

Public Disclosure Copy

This public disclosure copy is being provided to the organization pursuant to Section 6104(e).

Tax-exempt organizations are required to make a copy of the annual information return, e.g., Forms 990, 990-EZ, 990-PF, as well as Forms 990-T and 4720, if applicable, available for public inspection and to provide copies of such forms to individuals or organizations that request copies. The public inspection requirement applies to all required schedules and attachments of the annual information return. Most commonly, the public inspection copy redacts contributor information such as name and address from public record. The public inspection rules apply to annual information returns filed for the last three years. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there. As an alternative to providing copies, an organization may provide access to these forms through the organization's website. The website must provide instructions for downloading the document(s). The information on the website must be in such a format that it may be accessed, downloaded, viewed, or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent. Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

For more information about the IRS' public disclosure requirements, please visit:

<https://www.irs.gov/charities-non-profits/exempt-organization-public-disclosure-and-availability-requirements>

Please contact your Forvis Mazars advisor if you have questions about these rules.

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2024

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Form header section containing: A For the 2024 calendar year, or tax year beginning 07/01, 2024, and ending 06/30, 2025; B Check if applicable: Name change; C Name of organization NEWFIELDS, INC.; D Employer identification number 35-0867955; E Telephone number (317) 923-1331; F Name and address of principal officer: LE MONTE G. BOOKER, SR; G Gross receipts \$ 486,512,385; H(a) Is this a group return for subordinates?; H(b) Are all subordinates included?; I Tax-exempt status: 501(c)(3); J Website: WWW.DISCOVERNEWFIELDS.ORG; K Form of organization: Corporation; L Year of formation: 1883; M State of legal domicile: IN

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7b), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

Part II 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 block section containing: Sign Here; Signature of officer: JEREMIAH WISE, CHIEF FINANCIAL OFFICER; Date; Print/Type preparer's name: NICOLE FISHBACK; Preparer's signature: NICOLE FISHBACK; Date: 05/15/2026; Check if self-employed; PTIN: P01279475; Firm's name: FORVIS MAZARS LLP; Firm's EIN: 44-0160260; Firm's address: 820 MASSACHUSETTS AVE SUITE 1370, INDIANAPOLIS, IN 46204; Phone no.: (317) 383-4000

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2024)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:
TO ENRICH LIVES THROUGH EXCEPTIONAL EXPERIENCES WITH ART AND NATURE. NEWFIELDS OFFERS DYNAMIC EXPERIENCES WITH ART AND NATURE FOR GUESTS OF ALL AGES. THE 152-ACRE CULTURAL CAMPUS FEATURES ART GALLERIES, LUSH GARDENS, A HISTORIC HOME, PERFORMANCE SPACES, A NATURE PRESERVE AND (CONTINUED ON SCHEDULE O)

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.

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.

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 \$ 14,512,173 including grants of \$) (Revenue \$ 805,691)
EDUCATIONAL - TO COMMUNICATE AND DEVELOP KNOWLEDGE ABOUT THE ART COLLECTED, TO MEMBERS OF THE GENERAL PUBLIC.

4b (Code:) (Expenses \$ 10,109,679 including grants of \$) (Revenue \$ 1,921,561)
CURATORIAL - THE STUDY, PRESERVATION AND COLLECTION OF ART FOR THE ENJOYMENT OF FUTURE GENERATIONS.

4c (Code:) (Expenses \$ 6,857,096 including grants of \$) (Revenue \$ 5,958,359)
HORTICULTURAL - NEWFIELDS FOSTERS EXPLORATION OF THE NATURAL ENVIRONMENT AND THE HISTORIC PROPERTIES FOR WHICH NEWFIELDS HAS BEEN GIVEN STEWARDSHIP.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 5,733,371 including grants of \$) (Revenue \$ 1,886,833)

4e Total program service expenses 37,212,319

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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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 organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17 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. See instructions</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 19 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 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> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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> | | ✓ |
| 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> | ✓ | |
| 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> | ✓ | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | ✓ |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | ✓ |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | ✓ |
| 25a 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? <i>If "Yes," complete Schedule L, Part I</i> | | ✓ |
| b 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> | | ✓ |
| 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> | | ✓ |
| 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> | | ✓ |
| 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> | | ✓ |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | ✓ |
| 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> | | ✓ |
| 29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> | ✓ | |
| 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> | ✓ | |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | ✓ |
| 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> | | ✓ |
| 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> | ✓ | |
| 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> | ✓ | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | ✓ |
| 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> | | |
| 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> | | ✓ |
| 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> | | ✓ |
| 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 | ✓ | |

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

| | 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? | ✓ | |

| Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i> | | 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 | 2a | 534 | | |
| 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 | | ✓ | |
| b | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> | 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 | | | ✓ |
| b | If "Yes," enter the name of the foreign country 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 | | | ✓ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | ✓ |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | |
| 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 | | | ✓ |
| 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). | | | | |
| 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? | 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 required to file Form 8282? | 7c | | | ✓ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | 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 | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | | | |
| 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 | 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? <i>If "No," provide an explanation on Schedule O</i> | 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? If "Yes," see the instructions and file Form 4720, Schedule N. | 15 | | | ✓ |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | | ✓ |
| 17 | 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? If "Yes," complete Form 6069. | 17 | | | |

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

Section A. Governing Body and Management

| | | 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. | | |
| 1b | 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 any other officer, director, trustee, or key employee? | <input checked="" type="checkbox"/> | |
| 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? | | <input checked="" type="checkbox"/> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | <input checked="" type="checkbox"/> | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | <input checked="" type="checkbox"/> |
| 6 | Did the organization have members or stockholders? | | <input checked="" type="checkbox"/> |
| 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? | | <input checked="" type="checkbox"/> |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | <input checked="" type="checkbox"/> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | <input checked="" type="checkbox"/> | |
| b | Each committee with authority to act on behalf of the governing body? | <input checked="" type="checkbox"/> | |
| 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 | | <input checked="" type="checkbox"/> |

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

| | | Yes | No |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 10a | Did the organization have local chapters, branches, or affiliates? | | <input checked="" type="checkbox"/> |
| 10b | 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? | <input checked="" type="checkbox"/> | |
| 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 | <input checked="" type="checkbox"/> | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | <input checked="" type="checkbox"/> | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | <input checked="" type="checkbox"/> | |
| 13 | Did the organization have a written whistleblower policy? | <input checked="" type="checkbox"/> | |
| 14 | Did the organization have a written document retention and destruction policy? | <input checked="" type="checkbox"/> | |
| 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 | The organization's CEO, Executive Director, or top management official | <input checked="" type="checkbox"/> | |
| 15b | Other officers or key employees of the organization | <input checked="" type="checkbox"/> | |
| | 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? | | <input checked="" type="checkbox"/> |
| 16b | 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 IN
- 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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
JEREMIAH WISE, 4000 MICHIGAN ROAD, INDIANAPOLIS, IN 46208, (317) 923-1331

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.

See the instructions for the order in which to list the persons above.

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 | Former | | | |
| (1) ERNEST GAUSE CHIEF PEOPLE & DIVER. OFFICER | 50.0 0.0 | | | | | ✓ | 567,565 | 0 | 53,739 | |
| (2) MICHAEL KUBACKI EX-OFFICIO/INTERIM PRES/CEO (END 10/24) | 50.0 0.0 | ✓ | | ✓ | | | 395,720 | 0 | 2,657 | |
| (3) JONATHAN WRIGHT DEPUTY DIR - HORTICULTURE | 50.0 0.0 | | | | ✓ | | 360,398 | 0 | 33,693 | |
| (4) JEREMIAH WISE CHIEF FINANCIAL OFFICER | 50.0 0.0 | | | ✓ | | | 321,080 | 0 | 34,803 | |
| (5) BELINDA TATE DIRECTOR OF THE IMA | 50.0 0.0 | | | | ✓ | | 338,491 | 0 | 9,849 | |
| (6) COLETTE BURNETTE FORMER PRESIDENT & CEO | 0.0 0.0 | | | | | ✓ | 298,762 | 0 | 952 | |
| (7) JONATHAN BERGER VP - MKT & EXT AFFAIRS | 50.0 0.0 | | | | | ✓ | 263,828 | 0 | 30,301 | |
| (8) GRACE MEILS VICE PRESIDENT OF ADVANCEMENT | 50.0 0.0 | | | | | ✓ | 243,594 | 0 | 27,529 | |
| (9) GREG SMITH SENIOR CONSERVATION SCIENTIST | 50.0 0.0 | | | | | ✓ | 179,360 | 0 | 29,715 | |
| (10) LAURA MCGREW SR DIR-GUEST EXP AND VOLUNTEER | 50.0 0.0 | | | | | ✓ | 127,877 | 0 | 20,206 | |
| (11) LE MONTE G. BOOKER, SR PRESIDENT & CEO (BEG 10/2024) | 50.0 0.0 | ✓ | | ✓ | | | 77,501 | 0 | 23,696 | |
| (12) ANNE SELLERS VICE CHAIR | 2.0 0.0 | ✓ | | ✓ | | | 0 | 0 | 0 | |
| (13) DARRIANNE CHRISTIAN CHAIR | 2.0 0.0 | ✓ | | ✓ | | | 0 | 0 | 0 | |
| (14) DOUGLAS SINGLETON SECRETARY | 2.0 0.0 | ✓ | | ✓ | | | 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 (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 | Former | | | |
| (15) JOHN LISHER AT-LARGE | 2.0 0.0 | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | 0 0 | 0 0 | 0 0 |
| (16) LEON JACKSON AT-LARGE | 2.0 0.0 | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | 0 0 | 0 0 | 0 0 |
| (17) MYRTA PULLIAM AT-LARGE | 2.0 0.0 | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | 0 0 | 0 0 | 0 0 |
| (18) ROBERT SCHEELE AT-LARGE | 2.0 0.0 | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | 0 0 | 0 0 | 0 0 |
| (19) SHANE MERRIWEATHER VICE CHAIR | 2.0 0.0 | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | 0 0 | 0 0 | 0 0 |
| (20) ALAN HENDERSON BOARD MEMBER | 2.0 0.0 | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | 0 0 | 0 0 | 0 0 |
| (21) ALLAN MILLS BOARD MEMBER | 2.0 0.0 | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | 0 0 | 0 0 | 0 0 |
| (22) CHARLES SUTPHIN BOARD MEMBER | 2.0 0.0 | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | 0 0 | 0 0 | 0 0 |
| (23) DANIEL YATES BOARD MEMBER | 2.0 0.0 | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | 0 0 | 0 0 | 0 0 |
| (24) ELLEN CRABB BOARD MEMBER | 2.0 0.0 | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | 0 0 | 0 0 | 0 0 |
| (25) (SEE PART VII CONTINUATION SHEET) | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 3,174,176 | 0 | 267,140 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0 | 0 | 0 |
| d Total (add lines 1b and 1c) | | | | | | | | 3,174,176 | 0 | 267,140 |

