# Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2023

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Continued to the personnel or generation   NEWARK SCIENCE AND SUSFATIVABIL   Description number   Address change   Dools pubmics as   Number and diseas (or P.O. box if mail is not delivered to street address)   Room/susfat return   Foreign province that street   Room   Roo	A	For the	2023 cal	endar year, or tax yea	r beginning			, and e	nding				
Name change	BC	check if a	applicable:	C Name of organization	NEWARK SC	IENCE AND	SUSTA	INABIL		D Employe	er identi	ification numbe	r
Number and states (or P.O. Lox & mail is not deferenced to strond address)   Recombustion   Re	Па	ddress o	change										
Initial refuture   Frail function that in the property of the province detailed county   Frail function that is not provided to the province of the province detailed county   Frail function that is not provided to the province of the pr			_	Number and street (or	P.O. box if mail is not	delivered to street a	ddress)	Room/suite		46-3231	385		
Initial reform/ministed   Print/Indeptrementation   Print/Indeptreme	$\square$	lame cha	ange	PO BOX 1038						E Telephon	e numb	er	
First innumber incident in texture   Foreign province/halaclously   Foreign postal code   Foreign postal   Foreign postal code   F	П	nitial retu	ırn		Annual Company of the	State		ZIP code			0000	_	
Private and address of principal officer. TORIAS FOX   Anneaded ratio   Receive   Re	⊢"	miar rote			11-					646-399	-033	7	
Amended return   P   Name and address of principal officer: TOBIAS   FOX   No. 10	∐_F	inal return	/terminated			province/state/county	·	Foreign posta	l code				
Application pending  F Name and address of principal officer. TOBIAS FOX  TRX-excernpt status:  Soficial STORON Sofies (insert no.) 4847(a)(f) or 527  Website:  K Form or organization:  Summary  1 Briefly describe the organization's mission or most significant activities:  SEMERATIONAL PROGRAMS AGRICULTURAL TRAINING.  SEMERATIONAL PROGRAMS AG	П	mended	return	,,						G Gross re	ceipts \$	23	0646.
Tax-exempt status:												ļ	
Tax-exempt status:	A	pplicatio	n pending						H(a) is th	his a group return	for suborc	dinates?	; ; ;
Website:				55 GLENWOOD AV	J EAST ORAN	GE NJ 0701	_7-		H(b) Are	e all subordina	tes inclu	uded?	Yes No
Website:		Toy over	ont etatue:	X 501(c)(3) 50°	1(c) (	(insert no.)	947(a)(1)	or 527	If"	'No," attach a l	ist. See	instructions	
Recommendation   Section   Toust   Association   Cither   L. Year of formation:   M. State of legal domicilar:	1	iax-exer	ripi siaius.	A 301(c)(3) 30	1(0) (	(IIISOIT IIO.)	547 (d)(1)	76	-				
Summary   Summary   Summary   Summary   Summary   Summary   Summary   Summary   Sense   Summary	J	Website		Market					H(c) Gr	oup exemption	numbe	Pr	
Part   Summary	K	Form of	organizatio	: X Corporation	Trust Associa	tion Other		L Yes	ar of forma	ation:	M:	State of legal do	micile:
1   Friefly describe the organization's mission or most significant activities   NON_PROFIT_THAT_CREATES	Maria Maria Maria						-						
GENERATIONAL PROGRAMS AGRICULTURAL TRAINING	F				tion's mission of	most significan	t activit	ies. NON	DDOF	ידי יידו	CDE	አጥፑ S	-
Net unrelated business taxable income from Form 990-T, Part I, line 11   7b   Prior Year   Current Year   Cur	a	1						ies. NON	PROF		CKE	WIED.	
Net unrelated business taxable income from Form 990-T, Part I, line 11   7b   Prior Year   Current Year   Cur	ğ		GENERA	ATIONAL PROGRA	MS AGRICULT	URAL TRAIN.	ING.						
