST - DREAM OF WILD HEALTH 1308 E FRANKLN AVE STE 203 SUITE 203 MINNEAPOLIS, MN 55404-2924		PC	FOOD JUSTICE PROGRAMMING FOR NATIVE YOUTH AND FAMILIES	100,000.
CHARITYVEST - EARTH ISLAND INSTITUTE INC 2150 ALLSTON WAY, SUITE 460 BERKELEY, CA 94704-1375		PC	MISSISSIPPI FARM TO SCHOOL NETWORK GENERAL OPERATIONS	100,000.
CHARITYVEST - EASTERN CAROLINA HOMELESSNESS ORGANIZATION INC PO BOX 1275 MYRTLE BEACH, SC 29578-1275		PC	ECHO YOUTH HOMELESS PROJECT	10,000.
CHARITYVEST - EDUCATION AND HOPE PO BOX 486 NORWALK, CT 06856		PC	GENERAL OPERATIONS	
TOTALLE, CI 00000	L	1		20,000.

Part XIV Supplementary Information	(-)			
3 Grants and Contributions Paid During the Ye	T .			
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
name and address (name or sacrifica)	or substantial contributor	recipient		
CHARITYVEST - END HUNGER CONNECTICUT		PC	POWER OF FOOD IN	
INC.			schools - Y2	
800 CONNECTICUT BOULEVARD SUITE 302A				
EAST HARTFORD, CT 06108				100,000
CHARITYVEST - FAMILY SERVICES OF THE		PC	WEEKEND MEALS FOR	
DESERT INC 14080 PALM DR STE E			HUNGRY KIDS	
DESERT HOT SPRINGS, CA 92240-6851				10,000
CHARITYVEST - FEED SEVEN GENERATIONS		PC	FEEDING OUR PEOPLE AND	20,000
3156 GARFIELD STREET			FUTURE GENERATIONS:	
ENUMCLAW, WA 98022			FOOD SYSTEM PROGRAMS	
			AND LEADERSHIP	
			DEVELOPMENT FOR NATIVE	25,000
CHARITYVEST - FIRST NATIONS		₽C	NAFSI YOUTH - NATIVE	
DEVELOPMENT INSTITUTE 2432 MAIN STREET FLOOR 2 FLR 2			FARM TO SCHOOL	
LONGMONT, CO 80501-1101				100,000
ECNOMONI, CO 00301 1101				100,000
CHARITYVEST - FOOD 4 FARMERS		PC	GENERAL OPERATIONS	
70 S WINOOSKI AVE STE 1W # 312				
BURLINGTON, VT 05401-3969				10,000
CHARITYVEST - FOOD RESEARCH & ACTION		₽C	ADVANCING HEALTHY	
CENTER			SCHOOL MEALS FOR ALL	
11 DUPONT CIRCLE NW #500				
WASHINGTON, DC 20036				250,000
CHARITYVEST - FOODWHAT INCORPORATED		PC	NUTRITION EDUCATION	
FOODWHAT INC1156 HIGH ST			AND YOUTH EMPOWERMENT	
SANTA CRUZ, CA 95064			PROGRAMMING	100,000
CHARITYVEST - FRANKLIN G.		PC	ART EDUCATION OUTREACH	
BURROUGHS-SIMEON B. CHAPIN ART MUSEUM			TO UNDERSERVED	
3100 S OCEAN BLVD			CHILDREN	
MYRTLE BEACH, SC 29577-4858		L _		15,000
CHARITYVEST - FRESHFARM MARKETS INC		₽C	FRESHFARM FOODPRINTS:	
655 NEW YORK AVE NW WEWORK 6TH FLO			JUSTICE THROUGH EXPERIENTIAL FOOD	
WASHINGTON, DC 20001-4593			EDUCATION IN	
			WASHINGTON, DC	50,000
				,
CHARITYVEST - FRIENDS OF THE CULTURAL		PC	MCCALLUM THEATRE	
CENTER INC			EDUCATION FOR CHILDREN	
73000 FRED WARING DR				40.000
PALM DESERT, CA 92260-2800		I	i l	10,000

Part XIV Supplementary Information				
3 Grants and Contributions Paid During the Ye		T		
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
CHARITYVEST - GARDEN 31 COMMUNITY INITIATIVE INC 143 E 5TH AVE ESCONDIDO, CA 92025	or substantial contributor	PC	GARDEN 31'S YOUTH G.R.O.W.E.R. RESILIENCE	10,000.
CHARITYVEST - GEORGIA ORGANICS INC 200 OTTLEY DR NE STE A ATLANTA, GA 30324-3968		PC	GEORGIA ORGANICS FARM TO SCHOOL INNOVATION MINI GRANTS	100,000.
CHARITYVEST - GREATER NEWARK CONSERVANCY INC 32 PRINCE ST NEWARK, NJ 07103-3005		PC	BUILDING YOUTH LEADERSHIP IN NEWARK'S FOOD JUSTICE MOVEMENT	100,000.
CHARITYVEST - GREEN BRONX MACHINE INTERNATIONAL INC 3935 BLACKSTONE AVE APT 12G BRONX, NY 10471-3723		PC	GENERAL OPERATIONS	95,000.
CHARITYVEST - GREEN VILLAGE INITIATIVE INC 135 CLARENCE ST		PC	YOUTH LEADERSHIP PROGRAM	
BRIDGEPORT, CT 06608-2227 CHARITYVEST - GROUNDWORK CENTER FOR RESILIENT COMMUNITIES INC 148 E FRONT ST STE 301 NEW ADDRESS: 414 E EIGHTH ST, SUITE 204, TRAVERSE CI TRAVERSE CITY, MI 49684-5726		PC	MICHIGAN-GROWN FRUITS, VEGETABLES, AND DRY BEANS FOR K- 12 + BIRTH TO 5	50,000.
CHARITYVEST - GROW DAT YOUTH FARM 1 PALM DR NEW ORLEANS, LA 70124-4608		PC	GROW DAT YOUTH FARM LEADERSHIP PROGRAMS	75,000.
CHARITYVEST - GUIDE DOGS NSW/ACT 55 WALLS DRIVE, SUITE 302 FAIRFIELD, CT 06824		PC	TWO OUTDOOR ADVENTURE CAMPS FOR CHILDREN	27,000.
CHARITYVEST - HARLEM GROWN, INC 127TH WEST 127TH STREET, ROOM 418 ANNEX NEW YORK, NY 10027		PC	FOOD JUSTICE AND NUTRITION EDUCATION FOR YOUTH	100,000.
CHARITYVEST - HEALTHY HARVEST OF NORTH IOWA PO BOX 705		PC	ELEVATING FARM TO SCHOOL IN NORTH IOWA	F0.055
CLEAR LAKE, IA 50428				50,000.

Part XIV Supplementary Information				
3 Grants and Contributions Paid During the Ye	ar (Continuation)	_		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
CHARITYVEST - HIGHLAND HALL		PC	HIGHLAND HALL WALDORF	
INCORPORATED			SCHOOL TUITION	
17100 SUPERIOR STREET			ASSISTANCE AND	
NORTHRIDGE, CA 91325-1911			SCHOLARSHIP PROGRAMS	
			FOR UNDERSERVED	40,000.
CHARITYVEST - HOMELESS GARDEN PROJECT		PC	TRANSITIONAL	
PO BOX 617			EMPLOYMENT ON ORGANIC FARM THAT SUPPORTS	
SANTA CRUZ, CA 95061-0617			UNDERSERVED FAMILIES	
			AND CHILDREN	12,500.
CHARITYVEST - HOONAH INDIAN		PC	GROWING HOONAH YOUTH	12,300.
ASSOCIATION			GROWERS: INDIGENOUS	
310 HILL STREET			FOOD JUSTICE AND	
HOONAH, AK 99829			SUSTAINABILITY	
,			INITIATIVE IN RURAL	50,000.
				•
CHARITYVEST - IMAGINE SUPPORTED		PC	GENERAL OPERATIONS	
LIVING SERVICES				
9065 SOQUEL DRIVE				
APTOS, CA 95003				10,000.
CHARITYVEST - INTERNATIONAL FOLK ART		PC	GENERAL OPERATIONS	
ALLIANCE INC				
620 CERRILLOS RD				
SANTA FE, NM 87505-3028		1		10,000.
CHARITYVEST - INTERNATIONAL RESCUE		PC	GENERAL OPERATIONS	
COMMITTEE				
122 EAST 42ND STREET, 12TH FLOOR				
NEW YORK, NY 10168-0002				20,000.
				,
CHARITYVEST - INTERTRIBAL AGRICULTURE		PC	REGENERATIVE	
COUNCIL			AGRICULTURE	
PO BOX 958			PROGRAMMING FOR NATIVE	
BILLINGS, MT 59103-0958			YOUTH	50,000.
CHARITYVEST - IWIKUA		PC	COMMUNITY YOUTH GARDEN	
PO BOX 851			FARM PROGRAM	50.000
WAIMEA, HI 96796		1		50,000.
CHARITYVEST - KAKE TRIBAL HERITAGE		PC	INDIGENOUS YOUTH	
FOUNDATION			NUTRITION SECURITY IN	
PO BOX 263			KAKE, SOUTHEAST ALASKA	
KAKE, AK 99830-0500			,	60,000.
				•
CHARITYVEST - KERES CHILDREN'S		PC	GENERAL OPERATIONS	
LEARNING CENTER				
PO BOX 113				
COCHITI, NM 87072				50,000.
Total from continuation sheets				