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 16

| | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|
| BCS SERVICES LLC, 3450 EAST LAKE ROAD, PALM HARBOR, FL 34685 | CLEANING SERVICE | 578,518 |
| BARNES & THORNBURG LLP, 11 S MERIDIAN STREET, INDIANAPOLIS, IN 46204 | LEGAL SERVICES | 197,403 |
| FORVIS MAZARS LLP, PO BOX 200870, DALLAS, TX 75320-0870 | AUDIT AND TAX SERVICES | 178,102 |
| FROST BROWN TODD LLP, 111 MONUMENT CIRCLE, INDIANAPOLIS, IN 46204 | LEGAL SERVICES | 167,198 |
| TYLER SCENIC LLC, 6751 E. 30TH STREET, INDIANAPOLIS, IN 46219 | INSTALL SERVICES | 161,925 |
| 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 | 9 | |

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | | |
|--------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------|--------------------------------------|---------------------------------------------------------------|-----------|--|
| Contributions, Gifts, Grants, and Other Similar Amounts | 1a | Federated campaigns | | | | | | |
| | 1b | Membership dues | 1,084,297 | | | | | |
| | 1c | Fundraising events | | | | | | |
| | 1d | Related organizations | | | | | | |
| | 1e | Government grants (contributions) | 1,941,708 | | | | | |
| | 1f | All other contributions, gifts, grants, and similar amounts not included above | 4,881,705 | | | | | |
| | 1g | Noncash contributions included in lines 1a-1f | \$ 1,248,307 | | | | | |
| | 1h | Total. Add lines 1a-1f | 7,907,710 | | | | | |
| | Program Service Revenue | | | Business Code | | | | |
| 2a | | ADMISSION FEE | 900099 | 7,358,878 | 7,358,878 | | | |
| 2b | | PROJECT INCOME | 900099 | 71,849 | 71,849 | | | |
| 2c | | RESTAURANT AND CATERING INCOME | 722511 | 1,696,000 | 1,454,070 | 241,930 | | |
| 2d | | RENTAL INCOME | 531190 | 567,477 | 567,477 | | | |
| 2e | | OTHER INCOME | 900099 | 819,030 | 819,030 | | | |
| 2f | | All other program service revenue . . | | 0 | 0 | 0 | | |
| 2g | | Total. Add lines 2a-2f | | 10,513,234 | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 4,446,554 | | (306,899) | 4,753,453 | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6a | Gross rents | (i) Real | | | | | |
| | | | (ii) Personal | | | | | |
| | | | | 247,078 | | | | |
| | 6b | Less: rental expenses | | 100,549 | | | | |
| | 6c | Rental income or (loss) | | 146,529 | 0 | | | |
| | 6d | Net rental income or (loss) | | 146,529 | | 146,529 | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | | 462,019,000 | 919 | | |
| | | | (ii) Other | | | | | |
| | | | | 455,169,978 | | | | |
| | 7b | Less: cost or other basis and sales expenses | | 6,849,022 | 919 | | | |
| | 7c | Gain or (loss) | | 6,849,941 | 919 | 190,091 | 6,658,931 | |
| | 7d | Net gain or (loss) | | | | | | |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | |
| | 8b | Less: direct expenses | 8b | | | | | |
| 8c | Net income or (loss) from fundraising events | | | | | | | |
| 9a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | 9b | | | | | | |
| 9c | Net income or (loss) from gaming activities | | | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | 10a | 1,377,890 | | | | | |
| | | 10b | 651,273 | | | | | |
| | | 10c | Net income or (loss) from sales of inventory | 726,617 | 300,221 | 426,396 | | |
| Miscellaneous Revenue | | | Business Code | | | | | |
| | 11a | ----- | | | | | | |
| | 11b | ----- | | | | | | |
| | 11c | ----- | | | | | | |
| | 11d | All other revenue | | 0 | 0 | 0 | 0 | |
| 11e | Total. Add lines 11a-11d | | 0 | | | | | |
| 12 | Total revenue. See instructions | | 30,590,585 | 10,572,444 | 698,047 | 11,412,384 | | |

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 | 0 | 0 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 0 | 0 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 0 | 0 | | |
| 4 Benefits paid to or for members | 0 | 0 | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,597,888 | 399,472 | 798,944 | 399,472 |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | 0 | 0 | 0 |
| 7 Other salaries and wages | 17,178,162 | 14,426,991 | 1,340,191 | 1,410,980 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 667,212 | 531,499 | 77,639 | 58,074 |
| 9 Other employee benefits | 2,379,474 | 1,895,479 | 276,885 | 207,110 |
| 10 Payroll taxes | 1,387,704 | 1,105,439 | 161,479 | 120,786 |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 0 | 0 | 0 | 0 |
| b Legal | 361,809 | 286,182 | 41,389 | 34,238 |
| c Accounting | 72,732 | 0 | 72,732 | 0 |
| d Lobbying | 0 | 0 | 0 | 0 |
| e Professional fundraising services. See Part IV, line 17 | 0 | | | 0 |
| f Investment management fees | 2,427,361 | 0 | 2,427,361 | 0 |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | 6,228,480 | 4,926,572 | 712,502 | 589,406 |
| 12 Advertising and promotion | 1,705,259 | 1,348,817 | 195,072 | 161,370 |
| 13 Office expenses | 1,884,289 | 1,490,425 | 215,552 | 178,312 |
| 14 Information technology | 567,899 | 449,194 | 64,964 | 53,741 |
| 15 Royalties | 0 | 0 | 0 | 0 |
| 16 Occupancy | 1,510,558 | 1,194,814 | 172,799 | 142,945 |
| 17 Travel | 347,548 | 274,902 | 39,757 | 32,889 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | 0 | 0 |
| 19 Conferences, conventions, and meetings | 51,131 | 40,444 | 5,848 | 4,839 |
| 20 Interest | 1,754,980 | 1,388,146 | 200,759 | 166,075 |
| 21 Payments to affiliates | 0 | 0 | 0 | 0 |
| 22 Depreciation, depletion, and amortization | 6,377,133 | 5,044,154 | 729,506 | 603,473 |
| 23 Insurance | 505,726 | 400,016 | 57,853 | 47,857 |
| 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 RENT/EQUIPMENT AND OTHER | 687,518 | 543,810 | 78,648 | 65,060 |
| b FINANCIAL EXPENSES | 269,767 | 213,379 | 30,860 | 25,528 |
| c SHIPPING AND HANDLING | 263,606 | 208,506 | 30,155 | 24,945 |
| d CATERING | 256,638 | 202,994 | 29,358 | 24,286 |
| e All other expenses | 1,011,658 | 841,084 | 93,351 | 77,223 |
| 25 Total functional expenses. Add lines 1 through 24e | 49,494,532 | 37,212,319 | 7,853,604 | 4,428,609 |
| 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 | 4,424 | 1 | 5,781 |
| | 2 Savings and temporary cash investments | 3,750,572 | 2 | 2,585,387 |
| | 3 Pledges and grants receivable, net | 8,744,671 | 3 | 5,001,057 |
| | 4 Accounts receivable, net | 1,318,297 | 4 | 944,015 |
| | 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 | 0 | 5 | 0 |
| | 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) | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 740,387 | 8 | 635,432 |
| | 9 Prepaid expenses and deferred charges | 869,898 | 9 | 383,155 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 239,875,300 | | |
| | b Less: accumulated depreciation | 10b 155,276,309 | 84,796,838 | 10c 84,598,991 |
| | 11 Investments—publicly traded securities | 108,443,117 | 11 | 101,999,755 |
| | 12 Investments—other securities. See Part IV, line 11 | 313,176,024 | 12 | 333,260,329 |
| | 13 Investments—program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 13,977,100 | 15 | 12,870,226 |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 535,821,328 | 16 | 542,284,128 | |
| Liabilities | 17 Accounts payable and accrued expenses | 2,673,519 | 17 | 2,933,749 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 962,755 | 19 | 1,001,208 |
| | 20 Tax-exempt bond liabilities | 50,856,059 | 20 | 44,328,302 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 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 | 0 | 22 | 0 |
| | 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 | 4,667,111 | 25 | 5,428,932 |
| | 26 Total liabilities. Add lines 17 through 25 | 59,159,444 | 26 | 53,692,191 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 116,754,884 | 27 | 116,512,937 |
| | 28 Net assets with donor restrictions | 359,907,000 | 28 | 372,079,000 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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 | 476,661,884 | 32 | 488,591,937 |
| 33 Total liabilities and net assets/fund balances | 535,821,328 | 33 | 542,284,128 | |

