

For calendar year 2025 or tax year beginning _____ and ending _____

Name: NEWARK SCIENCE AND SUSTAINABILITY EIN: 46-3231385
 Name line 2: PO BOX 1038
 Address: NEWARK NJ 07101- Telephone No: 646-399-0337
 City, State, and Zip Code: _____

Email address: _____
 Web site address: _____
 Fiduciary name, if applicable: _____
 Name of officer signing return: TOBIAS FOX
 Title of officer/trustee/fiduciary signing return: DIRECTOR
 Group exemption number: _____
 Check if exemption application is pending:
 Accounting method: _____
 List states desired: _____
 Cash: Accrual: Other: Specify: _____

Type of exempt organization:

- Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) (Form 990)
- Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year (Form 990-EZ)
- Private foundation or section 4947(a)(1) nonexempt charitable trust treated as a private foundation (Form 990-PF)

Preparer ID: P00271248 Time in this return: 0453 minutes
 Preparer name: DANIEL BRUTTUS Date: 04/13/2026
 Firm's name: BRUTTUS TAX PREP PTIN: P00271248
 Address: 339 MAIN STREET SUITE 2C Self-employed:
 City, State, ZIP Code: ORANGE NJ 07050- Firm's EIN: 84-3639622
 Phone: 862-215-2234

Return of Organization Exempt From Income Tax

2025 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c)(3), 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.

Part I Summary

Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: NEWARK SCIENCE AND SUSTAINABIL. D Employer identification number: 46-3231385. E Telephone number: 646-399-0337. F Name and address of principal officer: TOBIAS FOX, 55 GLENWOOD AV EAST ORANGE NJ 07017-527. G Gross receipts \$: 306907.

1 Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527. H(a) Is this a group return for subsidiaries? Yes [X] No []. H(b) Are all subsidiaries included? Yes [] No []. H(c) Group exemption number. M State of legal domicile: NJ.

Part II Signature Block. Signature of officer: TOBIAS FOX, Director. Date: 04/13/2026. Preparer's name: DANIEL BRUTUS, Preparer's signature: [Signature], Date: 04/13/2026.

Net Assets or Fund Balances. 20 Total assets (Part X, line 16): 375. 21 Total liabilities (Part X, line 26): 375. 22 Net assets or fund balances. Subtract line 21 from line 20: 375.

Expenses. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3): 132118. 14 Benefits paid to or for members (Part IX, column (A), line 4): 166311. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10): 298429. 16a Total fundraising expenses (Part IX, column (D), line 25): 13034. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e): 369930. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25): 63023. 19 Revenue less expenses. Subtract line 18 from line 12: 375.

Revenue. 8 Contributions and grants (Part VIII, line 1h): 296101. 9 Program service revenue (Part VIII, line 2g): 296101. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d): 296101. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e): 306907. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12): 306907.

Activities & Governance. 2 Check this box [] if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a): 3. 4 Number of independent voting members of the governing body (Part VI, line 1b): 4. 5 Total number of individuals employed in calendar year 2025 (Part V, line 2a): 7. 6 Total number of volunteers (estimate if necessary): 6. 7a Total unrelated business revenue from Form VIII, column (C), line 12: 30. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11: 7b.

Part 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:

GENERAL PROGRAMS, AGRICULTURAL TRAINING

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O. Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O. Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 35,689.6 including grants of \$) (Revenue \$)

STATEMENT OF ACTIVITY INCLUDING ADVERTISING, MARKETING, CONSTRUCTION, CONTRACTOR AND FEES, INSURANCE, OCCUPANCY, MERCHANT FEES AND OFFICE EXPENSES

4b (Code:) (Expenses \$ 1,303.4 including grants of \$) (Revenue \$)

STATEMENT OF ACTIVITY OTHER EXPENSES

4c (Code:) (Expenses \$) including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$) including grants of \$) (Revenue \$)