Part XIV Supplementary Information				
3 Grants and Contributions Paid During the Ye	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
CHARITYVEST - KIDS EMPOWERED BY YOUR SUPPORT, INC.		PC	KEYS MUSIC FOR LIFE	
2200 NORTH AVENUE				
BRIDGEPORT, CT 06604				10,000.
CHARITYVEST - LENSIC PERFORMING ARTS		PC	LENSIC PERFORMING ARTS	
CENTER CORPORATION			CENTER EDUCATIONAL	
211 W. SAN FRANCISCO ST SANTA FE, NM 87501			PROGRAMS	10,000.
SMIN II, MY 07301				10,000.
CHARITYVEST - LIFE LAB SCIENCE		PC	GENERAL OPERATIONS	
PROGRAM				
1156 HIGH ST				
SANTA CRUZ, CA 95064-1077				12,500.
CHARITYVEST - MA KA HANA KA IKE		PC	YOUTH AGRICULTURE AND	
BUILDING PROGRAM			CULINARY EDUCATION AND	
PO BOX 968			TRAINING	
HANA, HI 96713-0968				75,000.
CHARITYVEST - MAKOCE AGRICULTURE		PC	NOURISHING TRADITION	
DEVELOPMENT			AND INNOVATION: A	
PO BOX 163 PORCUPINE, SD 57772-0163			HOLISTIC APPROACH TO MODERN INDIGENOUS FOOD	
TORROTTAL, DD STATE OFFI			SYSTEMS DEVELOPMENT ON	100,000.
				,
CHARITYVEST - MANNA FOOD PROJECT INC		PC	FOOD 4 KIDS BACKPACK	
8791 MCBRIDE PARK DR			PROGRAM	12 500
HARBOR SPRINGS, MI 49740-9697				12,500.
CHARITYVEST - MANNA FOOD PROJECT INC		₽C	FOOD 4 KIDS BACKPACK	
8791 MCBRIDE PARK DR			PROGRAM	
HARBOR SPRINGS, MI 49740-9697				12,500.
CHARITYVEST - MARIPOSA DR FOUNDATION		PC	MARIPOSA CENTER FOR	
PO BOX 425			GIRLS	
ITHACA, NY 14851				20,000.
CHARITYVEST - MARTHA GRAHAM SCHOOL		PC	DANCE EDUCATION FOR	
CONTEMPORARY DANCE 316 EAST 63RD STREET			YOUNG ARTISTS	
NEW YORK, NY 10021				10,000.
·				•
CHARITYVEST - MARYMOUNT MANHATTAN		PC	MARYMOUNT MANHATTAN	
COLLEGE			COLLEGE BEDFORD HILLS	
221 E 71ST ST			COLLEGE PROGRAM	10 000
NEW YORK, NY 10021-4597				10,000.
Total from continuation sheets				

Part XIV Supplementary Information				
3 Grants and Contributions Paid During the Ye				
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
CHARITYVEST - MERCY LEARNING CENTER OF BRIDGEPORT, INC 637 PARK AVE	or substantial contributor	PC	GENERAL OPERATIONS	
BRIDGEPORT, CT 06604-4611				10,000.
CHARITYVEST - METLAKATLA INDIAN COMMUNITY 8TH & 900 MILTON ST		PC	CONNECTING INDIGENOUS YOUTH AND ELDERS TO SUSTAINABLE FOOD	15.000
METLAKATLA, AK 99926			SYSTEMS	15,000.
CHARITYVEST - MOSAIC FILM EXPERIENCE PO BOX 888246 GRAND RAPIDS, MI 49588		PC	NOURISHING NARRATIVES: 100 YOUTH FILMS FOR JUSTICE	80,000.
CHARITYVEST - NALWOODI DENZHONE: STRENGTH AND BEAUTY COMMUNITY PO BOX 758		PC	SAN CARLOS APACHE HEALTHY FOOD SYSTEMS AND YOUTH EDUCATION	100 000
GLOBE, AZ 85502-0758			PROJECT	100,000.
CHARITYVEST - NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DR		PC	WIND RIVER TRIBAL BUFFALO INITIATIVE YOUTH EDUCATION	
RESTON, VA 20190-5361			PROGRAM	55,000.
CHARITYVEST - NATIVE AMERICANS IN PHILANTHROPY 323 WASHINGTON AVENUE NORTH, #200		PC	INDIGENOUS TOMORROWS	
MINNEAPOLIS, MN 55401-2206				500,000.
CHARITYVEST - NEIGHBORHOOD PLAYHOUSE 340 E 54TH ST		PC	GENERAL OPERATIONS	
NEW YORK, NY 10022-5017				50,000.
CHARITYVEST - NEW CANAAN COUNTRY SCHOOL INC		PC	HORIZONS AT NEW CANAAN	
635 FROGTOWN RD NEW CANNAAN, CT 06840-4418				10,000.
CHARITYVEST - NEW MEXICO SCHOOL FOR THE ARTS ART INSTITUTE 500 MONTEZUMA AVE		PC	STUDENT TRANSPORTATION PROGRAM	
SANTA FE, NM 87501-2504				10,000.
CHARITYVEST - NEW YORK PUBLIC RADIO 160 VARICK STREET, 9TH FL		PC	GENERAL OPERATIONS	
NEW YORK, NY 10013-1220				10,000.

Part XIV Supplementary Information				
3 Grants and Contributions Paid During the Ye	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contribution	7 iiii Gaine
CHARITYVEST - NO GREATER SACRIFICE		PC	SUPPORTING THE	
FOUNDATION			CHILDREN OF FALLEN AND	
1101 PENNSYLVANIA AVE NW STE 300			SEVERELY WOUNDED	
WASHINGTON, DC 20004-2582			MILITARY WITH	
			EDUCATIONAL FUNDING	10,000.
CHARITYVEST - NORTH AMERICAN		₽C	INDIGENOUS FOOD	
TRADITIONAL INDIGENOUS FOOD SYSTEMS			EDUCATION AND ACCESS	
920 E. LAKE STREET, #107			FOR INDIGENOUS YOUTH	
MINNEAPOLIS, MN 55407				100,000.
CHARITYVEST - OCEANIC ASCENT		PC	GUAHAN SUSTAINABLE	200,000.
EDUCATION INC D/B/A GUHAN SUSTAINABLE			CULTURE PROGRAMMING	
CULTURE			FOR YOUTH	
PO BOX 1607				
HAGATNA, GU 96913				100,000.
CHARITYVEST - OKIZO FOUNDATION		PC	CAMP OKIZU OPERATIONS	
83 HAMILTON DRIVE, SUITE 200				
NOVATO, CA 94949-5674				10,000.
CHARITYVEST - OKLAHOMA CONTEMPORARY		₽C	OKLAHOMA CONTEMPORARY	
ARTS CENTER INC			ARTS CENTER CAMP	
11 NW 11TH ST			CONTEMPORARY	
OKLAHOMA CITY, OK 73103-0000			SCHOLARSHIPS	10,000.
CHARITYVEST - OREGON HEALTH & SCIENCE		PC	GENOMIC ANALYSES OF	
UNIVERSITY FOUNDATION			PRIMARY SPECIMENS FROM	
2020 SW 4TH AVE STE 900			ACUTE LYMPHOBLASTIC	
PORTLAND, OR 97201			LEUKEMIA	40,000.
CHARITYVEST - OUR SISTERS SCHOOL		PC	ENHANCING EDUCATIONAL	
145 BROWNELL AVE			OPPORTUNITIES OF	
NEW BEDFORD, MA 02740-1654			ECONOMICALLY	
			DISADVANTAGED MIDDLE	
			SCHOOL GIRLS	25,000.
CHARITYVEST - PAINTED DESERT		₽C	PROMOTING NUTRITION	
DEMONSTRATION PROJECTS			AND INDIGENOUS FOOD	
145 LEUPP RD			SOVEREIGNTY THROUGH	
FLAGSTAFF, AZ 86004-8501			SCHOOL GARDENING	50,000.
I ENGELINIT, INC. COURT COOL			Seneral Simplifies	30,000.
CHARITYVEST - PALM SPRINGS AIR MUSEUM		PC	EDUCATION PROGRAMS	
INC				
745 N GENE AUTRY TRL				
PALM SPRINGS, CA 92262-5464				10,000.
CHARITYVEST - PALM SPRINGS OPERA		PC	OPERA IN THE PARK	
GUILD OF THE DESERT				
PO BOX 5022				15 000
PALM SPRINGS, CA 92263-5022	1			15,000.
Total from continuation sheets				

Part XIV Supplementary Information				
3 Grants and Contributions Paid During the Ye	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
CHARITYVEST - PARTNERSHIP WITH NATIVE		PC	GROWING YOUTH IN FOOD	
AMERICANS			SOVEREIGNTY:	
16415 ADDISON RD STE 200 SUITE 200			INDIGENOUS FOODWAYS	
ADDISON, TX 75001-3203			FOOD SOVEREIGNTY	E0 000
			INITIATIVE	50,000.
CHARITYVEST - PHOENIX RENAISSANCE		PC	RACEPATH COMMUNITY	
INC.			LEARNING CENTER	
1690 RACEPATH STREET				
MYRTLE BEACH, NC 29577				25,000.
CHARITYVEST - PLANET WALK		PC	GENERAL OPERATIONS	
PO BOX 24				10 000
INVERNESS, CA 94937				10,000.
CHARITYVEST - PROVIDENCE HOUSE INC		PC	GENERAL OPERATIONS	
703 LEXINGTON AVE				
BROOKLYN, NY 11221-2206				10,000.
CHARITYVEST - RANCHO MIRAGE WRITERS		PC	RANCHO MIRAGE YOUNG	
FESTIVAL			WRITERS FESTIVAL	
71-100 HIGHWAY 111				
RANCHO MIRAGE, CA 92270-0000		DG.	DULL DING GLDLGIMV DOD	15,000.
CHARITYVEST - RED CLIFF BAND OF LAKE SUPERIOR CHIPPEWA		PC	BUILDING CAPACITY FOR THE NEXT SEVEN	
88455 PIKE ROAD			GENERATIONS OF YOUTH	
BAYFIELD, WI 54814			AT MINO BIMAADIZIIWIN	
,			TRIBAL FARM	75,000.
				·
CHARITYVEST - RED FEATHER DEVELOPMENT		PC	HEALTHY HOMES FOR	
GROUP			FAMILIES AND CHILDREN	
2501 N. 4TH STREET SUITE 17				
FLAGSTAFF, AZ 86004				10,000.
CHARITYVEST - RIDE A WAVE FOUNDATION		₽C	GENERAL OPERATIONS	
INC			GENERAL OFERATIONS	
849 ALMAR AVE C 324				
SANTA CRUZ, CA 95060-5875				10,000.
·				, ,
CHARITYVEST - RIVENDELL SCHOOL		PC	GENERAL OPERATIONS	
277 3RD AVENUE				
BROOKLYN, NY 11215				10,000.
CHARITYVEST - SAVE THE SOUND INC		PC	GENERAL OPERATIONS	
127 CHURCH STREET SUITE 2202				
NEW HAVEN, CT 06880				15,000.
Total from continuation sheets				-