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) | 1 | 30,590,585 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 49,494,532 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | (18,903,947) |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 476,661,884 |
| 5 | Net unrealized gains (losses) on investments | 5 | 30,935,000 |
| 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 | (101,000) |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 488,591,937 |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | <input checked="" type="checkbox"/> |
| 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. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | <input checked="" type="checkbox"/> | |
| 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. | <input checked="" type="checkbox"/> | |
| 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? | | <input checked="" type="checkbox"/> |
| 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. | | |

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 (Check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (25) IRA MAHER ----- BOARD MEMBER | 2.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (26) KATHI POSTLETHWAIT ----- BOARD MEMBER | 2.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (27) KRISTEN MAYS-CORBITT ----- BOARD MEMBER | 2.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (28) LILY PAI ----- BOARD MEMBER | 2.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (29) NANCY CARPENTER ----- BOARD MEMBER | 2.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (30) NORA HIATT ----- BOARD MEMBER | 2.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (31) REGINA CROSS ----- BOARD MEMBER | 2.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (32) ROSEMARY STEINMETZ ----- BOARD MEMBER | 2.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (33) SARAH LECHLEITER ----- BOARD MEMBER | 2.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (34) STEPHANIE KIM ----- BOARD MEMBER | 2.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |
| (35) TONI BADER ----- BOARD MEMBER | 2.0 ----- 0.0 | ✓ | | | | | | 0 | 0 | 0 |

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

| | |
|----------------------------------------------------|-----------------------------------------------------|
| Name of the organization NEWFIELDS, INC. | Employer identification number 35-0867955 |
|----------------------------------------------------|-----------------------------------------------------|

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)(vi)**. (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 33¹/₃% 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 33¹/₃% 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 An organization organized and operated exclusively for the benefit of, 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.
 - 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 generally must 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 | | | | | 0 | 0 |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 17,307,560 | 12,529,264 | 36,424,875 | 8,424,713 | 7,907,710 | 82,594,122 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 4 Total. Add lines 1 through 3 | 17,307,560 | 12,529,264 | 36,424,875 | 8,424,713 | 7,907,710 | 82,594,122 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 31,166,093 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 51,428,029 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 17,307,560 | 12,529,264 | 36,424,875 | 8,424,713 | 7,907,710 | 82,594,122 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 1,251,466 | 1,785,084 | 4,044,774 | 4,319,835 | 4,693,632 | 16,094,791 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 Total support. Add lines 7 through 10 | | | | | | 98,688,913 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 65,677,718 |
| 13 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------|
| 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) | 14 | 52.11 % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14 | 15 | 51.30 % |
| 16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 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 | | | | | | |
| 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.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 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.) | | | | | | |
| 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 <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|-----------------------------------------------------------------------------------------------------------|-----------|---|
| 15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2023 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2023 Schedule A, Part III, line 17 | 18 | % |
| 19a 33 1/3% support tests—2024. 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 <input type="checkbox"/> | | |
| b 33 1/3% support tests—2023. 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 <input type="checkbox"/> | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/> | | |

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | | Yes | No |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 3b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| 3c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| 4b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| 4c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| 5b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| 5c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 9b | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 9c | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| 10b | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | | |
| | 11a | | |
| b | A family member of a person described on line 11a above? | | |
| | 11b | | |
| c | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI . | | |
| | 11c | | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |
| | 2 | | |

Section C. Type II Supporting Organizations

| | | Yes | No |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | |
| | 1 | | |

Section D. All Type III Supporting Organizations

| | | Yes | No |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |
| | 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | |
| | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | |
| | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI . | | |
| | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | |
| | 3b | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A—Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |
| Section B—Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C—Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D—Distributions | | Current Year |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2024 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E—Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2024 | (iii) Distributable Amount for 2024 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1 Distributable amount for 2024 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2024 | | | |
| a From 2019 | | | |
| b From 2020 | | | |
| c From 2021 | | | |
| d From 2022 | | | |
| e From 2023 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2024 distributable amount | | | |
| i Carryover from 2019 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2024 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2024 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2025. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2020 . . . | | | |
| b Excess from 2021 . . . | | | |
| c Excess from 2022 . . . | | | |
| d Excess from 2023 . . . | | | |
| e Excess from 2024 . . . | | | |

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Ruled area for supplemental information with horizontal lines.

**Schedule B
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization
NEWFIELDS, INC.

Employer identification number
35-0867955

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

NEWFIELDS, INC.

Employer identification number

35-0867955

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | ----- ----- ----- | \$ 2,700,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | ----- ----- ----- | \$ 1,071,305 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | ----- ----- ----- | \$ 1,000,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | ----- ----- ----- | \$ 700,125 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | ----- ----- ----- | \$ 433,150 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | ----- ----- ----- | \$ 393,719 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|------------------------------------------------|-----------------------------------------------------|
| Name of organization NEWFIELDS, INC. | Employer identification number 35-0867955 |
|------------------------------------------------|-----------------------------------------------------|

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7 | ----- ----- ----- | \$ 393,498 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | ----- ----- ----- | \$ 301,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | ----- ----- ----- | \$ 255,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | ----- ----- ----- | \$ 252,438 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | ----- ----- ----- | \$ 250,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

NEWFIELDS, INC.

Employer identification number

35-0867955

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------------|----------------------------------------------|-------------------------------------------------|----------------------|
| 2 | PUBLICLY TRADED SECURITIES | \$ 1,071,305 | 07/31/2024 |
| ----- | ----- | \$ ----- | ----- |
| ----- | ----- | \$ ----- | ----- |
| ----- | ----- | \$ ----- | ----- |
| ----- | ----- | \$ ----- | ----- |
| ----- | ----- | \$ ----- | ----- |
| ----- | ----- | \$ ----- | ----- |
| ----- | ----- | \$ ----- | ----- |
| ----- | ----- | \$ ----- | ----- |

| | |
|------------------------------------------------|-----------------------------------------------------|
| Name of organization NEWFIELDS, INC. | Employer identification number 35-0867955 |
|------------------------------------------------|-----------------------------------------------------|

Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|-----------------------------------------|------------------------------------------|
| ----- ----- ----- | ----- ----- ----- |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

| (e) Transfer of gift | |
|-----------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- ----- ----- | ----- ----- ----- |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

| (e) Transfer of gift | |
|-----------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- ----- ----- | ----- ----- ----- |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

| (e) Transfer of gift | |
|-----------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- ----- ----- | ----- ----- ----- |

SCHEDULE D (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NEWFIELDS, INC.