Net unrelated business taxable income from Form 990-T, Part I, line 11   7b   Prior Year   Current Year   Cur	ē												
Net unrelated business taxable income from Form 990-T, Part I, line 11   7b   Prior Year   Current Year   Cur	Λē	2	Check t	his box if the	organization dis	continued its op	eration	s or dispose	d of mo	ore than 25°	% of it	s net assets.	
Net unrelated business taxable income from Form 990-T, Part I, line 11   7b   Prior Year   Current Year   Cur	Ö	1	Number										
Net unrelated business taxable income from Form 990-T, Part I, line 11   7b   Prior Year   Current Year   Cur	වේ										A		And the same of th
Net unrelated business taxable income from Form 990-T, Part I, line 11   7b   Prior Year   Current Year   Cur	S)	1									-		***************************************
Net unrelated business taxable income from Form 990-T, Part I, line 11   7b   Prior Year   Current Year   Cur	ŧ	1				-					a sector/orange/waters		MARKET AND
Net unrelated business taxable income from Form 990-T, Part I, line 11   7b   Prior Year   Current Year   Cur	疲	6									-		
Revenue less expenses (Part IX, column (A), lines 12)   Total expenses (Part IX, column (A), lines 25)   Total expenses (Part IX, column (A), lines 26)   Total expenses (Part IX, column (A), lines 26)   Total expenses (Part IX, column (A), lines 26)   Total expenses (Part IX, line 26)   Total e	ď	7a									and the same of th		
8		b	Net unre	elated business taxa	ble income from	Form 990-T, Pa	rt I, line	e 11 .   .   .	<del>,</del>		7b		
9										Prior Year		Curren	t Year
9	ø	8	Contribu	utions and grants (Pa	art VIII, line 1h).					476	243.		230646.
10   10   10   10   10   10   10   10	ž												
10   10   10   10   10   10   10   10	Ve.												
12   Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8									~			
13   Grants and similar amounts paid (Part IX, column (A), lines 1–3)   14   Benefits paid to or for members (Part IX, column (A), line 4)   15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)   16   Professional fundraising fees (Part IX, column (A), line 11e)   17   Total fundraising expenses (Part IX, column (D), line 25)   17   Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)   334 663   413093   34 663									-	176	212		230646
14   Benefits paid to or for members (Part IX, column (A), line 4)   15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)   16a   Professional fundraising fees (Part IX, column (A), line 25)		_							-	470	243.	<del> </del>	230040.
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10).  16a Professional fundraising fees (Part IX, column (A), line 11e).  b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e).  18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25).  19 Revenue less expenses. Subtract line 18 from line 12.  10 Total assets (Part X, line 16).  10 Total liabilities (Part X, line 16).  11 Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Signature of officer		Į.											
16a   Professional fundraising fees (Part IX, column (A), line 11e)		1								-			
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 334663. 413093.  19 Revenue less expenses. Subtract line 18 from line 12 141580182447.    Beginning of Current Year   End of Year	S	15											
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 334663. 413093.  19 Revenue less expenses. Subtract line 18 from line 12 141580182447.    Beginning of Current Year   End of Year	nse	16a	<b>Profess</b>	ional fundraising fee:	s (Part IX, colum	n (A), line 11e).							