3 Grants and Contributions Paid During the Ye		Г		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Hamo and address (nome of basiness)	or substantial contributor	recipient		
CHARITYVEST - SAVE THE SOUND INC		PC	PROTECTING THE LONG	
127 CHURCH STREET SUITE 2202			ISLAND SOUND REGION	
NEW HAVEN, CT 06880			FOR ALL	25,000
CHARITYVEST - SERIOUSFUN CHILDREN'S		₽C	GENERAL OPERATIONS	
VETWORK				
230 EAST AVENUE, SUITE 107				
NORWALK, CT 06885				50,000
CHARITYVEST - SERIOUSFUN CHILDREN'S		PC	GENERAL OPERATIONS	
NETWORK				
230 EAST AVENUE, SUITE 107 NORWALK, CT 06885				125,000
tokwillik, el socos				123,000
CHARITYVEST - SERIOUSFUN CHILDREN'S		PC	CAMP BOGGY CREEK	
NETWORK				
230 EAST AVENUE, SUITE 107				
NORWALK, CT 06885				10,000
CHARITYVEST - SERIOUSFUN CHILDREN'S		₽C	OVER THE WALL, UK	
NETWORK			, ,	
230 EAST AVENUE, SUITE 107				
NORWALK, CT 06885				200,000
NUADIMVIROM CICANOII COMMINITMV		₽C	TNODER CINC HILL TRAILON	
CHARITYVEST - SICANGU COMMUNITY DEVELOPMENT CORPORATION		PC	INCREASING UTILIZATION OF TRADITIONAL FOODS	
27565 RESEARCH PARK DRIVE PO BOX 236			IN SCHOOL MEALS	
MISSION, SD 57555-0000			IN SCHOOL MEMBS	50,000
				00,000
CHARITYVEST - SNOQUALMIE INDIAN TRIBE		PC	INDIGENOUS FOODS	
9571 ETHAN WADE WAY SE			PROGRAM FOR YOUTH	F0 000
SNOQUALMIE, WA 98065				50,000
CHARITYVEST - SOUL FIRE FARM		PC	YOUTH PROGRAMS	
INSTITUTE INC				
1972 NY HIGHWAY 2				
PETERSBURG, NY 12138-6012				50,000
CHARITYVEST - SOUTHERN POVERTY LAW		₽C	LEARNING FOR JUSTICE	
CENTER INC				
400 WASHINGTON AVE				
MONTGOMERY, AL 36104-4344				10,000
			DD0.77007 F777	
CHARITYVEST - SOUTHWEST ORGANIZING		PC	PROJECT FEED THE HOOD	
PROJECT			YOUTH PROGRAMMING	
211 10TH ST SW ALBUQUERQUE, NM 87102-2919				100,000
Total from continuation sheets	I .	l	1	

Part XIV Supplementary Information				
3 Grants and Contributions Paid During the Ye				
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
CHARITYVEST - SUST AINA BLE MOLOKAI PO BOX 250 KAUNAKAKAI, HI 96748-0250	OI SUDSTAINTAL CONTINUED	PC	FARM TO FOOD ASSISTANCE SUPPORT PROJECT FOR NATIVE	
			YOUTH AND FAMILIES	25,000
CHARITYVEST - TEXAS TRIBAL BUFFALO PROJECT 2463 FM 1296 WAELDER, TX 78959-0701		PC	RESTORING OUR KINSHIP WITH BUFFALO: PROGRAMS FOR TEXAS INDIGENOUS LINEAL DESCENDANT YOUTH	50,000
CHARITYVEST - THE AUTISM COMMUNITY IN ACTION 17752 SKY PARK CIRCLE 140 IRVINE, CA 92614.		PC	GENERAL OPERATIONS	15,000.
CHARITYVEST - THE EDIBLE SCHOOLYARD PROJECT 1517 SHATTUCK AVE BERKELEY, CA 94709-1516		PC	GROWING HEALTHY MINDS AND A HEALTHY PLANET	10,000.
CHARITYVEST - THE MONTANA PARTNERSHIP TO END CHILDHOOD HUNGER INC. 2936 FERGUSON AVENUE BOZEMAN, MT 59718.		PC	BUILDING RURAL SCHOOL NETWORKS	50,000
CHARITYVEST - THE NEW SCHOOL TISHMAN ENVIRONMENT AND DESIGN CENTER 66 WEST 12TH STREET NEW YORK, NY 10011		PC	NEW UNIVERSITY IN EXILE CONSORTIUM	10,000
CHARITYVEST - THE NEXT STEP FUND INC 99 BISHOP ALLEN DR CAMBRIDGE, MA 02139-3428		PC	NEXT STEP NYC CAMPFERENCE PROGRAM SUPPORT	15,000.
CHARITYVEST - THE NORWALK ART SPACE INC. 455 WEST AVE NORWALK, CT 06850-4001		₽C	ART AND MUSIC EDUCATION FOR UNDERSERVED YOUTH	30,000.
CHARITYVEST - THE RICHSTONE CENTER INC 13620 CORDARY AVE		PC	CLINICAL THERAPY FOR ABUSED CHILDREN	10.500
HAWTHORNE, CA 90250-7409 CHARITYVEST - THE RICHSTONE CENTER INC 13620 CORDARY AVE		PC	CLINICAL THERAPY FOR ABUSED CHILDREN	12,500.
HAWTHORNE, CA 90250-7409				12,500.
Total from continuation sheets				

Part XIV Supplementary Information				
3 Grants and Contributions Paid During the Ye				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
CHARITYVEST - THE SANTA FE OPERA		PC	PUEBLO OPERA PROGRAM	
301 OPERA DR			FOR YOUTH	
SANTA FE, NM 87506-2823				15,000.
CHARITYVEST - THE SHIRLEY PROCTOR		PC	M.A.S.T.R. KIDS	
PULLER FOUNDATION			PROGRAM	
4133 CORTEZ WAY S				25 000
ST. PETERSBURG, FL 33712-4020				25,000.
CHARITYVEST - THIRD SECTOR NEW		PC	MASSACHUSETTS FARM TO	
ENGLAND, INC.			SCHOOL: NEW VOICES IN	
89 SOUTH ST STE 700			THE MA FOOD FOR MA	
BOSTON, MA 02111-2679			KIDS COALITION	65,000.
CHARITYVEST - TIDES CENTER		PC	NATIONAL FARM TO	-
1012 TORNEY AVENUE			SCHOOL NETWORK:	
SAN FRANCISCO, CA 94129-1755			ADVANCING FARM TO	
			SCHOOL AND EARLY	
			CHILDHOOD EDUCATION	100,000.
CHARITYVEST - TYPE MEDIA CENTER INC		PC	GENERAL OPERATIONS	
30 IRVING PLACE, 10TH FLOOR		FC	GENERAL OFERATIONS	
NEW YORK, NY 10003				20,000.
10KK, HI 10003				20,000.
CHARITYVEST - UCSC CENTER FOR		₽C	STUDENT LEADERSHIP	
AGROECOLOGY			DEVELOPMENT PROGRAM	
1156 HIGH ST.				
SANTA CRUZ, CA 95064				10,000.
CHARITYVEST - UNIVERSITY OF ARKANSAS		PC	2024 IFAI NATIVE YOUTH	
FOUNDATION INC			IN FOOD AND	
535 W RESEARCH CENTER BLVD STE 120			AGRICULTURE LEADERSHIP	
FAYETTEVILLE, AR 72701-6944			SUMMITS INDIGENOUS AND	
GUAD TEMMINATE INTERPRETATION OF ADVISOR OF		7.0	LOCAL FOODS	20,000.
CHARITYVEST - UNIVERSITY OF ARKANSAS		PC	2025 IFAI NATIVE YOUTH	
FOUNDATION INC			IN FOOD AND	
535 W RESEARCH CENTER BLVD STE 120			AGRICULTURE LEADERSHIP	
FAYETTEVILLE, AR 72701-6944			SUMMITS INDIGENOUS AND LOCAL FOODS	20,000.
			233111 1 3322	20,000.
CHARITYVEST - UNIVERSITY OF MINNESOTA		PC	2025 NATIVE AMERICAN	
FOUNDATION			NUTRITION CONFERENCE	
200 OAK ST SE STE 500 PO BOX 860266				
MINNEAPOLIS, MN 55455-2010				50,000.
CUAD TOWN THE THE TABLE			GENERAL OPERATIONS	
CHARITYVEST - UPSTATE FOREVER		PC	GENERAL OPERATIONS	
507 PETTIGRU ST GREENVILLE, SC 29601-3116				10,000.
Total from continuation sheets	I	I		10,000.