Employer identification number

35-0867955

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Rows 1-9 for various questions and values.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, Amount. Rows 1a-2 for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|-----------------------------------------|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 415,094,000 | 393,661,000 | 386,951,000 | 418,401,000 | 327,393,000 |
| b Contributions | 6,039,000 | 6,955,000 | 3,927,000 | 3,572,000 | 11,434,000 |
| c Net investment earnings, gains, and losses | 36,954,000 | 34,949,000 | 21,870,000 | (19,142,000) | 106,328,000 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 21,138,650 | 17,400,350 | 16,214,000 | 13,498,000 | 22,741,000 |
| f Administrative expenses | 3,730,350 | 3,070,650 | 2,873,000 | 2,382,000 | 4,013,000 |
| g End of year balance | 433,218,000 | 415,094,000 | 393,661,000 | 386,951,000 | 418,401,000 |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment 23.00 %
- b** Permanent endowment 39.00 %
- c** Term endowment 38.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|---------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 921,861 | | 921,861 |
| b Buildings | | 198,984,534 | 125,925,903 | 73,058,631 |
| c Leasehold improvements | | | | |
| d Equipment | | 7,686,221 | 2,079,451 | 5,606,770 |
| e Other | | 32,282,684 | 27,270,955 | 5,011,729 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 84,598,991 |

Part VII Investments—Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|-------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) ALTERNATIVE INVESTMENTS | 333,260,329 | END OF YEAR MARKET VALUE |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) | 333,260,329 | |

Part VIII Investments—Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|-------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) | | |

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|-------------------------------------------------------------------------------------|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | |

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|-------------------------------------------------------------------------------------|----------------|
| (1) Federal income taxes | |
| (2) LIABILITY FOR CHARITABLE ANNUITY | 82,034 |
| (3) LIABILITY FOR AMOUNTS HELD | 2,457,520 |
| (4) ACCRUED INTEREST EXPENSE | 725,000 |
| (5) STATE SALES TAXES | 15,134 |
| (6) CAPITAL LEASE | 415,664 |
| (7) ASSET RETIREMENT OBLIGATION | 1,733,580 |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 5,428,932 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 59,648,497, adjusted to 30,590,585.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 47,718,444, adjusted to 49,494,532.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE STATEMENT

Dashed lines for providing supplemental information.

Part XIII

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference - Identifier | Explanation | |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------|
| SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990 | (a) Description | (b) Amount |
| | COST OF GOODS SOLD | 651,273 |
| | TOTAL | 651,273 |
| SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE | (a) Description | (b) Amount |
| | COLLECTION ITEMS DONATED, BUT NOT CAPITALIZED | 101,000 |
| | TOTAL | 101,000 |
| SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990 | (a) Description | (b) Amount |
| | COST OF GOODS SOLD | 651,273 |
| | TOTAL | 651,273 |

Part XIII

Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference - Identifier | Explanation |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE D, PART III, LINE 1A - COLLECTIONS OF ART - FINANCIAL STATEMENT FOOTNOTE | IF ELECTED UNDER SFAS 116 PROVIDE FOOTNOTE FROM FINANCIAL STATEMENTS ACCORDING TO NEWFIELDS' POLICY, COLLECTIONS INCLUDE ALL WORKS OF ART, HISTORICAL TREASURES, LIBRARY ACCESSIONS AND SIMILAR ASSETS THAT ARE (A) HELD FOR PUBLIC SERVICE RATHER THAN FINANCIAL GAIN, (B) PROTECTED, KEPT UNENCUMBERED, CARED FOR AND PRESERVED, AND (C) SUBJECT TO THE MUSEUM'S POLICY THAT REQUIRES THE PROCEEDS OF ITEMS THAT ARE SOLD TO BE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS. THE COLLECTIONS, WHICH HAVE BEEN ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE MUSEUM'S INCEPTION, ARE NOT RECOGNIZED AS AN ASSET ON THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED OR TEMPORARILY RESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES, IF ANY, ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASS. |
| SCHEDULE D, PART III, LINE 4 - COLLECTIONS OF ART - DESCRIPTION OF COLLECTIONS | THE INDIANAPOLIS MUSEUM OF ART AT NEWFIELDS (IMA) WAS FOUNDED IN 1883 AS THE ART ASSOCIATION OF INDIANAPOLIS. TODAY, NEWFIELDS IS ONE OF THE TEN LARGEST AND OLDEST ENCYCLOPEDIA ART MUSEUMS IN THE UNITED STATES. NEWFIELDS PERMANENT COLLECTION BOASTS MORE THAN 41,316 WORKS OF ART IN THE AREAS OF AFRICAN ART; AMERICAN PAINTING AND SCULPTURE; ASIAN ART; CONTEMPORARY ART AFTER 1945; CONTEMPORARY DESIGN; DECORATIVE ARTS; EUROPEAN PAINTING AND SCULPTURE; PRINTS, DRAWINGS, AND PHOTOGRAPHS; TEXTILES AND FASHION ARTS. NEWFIELDS HOUSES, EXHIBITS, AND PRESERVES THIS ROBUST COLLECTION UTILIZING 129,250 SQUARE FEET OF GALLERY SPACE, ALONG WITH IN-HOUSE ART STORAGE FACILITIES, A CONSERVATION DEPARTMENT, AND A CONSERVATION SCIENCE LAB. NEWFIELDS SITS ON A 152-ACRE CAMPUS COMPRISING THE MUSEUM, THE GARDEN, LILLY HOUSE, PERFORMANCE SPACES, AND THE VIRGINIA B. FAIRBANKS ART AND NATURE PARK: 100 ACRES. THIS CAMPUS, ALONG WITH SATELLITE PROPERTY MILLER HOUSE AND GARDEN IN COLUMBUS, IN, IS COLLECTIVELY CALLED NEWFIELDS. THE MISSION OF NEWFIELDS IS TO ENRICH LIVES THROUGH EXCEPTIONAL EXPERIENCES WITH ART AND NATURE. |
| SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS | THE MUSEUM'S ENDOWMENT CONSISTS OF APPROXIMATELY 150 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING ART PURCHASES, PROGRAM EXPENSES, BUILDING OPERATIONS, BOND COSTS, AND PERSONNEL EXPENSES. |
| SCHEDULE D, PART X, LINE 2 - ASC 740 DISCLOSURE | MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS. |

**SCHEDULE F
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

NEWFIELDS, INC.

Employer identification number

35-0867955

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|-------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| (1) EUROPE (INCLUDING ICELAND AND GREENLAND) | 0 | 0 | INVESTMENTS | | 5,582,160 |
| (2) CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | INVESTMENTS | | 81,724,394 |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Subtotal | 0 | 0 | | | 87,306,554 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 87,306,554 |

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------|---------------------------------|-----------------------------------------------------|-------------------|-----------------------------|---------------------------------|----------------------------------------|-----------------------------------------|----------------------------------------------|--------------------------------------------------------------|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|-------------------------------------------------------|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* **Yes** **No**

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* **Yes** **No**

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* **Yes** **No**

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* **Yes** **No**

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* **Yes** **No**

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* **Yes** **No**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

| Return Reference - Identifier | Explanation |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS | CENTRAL AMERICA AND THE CARIBBEAN - ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) - ACCRUAL |

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Name of the organization

NEWFIELDS, INC.

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

35-0867955

Part I Questions Regarding Compensation

| | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p> | | |
| <p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p> | ✓ | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p> | ✓ | |
| <p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p> | | |
| <p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p> <p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p> | ✓ | |
| | | ✓ |
| | | ✓ |
| <p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p> | | |
| <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p> | | ✓ |
| | | ✓ |
| <p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p> | | ✓ |
| | | ✓ |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p> | ✓ | |
| <p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p> | ✓ | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | ✓ | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--------------------|------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 | ERNEST GAUSE CHIEF PEOPLE & DIVER. OFFICER | (i) 337,565 | 230,000 | 0 | 37,447 | 16,292 | 621,304 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | MICHAEL KUBACKI EX-OFFICIO/INTERIM PRES/CEO (END 10/24) | (i) 395,720 | 0 | 0 | 0 | 2,657 | 398,377 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | JONATHAN WRIGHT DEPUTY DIR - HORTICULTURE | (i) 283,481 | 76,917 | 0 | 22,057 | 11,636 | 394,091 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | JEREMIAH WISE CHIEF FINANCIAL OFFICER | (i) 251,226 | 69,854 | 0 | 15,787 | 19,016 | 355,883 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | BELINDA TATE DIRECTOR OF THE IMA | (i) 338,491 | 0 | 0 | 0 | 9,849 | 348,340 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | COLETTE BURNETTE FORMER PRESIDENT & CEO | (i) 35,858 | 0 | 262,904 | 0 | 952 | 299,714 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 | JONATHAN BERGER VP - MKT & EXT AFFAIRS | (i) 196,328 | 67,500 | 0 | 13,681 | 16,620 | 294,129 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | GRACE MEILS VICE PRESIDENT OF ADVANCEMENT | (i) 176,094 | 67,500 | 0 | 15,096 | 12,433 | 271,123 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | GREG SMITH SENIOR CONSERVATION SCIENTIST | (i) 177,360 | 2,000 | 0 | 10,225 | 19,490 | 209,075 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | | (i) | | | | | | |
| | (ii) | | | | | | | |
| 11 | | (i) | | | | | | |
| | (ii) | | | | | | | |
| 12 | | (i) | | | | | | |
| | (ii) | | | | | | | |
| 13 | | (i) | | | | | | |
| | (ii) | | | | | | | |
| 14 | | (i) | | | | | | |
| | (ii) | | | | | | | |
| 15 | | (i) | | | | | | |
| | (ii) | | | | | | | |
| 16 | | (i) | | | | | | |
| | (ii) | | | | | | | |