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 334663. 413093.  19 Revenue less expenses. Subtract line 18 from line 12 141580182447.    Beginning of Current Year   End of Year	be	b	Total fur	ndraising expenses (	Part IX, column	(D), line 25)							
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25).   334663.   413093.	ŭ						e)			334	663.		413093.
19   Revenue less expenses. Subtract line 18 from line 12   141580.   -182447.		1								334	663.		413093.
Total assets (Part X, line 16)		1											
20 Total assets (Part X, line 16)			Revenu	e less expenses. Su	bliact line to ito	111 11116 12		· · · · · ·	Regins			7	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    O4/13/2024	is o		· ·	( (D - ( ) ( )   40)					Degiiii				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    O4/13/2024	sse	20								100	1130.		2705.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    O4/13/2024	et A	21	lotal lia	bilities (Part X, line 2	(6)								0700
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    O4/13/2024					. Subtract line 2	from line 20 .	<u> </u>			185	150.		2703.
Sign Here  Signature of officer TOBIAS FOX Type or print name and title  Print/Type preparer's name  DANIEL BRUTUS  Firm's name  BRUTUS TAX PREP  Firm's address  339 MAIN STREET  ORANGE  NJ 07050 Phone no. 862-215-2234	Pa	rt II	Sig	nature Block			****						
Signature of officer	Unde	er penalt	ies of perju	y, I declare that I have exa	mined this return, inc	luding accompanying	g schedul	es and stateme	nts, and t	to the best of n	ny know	rledge	
Signature of officer	and	belief, it i	is true, corr	ect, and complete. Declara	tion of preparer (othe	r than officer) is base	ed on all i	nformation of w	hich prepa				
TOBIAS   FOX   CONSULTANT	ei.	110								04/	13/20	024	
TOBIAS   FOX   CONSULTANT			Sign	ature of officer						Date			
Type or print name and title	He	re		TORTAS FOX				CON	SULTA	NT			
Print/Type preparer's name   Print/Type preparer's name   Print/Type preparer   Preparer			Time				<u> </u>						
Paid         DANIEL BRUTUS         DANIEL BRUTUS         DANIEL BRUTUS         DANIEL BRUTUS         Check self-employed         if self-employed         P02271248           Firm's name         BRUTUS TAX PREP         Firm's ElN 84-3639622           Firm's address         339 MAIN STREET ORANGE         NJ 07050 Phone no.         862-215-2234	-					Prenarer's signature			Dat	te T		PTIN	
Preparer         DANIEL BRUTUS         DANIEL BRUTUS         DANIEL BRUTUS         04/13/2024         self-employed         P02271248           Use Only         Firm's name         BRUTUS TAX PREP         Firm's EIN         84-3639622           Firm's address         339 MAIN STREET         ORANGE         NJ 07050 Phone no.         862-215-2234	D-:	id	Pilin	n iybe biehalel ş lialile		. Toparoi o signature	•		Jan	1000	Check		
Preparer   Use Only   Firm's name   BRUTUS TAX PREP   Firm's EIN   84-3639622			ואמ	ITEL BRUTUS		DANIEL BRUT	US		04/	13/2024	self-em	ployed P022	71248
Firm's address 339 MAIN STREET ORANGE NJ 07050 Phone no. 862-215-2234										1	84-		
THIII dudiess 500 (2121) Butter	Us	e Only						~	07050	1			1
May the IRS discuss this return with the preparer shown above? See instructions Yes X No												hermod	<del></del>
	Ma	y the IF	RS discu	ss this return with the	e preparer show	n above? See in	structio	ons				Ye	s X No