Part XIV Supplementary Information				
3 Grants and Contributions Paid During the Ye	1			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
CHARITYVEST - URBAN SCHOOL FOOD		PC	GENERAL OPERATIONS	
ALLIANCE			SENDICID OF BRITTONS	
1612 K STREET NW 200				
WASHINGTON, DC 20006				50,000.
CHARITYVEST - VERY SPECIAL KIDS		PC	LORD SOMERS CAMPS FOR	
55 WALLS DRIVE, SUITE 302			CHILDREN	
FAIRFIELD, CT 06842				42,000.
CHARITYVEST - VIVIAN BEAUMONT		PC	LINCOLN CENTER THEATER	
THEATER, INC. DBA LINCOLN CENTER			OPEN STAGES EDUCATION	
THEATER			PROGRAM FOR YOUTH	
150 W 65TH STREET				
NEW YORK, NY 10023-6916				25,000.
CHARITYVEST - VOTERIDERS		PC	VOTER ID EDUCATION AND	
171 PIER AVE 313			OUTREACH IN OHIO AND	
SANTA MONICA, CA 90405-5311			WISCONSIN	40,000.
			201717277172 111 D 117 H 7	
CHARITYVEST - WABANAKI HEALTH AND		PC	CONNECTING WABANAKI	
WELLNESS INC			YOUTH TO FOOD AS	
PO BOX 1356 16 CENTRAL			MEDICINE	EE 000
BANGOR, ME 04402-1356 CHARITYVEST - WAI-ANAE COMMUNITY		PC	MA'O MA'ONA MEA'AI - A	75,000.
RE-DEVELOPMENT CORPORATION		PC	COLLABORATIVE APPROACH	
PO BOX 441			TO ENSURING AN	
			ABUNDANCE OF	
WAIANAE, HI 96792-0441			NUTRITIOUS ORGANIC	25 000
			NOTRITIOUS ORGANIC	25,000.
CHARITYVEST - WASHINGTON UNIVERSITY		PC	A.E. HOTCHNER FESTIVAL	
IN ST. LOUIS			OF NEW STUDENT PLAYS	
700 ROSEDALE AVE				
SAINT LOUIS, MO 63112-1408				10,000.
·				·
CHARITYVEST - WELLNESS IN THE SCHOOLS		PC	GENERAL OPERATIONS	
INC				
31 WEST 125TH STREET 5TH FLOOR				
NEW YORK, NY 10027-4597				100,000.
CUADIMUVECM MECMBORM COMMBY		D.C.	THE A THE DECORA MATERIA	
CHARITYVEST - WESTPORT COUNTRY		PC	THEATER PROGRAMMING	
PLAYHOUSE			FOR FAMILIES AND	
25 POWERS CT			CHILDREN	20.000
WESTPORT, CT 06880-3621				20,000.
CHARITYVEST - WESTPORT LIBRARY		PC	BUILDING BRIDGES:	
ASSOCIATION			STUDENT COALITION	
20 JESUP ROAD			PROPOSAL	
WESTPORT, CT 06880-0000			IMPLEMENTATION PLAN	10,000.
Total from continuation sheets	I	1		, , , , , ,

9 Grants and Contributions Paid During the Yo	ear (Continuation)			
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CHARITYVEST - WGBH EDUCATIONAL FOUNDATION 1 GUEST STREET BOSTON, MA 02135-2016		PC	MOLLY OF DENALI SEASON 4/5: EXTENDING OUR IMPACT	100,000.
CHARITYVEST - WHITE MOUNTAIN APACHE		PC	OPERATING SUPPORT FOR	100,000.
TRIBE OF THE FORT APACHE RESERVATION AZ PO BOX 708			YOUTH PROGRAMMING AT NDEE BIKIYAA, THE PEOPLE'S FARM	
FORT APACHE, AZ 85926				25,000.
CHARITYVEST - WILD EARTH ALLIES 2 WISCONSIN CIRCLE, SUITE 900 CHEVY CHASE, MD 20815-7003		PC	GENERAL OPERATIONS	25,000.
,				
CHARITYVEST - WILD EARTH ALLIES 2 WISCONSIN CIRCLE, SUITE 900		₽C	GENERAL OPERATIONS	
CHEVY CHASE, MD 20815-7003				25,000.
CHARITYVEST - WILD FARM ALLIANCE PO BOX 2570 WATSONVILLE, CA 95077		PC	EXPANDING THE ADOPTION OF WILD FARMING PRACTICES TO SUPPORT	
			RESILIENT FOOD SYSTEMS	10,000.
CHARITYVEST - WOMEN IN FILM & VIDEO INC. 1200 18TH STREET NW, SUITE 300		PC	GENERAL OPERATIONS	
WASHINGTON, DC 20036				50,000.
CHARITYVEST - WOMEN IN FILM & VIDEO INC.		₽C	GENERAL OPERATIONS	
1200 18TH STREET NW, SUITE 300 WASHINGTON, DC 20036				25,000.
CHARITYVEST - WPKN INCORPORATED 277 FAIRFIELD AVENUE BRIDGEPORT, CT 06604-4227		₽C	GENERAL OPERATIONS	10,000.
CHARITYVEST - ZUNI YOUTH ENRICHMENT PROJECT		PC	GENERAL OPERATIONS	
PO BOX 447, 13 CHIMONI DR. ZUNI, NM 87327-0447				100,000.
FOODCORPS, INC. 1140 SE 7TH AVENUE, STE 110		PC	CONNECTING ALL CHILDREN TO NUTRITIOUS	
PORTLAND, OR 97214			FOOD IN SCHOOLS	1,500,000.
Total from continuation sheets				

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor NATIONAL FARM TO TIDES CENTER SCHOOL NETWORK: PMB # 104, 8770 W. BRYN MAWR AVENUE, SUITE 1300 CHICAGO, IL 60631-3515 ECOSYSTEM BUILDING AROUND FOOD JUSTICE FOR KIDS 10,000. SERIOUSFUN CHILDREN'S NETWORK PC. GENERAL OPERATIONS 230 EAST AVENUE, SUITE 107 NORWALK, CT 06885 3,500,000. GRAPEVINE 2024 - CAMELOT FOR CHILDREN PC GENERAL OPERATIONS 2354 W EMAUS AVE ALLENTOWN, PA 18103-6605 10,000. GRAPEVINE 2024 - CAMP NO WORRIES INC ЬC GENERAL OPERATIONS 58 E OAK AVE MOORESTOWN, NJ 08057-2538 10,000. GRAPEVINE 2024 - CASA OF NORTHWEST CASA OF NWA - FOR THE ARKANSAS INC KIDS 3825 CAWOOD LN SPRINGDALE, AR 72762-5237 10,000. GRAPEVINE 2024 - END HUNGER GENERAL OPERATIONS CONNECTICUT INC. 800 CONNECTICUT BOULEVARD SUITE 302A EAST HARTFORD, CT 06108 10,000. GRAPEVINE 2024 - FOXG1 RESEARCH INC GENERAL OPERATIONS 1 LUCKENBACH LN SANDS POINT, NY 11050-1903 10,000. GRAPEVINE 2024 - HARLEM GROWN, INC FOOD JUSTICE AND 127TH WEST 127TH STREET, ROOM 418 NUTRITION EDUCATION ANNEX NEW YORK, NY 10027 FOR YOUTH 10,000. GRAPEVINE 2024 - INTERTRIBAL REGENERATIVE AGRICULTURE COUNCIL AGRICULTURE PO BOX 958 PROGRAMMING FOR NATIVE BILLINGS, MT 59103-0958 YOUTH 10,000. GRAPEVINE 2024 - KIDS' FOOD BASKET KIDS' FOOD BASKET 1300 PLYMOUTH AVE NE FARM: NURTURING A GRAND RAPIDS, MI 49505-5604 GENERATION OF YOUTH TO EMBRACE HEALTHY EATING AND LIFESTYLES THROUGH 10,000.

Total from continuation sheets

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient GRAPEVINE 2024 - MID-FAIRFIELD CHILD GENERAL OPERATIONS GUIDANCE CENTER 100 EAST AVENUE NORWALK, CT 06851 10,000. GRAPEVINE 2024 - THE KIDS RANCH KIDS RANCH - LITERACY, BOX 219 MENTAL WELLNESS, AND CAMP FOR CHILDREN BARABOO, WI 53913 10,000. GRAPEVINE 2024 - THE MONTANA BUILDING RURAL SCHOOL PARTNERSHIP TO END CHILDHOOD HUNGER NETWORKS TNC 2936 FERGUSON AVE BOZEMAN, MO 59718 10,000. GRAPEVINE 2024 - THE NOTAH BEGAY III NATIVE YOUTH FOUNDATION INC LEADERSHIP PROGRAMS 290 PRAIRIE STAR RD SANTA ANA PUEBLO, NM 87004-5939 10,000. Total from continuation sheets

Part XIV	Supplementary	Information
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3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - CHARITYVEST - FEED SEVEN GENERATIONS

FEEDING OUR PEOPLE AND FUTURE GENERATIONS: FOOD SYSTEM PROGRAMS AND

LEADERSHIP DEVELOPMENT FOR NATIVE YOUTH

NAME OF RECIPIENT - CHARITYVEST - HIGHLAND HALL INCORPORATED

HIGHLAND HALL WALDORF SCHOOL TUITION ASSISTANCE AND SCHOLARSHIP

PROGRAMS FOR UNDERSERVED CHILDREN

NAME OF RECIPIENT - CHARITYVEST - HOONAH INDIAN ASSOCIATION

GROWING HOONAH YOUTH GROWERS: INDIGENOUS FOOD JUSTICE AND

SUSTAINABILITY INITIATIVE IN RURAL ALASKA

NAME OF RECIPIENT - CHARITYVEST - MAKOCE AGRICULTURE DEVELOPMENT

NOURISHING TRADITION AND INNOVATION: A HOLISTIC APPROACH TO MODERN

INDIGENOUS FOOD SYSTEMS DEVELOPMENT ON PINE RIDGE RESERVATION

NAME OF RECIPIENT - CHARITYVEST - TIDES CENTER

NATIONAL FARM TO SCHOOL NETWORK: ADVANCING FARM TO SCHOOL AND EARLY

CHILDHOOD EDUCATION THROUGH RACIAL EQUITY

NAME OF RECIPIENT - CHARITYVEST - UNIVERSITY OF ARKANSAS FOUNDATION INC

2024 IFAI NATIVE YOUTH IN FOOD AND AGRICULTURE LEADERSHIP SUMMITS

INDIGENOUS AND LOCAL FOODS DEMONSTRATION AND BANQUET

NAME OF RECIPIENT - CHARITYVEST - UNIVERSITY OF ARKANSAS FOUNDATION INC

2025 IFAI NATIVE YOUTH IN FOOD AND AGRICULTURE LEADERSHIP SUMMITS

INDIGENOUS AND LOCAL FOODS DEMONSTRATION AND BANQUET

Part XIV Supplementary Information
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution
NAME OF RECIPIENT - CHARITYVEST - WAI-ANAE COMMUNITY RE-DEVELOPMENT
CORPORATION
MA'O MA'ONA MEA'AI - A COLLABORATIVE APPROACH TO ENSURING AN ABUNDANCE
OF NUTRITIOUS ORGANIC FOOD FOR THE INDIGENOUS YOUTH
NAME OF RECIPIENT - GRAPEVINE 2024 - KIDS' FOOD BASKET
KIDS' FOOD BASKET FARM: NURTURING A GENERATION OF YOUTH TO EMBRACE
HEALTHY EATING AND LIFESTYLES THROUGH EXPERIENTIAL EDUCATION AND
ENGAGEMENT IN UBRAN AGRICULTURE