Part III

Supplemental Information. Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference - Identifier | Explanation |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE J, PART I, LINE 1A - TAX INDEMNIFICATION AND GROSS-UP PAYMENTS | INCLUDED IN BELINDA TATE'S COMPENSATION IS RELOCATION AND TRANSITIONAL LIVING EXPENSES AND REIMBURSEMENT FOR TEMPORARY HOUSING. THIS IS TAXABLE COMPENSATION AND GROSSED UP TO COVER TAXES. |
| SCHEDULE J, PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES | SOCIAL CLUB DUES ARE FOR BUSINESS USE. BUSINESS-RELATED EXPENSES THAT ARE INCURRED CAN BE REQUESTED TO BE REIMBURSED. LE MONTE G. BOOKER, SR WOULD BE RESPONSIBLE FOR PAYING ANY EXPENSES RELATED TO PERSONAL USE OF THE CLUB. THIS IS NOT INCLUDED IN HIS W-2 INCOME. |
| SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT | COLETTE BURNETTE RECEIVED SEVERANCE PAYMENTS IN 2024 OF \$232,500. THIS AMOUNT IS REFLECTED IN PART II COLUMN (B)III OF SCHEDULE J. |
| SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS | THE BONUSES INCLUDED IN PART II, COLUMN (II) ARE VARIABLE COMPENSATION BASED ON PERFORMANCE OF THE ORGANIZATION. THEY ARE FROM AMOUNTS IN THE BUDGET SET ASIDE SPECIFICALLY FOR EXECUTIVE COMPENSATION. THESE BONUSES WERE APPROVED BY THE COMPENSATION COMMITTEE AND THE BOARD. |
| SCHEDULE J, PART I, LINE 8 - PAYMENTS ON CONTRACT THAT IS SUBJECT TO THE INITIAL CONTRACT EXCEPTION | DURING THE TAX YEAR, THE ORGANIZATION PAID AND ACCRUED COMPENSATION TO ITS DIRECTOR & CHIEF EXECUTIVE OFFICER PURSUANT TO A WRITTEN EMPLOYMENT AGREEMENT ENTERED INTO AT THE COMMENCEMENT OF THE INDIVIDUAL'S EMPLOYMENT. AT THE TIME THE CONTRACT WAS APPROVED AND EXECUTED, THE INDIVIDUAL WAS NOT A DISQUALIFIED PERSON WITHIN THE MEANING OF SECTION 4958. THE EMPLOYMENT AGREEMENT CONSTITUTES AN INITIAL CONTRACT AS DESCRIBED IN TREASURY REGULATION §53.4958-4(A)(3), AND ALL COMPENSATION PAID OR ACCRUED DURING THE YEAR WAS REQUIRED UNDER, AND PAID IN ACCORDANCE WITH, THE TERMS OF THAT INITIAL CONTRACT. |

**SCHEDULE K
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

NEWFIELDS, INC.

Employer identification number

35-0867955

Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
|----------|---------------------------|----------------|-------------|-----------------|-----------------|-----------------------------------------|--------------|----|-------------------------|----|----------------------|----|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | INDIANA FINANCE AUTHORITY | 35-1602316 | 45470EEG6 | 08/15/2024 | 43,500,000 | REFUNDING OF SERIES 2013B, 2017B, 2017C | | ✓ | | ✓ | | ✓ |
| B | | | | | | | | | | | | |
| C | | | | | | | | | | | | |
| D | | | | | | | | | | | | |

Part II Proceeds

| | | A | | B | | C | | D | |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|-----------|------------|-----------|------------|-----------|
| 1 | Amount of bonds retired | | 0 | | | | | | |
| 2 | Amount of bonds legally defeased | | 0 | | | | | | |
| 3 | Total proceeds of issue | | 43,500,000 | | | | | | |
| 4 | Gross proceeds in reserve funds | | 0 | | | | | | |
| 5 | Capitalized interest from proceeds | | 0 | | | | | | |
| 6 | Proceeds in refunding escrows | | 0 | | | | | | |
| 7 | Issuance costs from proceeds | | 748,114 | | | | | | |
| 8 | Credit enhancement from proceeds | | 0 | | | | | | |
| 9 | Working capital expenditures from proceeds | | 0 | | | | | | |
| 10 | Capital expenditures from proceeds | | 0 | | | | | | |
| 11 | Other spent proceeds | | 42,751,886 | | | | | | |
| 12 | Other unspent proceeds | | 0 | | | | | | |
| 13 | Year of substantial completion | | 2024 | | | | | | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | ✓ | | | | | | | |
| 15 | Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? | | ✓ | | | | | | |
| 16 | Has the final allocation of proceeds been made? | ✓ | | | | | | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | ✓ | | | | | | | |

Part III Private Business Use

| | A | | B | | C | | D | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | ✓ | | | | | | |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | ✓ | | | | | | |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | ✓ | | | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | ✓ | | | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | 0.00 % | | % | | % | | % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | 0.00 % | | % | | % | | % |
| 6 Total of lines 4 and 5 | | 0.00 % | | % | | % | | % |
| 7 Does the bond issue meet the private security or payment test? | | ✓ | | | | | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | ✓ | | | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | | % | | % | | % |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | ✓ | | | | | | | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|---------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | ✓ | | | | | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | ✓ | | | | | | |
| b Exception to rebate? | ✓ | | | | | | | |
| c No rebate due? | | ✓ | | | | | | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | ✓ | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

NEWFIELDS, INC.

Employer identification number

35-0867955

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|----------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 Art—Works of art | ✓ | 5 | 101,000 | OPINIONS OF EXPERTS |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | ✓ | 17 | 1,144,307 | MARKET VALUE |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (CRAFT SUPPLIES) | ✓ | 1 | 3,000 | COST |
| 26 Other () | | | | |
| 27 Other () | | | | |
| 28 Other () | | | | |

| | | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| 29 | Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement | 29 | 2 |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|

| | Yes | No |
|--------------------------------------------------|-----|----|
| 30a | | ✓ |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 | ✓ | |
| 32a | | ✓ |
| b If "Yes," describe in Part II. | | |
| 33 | | |

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference - Identifier | Explanation |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS | ART - WORKS OF ART - NUMBER OF CONTRIBUTORS SECURITIES - PUBLICLY TRADED - NUMBER OF CONTRIBUTORS OTHER - CRAFT SUPPLIES NUMBER OF CONTRIBUTORS |

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**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**

Name of the organization

Newfields, Inc.

Employer identification number

35-0867955

| Return Reference - Identifier | Explanation |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART I, LINE 12 - GROSS RECEIPTS | NEWFIELDS SHOWS \$30,590,585 TOTAL REVENUE ON PART 1 LINE 12 OF THIS FORM 990. THE DIFFERENCE BETWEEN TOTAL REVENUE AND GROSS RECEIPTS, PAGE 1, BOX G, PRIMARILY REFLECTS TRANSACTION ACTIVITY WITHIN NEWFIELDS' ENDOWMENT AND NOT REVENUE. |
| FORM 990, PART III, LINE 1 - ORGANIZATIONS MISSION | SCULPTURE PARK. FROM INSPIRING EXHIBITIONS IN THE IMA GALLERIES, TO CONCERTS IN THE TOBIAS, TO A STROLL THROUGH THE GARDEN WITH A GLASS OF SOMETHING COLD, GUESTS ARE INVITED TO INTERACT WITH ART AND NATURE IN EXCITING NEW WAYS. NEWFIELDS IS HOME TO THE INDIANAPOLIS MUSEUM OF ART, AMONG THE TEN LARGEST AND TEN OLDEST GENERAL ART MUSEUMS IN THE NATION; THE LILLY HOUSE, A NATIONAL HISTORIC LANDMARK; THE GARDEN, FEATURING 40 ACRES OF CONTEMPORARY AND HISTORIC GARDENS, A WORKING GREENHOUSE AND AN ORCHARD; AND THE VIRGINIA B. FAIRBANKS ART AND NATURE PARK, ONE OF THE LARGEST ART AND NATURE PARKS IN THE COUNTRY. THE NEWFIELDS CAMPUS EXTENDS OUTSIDE OF INDIANAPOLIS WITH MILLER HOUSE AND GARDEN IN COLUMBUS, INDIANA, ONE OF THE NATION'S MOST HIGHLY REGARDED EXAMPLES OF MID-CENTURY MODERNIST ARCHITECTURE. |
| FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES | (EXPENSES \$5,733,371 INCLUDING GRANTS OF)(REVENUE \$1,886,833) MUSEUM STORE |
| FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS | MICHAEL KUBACKI AND DARRIANNE CHRISTIAN - BUSINESS RELATIONSHIP MICHAEL KUBACKI AND DANIEL YATES - BUSINESS RELATIONSHIP |
| FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS | CHANGES WERE MADE REGARDING LEGAL ENTITY NAME CHANGE, TERM ALIGNMENTS BACK TO ANNUAL MEETINGS VS. FISCAL YEAR, QUORUM REQUIREMENTS, PROXY VOTING, ELECTRONIC MEETINGS, AND ART COMMITTEE, HR & COMPENSATION COMMITTEE, AMONG OTHER CHANGES. |
| FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY | THE CHIEF FINANCIAL OFFICER AS WELL AS AN INDEPENDENT ACCOUNTING FIRM COMPLETE A DETAILED REVIEW OF THE FORM 990 BEFORE IT IS SUPPLIED TO THE FINANCE AND AUDIT COMMITTEE FOR THEIR REVIEW. THE ENTIRE BOARD RECEIVES A COPY OF THE FORM 990 BEFORE IT IS FILED. |
| FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY | NEWFIELDS HAS OFFICERS, DIRECTORS OR TRUSTEES, AND KEY EMPLOYEES COMPLETE CONFLICT OF INTEREST QUESTIONNAIRES ANNUALLY. THE CFO REVIEWS THE QUESTIONNAIRES ON AN ANNUAL BASIS. IF A CONFLICT IS NOTED, IT IS SUMMARIZED ON A SEPERATE DOCUMENT THAT IS THEN PRESENTED TO THE BOARD AND USED FOR COMPILATION OF THE 990. ANY BOARD MEMBER WHO HAS A CONFLICT OF INTEREST ABSTAINS FROM VOTING ON THE RELATED ISSUE AND MAY NOT BE INVOLVED IN ANY DISCUSSION PERTAINING TO THE PARTICULAR ISSUE. |
| FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL | UNDER THE DIRECTION OF THE BOARD, THE HR DEPARTMENT GATHERS INDEPENDENT MARKET DATA, INCLUDING THE ASSOCIATION OF ART MUSEUM DIRECTORS SURVEY AND PROVIDES IT TO THE EXECUTIVE COMMITTEE TO REVIEW AND USE IN DETERMINING THE CEO'S SALARY ANNUALLY. THIS WAS LAST CONDUCTED IN OCTOBER 2024. |
| FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES | UNDER THE DIRECTION OF THE BOARD, THE HR DEPARTMENT GATHERS INDEPENDENT MARKET DATA, INCLUDING THE ASSOCIATION OF ART MUSEUM DIRECTORS SURVEY AND PROVIDES IT TO THE EXECUTIVE COMMITTEE TO REVIEW AND USE IN DETERMINING KEY EMPLOYEES' SALARIES ANNUALLY. |
| FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC | NEWFIELDS DOES NOT MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC. HOWEVER, FINANCIAL STATEMENTS AND THE FORM 990 ARE AVAILABLE ON THE WEBSITE. |