	00 (2023) NEWARK SCIENCE AND SUSTAINABIL 46-3231385 Page Z
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	NON PROFIT THAT CREATES GENERATIONAL SUSTAINABILITY THROUGH THE
	IMPLEMENTATION OF EDUCATIONAL PROGRAMS
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services? Yes X No
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and anocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 413093. including grants of \$ ) (Revenue \$ )
	STATEMENT OF ACTIVITY
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
713	(Jodo:
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
-70	(
A -1	Other program continue (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
<u></u>	
4e	Total program service expenses 413093.

4e Total program service expenses

Fo	m 9	90 (2023) NEWARK SCIENCE AND SUSTAINABIL 46-3231	385	Р	age 3
P	art	IV Checklist of Required Schedules		Yes	No
	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		res	NO
	1	complete Schedule A	1	х	
	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		
	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			V
	7	"Yes," complete Schedule D, Part I	7		X
	0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
	8	complete Schedule D, Part III	8		Х
	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		x
1	0	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
1	1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.		345 Sep 315	taller i
	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		x
	b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
	С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
	d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
	е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Х
	f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
1	2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
	b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		Х
1	3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
		Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
		fundraising, business, investment, and program service activities outside the United States, or aggregate			
	_	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
1	5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
1	6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
4	7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		X
1	8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
	9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		Х
2		Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
		If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
2	1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Par	Checklist of Required Schedules (Commued)		V	N1-
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the		,	
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		Х
24-	employees? If "Yes," complete Schedule J	23		^
<b>24a</b>	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
40	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	07		
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		ing States	WELL TO
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		X
24	conservation contributions? <i>If "Yes," complete Schedule M</i>	31		X
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	-		
32	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	00.0		
30	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38		X
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			П
-	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	NA STATE	163	140
та b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		X
-		-	000	

Par			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax										
	Statements, filed for the calendar year ending with or within the year covered by this return .										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X							
h	If "Yes," enter the name of the foreign country	-761									
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х							
C											
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the										
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or										
	gifts were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).			100							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a									
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1.0									
	required to file Form 8282?	7c									
d	If "Yes," indicate the number of Forms 8282 filed during the year	ties (in)									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		Х							
9	Sponsoring organizations maintaining donor advised funds.	0		Α_							
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х							
10	Section 501(c)(7) organizations. Enter:										
a	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		nicitation.								
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders										
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	are en	e de la comp								
12a	against amounts due or received from them.)	12a									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	***	***								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which										
	the organization is licensed to issue qualified health plans										
C	Enter the amount of reserves on hand	44-									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		_							
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140									
15	excess parachute payment(s) during the year?	15		X							
	If "Yes," see the instructions and file Form 4720, Schedule N.			-25							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X							
10	•	.0		21							
17	If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities										
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		X							
	If "Yes," complete Form 6069.										

NEWARK SCIENCE AND SUSTAINABIL

						STATE OF THE PARTY		
•	Governance, Management,	and Disclosure For each "Y	∕es" response to lin	es 2 through 7	'b below, a	nd for a	"No"	
	response to line 8a, 8b, or 10	b below, describe the circum	istances, processe	s, or changes	on Schedu	ıle O. Se	e instrucț	ions.
	Check if Schedule O conta						[	X

-	I D. L. and Management	·//·									
Sect	ion A. Governing Body and Management	Т	Yes	No							
	Enter the number of voting members of the governing body at the end of the tax year   1a   3		100								
1a											
	If there are material differences in voting rights among members of the governing body, or										
	if the governing body delegated broad authority to an executive committee or similar										
	committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		v							
	any other officer, director, trustee, or key employee?	2		X							
3	Did the organization delegate control over management duties customarily performed by or under the direct			.,,							
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X							
5											
6	Did the organization have members or stockholders?	6		X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint										
	one or more members of the governing body?	7a		X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,										
	stockholders, or persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during										
	the year by the following:										
а	The governing body?	8a		X							
b	Each committee with authority to act on behalf of the governing body?	8b		X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached										
•	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X							
Sact	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)									
OCCL	ion B. I onoice (Thie Goodon B Toqueste miermaten about penere a		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,										
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
44-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X							
11a	The state of the s										
b	and the state of t	12a		X							
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b									
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1									
С	describe on Schedule O how this was done	12c									
40	Did the organization have a written whistleblower policy?	13		X							
13	Did the organization have a written document retention and destruction policy?	14		X							
14	Did the organization have a written document retention and destruction policy:			**							
15	Did the process for determining compensation of the following persons include a review and approval by										
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a		X							
а	The organization's CEO, Executive Director, or top management official.	15b		X							
b	Other officers or key employees of the organization	130									
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a		4.0		.,							
	with a taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its										
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard										
	the organization's exempt status with respect to such arrangements?	16b	<u> </u>								
Sect	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	on 501	(c)								
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website Upon request Other (explain on Schedule C										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	polic	y,								
	and financial statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	JULIE P 646-399-03	37									
	PO BOX 1038 NEWARK NJ 07101-										