Schedule B (Form 990)

Schedule of Contributors

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

NEWMAN'S OWN FOUNDATION 06-1606588 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (Rev. 12-2024)

NEWMAN'S OWN FOUNDATION

06-1606588

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOSEPH DOMINIC LAULETTA REVOCABLE TRUST 6320 VENTURE DRIVE, SUITE 104 LAKEWOOD RANCH, FL 34202	\$ 307,400.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$ - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and Zir + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

NEWMAN'S OWN FOUNDATION

06-1606588

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	1000300
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		 \$	

Name of organization **Employer identification number** NEWMAN'S OWN FOUNDATION 06-1606588 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Form **2220**

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-PF

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

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

2024

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.

F	Part I Required Annual Payment							
								011 450
1	Total tax (see instructions)						1	211,452.
2 :	a Personal holding company tax (Schedule PH (Form 1120), line	e 26)	included on line 1		2a			
	b Look-back interest included on line 1 under section 460(b)(2)	,					-	
	contracts or section 167(g) for depreciation under the income				2b			
	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		-	-				211 452
4	does not owe the penalty Enter the tax shown on the corporation's 2023 income tax retu						3	211,452.
4	or the tax year was for less than 12 months, skip this line and						4	186,800.
	of the tax year was for less than 12 months, skip this line and	CITE	the amount nom mic 5 t					100,000
5	Required annual payment. Enter the smaller of line 3 or line	4. If	the corporation is require	d to skip lin	e 4,			
	enter the amount from line 3						5	186,800.
F	Part II Reasons for Filing - Check the boxes belo	w th	at apply. If any boxes are	checked, the	corporation	must file Form 22	220	
	even if it does not owe a penalty. See instructions.							
6	The corporation is using the adjusted seasonal installr							
7	The corporation is using the annualized income install X The corporation is a "large corporation" figuring its firs							
8	X The corporation is a "large corporation" figuring its firs Part III Figuring the Underpayment	stred	uirea installinent basea o	ii tile prior y	rear s tax.			
•	Tigaring the onderpayment		(a)		(b)	(c)		(d)
9	Installment due dates. Enter in columns (a) through (d) the		(α)		ַט	(6)		(u)
·	15th day of the 4th (Form 990-PF filers: Use 5th month),							
	6th, 9th, and 12th months of the corporation's tax year	9	05/15/24	06/	15/24	09/15/	24	12/15/24
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,		46 500	_			<i>c</i> 2	F0 063
	enter 25% (0.25) of line 5 above in each column	10	46,700.	5:	9,026.	52,8	63.	52,863.
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15.							
		11	191,396.					
	See instructions Complete lines 12 through 18 of one column		131,330.					
	before going to the next column.							
12	Enter amount, if any, from line 18 of the preceding column	12		14	4,696.	85,6	70.	32,807.
	Add lines 11 and 12	13		14	1,696.	85,6	70.	32,807.
	Add amounts on lines 16 and 17 of the preceding column	14						
	Subtract line 14 from line 13. If zero or less, enter -0-	15	191,396.	14	1,696.	85,6	70.	32,807.
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						20,056.
18	Overpayment. If line 10 is less than line 15, subtract line 10							20,050.
	from line 15. Then go to line 12 of the next column	18	144,696.	8!	5,670.	32,8	07.	

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2024)

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.

Form 2220 (2024)

Part IV Figuring the Penalty

			(a)	(b)	(c)	(d)
)	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				
)	Number of days from due date of installment on line 9 to the					
	date shown on line 19	20				
I	Number of days on line 20 after 4/15/2024 and before 7/1/2024	21				
2	Underpayment on line 17 x Number of days on line 21 x 8% (0.08)	22	\$	\$	\$	\$
3	Number of days on line 20 after 6/30/2024 and before 10/1/2024	23				
ļ	Underpayment on line 17 x Number of days on line 23 x 8% (0.08)	24	\$	\$	\$	\$
5	Number of days on line 20 after 9/30/2024 and before 1/1/2025	25				
6	Underpayment on line 17 x Number of days on line 25 x 8% (0.08)	26	\$	\$	\$	\$
7	Number of days on line 20 after 12/31/2024 and before 4/1/2025	27	SEE	ATTACHED V	VORKSHEET	
В	Underpayment on line 17 x Number of days on line 27 x 7% (0.07)	28	\$	\$	\$	\$
9	Number of days on line 20 after 3/31/2025 and before 7/1/2025	29				
)	Underpayment on line 17 x Number of days on line 29 x *% 365	30	\$	\$	\$	\$
i	Number of days on line 20 after 6/30/2025 and before 10/1/2025	31				
2	Underpayment on line 17 x Number of days on line 31 x *% 365	32	\$	\$	\$	\$
3	Number of days on line 20 after 9/30/2025 and before 1/1/2026	33				
1	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$
5	Number of days on line 20 after 12/31/2025 and before 3/16/2026	35				
3	Underpayment on line 17 x Number of days on line 35 x *% 365	36	\$	\$	\$	\$
7	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
8	Penalty. Add columns (a) through (d) of line 37. Enter the to line for other income tax returns	tal he	ere and on Form 1120, lir	ne 34; or the comparable		s

^{*} 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 800-829-4933 to get interest rate information.

Form **2220** (2024)

FORM 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying Nu	mber
NEWMAN'S O	WN FOUNDATION			06-160	6588
(A)	(B)	(C) Adjusted	(D) Number Days	(E) Daily	(F)
*Date	Amount	Balance Due	Balance Due	Penalty Rate	Penalty
		-0-			
05/15/24	46,700.	46,700.			
05/15/24	-156,345.	-109,645.			
05/15/24	-35,051.	-144,696.			
06/15/24	59,026.	-85,670.			
09/15/24	52,863.	-32,807.			
12/15/24	52,863.	20,056.	16	.000218579	70
12/31/24	0.	20,056.	135	.000191781	519
enalty Due (Sum of Colu	umn F).				589

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

FORM 990-PF INTEREST ON SAV	INGS AND T	EMPORARY	CASH	INVESTMENTS	STATEMENT 1
SOURCE	RE	(A) VENUE BOOKS		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
GOVERNMENT REFUNDS IMPACT MAKERS JP MORGAN CHASE MERRILL LYNCH		184. 2,500. 171,928. 510,701.		184. 2,500. 171,928. 1,510,701.	
TOTAL TO PART I, LINE 3	1,	685,313.		1,685,313.	
FORM 990-PF	OTHER	INCOME			STATEMENT 2
DESCRIPTION		(A) REVENU PER BOO		(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PASS THROUGH ROYALTY INCOME LIMIT, LLC S CORPORATION K-1 FLOW THROU		13,52	5,319.	13,525,319.	
SALAD KING, INC. PASS THROUGH INCOME FROM SOUREAL ESTATE PARTNERS			7,037. 4,703.		
PASS THROUGH RENTAL REAL EST. INCOME FROM NO REAL ESTATE,			6,642.	·	
TOTAL TO FORM 990-PF, PART I	, LINE 11	13,55	4,295.	13,547,691.	
· 					
FORM 990-PF	LEG.	AL FEES			STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOK	NET II	B) NVEST- INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	46,93	5.	0	•	68,788.
TO FM 990-PF, PG 1, LN 16A	46,93	5. ========	0	·	68,788.

FORM 990-PF	ACCOUNTI	NG FEES	S	TATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	73,319.	10,410.		37,171.	
TO FORM 990-PF, PG 1, LN 16B	73,319.	10,410.		37,171.	
FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 5					
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OTHER PROFESSIONAL FEES	369,215.	0.		412,261.	
TO FORM 990-PF, PG 1, LN 16C	369,215.	0.		412,261.	
FORM 990-PF	TAX	ES	S	TATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FEDERAL EXCISE TAX	223,848.	0.		0.	
TO FORM 990-PF, PG 1, LN 18	223,848.	0.		0.	

OTHER EX		S	STATEMENT 7		
(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
115,494.	0.		112,389.		
47,154.	0.		50,267.		
110,903.	0.		112,467.		
7,057.	0.		7,121.		
113,192.	0.		138,310.		
10,050.	0.		10,050.		
403,850.	0.		430,604.		
	(A) EXPENSES PER BOOKS 115,494. 47,154. 110,903. 7,057. 113,192. 10,050.	EXPENSES PER BOOKS NET INVEST- MENT INCOME	(A) (B) (C) EXPENSES NET INVEST- ADJUSTED NET INCOME 115,494. 0. 47,154. 0. 110,903. 0. 7,057. 0. 113,192. 0. 10,050. 0.		

FORM 990-PF OTHER DECREASES IN N	ET ASSE	TS OR F	UND BALANCES	STATEMENT 8
DESCRIPTION	AMOUNT			
BOOK/TAX DIFFERENCES FROM BROKERAGE TREASURY INTEREST	1,477,282.			
TOTAL TO FORM 990-PF, PART III, LIN		1,477,282.		
FORM 990-PF U.S. AND STATE/C	ITY GOV	ERNMENT	OBLIGATIONS	STATEMENT 9
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
US TREASURY BILLS - ML	X		20,480,758.	20,480,758.
TOTAL U.S. GOVERNMENT OBLIGATIONS TOTAL STATE AND MUNICIPAL GOVERNMEN	20,480,758.	20,480,758.		
TOTAL TO FORM 990-PF, PART II, LINE		- - - - -	20,480,758.	20,480,758.