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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**

Name of the organization

Newfields, Inc.

Employer identification number

35-0867955

| Return Reference - Identifier | Explanation | | | | |
|-------------------------------------------------------|--------------------------------------------------------------------------|------------------------|------------------------------|-------------------------------------|--------------------------|
| | (a) Description | (b) Total Expenses | (c) Program Service Expenses | (d) Management and General Expenses | (e) Fundraising Expenses |
| FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES | CONTRACTED WORK | 2,279,635 | 1,803,134 | 260,777 | 215,724 |
| | OTHER PURCHASED SERVICES | 237,850 | 188,134 | 27,208 | 22,508 |
| | SERVICE CONTRACT EXPENSES | 341,624 | 270,216 | 39,080 | 32,328 |
| | LECTURES, PERFORMERS, HONORARIUMS | 294,269 | 232,759 | 33,663 | 27,847 |
| | PROFESSIONAL FEES AND SERVICES | 2,893,729 | 2,288,867 | 331,026 | 273,836 |
| | PAYROLL SERVICES | 179,352 | 141,863 | 20,517 | 16,972 |
| | PHOTOGRAPHY AND AUDIO-VISUAL | 2,021 | 1,599 | 231 | 191 |
| | Total | 6,228,480 | 4,926,572 | 712,502 | 589,406 |
| | FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES | (a) Description | | | |
| COLLECTION ITEMS DONATED, BUT NOT CAPITALIZED | | | | - 101,000 | |
| TOTAL | | | | - 101,000 | |

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Name of the organization

NEWFIELDS, INC.

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

35-0867955

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1) <u>OLDFIELDS, LLC</u> <u>4000 MICHIGAN ROAD, INDIANAPOLIS, IN 46208</u> | REAL ESTATE | IN | 0 | 0 | N/A |
| (2) _____ | | | | | |
| (3) _____ | | | | | |
| (4) _____ | | | | | |
| (5) _____ | | | | | |
| (6) _____ | | | | | |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|-------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
| | | | | | | Yes | No |
| (1) _____ | | | | | | | |
| (2) _____ | | | | | | | |
| (3) _____ | | | | | | | |
| (4) _____ | | | | | | | |
| (5) _____ | | | | | | | |
| (6) _____ | | | | | | | |
| (7) _____ | | | | | | | |

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512–514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|-------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------|------------------------------|------------------------------------|--------------------------------------|----|----------------------------------------------------------------|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1)----- | | | | | | | | | | | | |
| (2)----- | | | | | | | | | | | | |
| (3)----- | | | | | | | | | | | | |
| (4)----- | | | | | | | | | | | | |
| (5)----- | | | | | | | | | | | | |
| (6)----- | | | | | | | | | | | | |
| (7)----- | | | | | | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|-------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------------|--------------------------------------------------|------------------------------|------------------------------------|-----------------------------|----------------------------------------------|----|
| | | | | | | | | Yes | No |
| (1)(SEE STATEMENT)----- | | | | | | | | | |
| (2)----- | | | | | | | | | |
| (3)----- | | | | | | | | | |
| (4)----- | | | | | | | | | |
| (5)----- | | | | | | | | | |
| (6)----- | | | | | | | | | |
| (7)----- | | | | | | | | | |

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | ✓ |
| b Gift, grant, or capital contribution to related organization(s) | | ✓ |
| c Gift, grant, or capital contribution from related organization(s) | | ✓ |
| d Loans or loan guarantees to or for related organization(s) | | ✓ |
| e Loans or loan guarantees by related organization(s) | | ✓ |
| f Dividends from related organization(s) | | ✓ |
| g Sale of assets to related organization(s) | | ✓ |
| h Purchase of assets from related organization(s) | | ✓ |
| i Exchange of assets with related organization(s) | | ✓ |
| j Lease of facilities, equipment, or other assets to related organization(s) | | ✓ |
| k Lease of facilities, equipment, or other assets from related organization(s) | | ✓ |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | ✓ |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | ✓ |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | ✓ |
| o Sharing of paid employees with related organization(s) | | ✓ |
| p Reimbursement paid to related organization(s) for expenses | | ✓ |
| q Reimbursement paid by related organization(s) for expenses | | ✓ |
| r Other transfer of cash or property to related organization(s) | | ✓ |
| s Other transfer of cash or property from related organization(s) | | ✓ |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| | (a) Name of related organization | (b) Transaction type (a–s) | (c) Amount involved | (d) Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|----------------------------------------------|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512–514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|-----------------------------------------|-------------------------|--------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------|----|------------------------------|------------------------------------|--------------------------------------|----|----------------------------------------------------------------|-------------------------------------|----|-----------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |

Part IV**Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

| (a) Name, address and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C-corp, S-corp or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---------------------------------------------------|----------------------|-----------------------------------------------|-------------------------------|----------------------------------------------|---------------------------|---------------------------------|--------------------------|-------------------------------------------|----|
| | | | | | | | | Yes | No |
| (1) CHARITABLE REMAINDER TRUSTS (2) | TRUST | IN | N/A | TRUST | | | | | ✓ |

PUBLIC DISCLOSURE COPY

Form 990-T

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

OMB No. 1545-0047

2024

For calendar year 2024 or other tax year beginning 07/01, 2024, and ending 06/30, 2025

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

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

Department of the Treasury Internal Revenue Service

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

Form header section containing: A Check box if address changed; B Exempt under section 501(C)(3); C Book value of all assets at end of year 542,284,128; D Employer identification number 35-0867955; E Group exemption number; F Check box if an amended return.

G Check organization type: 501(c) corporation (checked), 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity.

H Check if filing only to claim: Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800.

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

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

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes (checked), No.

L The books are in care of (SEE STATEMENT) Telephone number (317) 923-1331

Part I Total Unrelated Business Taxable Income

Table for Part I: Total Unrelated Business Taxable Income. Rows 1-11 showing calculations from 140,011 to 0.

Part II Tax Computation

Table for Part II: Tax Computation. Rows 1-7 showing tax amounts from 0 to 0.

Part III Tax and Payments

Table for Part III: Tax and Payments. Rows 1a-4 showing foreign tax credit, other credits, and total tax amount of 0.