•	01111 00	0 (20	,
	Part	VII	

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor an	y related organi	izatio	n co	mp	ens	ated a	any	current officer,	director, or trust	ee.
(A) Name and title	(B) Average hours	box,	unles er an	Pos neck ss pe d a d	rson	than or is both or/truste	an e)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) TOBIAS FOX CONSULTANT	20			х				0	0	0
(2)										
(3)								_		
(4)										
(5)										
(6)										
_(7)								,		
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Pa	art VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd	High	est	Compensated	Employees (c	ontinu	ed)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	rson	than is bottoritrus Highest compensated employee	n an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2 1099-MISC/ 1099-NEC)	co org	(F) nated amo of other mpensatio from the anization a d organiza	on and
(15)													
(16)													
(17)													niagin, ajayida ada
(18)												areningueza en la compaño de comp	
(19)													ekkeyyyez (Trokusa)
(20)													
(21)													
(22)													
(23)													
(24)									)				
(25)													
1b c	Subtotal	Section A											
2	Total number of individuals (including but not I reportable compensation from the organization	imited to those	listed	abo	ove)	) wh	o red	eiv	ed more than \$1	100,000 of			
3	Did the organization list any <b>former</b> officer, dir employee on line 1a? <i>If</i> "Yes," <i>complete Sche</i>					e, oi	r high	est	compensated		3	Yes	No X
4	For any individual listed on line 1a, is the sum the organization and related organizations gre individual	of reportable co ater than \$150,	mpe 000?	nsa <i>If</i> "	tion 'Yes	and ," c	d othe ompl	er c ete	ompensation fro Schedule J for	om s <i>uch</i> 	4		X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "	rue compensati Yes," complete	on fr	om : dule	any J f	unr or s	elate	d o	rganization or in	dividual	5		X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest comp compensation from the organization. Report c	ensated indepe ompensation fo	nden r the	t co cale	ntra enda	ictoi ar y	rs tha ear e	nt re	ceived more thang with or within	an \$100,000 of the organization	on's ta	x year.	
	(A) Name and business add								(B) Description of se		(Compe	;)	
	·												
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		nited	to th	ose	list	ted a	bov	e) who received				

Part VIII Statement of Revenue

rall	L VIII	Check if Schedule O co		a reenone	e 0	r note to any line	in this Part VIII			
		Check ii Schedule O co	intanis	a respons		note to any me	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
10 10	1a	Federated campaigns		[	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b					
ည် ရှိ	C	Fundraising events		[	1c					
fts,	d	Related organizations		[	1d					
2 E		Government grants (contrib		,	1e					
Sin	f	All other contributions, gifts								
outile Ter		similar amounts not include		-	1f	230646.				
trib Ott	g	Noncash contributions incli		1						
Son		lines 1a-1f			1g					
	h	Total. Add lines 1a-1f .	<u></u>	· · · ·	·	Business Code	230646.			
Ø)	0-					Business Code				
Program Service Revenue	2a				- 1		<b></b>	<del> </del>		
er	b				- 1		<del> </del>	<del> </del>		
n S	C				_		<del> </del>	<del>                                     </del>		
yram Sen Revenue	d							<del> </del>		
00	f	All other program service re					<u> </u>			
0.	a	Total. Add lines 2a–2f.			•					
	3	Investment income (includi	na div	idends, int	eres	st, and				
		other similar amounts).					*			
	4	Income from investment of								
	5	Royalties								
		•		(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses.	6b							
	С	Rental income or (loss)	6c							
	d	Net rental income or (loss)	<u> </u>			60 Other				
	7a			(i) Securitie		(ii) Other	-			
		sales of assets	7-							
a	-	other than inventory Less: cost or other basis	7a	-					and the second second second	
Ž	Ю	and sales expenses	7b							
Revenue	_	Gain or (loss)	7c				1			
-		Net gain or (loss)	L.,							king mengangan salah
Other		Gross income from fundrai		· · · · [						
ō		events (not including \$	•							
		of contributions reported or	n line	1c).						
		See Part IV, line 18			8a				12.00	
		Less: direct expenses		<u></u>	8b					
	ſ	Net income or (loss) from f			S .	· · · · · · · · · · · · · · · · · · ·				
	9a	Gross income from gaming			_					
		See Part IV, line 19		_	9a		4			
	b	Less: direct expenses		_	9b					
		Net income or (loss) from g Gross sales of inventory, le		g activities F	• •					
	Tua	returns and allowances .			l0a					
	b	Less: cost of goods sold.		-	l0b					
	6	Net income or (loss) from s		- I						
<b>(</b> D	ا ت	1.50 mostijo or (1000) nom e			-	Business Code				
Miscellaneous Revenue	11a				_					
scellaneo	b									
ella	С									
SC	d	All other revenue								
Z	е	Total. Add lines 11a-11d.		· · · ·						
	12	Total revenue. See instruc	ctions				230646.	1		