STATEMENT 12

FORM 990-PF	OTHER	INVESTMENTS		STATEMENT 10	
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
PARTNERSHIP INVESTMENT INTERES	TS	COST	187,640,382.	187,640,443.	
TOTAL TO FORM 990-PF, PART II, LINE 13			187,640,382. 187,640,		
FORM 990-PF	OTHER	LIABILITIES		STATEMENT 11	
DESCRIPTION			BOY AMOUNT	EOY AMOUNT	
DUE TO NO LIMIT DUE TO NO REAL ESTATE DUE TO NEWMAN'S OWN, INC.		-	26,966. 10,565. 0.	26,966. 0. 49,635.	

STATES

FORM 990-PF

AK, AL, AR, CA, CT, DC, FL, GA, HI, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, VA, WA, WI

LIST OF STATES RECEIVING COPY OF RETURN

FORM 990-PF TRA	ANSFERS FROM CONTROLLED ENTITIES PART VI-A, LINE 11	STATEMENT 13
NAME OF CONTROLLED ENT	ГІТҮ	EMPLOYER ID NO
NO LIMIT, LLC		16-1709583
ADDRESS		
ONE MORNINGSIDE DRIVE WESTPORT, CT 06880	NORTH	
DESCRIPTION OF TRANSFE	≅R	
DISTRIBUTION OF LLC RO	 DYALTIES	
		AMOUNT OF TRANSFER
		12,846,574
TOTAL AMOUNT OF TRANSI	FERS FROM CONTROLLED ENTITIES	12,846,574

ORM 990-PF SCHEDULE OF CO PART VI-A	TROLLED ENTITIES LINE 11	STATEMENT 14
NAME OF CONTROLLED ENTITY		EMPLOYER ID NO
SALAD KING, INC.		20-3562871
ADDRESS	EXCESS BUSINESS HOLD	ING [] YES [X] NO
DNE MORNINGSIDE DRIVE NORTH		
AME OF CONTROLLED ENTITY		EMPLOYER ID NO
O LIMIT, LLC		16-1709583
ADDRESS	EXCESS BUSINESS HOLD	ING [] YES [X] NO
DIE MORNINGSIDE DRIVE NORTH		
AME OF CONTROLLED ENTITY		EMPLOYER ID NO
O REAL ESTATE, LLC		46-3665850
ADDRESS	EXCESS BUSINESS HOLD	ING [] YES [X] NO
DIE MORNINGSIDE DRIVE NORTH		
IAME OF CONTROLLED ENTITY		EMPLOYER ID NO
IEWMAN'S OWN, INC.		06-1067660
DDRESS	EXCESS BUSINESS HOLD	ING [] YES [X] NO
ONE MORNINGSIDE DRIVE NORTH		

FORM 990-PF EXPLANATION CONCERNING PART VI-A, LINE 12 STATEMENT 15 **OUALIFYING DISTRIBUTION STATEMENT**

EXPLANATION

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

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

EXPLANATION

IN 2024, THE FOUNDATION UTILIZED TWO DONOR ADVISED FUNDS (DAFS); GRAPEVINE GIVING FOUNDATION (GRAPEVINE), AND CHARITYVEST. ALL GRANTS DISBURSED FROM THESE DAFS ARE CONSISTENT WITH THE FOUNDATION'S GRANT MAKING PURPOSE. GRAPEVINE IS UTILIZED TO RESPONSIBLY ASSIST WITH OUR COLLECTIVE COMMUNITY GIVING; CHARITYVEST IS UTILIZED TO RESPONSIBLY ASSIST WITH OUR INTERNATIONAL AND DOMESTIC GIVING. FUNDS ARE GENERALLY DISTRIBUTED WITHIN 12 MONTHS OR LESS.

	ST OF OFFICERS, DIEND FOUNDATION MANAC		STAT	EMENT 17
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
RAFAEL PEREZ-ESCAMILLA ONE MORNINGSIDE DRIVE NORTH WESTPORT, CT 06880	DIRECTOR 1.00	0.	0.	0.
MICHAEL CLAYTON ONE MORNINGSIDE DRIVE NORTH WESTPORT, CT 06880	CHAIR 1.00	0.	0.	0.
JOHN EVERETS ONE MORNINGSIDE DRIVE NORTH WESTPORT, CT 06880	DIRECTOR 1.00	0.	0.	0.
ILANA FINLEY 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.
ELLEN MARRAM ONE MORNINGSIDE DRIVE NORTH WESTPORT, CT 06880	DIRECTOR 1.00	0.	0.	0.
CELIA ROADY ONE MORNINGSIDE DRIVE NORTH WESTPORT, CT 06880	SECRETARY 1.00	0.	0.	0.
BRUCE PROCTOR ONE MORNINGSIDE DRIVE NORTH WESTPORT, CT 06880	DIRECTOR 1.00	0.	0.	0.
BRIDGETTE HELLER ONE MORNINGSIDE DRIVE NORTH WESTPORT, CT 06880	DIRECTOR 1.00	0.	0.	0.
BRIAN MURPHY ONE MORNINGSIDE DRIVE NORTH WESTPORT, CT 06880	VP / TREASURER 1.00	0.	0.	0.

NEWMAN'S OWN FOUNDATION	06-1606588
ALEXANDRA AMOUYEL ONE MORNINGSIDE DRIVE NORTH WESTPORT, CT 06880	PRESIDENT / CEO 40.00 422,834. 32,932. 0.
SAMANTHA BURGAN ONE MORNINGSIDE DRIVE NORTH WESTPORT, CT 06880	ASST SECRETARY (UNTIL 7/24) 40.00 90,330. 14,467. 0.
ERIC FULLER ONE MORNINGSIDE DRIVE NORTH WESTPORT, CT 06880	ASST TREASURER / CFO 4.00 42,889. 5,228. 0.
FOR ADDITIONAL INFORMATION ONE MORNINGSIDE DRIVE NORTH WESTPORT, CT 06880	SEE STATEMENT 20 1.00 0. 0. 0.

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

556,053. 52,627. 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 2024, 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.

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2025

Name NEWMAN'S OWN FOUNDATION	Employer Identific	cation Number 588
Based on the information provided with this return, the following are possible carryover amounts to next year.		
FEDERAL POST-2017 NET OPERATING LOSS - SOUTHOCEAN REAL	ESTAT	2,253.
FEDERAL CONTRIBUTION - 50% CASH		63,044,866.
		·
		-
		_

Name: NEWMAN'S OWN FOUNDATION FEIN: 06-1606588

		nd Entity: SOU!	THOCEAN REAL E	STATE POST-201 Section 382 Carryover	17 NO	DETAIL C	ARRYOVER SCH	EDULE				
Y	ear rigi-	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/20	Amount Used for							
A 2 B 2 C 2	2019 2021	2,003. 354.	2,003.	2,003.								
C 2	2022	490.										
D 2 E 2 F	2023 2024	976. 433.										
F G												
H												
J												
K L												
M N												
O P												
Q R												
S T												
U												
V W												
	oto:I	E Amount S Used for	Amount Used for	Amount Used for	Amount	Amount	Amount	Amount Used for	Amount	Amount	Amount	Amount Used for
	etail ype	S Used for B C	———	————	Used for	Used for	Used for	————	Used for	Used for	Used for	————
Α –												
B C												
D E F												
F												
G H												
l J												
K L												
M												
N O												
P Q												
R S T												
T												
٧												
W										1		

412571 04-01-24 Name: NEWMAN'S OWN FOUNDATION FEIN: 06-1606588

	and Entity: CON	TRIBUTION - 50	0% CASH FED Section 382 Carryover		DETAIL C	ARRYOVER SCH	EDULE				
Yea Orig nate	Original Carryover	Total Amount Used	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
	9 20,879,150. 0 11,450,078. 1 13,596,055.										
A 201 B 202 C 202 D 202 E 202 F 202 G	3 11,999,408.										
l J											
K L M N											
O P Q R S T U V W											
T U V W											
Deta Typo	E Amount Used for 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											
A B C D E F G H											
I J K L M											
M N O											
N O P Q R S T											
U V W											