Part III Tax and Payments (continued)

| | | | | |
|-----------|----------------------------------------------------------------------------------------------------------|-----------|----------|---|
| 5 | Current net 965 tax liability paid from Form 965-A, Part II, column (k) | | 5 | 0 |
| 6a | Payments: Preceding year's overpayment credited to the current year | 6a | 0 | |
| b | Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> | 6b | 0 | |
| c | Tax deposited with Form 8868 | 6c | 40,000 | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 6d | 0 | |
| e | Backup withholding (see instructions) | 6e | 0 | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 6f | 0 | |
| g | Elective payment election amount from Form 3800 | 6g | 0 | |
| h | Payment from Form 2439 | 6h | 0 | |
| i | Credit from Form 4136 | 6i | 0 | |
| j | Other (see instructions) | 6j | 0 | |
| 7 | Total payments. Add lines 6a through 6j | 7 | 40,000 | |
| 8 | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 8 | 0 | |
| 9 | Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | 9 | 0 | |
| 10 | Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid | 10 | 40,000 | |
| 11 | Enter the amount of line 10 you want: Credited to 2025 estimated tax 40,000 Refunded | 11 | 0 | |

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

| | | | |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----|
| 1 | At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | Yes | No |
| 2 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. | | ✓ |
| 3 | Enter the amount of tax-exempt interest received or accrued during the tax year \$ | | |
| 4 | Enter available pre-2018 NOL carryovers here \$ 331,048. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. | | |
| 5 | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions. | | |
| | Business Activity Code | Available post-2017 NOL carryover | |
| | 453220 | \$ 2,110,177 | |
| | 901101 | \$ 1,408,400 | |
| | | \$ | |
| | | \$ | |
| 6a | Reserved for future use | | |
| b | Reserved for future use | | |

Part V Supplemental Information

Provide any additional information. See instructions.
(SEE STATEMENT)

Sign Here

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

| | | | |
|----------------------|------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Signature of officer | Date | Title | May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | CHIEF FINANCIAL OFFICER | |

| | | | | | |
|----------------------------------------------------------|----------------------------|----------------------|----------------------------------------------------------|-------------------------------------------------|-----------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | NICOLE FISHBACK | NICOLE FISHBACK | 05/15/2026 | | P01279475 |
| | Firm's name | Firm's EIN | | Firm's address | |
| FORVIS MAZARS LLP | 44-0160260 | | 820 MASSACHUSETTS AVE SUITE 1370, INDIANAPOLIS, IN 46204 | | |
| Firm's address | Phone no. | | | | |
| 820 MASSACHUSETTS AVE SUITE 1370, INDIANAPOLIS, IN 46204 | (317) 383-4000 | | | | |

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

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

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

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

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

| | |
|----------------------------------------------------------------------------|--------------------------------------------------------------|
| A Name of the organization <u>NEWFIELDS, INC.</u> | B Employer identification number <u>35-0867955</u> |
| C Unrelated business activity code (see instructions) <u>453220</u> | D Sequence: <u>1</u> of <u>3</u> |

E Describe the unrelated trade or business RETAIL SHOP

| Part I | Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|-----------|----------------------------------------------------------------------------------------|--------------------------|--------------|----------------|
| 1a | Gross receipts or sales <u>799,923</u> | | | |
| b | Less returns and allowances <u>0</u> c Balance | 1c <u>799,923</u> | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 <u>373,527</u> | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 <u>426,396</u> | | <u>426,396</u> |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | 4a <u>0</u> | | <u>0</u> |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b <u>0</u> | | <u>0</u> |
| c | Capital loss deduction for trusts | 4c | | |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) | 5 <u>0</u> | | <u>0</u> |
| 6 | Rent income (Part IV) | 6 <u>0</u> | <u>0</u> | <u>0</u> |
| 7 | Unrelated debt-financed income (Part V) | 7 <u>0</u> | <u>0</u> | <u>0</u> |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 <u>0</u> | <u>0</u> | <u>0</u> |
| 9 | Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 <u>0</u> | <u>0</u> | <u>0</u> |
| 10 | Exploited exempt activity income (Part VIII) | 10 <u>0</u> | <u>0</u> | <u>0</u> |
| 11 | Advertising income (Part IX) | 11 <u>0</u> | <u>0</u> | <u>0</u> |
| 12 | Other income (see instructions; attach statement) | 12 <u>0</u> | | <u>0</u> |
| 13 | Total. Combine lines 3 through 12 | 13 <u>426,396</u> | <u>0</u> | <u>426,396</u> |

| Part II | Deductions Not Taken Elsewhere. | See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. | |
|-----------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------|
| 1 | Compensation of officers, directors, and trustees (Part X) | 1 | <u>0</u> |
| 2 | Salaries and wages | 2 | <u>568,305</u> |
| 3 | Repairs and maintenance | 3 | <u>22,439</u> |
| 4 | Bad debts | 4 | <u>0</u> |
| 5 | Interest (attach statement). See instructions | 5 | <u>56,433</u> |
| 6 | Taxes and licenses | 6 | <u>0</u> |
| 7 | Depreciation (attach Form 4562). See instructions | 7 | <u>16,432</u> |
| 8 | Less depreciation claimed in Part III and elsewhere on return | 8a | <u>0</u> |
| 8b | | 8b | <u>16,432</u> |
| 9 | Depletion | 9 | <u>0</u> |
| 10 | Contributions to deferred compensation plans | 10 | <u>0</u> |
| 11 | Employee benefit programs | 11 | <u>121,136</u> |
| 12 | Excess exempt expenses (Part VIII) | 12 | <u>0</u> |
| 13 | Excess readership costs (Part IX) | 13 | <u>0</u> |
| 14 | Other deductions (attach statement) | 14 | <u>405,156</u> |
| 15 | Total deductions. Add lines 1 through 14 | 15 | <u>1,189,901</u> |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | 16 | <u>(763,505)</u> |
| 17 | Deduction for net operating loss. See instructions | 17 | <u>0</u> |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16 | 18 | <u>(763,505)</u> |

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 740360

Schedule A (Form 990-T) 2024

| Part III Cost of Goods Sold | | Enter method of inventory valuation |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 1 | Inventory at beginning of year | 0 |
| 2 | Purchases | 0 |
| 3 | Cost of labor | 0 |
| 4 | Additional section 263A costs (attach statement) | 0 |
| 5 | Other costs (attach statement) | 373,527 |
| 6 | Total. Add lines 1 through 5 | 373,527 |
| 7 | Inventory at end of year | 0 |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 373,527 |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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

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

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

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

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

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

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

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 1 Description of exploited activity: _____ | |
| 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 |
| 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 |
| 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 |
| 5 Gross income from activity that is not unrelated business income | 5 |
| 6 Expenses attributable to income entered on line 5 | 6 |
| 7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 0 |

Part IX Advertising Income

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

- A**
- B**
- C**
- D**

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

| | A | B | C | D |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|
| 2 Gross advertising income | | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (A) | | | | 0 |
| 3 Direct advertising costs by periodical | | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (B) | | | | 0 |
| 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 | | | | |
| 5 Readership costs | | | | |
| 6 Circulation income | | | | |
| 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- | | | | |
| 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 | | | | |
| a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 | | | | 0 |

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

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

Part XI Supplemental Information (see instructions)

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

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

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

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

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

| | |
|----------------------------------------------------------------------------|--------------------------------------------------------------|
| A Name of the organization <u>NEWFIELDS, INC.</u> | B Employer identification number <u>35-0867955</u> |
| C Unrelated business activity code (see instructions) <u>722320</u> | D Sequence: <u>2</u> of <u>3</u> |

E Describe the unrelated trade or business CATERING AND EVENT INCOME

| Part I | Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|---------------|----------------------------------------------------------------------------------------|-------------------|---------------------|----------------|
| 1a | Gross receipts or sales <u>0</u> | | | |
| b | Less returns and allowances <u>0</u> c Balance | 1c 0 | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 0 | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 0 | | 0 |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | 4a 0 | | 0 |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b 0 | | 0 |
| c | Capital loss deduction for trusts | 4c | | |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) | 5 0 | | 0 |
| 6 | Rent income (Part IV) | 6 0 | 0 | 0 |
| 7 | Unrelated debt-financed income (Part V) | 7 0 | 0 | 0 |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 0 | 0 | 0 |
| 9 | Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 0 | 0 | 0 |
| 10 | Exploited exempt activity income (Part VIII) | 10 0 | 0 | 0 |
| 11 | Advertising income (Part IX) | 11 0 | 0 | 0 |
| 12 | Other income (see instructions; attach statement) | 12 241,930 | | 241,930 |
| 13 | Total. Combine lines 3 through 12 | 13 241,930 | 0 | 241,930 |

| Part II | Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. | | | |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|-------------|
| 1 | Compensation of officers, directors, and trustees (Part X) | 1 | | 0 |
| 2 | Salaries and wages | 2 | | 54,324 |
| 3 | Repairs and maintenance | 3 | | 0 |
| 4 | Bad debts | 4 | | 0 |
| 5 | Interest (attach statement). See instructions | 5 | | 0 |
| 6 | Taxes and licenses | 6 | | 0 |
| 7 | Depreciation (attach Form 4562). See instructions | 7 | 0 | |
| 8 | Less depreciation claimed in Part III and elsewhere on return | 8a | 0 | 8b 0 |
| 9 | Depletion | 9 | | 0 |
| 10 | Contributions to deferred compensation plans | 10 | | 0 |
| 11 | Employee benefit programs | 11 | | 11,833 |
| 12 | Excess exempt expenses (Part VIII) | 12 | | 0 |
| 13 | Excess readership costs (Part IX) | 13 | | 0 |
| 14 | Other deductions (attach statement) | 14 | | 35,762 |
| 15 | Total deductions. Add lines 1 through 14 | 15 | | 101,919 |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | 16 | | 140,011 |
| 17 | Deduction for net operating loss. See instructions | 17 | | 0 |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16 | 18 | | 140,011 |

| Part III Cost of Goods Sold | | Enter method of inventory valuation |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 1 | Inventory at beginning of year | 1 0 |
| 2 | Purchases | 2 0 |
| 3 | Cost of labor | 3 0 |
| 4 | Additional section 263A costs (attach statement) | 4 0 |
| 5 | Other costs (attach statement) | 5 0 |
| 6 | Total. Add lines 1 through 5 | 6 0 |
| 7 | Inventory at end of year | 7 0 |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 0 |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