Form 9	90 (2023) NEWARK SCIENCE AND SUSTAINAE	BIL		46-32	31385 Page <b>10</b>
	t IX Statement of Functional Expenses			-	
Secti	on 501(c)(3) and 501(c)(4) organizations must complete a	ll columns. All othe	r organizations mu	st complete column	(A).
	Check if Schedule O contains a response or note	e to any line in this	Part IX		
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	ALL MARKET MARKET THE PARTY OF			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				***************************************
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying	***************************************			***************************************
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				THE RESERVE THE PROPERTY OF TH
g	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	**************************************			
13	Office expenses	413093.	413093.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				

413093.

413093.

Depreciation, depletion, and amortization . . . . .

e All other expenses

Total functional expenses. Add lines 1 through 24e.

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) . . . . . .

Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)

22 23

24

25

Form **990** (2023)

Part X Balance Sheet

	,	Check if Schedule O contains a response or note to any line in this Part	(A) Beginning of year		(B) End of year
	T 4	Cash—non-interest-bearing	Bognining or your	1	
Assets	1	-		2	
	2	Savings and temporary cash investments		3	
	3	0 0		4	
	4	Accounts receivable, net			
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	_	Loans and other receivables from other disqualified persons (as defined		J	
	6			6	
	_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		7	
	7	Notes and loans receivable, net		8	
	8	Inventories for sale or use		9	
	9	Prepaid expenses and deferred charges		9	
	10a				
		other basis. Complete Part VI of Schedule D 10a		40-	
	b	Less: accumulated depreciation		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE
	14	Intangible assets		14	0700
	15	Other assets. See Part IV, line 11	185150.	15	2703.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	185150.	16	2703.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
8	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
a D		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
<sub>v</sub>		Organizations that follow FASB ASC 958, check here X			
ce		and complete lines 27, 28, 32, and 33.			
Net Assets or Fund Balances	27	Net assets without donor restrictions	185150.	27	2703.
	28	Net assets with donor restrictions		28	
	20	Organizations that do not follow FASB ASC 958, check here			
		and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds.		31	······································
	32	Total net assets or fund balances	185150.	32	2703.
	33	Total liabilities and net assets/fund balances	185150.	33	2703.
	100	IVIAI HAVIILIES AITA HEL ASSELSMANA DAIAHOES.			Form 990 (2023)

Form 990 (2023)

Form 990 (2023) NEWARK SCIENCE AND SUSTAINABIL Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI . . . . . . 1 2 3 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . . 4 5 6 7 8 Other changes in net assets or fund balances (explain on Schedule O) . . . . . . . 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . . . . . . . Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. Both consolidated and separate basis Separate basis Consolidated basis Were the organization's financial statements audited by an independent accountant? . . . . . . 2b X If "Yes." check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. Consolidated basis Both consolidated and separate basis Separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