EXTENDED TO NOVEMBER 17, 2025

Form	990-T	Exempt Organization Business Income Tax Returr	1	OMB No.	1545-0047	
			(and proxy tax under section 6033(e))			
		For ca	lendar year 2024 or other tax year beginning , and ending		2 0	24
Departm Internal	nent of the Treasury Revenue Service	D	Go to www.irs.gov/Form990T for instructions and the latest information. to not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).			c Inspection for unizations Only
A	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	D En	nployer identific	cation number
B Exe	mpt under section	Print	NEWMAN'S OWN FOUNDATION	(06-160	6588
	501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.	E Gr	roup exemption ee instructions)	number
	408(e) 220(e)	Туре	ONE MORNINGSIDE DRIVE NORTH			
	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code			
	529(a) 529A		WESTPORT, CT 06880	_ F [Check b	oox if
			ok value of all assets at end of year	<u> </u>		nded return.
G C	heck organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	e college/un	iversity
	1 1 1 1 1 1 1		6417(d)(1)(A) Applicable entity		5	
	heck if filing only to					orm 3800
			ation filing a consolidated return with a 501(c)(2) titleholding corporation		2	·····
			ed Schedules A (Form 990-1) e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	Т	Yes	X No
			d identifying number of the parent corporation	_	103 _	110
	ne books are in ca			203-	-222-0	136
Par	t I Total Uni	relate	d Business Taxable Income			
1	Total of unrelated	d busine	ess taxable income computed from all unrelated trades or businesses (see instructions)	1		6,197.
2	Reserved			2		
3	Add lines 1 and 2	2		3		6,197.
4			(see instructions for limitation rules) STMT 21 STMT 22	4		520.
5	Total unrelated b	usiness	s taxable income before net operating losses. Subtract line 4 from line 3	5		5,677.
6		•	ting loss. See instructions	6		
7			ess taxable income before specific deduction and section 199A deduction.			F 677
_	Subtract line 6 fr			7	+	$\frac{5,677.}{1,000.}$
8			erally \$1,000, but see instructions for exceptions)	8		1,000.
9 10			eduction. See instructions	10		1,000.
11			lines 8 and 9	11		4,677.
Par					-	
1	Organizations ta	axable :	as corporations. Multiply Part I, line 11 by 21% (0.21)	1		982.
2			rates. See instructions for tax computation. Income tax on the amount on			
			Tax rate schedule or Schedule D (Form 1041)	2		
3	Proxy tax. See in			3		
4a	Amount from For	m 4255	5, Part I , line 3, column (q)	4a		
b	Other tax amoun	ts. See	instructions	4b		
5	Alternative minim	num tax		5		
6			acility income. See instructions	6		000
7 Par		3 through	gh 6 to line 1 or 2, whichever applies	7		982.
1a b	Other credits (see)	-		
C			Attach Form 3800 (see instructions) 1b 1c	-		
d			mum tax (attach Form 8801 or 8827)			
e	Total credits. Ad			1e		
2			rt II, line 7	2		982.
За			5, Part I, line 3, column (r) (see instructions)			
b	Amount due from					
С	Amount due from	n Form	8697 3c			
d	Amount due from	n Form	8866 3d			
е	Other amounts d	•				•
f	Total amounts du	ue. Add	lines 3a through 3e	3f	1	0.
4			nd 3f (see instructions).			982.
	section 1294. F	nter ta	x amount here	1 4	1	984.

Form **990-T** (2024)

Form 990-T (2024) Page 2 Tax and Payments (continued) Part III 0. Current net 965 tax liability paid from Form 965-A, Part II, column (k) Payments: Preceding year's overpayment credited to the current year 3,588. Current year's estimated tax payments. Check if section 643(g) election 6h Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) 6e Credit for small employer health insurance premiums (attach Form 8941) 6f Elective payment election amount from Form 3800 6g 6h Payment from Form 2439 Credit from Form 4136 i Other (see instructions) j 3,588. Total payments. Add lines 6a through 6j 7 7 Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 2.606 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 2,60<u>6.</u> Enter the amount of line 10 you want: Credited to 2025 estimated tax 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority Yes No 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 Х During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a 2 Х If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year 3 Do not include any post-2017 NOL carryover Enter available pre-2018 NOL carryovers here \$ shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available 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 531190 1,820. \$ \$ \$ \$ Reserved for future use Reserved for future use Supplemental Information Provide any additional information. See instructions. Under penalties of perjury, I declare that I have examined this return, including accompanying some correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

ASST TREASURER / 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, May the IRS discuss this return with

Sign Here CFO the preparer shown below (see Signature of officer Date Title instructions)? X Yes PTIN Print/Type preparer's name Preparer's signature Date Check if self-employed **Paid** 10/08/25 JOLANTA TUCK P01340068 **Preparer** COHNREZNICK ADVISORY LLC 33-3709623 Firm's EIN Firm's name Use Only 350 GRANITE STREET, SUITE 1200 Phone no. 781 - 380 - 3520Firm's address BRAINTREE, MA 02184

Form 990-T (2024)

FORM 990-T	CONTRIBUTIONS	STATEMENT 21
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
VARIOUS CONTRIBUTIONS	N/A	12,000,000.
TOTAL TO FORM 990-T, PART I, L	INE 4	12,000,000.

FORM 990-T	CONTR	IBUTIONS SUMMARY		STATEMENT	22
	CONTRIBUTIONS SUBJECT CONTRIBUTIONS SUBJECT				
FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED YEAR 2019 YEAR 2020 YEAR 2021 YEAR 2022 YEAR 2023	CONTRIBUTIONS 20,879,150 11,450,078 13,596,055 13,999,845 11,999,408			
TOTAL CARE	- RYOVER RENT YEAR 10% CONTRIBUT	PIONS	71,924,536 12,000,000		
	TRIBUTIONS AVAILABLE NCOME LIMITATION AS ADJ	JUSTED	83,924,536 520	_	
EXCESS 100	NTRIBUTIONS)% CONTRIBUTIONS ESS CONTRIBUTIONS	_	83,924,016 0 83,924,016	_	
ALLOWABLE	CONTRIBUTIONS DEDUCTIO	ON _		_	520
TOTAL CONT	TRIBUTION DEDUCTION				520

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2024

ZUZ4

	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form990T for Do not enter SSN numbers on this form as it i						Open to Public Inspection for 501(c)(3) Organizations Only		
A N	lame of the organization	OWN FOUNDATION					B Employe			per
c ı	Inrelated business	activity code (see instructions) 53119	0				D Sequence	ce:	1 of	2
<u>E 0</u>	Describe the unrelat	ed trade or business SOUTHOCEAN R	EAL	ESTAT	E PA	ARTNI	ERS, LLC	1		
Pai	rt I Unrelated	Trade or Business Income		(A) In	come		(B) Expens	es	(C) Net
1 a	Gross receipts or	sales								
b	Less returns and allo	owances c Balance	1c							
2	Cost of goods sold	d (Part III, line 8)	2							
3	Gross profit. Subti	ract line 2 from line 1c	3							
4 a	Capital gain net in	come (attach Schedule D (Form 1041 or Form								
	1120)). See instruc	ctions	4a							
b		rm 4797) (attach Form 4797). See instructions	4b							
С	Capital loss deduc	ction for trusts	4c							
5		a partnership or an S corporation (attach								
		ATEMENT 23	5		-4	33.				-433.
6	Rent income (Part	IV)	6							
7	Unrelated debt-fina	anced income (Part V)	7							
8		, royalties, and rents from a controlled								
	organization (Part	VI)	8							
9		e of section 501(c)(7), (9), or (17)								
	organizations (Par	t VII)	9							
10		activity income (Part VIII)	10							
11		e (Part IX)	11							
12		instructions; attach statement)	12			-				
13	Total. Combine lin	nes 3 through 12	13		- 4	33.				-433.
	directly co	ns Not Taken Elsewhere. See instruct nnected with the unrelated business in	come	•					ns must b	oe
1		officers, directors, and trustees (Part X)								
2		98						2		
3 4		enance						3		
_		stamont) Con instructions								
5		atement). See instructions						5 6		
6	Taxes and licenses				١ _	[6		
7		ch Form 4562). See instructions						- OL		
8		claimed in Part III and elsewhere on return						8b 9		
9 10	Contributions to d	oforred componentian plans						10		
10		eferred compensation plans						11		
12		programs						12		
13		penses (Part VIII)						13		
14	Other deductions	costs (Part IX)						14		
15		A 1 1 12 - A 11 - 1 - A A						15		0.
16		. Add lines 1 through 14						13		

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2024

16

17

Deduction for net operating loss. See instructions

Pac	ıe	2

	ule A (Form 990-T) 2024				Page 2
Part		hod of inventory valuation			
1					
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter l				
9	Do the rules of section 263A (with respect to property				Yes No
Part	, , ,				
1	Description of property (property street address, city, s	tate, ZIP code). Check i	f a dual-use. See instruc	tions.	
	A				
	В				
	c				
	D	Т	T	1	
		Α	В	С	<u>D</u>
2	Rent received or accrued				
а	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)				
С	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	A through D. Enter here	and on Part I, line 6, col	umn (A)	0.
	Deductions directly connected with the income				
4	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. E		ine 6, column (B)		0.
Part	V Unrelated Debt-Financed Income (s	ee instructions)			
1	Description of debt-financed property (street address, or	city, state, ZIP code). Ch	eck if a dual-use. See ir	structions.	
	A				
	В 🗌				
	c 🗆				
	D				
		A	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
•	to delet Conservation (etterale et et encout)				
5	Average adjusted basis of or allocable to debt-				
3	financed property (attach statement)				
6			%	%	20
6 7	Divide line 4 by line 5 Gross income reportable, Multiply line 2 by line 6		70	70	%
7	Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D)		L line 7 column (A)		0.
8	i otal gross income (add line 7, columns A through D)	. ⊏nter here and on Part	i, iirie /, column (A)		U •
•	Allocable deductions Multiply line Co. builting C	Г	T		
9	Allocable deductions. Multiply line 3c by line 6	rough D. Catanila and a l	on Doubl Brand 7 B	\(\(\D\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0.
10	Total allocable deductions. Add line 9, columns A thr				0.
	Total dividends-received deductions included in line	: IU			U •

	VI Interest, Annu		oyalties, and Re	ents Fro	m Contro	lled O	rganization	S (se	ee instruct	ions)	r age c
			_			E	xempt Contro	lled Or	ganization	s	
	Name of controlle organization	d	2. Employer identification number	incon	unrelated ne (loss) structions)	l	al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		in the aniza-	5. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
<u>(4)</u>			N		2 0 -						
	'. Taxable Income		Net unrelated		Controlled Or otal of specif		ons 10. Part	of colu	mn 0	44 [Deductions directly
,	. Taxable income	in	come (loss) e instructions)		yments mad		that is inc	luded	in the zation's	ď	connected with ome in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c	and on	Part I,	Enter	columns 6 and 11. r here and on Part I, ne 8, column (B).
Totals									0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee inst	ructions)		-
		cription of			2. Amou incon	nt of	3. Deduction directly connected (attach states	ons ected	4. Set- (attach st		5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
					Add amou						Add amounts in column 5. Enter
					here and or	n Part I,					here and on Part I,
					line 9, colu						line 9, column (B).
Totals Part	VIII Exploited E	vomnt 1	Activity Income,	Other 1	Than Adve	0.	z Incomo	, .			0.
	Exploited E		ctivity income,	, Other i	IIIaii Auve	er using	g income (see ins	structions)		
1 2	Description of exploite Gross unrelated busin	-	e from trade or busin	nace Enta	r here and a	n Dart I	line 10 colum	n (Δ)		2	
3	Expenses directly con										
3										3	
4	Net income (loss) from										
=							-			4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expen										
	4. Enter here and on F	Part II, line	12							7	