4e Total program service expenses 36,993.0

Part 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)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
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? <i>If "Yes," complete Schedule C, Part II.</i>		X
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? <i>If "Yes," complete Schedule C, Part III.</i>		X
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? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		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? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
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? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		X
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)? <i>If "Yes," complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b 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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
14b 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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
15 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 individual? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
16 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.		X
17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X
20b 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? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
21		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		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 employees? <i>If "Yes," complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? <i>To defease any tax-exempt bonds?</i>		X
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <i>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.</i>		X
25a 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? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to 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? <i>If "Yes," complete Schedule L, Part II.</i>		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 persons? <i>If "Yes," complete Schedule L, Part III.</i>		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). a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	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? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	X
35a 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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	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? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <i>Note: All Form 990 filers are required to complete Schedule O.</i>	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V.

	1a	1b	1c	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.					
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?					X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		2a	7	2b		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.		7	2b			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			3a			X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3b			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.			4a			X
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)?						
b	If "Yes," enter the name of the foreign country			5a			X
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5b			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5c			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			6a			X
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?			6b			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			7a			
7	Organizations that may receive deductible contributions under section 170(c).			7b			
a	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?			7c			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7d			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7e			
d	If "Yes," indicate the number of Forms 8282 filed during the year.			7f			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7g			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7h			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			8			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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?			9a			X
9	Sponsoring organizations maintaining donor advised funds.			9b			X
a	Did the sponsoring organization make any taxable distributions under section 4966?						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			10a			
10	Section 501(c)(7) organizations. Enter:			10b			
a	Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities.			11a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			11b			
11	Section 501(c)(12) organizations. Enter:			12a			
a	Gross income from members or shareholders.			12b			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a			
a	Is the organization licensed to issue qualified health plans in more than one state?						
b	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves for additional information is required to maintain by the states in which the organization is licensed to issue qualified health plans.			13b			
c	Enter the amount of reserves on hand.			13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.			14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?			15			X
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			16			X
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.						

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. X

Section A. Governing Body and Management

	1a	5	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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.			
2	Enter the number of voting members included on line 1a, above, who are independent			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			
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?			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			
6	Did the organization have members or stockholders?			
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?			
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?			
	b Each committee with authority to act on behalf of the governing body?			
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			

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?													
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?													
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?													
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.													
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.													
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?													
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.													
13	Did the organization have a written whistleblower policy?													
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? The organization's CEO, Executive Director, or top management official.													
a	Other officers or key employees of the organization													
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.													
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?													
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?													

Section 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 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

19 Own website Another's website Upon request Other (explain on Schedule O)

20 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

JULIE P
PO BOX 1038 NEWARK NJ 07101-

Part VII

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) TOBIAS FOX DIRECTOR	30			X			34139.0	0	0
(2) GREATER NEWARK INSTITUTIONAL			X				982.0	0	0
(3) STEAM URBAN INSTITUTIONAL			X				1200.0	0	0
(4) HER MAJESTY INSTITUTIONAL			X				1250.0	0	0
(5) TWANNA SUSAN B INDIVIDUAL	15		X				8480.0	0	0
(6) GROW IT GREEN INSTITUTIONAL			X				3025.0	0	0
(7) DEJAH NDIAYE INDIVIDUAL	15		X				5200.0	0	0
(8) NEW LABOR INSTITUTIONAL			X				12230.0	0	0
(9) VAITSBURG CENT INSTITUTIONAL			X				1200.0	0	0
(10) STEVENS CIRENE INDIVIDUAL	15		X				2280.0	0	0
(11) BETTER FOR LES INSTITUTIONAL			X				725.0	0	0
(12) JAGQUELEEN BID INSTITUTIONAL			X				18083.0	0	0
(13) LILIANA HERNAN INDIVIDUAL	15		X				1050.0	0	0
(14) DONALD HAMER INDIVIDUAL	15		X				1200.0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		(do not check more than one box, unless person is both an officer and a director/trustee)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) CHIMAOBI IBEH INDIVIDUAL			X					600.		
(16) GINEL ANDRESON INDIVIDUAL	1.5		X					4640.		
(17) ROXANA MARROU INDIVIDUAL			X					3900.		
(18) CHARMS BUSINES INSTITUTIONAL				X				2250.		
(19) ENGLISH FARM INSTITUTIONAL				X				5475.		
(20) AL MUNIR LIG INSTITUTIONAL				X				19200.		
(21) TAMARI V INDIVIDUAL	1.5		X					4820.		
(22) CHACHO INSTITUTIONAL				X				19473.		
(23) TJOMA UKENTA INDIVIDUAL	1.5		X					16226.		
(24) MELISSA LEUTHN INDIVIDUAL	1.5		X					12840.		
(25) OTHER OTHER 1099			X					12670.		
1b Subtotal								193138.		
c Total from continuation sheets to Part VII, Section A								193138.		
d Total (add lines 1b and 1c)								193138.		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation	Yes	No
				X
				X
				X
				X
				X
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization				