#### **SCHEDULE A** (Form 990)

Department of the Treasury

Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization Employer identification number							
	RK SCIENCE AND SUS					46-3231385	
Part							
The or	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)  1						
2	A school described in section	170(b)(1)(A)(ii). (A	ttach Schedule E (For	rm 990).)			
3	A hospital or a cooperative hos	spital service organi	ization described in s	ection 17	0(b)(1)(A	)(iii).	
4	A medical research organization hospital's name, city, and state		unction with a hospital	describe	d in secti	ion 170(b)(1)(A)(iii) 	. Enter the
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)						
6	A federal, state, or local gover	nment or governme	ntal unit described in	section 1	170(b)(1)(	A)(v).	
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)						
8	A community trust described in	section 170(b)(1)	)(A)(vi). (Complete Pa	rt II.)			
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:						
10 🖸	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)						
11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).						
12							
a	The state of the s						
b							
C	Type III functionally integr	rated. A supporting	organization operated	in conne	ction with	, and functionally in	tegrated with,
	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.						
a	d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.						
е	Control of the state of the sta						
f	Enter the number of supported	organizations	, ,				
g	Provide the following information		ted organization(s). (iii) Type of organization	(in lather	annin ation	(v) Amount of monetary	(vi) Amount of
	ii) Name of supported organization	(ii) EIN	(described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		support (see instructions)	other support (see instructions)
				Yes	No		
(A)			,				
(B)							
(C)	,						
(D)							
(E)	*						
Total							

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support									
Calendar year (or fiscal year beginning in)		(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and membership fees								
	received. (Do not include any "unusual grants.")	65495.	91031.	105000.	398311.	230646.	890483.		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the								
_	organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge		3						
6	Total. Add lines 1 through 5	65495.	91031.	105000.	398311.	230646.	890483.		
	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified								
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .								
c	Add lines 7a and 7b								
8	Public support (Subtract line 7c from								
	line 6.)						890483.		
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
9	Amounts from line 6	65495.	91031.	105000.	398311.	230646.	890483.		
10a	Gross income from interest, dividends,								
	payments received on securities loans, rents,								
	royalties, and income from similar sources								
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
C	Add lines 10a and 10b								
11	Net income from unrelated business								
	activities not included on line 10b, whether								
	or not the business is regularly carried on .						Alegonium variotisti kasan eta areke eta eta eta eta eta eta eta eta eta et		
12	Other income. Do not include gain or				1				
	loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11,		01001	105000	200211	220646	000403		
	and 12.)	65495.	91031.	105000.	398311.	230646.	890483.		
14	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.								
Sec	ction C. Computation of Public Su					15	100 00		
15							100.00%		
16	16 Public support percentage from 2022 Schedule A, Part III, line 15								
Sec	ction D. Computation of Investmen					17	0 00		
17							0.00%		
18	Investment income percentage from 2022 Schedule A, Part III, line 17								
19a	a 33 1/3% support tests—2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is								
	not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization								
b	33 1/3% support tests—2022. If the organi line 18 is not more than 33 1/3%, check this	zation aid not ched	ox a box on line 14	or line 19a, and lir	olich supported or	aanization			
00	Private foundation. If the organization did								
211	Fivale journation, it the organization did	HUL UNICON A DUX UI	1-7, 10a, UI 18	, OHOUR HID DUA		<del>-</del>	· · · · · · .		

### SCHEDULE O (Form 990)

Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Internal Revenue Service

Name of the organization Employer identification number 46-3231385 NEWARK SCIENCE AND SUSTAINABILITY FORM 990 EXPENSE 11598.70 ADVERTISING AND MARKETING FORM 990 EXPENSE 125416.21 CONSTRUCTION FORM 990 EXPENSE 183476.49 PROFESSIONAL FEES FORM 990 EXPENSE 4622.84 INSURANCE EXPENSE FORM 990 EXPENSE 14762.83 TOTAL OCCUPANCY FORM 990 EXPENSE 16251.09 OFFICE EXPENSE