Schedule A (Form 990-T) 2024

Part	IX Advertising Income					<u> </u>
1	Name(s) of periodical(s). Check box if reporting	g two or i	more periodicals on a	consolidated basis	3.	
	A					
	В 🔲					
	c 🗌					
	D					
Enter a	mounts for each periodical listed above in the c	correspor	nding column.			
			Α	В	С	D
2	Gross advertising income					
а	Add columns A through D. Enter here and on I	Part I, lin	e 11, column (A)			0.
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and on I	Part I, lin	e 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from line	е				
	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	:				
				1		
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 les					
	than line 6, enter -0-					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain or					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the gre					•
Dant	Part II, line 13		T			0.
Part	X Compensation of Officers, Dire	ectors,	and Trustees	see instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
41	+				to business	unrelated business
1)					%	
2)					%	
3)					%	
4)					<u>%</u>	
Total	Enter here and on Part II, line 1					0.
Part		a inetruct	ione)			
	Cappionional mornation (Sec	e ii isti uct	10115)			
					<u> </u>	

FORM 990-T	r (A) INCO	ME (LOSS) FROM I	PARTNERSHIPS	STATEMENT 23
DESCRIPTIO	DN			NET INCOME OR (LOSS)
UBTI FROM	PARTNERSHIP - ORDII	NARY BUSINESS IN	NCOME (LOSS)	-433.
TOTAL INCL	LUDED ON SCHEDULE A	, PART I, LINE S	5	-433.
990-T SCH	A POST-20	17 NET OPERATING	G LOSS DEDUCTION	STATEMENT 24
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
TAX YEAR 12/31/19 12/31/21 12/31/22 12/31/23	LOSS SUSTAINED 2,003. 354. 490. 976.	PREVIOUSLY		

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

	tment of the Treasury al Revenue Service	Do not enter SSN numbers on this form as it r	may be	made public i	f your	organiza	tion is a 501(c)(3)	.	Open to Public Inspection for 501(c)(3) Organizations Only
A N	Name of the organization NEWMAN'S	OWN FOUNDATION					B Employer 06-16		cation number 88
<u>c</u> ს	Unrelated business	activity code (see instructions) 42400	0				D Sequence	e: 2	2 of 2
<u>E [</u>	Describe the unrelat	ed trade or business INCOME FROM	SAL	AD KING	3,	INC.	, AN S CO	ORPO	RATIO
Pa	rt I Unrelated	Trade or Business Income		(A) Ind	come		(B) Expense	s	(C) Net
1 a	Gross receipts or	sales							
b		owances c Balance	1c						
2		d (Part III, line 8)	2						
3		ract line 2 from line 1c	3						
4 a		come (attach Schedule D (Form 1041 or Form							
	1120)). See instruc		4a						
		rm 4797) (attach Form 4797). See instructions	4b						
С		ction for trusts	4c						
5		n a partnership or an S corporation (attach STATEMENT 25	5	ı	7,0	37.			7,037.
6	Rent income (Part	IV)	6						
7	Unrelated debt-fin	anced income (Part V)	7						
8	Interest, annuities	, royalties, and rents from a controlled							
	organization (Part	VI)	8						
9	Investment incom-	e of section 501(c)(7), (9), or (17)							
		t VII)	9						
10		activity income (Part VIII)	10						
11		e (Part IX)	11						
12		e instructions; attach statement)	12						
<u>13</u>	Total. Combine lin	nes 3 through 12	13		7,0	37.			7,037.
	directly co	ns Not Taken Elsewhere. See instruct nnected with the unrelated business in	come	•					ns must be
1		officers, directors, and trustees (Part X)						1	
2		98						3	
3 4		renance						4	
4 5		otamont) Con instructions						5	
6	· ·	atement). See instructions						6	
7	Depreciation (atta	sch Form 4562). See instructions			7	ĭ			
8		claimed in Part III and elsewhere on return						8b	
9						•		9	
10	Contributions to d	leferred compensation plans						10	
11		programs						11	
12		programs penses (Part VIII)						12	
13								13	
14									840.
15		Add lines 1 through 14						14 15	840.
16		s income before net operating loss deduction. S							
								16	6,197.
17	. ,	operating loss. See instructions						17	0.
							•		C 107

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2024

Part	III Cost of Goods Sold Enter metho	od of inventory valuation	on		Page Z
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter he	·			
9	Do the rules of section 263A (with respect to property pr				Yes No
Part	` ' '	•	-		
1	Description of property (property street address, city, sta	ate, ZIP code). Check r	f a dual-use. See instru	ctions.	
	A				
	B				
	<u> </u>				
	D 🔛				
_		Α	В	С	D
2	Rent received or accrued				
а	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)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
_	T		. D		0.
3	Total rents received or accrued. Add line 2c, columns A	through D. Enter nere	and on Part I, line 6, co	olumn (A)	· ·
_	Deductions directly connected with the income				
4	in lines 2a and 2b (attach statement)				
_	Total de destina - Add Fan A coloma - Advance D. Fol	to the control of Death I	l'a a C a a la como (D)		0.
5 Part	Total deductions. Add line 4, columns A through D. Ent V Unrelated Debt-Financed Income (see	ter nere and on Part I, I	iirie 6, Column (b)		<u> </u>
1	Description of debt-financed property (street address, ci	<u>'</u>	and if a dual upa. San	inatruotiona	
'	A Street address, cr	ty, state, ZIP code). Of	ieck ii a duai-use. See	iristructions.	
	B				
	D				
		A	В	С	D
2	Gross income from or allocable to debt-financed	A	В	-	U
2					
2	property Deductions directly connected with or allocable				
3	to debt-financed property				
_	' ' '				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	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.
		Т	Г	T	
9	Allocable deductions. Multiply line 3c by line 6			(D)	^
10	Total allocable deductions. Add line 9, columns A thro				0.
11	Total dividends-received deductions included in line 1	υ			0.

Schedule A (Form 990-T) 2024

Sched	ule A (Form 990-T) 2024 VI Interest, Annu	ities Ro	ovalties, and Re	ents Fro	m Contro	lled O	rganization	S (see inst	ructions)		Page 3
· uit			,, ana 110		5511416		Exempt Control	`			
Name of controlled organization			2. Employer identification number	3. Net unrelated 4. Total		al of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		co	eductions directly onnected with ome in column 5	
(1)											
(2)											
(3)											
(4)											
					Controlled O	-			1		
7	. Taxable Income	in	Net unrelated acome (loss) e instructions)		otal of specit yments mad		that is inc	of column 9 cluded in the organization' income		conn	uctions directly nected with in column 10
(1)											
(2)											
(3)											
(4)											
							Enter here	nns 5 and 10. and on Part I olumn (A).	, Ent	er her	ımns 6 and 11. e and on Part I, column (B).
Totals								().		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instructior	ns)		
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connected (attach states	ected (attac	Set-asides h stateme	ent)	Total deductions and set-asides add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					Add amo	ınte in					Add amounts in
Totals					column 2 here and o line 9, colu	. Enter n Part I,				h	column 5. Enter ere and on Part I, ine 9, column (B).
Part	VIII Exploited E	xempt A	ctivity Income,	Other T	han Adve	ertising	g Income (see instruction	ons)		-
1	Description of exploite					`			ĺ		
2	Gross unrelated busin	ess incom	e from trade or busir	ness. Ente	r here and o	n Part I,	line 10, columi	n (A)	_ 2		
3	Expenses directly con	nected wit	h production of unre	elated busi	ness income	e. Enter l	here and on Pa	art I,			
	line 10, column (B)								. 3		
4	Net income (loss) from	n unrelated		Subtract lir	ne 3 from lin	e 2. If a 🤉	gain, complete				
5	Gross income from ac										
6	Expenses attributable										
7	Excess exempt expen										
	4. Enter here and on F								. 7		

Schedule A (Form 990-T) 2024

2 Page 4

Part	IX Advertising Income				Page 4
1	Name(s) of periodical(s). Check box if reporting two	or more periodicals on a	consolidated basi	is	
•	A	or more periodicals or a	Coriodinatica bas		
	В				
	c 🗆				
	D				
Enter :	amounts for each periodical listed above in the corres	nonding column			
LITTO	amounts for each periodical listed above in the corres	A	В	С	D
2	Gross advertising income				
a	Add columns A through D. Enter here and on Part I	· · · · · · · · · · · · · · · · · · ·	1		0.
u	Add coldmis A through B. Enter here and on Farth	, line 11, column (A)			
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Part I				0.
-	That coldinate it allough b. Enter here and only are	, iiiio 11, oolaliiii (<i>b)</i>			
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 -0- 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 -0-				
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				
а	Add line 8, columns A through D. Enter the greater	of the line 8a columns to	tal or -0- here and	on	
	Part II, line 13				0.
Part	X Compensation of Officers, Directo		see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
<u>(1)</u>				%	
(2)				%	
(3)				%	
(4)				%	
	5 · · · · · · · · · · · · · · · · · · ·				^
Part	. Enter here and on Part II, line 1				0.
Part	Supplemental information (see insti	ructions)			
-					

FORM 990-T (A) INCOME (LOSS) FROM S CORPORATIONS	STATEMENT 25
DESCRIPTION	NET INCOME OR (LOSS)
SALAD KING, INC ORDINARY BUSINESS INCOME (LOSS) SALAD KING, INC NET RENTAL REAL ESTATE INCOME SALAD KING, INC ROYALTIES	-6,646. 143. 13,540.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	7,037.
FORM 990-T (A) OTHER DEDUCTIONS	STATEMENT 26
DESCRIPTION	AMOUNT
TAX PREP FEE	840.
TOTAL TO SCHEDULE A, PART II, LINE 14	840.
FORM 990-T DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY	STATEMENT 27

INCOME FROM SALAD KING, INC., AN S CORPORATION

TO FORM 990-T, SCHEDULE A, LINE E