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII.

		(A)	(B)	(C)	(D)
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts					
1a	Federated campaigns	1a			
b	Membership dues	1b			
c	Fundraising events	1c			
d	Related organizations	1d			
e	Government grants (contributions)	1e	298790.		
f	All other contributions, gifts, grants, and similar amounts not included above	1f	8117.		
g	Noncash contributions included in lines 1a-1f	1g	\$		
h	Total. Add lines 1a-1f	306907.			
Program Service Revenue					
2a					
b					
c					
d					
e					
f	All other program service revenue				
g	Total. Add lines 2a-2f				
3	Investment income (including dividends, interest, and other similar amounts)				
4	Income from investment of tax-exempt bond proceeds				
5	Royalties				
6a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Rental income or (loss)	6c			
d	Net rental income or (loss)				
7a	Gross amount from sales of assets other than inventory	7a			
b	Less: cost or other basis and sales expenses	7b			
c	Gain or (loss)	7c			
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.	8a			
b	Less: direct expenses	8b			
9a	Net income or (loss) from fundraising events. See Part IV, line 19.	9a			
b	Less: direct expenses	9b			
c	Net income or (loss) from gaming activities				
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue					
11a					
b					
c					
d	All other revenue				
e	Total. Add lines 11a-11d	306907.			
12	Total revenue. See instructions.	306907.			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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	356896.	356896.		
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				
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):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	13034.	13034.		
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				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 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.)				
a				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	369930.	369930.		
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

	(A) Beginning of year	(B) End of year
Assets		
1 Cash—non-interest-bearing	1	
2 Savings and temporary cash investments	2	
3 Pledges and grants receivable, net	3	
4 Accounts receivable, net	4	
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	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net	6	
7 Inventories for sale or use	7	
8 Prepaid expenses and deferred charges	8	
9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	9	
10a Less: accumulated depreciation	10a	
10b	10b	
b Investments—publicly traded securities	10c	
11 Investments—other securities. See Part IV, line 11	11	
12 Investments—program-related. See Part IV, line 11	12	
13 Intangible assets	13	
14 Other assets. See Part IV, line 11	14	
15 Total assets. Add lines 1 through 15 (must equal line 33)	15	15
16	16	
17 Grants payable and accrued expenses	17	
18 Deferred revenue	18	
19 Tax-exempt bond liabilities	19	
20 Escrow or custodial account liability. Complete Part IV of Schedule D	20	
21 Loans and other payables to 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	21	
22 Secured mortgages and notes payable to unrelated third parties	22	
23 Unsecured notes and loans payable to unrelated third parties	23	
24 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	24	
25 Total liabilities. Add lines 17 through 25	25	
26 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>	26	
27 and complete lines 27, 28, 32, and 33.		
28 Net assets without donor restrictions	375.	27
29 Net assets with donor restrictions		28
30 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>		
31 and complete lines 29 through 33.		
32 Capital stock or trust principal, or current funds		29
33 Paid-in or capital surplus, or land, building, or equipment fund		30
Retained earnings, endowment, accumulated income, or other funds	375.	31
Total net assets or fund balances	375.	32
Total liabilities and net assets/fund balances	375.	33

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	306907	1
2	Total expenses (must equal Part IX, column (A), line 25)	369930	2
3	Revenue less expenses. Subtract line 2 from line 1	-63023	3
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	375	4
5	Net unrealized gains (losses) on investments		5
6	Donated services and use of facilities		6
7	Investment expenses		7
8	Prior period adjustments		8
9	Other changes in net assets or fund balances (explain on Schedule O)		9
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	-62648	10

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	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.		2a
	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant? 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.		2b
	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		2c
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a
b	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.		3b

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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.

2025
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

NEWARK SCIENCE AND SUSTAINABILITY

Employer identification number
46-3231385

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
 - 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
 - 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
 - 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
 - 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 government or governmental unit described in section 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)(vii). (Complete Part 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 for the benefit of, or to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 12 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- a** **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
- b** **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
- c** **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
- d** **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- e** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f** Enter the number of supported organizations: _____
- g** Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of 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

	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	105000.	398311.	230646.	296101.	306907.	1336965.
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.						
6 Total. Add lines 1 through 5.	105000.	398311.	230646.	296101.	306907.	1336965.
7a 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).						1336965.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6.	105000.	398311.	230646.	296101.	306907.	1336965.
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.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	105000.	398311.	230646.	296101.	306907.	1336965.
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.						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f)).	15	100.00%
16 Public support percentage from 2024 Schedule A, Part III, line 15.	16	100.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f)).	17	0.00%
18 Investment income percentage from 2024 Schedule A, Part III, line 17.	18	0.00%

33 1/3% support tests—2025. 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 stop here. The organization qualifies as a publicly supported organization.

33 1/3% support tests—2024. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

NEWARK SCIENCE AND SUSTAINABILITY
CONTRACTOR AND PROFESSIONAL FEES

Employer identification number
46-3231385

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

FORM 990 EXPENSES 228810
CONSTRUCTION AND OCCUPANCY

FORM 990 EXPENSES 69853
SUPPLIES AND OFFICE EXPENSES

FORM 990 EXPENSES 26629
ADVERTISING AND MARKETING

FORM 990 EXPENSES 6438
TRAVEL

FORM 990 EXPENSES 8196
OTHER EXPENSES 30004

IRS E-file Signature Authorization for a Tax-Exempt Entity

For calendar year 2025, or fiscal year beginning 2025, and ending 2025. Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

2025

Department of the Treasury Internal Revenue Service

Name of filer NEWARK SCIENCE AND SUSTAINABILITY TOBIAS FOX

EIN or SSN 46-3231385

DIRECTOR

Part I Type of Return and Return Information

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

Table with 2 columns: Line number and Description. Includes rows for Total revenue, Total tax, Tax based on investment income, Balance due, Total tax, Total tax, FMV of assets, and Amount of credit payment requested.

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity), (EIN) and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize BRUTUS TAX PREP ERO firm name to enter my PIN 12345 as my signature

on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Date 04/13/2026

Part III Certification and Authentication

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

20726504161 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ESTHER BRUTUS Date 04/14/2026

ERO Must Retain This Form—See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

NEWARK SCIENCE AND SUSTAINABILITY
 PO BOX 1038
 NEWARK NJ 07101-

INVOICE DATE: 04/14/2026
 ID NUMBER: 46-3231385
 TELEPHONE: 646-399-0337
 INVOICE NO.: 1

2025 INVOICE

Description	
1	Form 990
1	Form 990-W, Estimated Tax Worksheet
1	Schedule N, Liquidation, Termination, or Disposition of Assets
1	Form 8868, Application for Extension of Time to File
1	Regulatory Explanation

Remarks:	Total Charges	775.00
	Discount Sales Tax Payments Amount Due	775.00

Acknowledgements

Taxwise 2025

4/14/2026
10:45:34AM

TIN	Name	Refund or Balance Due	Package	Status	e-file ST	Sig Doc	ACH Debit	Efile ID Number
IRS								
EFIN: 207265								
46-3231385	NEWARK SCIENCE AND SU:		XX	Accepted	4/14	PIN		2072652026104f000001

Grand Totals:

Return(s) Accepted: 1
 Total: 1