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

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

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

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

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

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

| | | |
|---|------------------------------------------------------------------------------------------------------------------------------------------|---|
| 1 | Description of exploited activity: _____ | |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 |
| 5 | Gross income from activity that is not unrelated business income | 5 |
| 6 | Expenses attributable to income entered on line 5 | 6 |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 |
| | | 0 |

Part IX Advertising Income

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

- A**
- B**
- C**
- D**

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

| | A | B | C | D |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|
| 2 Gross advertising income | | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (A) | | | | 0 |
| 3 Direct advertising costs by periodical | | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (B) | | | | 0 |
| 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 | | | | |
| 5 Readership costs | | | | |
| 6 Circulation income | | | | |
| 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- | | | | |
| 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 | | | | |
| a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 | | | | 0 |

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

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

Part XI Supplemental Information (see instructions)

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

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

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

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

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

| | |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------|
| A Name of the organization <u>NEWFIELDS, INC.</u> | B Employer identification number <u>35-0867955</u> |
| C Unrelated business activity code (see instructions) <u>901101</u> | D Sequence: <u>3</u> of <u>3</u> |

E Describe the unrelated trade or business K-1 INVESTMENTS & DEBT-FINANCED INCOME

| Part I | Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|---------------|--------------------------------------------------------------------------------------------------|--------------------|---------------------|----------------|
| 1a | Gross receipts or sales <u>0</u> | | | |
| b | Less returns and allowances <u>0</u> c Balance | 1c 0 | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 0 | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 0 | | 0 |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | 4a 190,091 | | 190,091 |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b 0 | | 0 |
| c | Capital loss deduction for trusts | 4c | | |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) | 5 (306,899) | | (306,899) |
| 6 | Rent income (Part IV) | 6 0 | 0 | 0 |
| 7 | Unrelated debt-financed income (Part V) | 7 247,078 | 100,549 | 146,529 |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 0 | 0 | 0 |
| 9 | Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 0 | 0 | 0 |
| 10 | Exploited exempt activity income (Part VIII) | 10 0 | 0 | 0 |
| 11 | Advertising income (Part IX) | 11 0 | 0 | 0 |
| 12 | Other income (see instructions; attach statement) | 12 0 | | 0 |
| 13 | Total. Combine lines 3 through 12 | 13 130,270 | 100,549 | 29,721 |

| Part II | Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. | | | |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------|----------|
| 1 | Compensation of officers, directors, and trustees (Part X) | | 1 | 0 |
| 2 | Salaries and wages | | 2 | 55,480 |
| 3 | Repairs and maintenance | | 3 | 0 |
| 4 | Bad debts | | 4 | 0 |
| 5 | Interest (attach statement). See instructions | | 5 | 0 |
| 6 | Taxes and licenses | | 6 | 1,356 |
| 7 | Depreciation (attach Form 4562). See instructions | 7 0 | | |
| 8 | Less depreciation claimed in Part III and elsewhere on return | 8a 0 | 8b | 0 |
| 9 | Depletion | | 9 | 0 |
| 10 | Contributions to deferred compensation plans | | 10 | 0 |
| 11 | Employee benefit programs | | 11 | 12,085 |
| 12 | Excess exempt expenses (Part VIII) | | 12 | 0 |
| 13 | Excess readership costs (Part IX) | | 13 | 0 |
| 14 | Other deductions (attach statement) | | 14 | 48,340 |
| 15 | Total deductions. Add lines 1 through 14 | | 15 | 117,261 |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | | 16 | (87,540) |
| 17 | Deduction for net operating loss. See instructions | | 17 | 0 |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16 | | 18 | (87,540) |

| Part III Cost of Goods Sold | | Enter method of inventory valuation |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 1 | Inventory at beginning of year | 0 |
| 2 | Purchases | 0 |
| 3 | Cost of labor | 0 |
| 4 | Additional section 263A costs (attach statement) | 0 |
| 5 | Other costs (attach statement) | 0 |
| 6 | Total. Add lines 1 through 5 | 0 |
| 7 | Inventory at end of year | 0 |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 0 |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

| Part V Unrelated Debt-Financed Income (see instructions) | | | | |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------|---|---------|
| 1 | Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. | | | |
| | A <input checked="" type="checkbox"/> 4000 MICHIGAN ROAD, INDIANAPOLIS, IN 46208 | | | |
| | B <input type="checkbox"/> | | | |
| | C <input type="checkbox"/> | | | |
| | D <input type="checkbox"/> | | | |
| 2 | Gross income from or allocable to debt-financed property | 439,718 | | |
| 3 | Deductions directly connected with or allocable to debt-financed property | | | |
| a | Straight line depreciation (attach statement) | 178,945 | | |
| b | Other deductions (attach statement) | 0 | | |
| c | Total deductions (add lines 3a and 3b, columns A through D) | 178,945 | | |
| 4 | Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | 47,592,181 | | |
| 5 | Average adjusted basis of or allocable to debt-financed property (attach statement) | 84,697,915 | | |
| 6 | Divide line 4 by line 5 | 56.19 % | % | % |
| 7 | Gross income reportable. Multiply line 2 by line 6 | 247,078 | | |
| 8 | Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | | | 247,078 |
| 9 | Allocable deductions. Multiply line 3c by line 6 | 100,549 | | |
| 10 | Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | | | 100,549 |
| 11 | Total dividends – received deductions included in line 10 | | | 0 |

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

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

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

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

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

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 1 Description of exploited activity: _____ | |
| 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 |
| 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 |
| 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 |
| 5 Gross income from activity that is not unrelated business income | 5 |
| 6 Expenses attributable to income entered on line 5 | 6 |
| 7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 0 |

Part IX Advertising Income

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

- A**
- B**
- C**
- D**

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

| | A | B | C | D |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|
| 2 Gross advertising income | | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (A) | | | | 0 |
| 3 Direct advertising costs by periodical | | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (B) | | | | 0 |
| 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 | | | | |
| 5 Readership costs | | | | |
| 6 Circulation income | | | | |
| 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- | | | | |
| 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 | | | | |
| a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 | | | | 0 |

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

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

Part XI Supplemental Information (see instructions)

| Return Reference - Identifier | Explanation |
|-------------------------------|-----------------------------------------------------------|
| BOOK CARE - NAME AND ADDRESS | JEREMIAH WISE, 4000 MICHIGAN ROAD, INDIANAPOLIS, IN 46208 |

| Year Generated | Amount Generated | Converted Contributions | Amount Used in Prior Years | Amount Used in Current Year | Amount Remaining | NOL Expires |
|----------------|------------------|-------------------------|----------------------------|-----------------------------|------------------|-------------|
| 2016 | 616,817 | | 616,817 | | 0 | |
| 2017 | 344,117 | | 13,069 | 140,011 | 191,037 | |
| Totals | 960,934 | 0 | 629,886 | 140,011 | 191,037 | |

| Name of Partnership | Share of gross income | Share of deductions | Gain or loss |
|------------------------------------------------------------------------|-----------------------|---------------------|------------------|
| K-1 INVESTMENTS & DEBT-FINANCED INCOME | | | |
| (1) ALPINE INVESTORS IX-A, LP | | 12,920 | (12,920) |
| (2) AMBERBROOK VI LLC | | 89 | (89) |
| (3) BAUPOST VALUE PARTNERS, L.P.-IV | | 182,701 | (182,701) |
| (4) CF PRIVATE EQUITY OCIO GLOBAL PRIVATE EQUITY FUND V, L.P. | | 5,751 | (5,751) |
| (5) CF VENTURE PARTNERS XV, LP | | 81,797 | (81,797) |
| (6) CF VENTURE PARTNERS XV, LP - ART ACQUISITION | | 9,816 | (9,816) |
| (7) CHARLESBANK EQUITY FUND IX, LP | 102,372 | | 102,372 |
| (8) CHARLESBANK EQUITY FUND VIII, LP | 2,649 | | 2,649 |
| (9) COMMONFUND CAPITAL CO-INVESTMENT OPPORTUNITIES II, L.P. | | 9,040 | (9,040) |
| (10) COMMONFUND CAPITAL CO-INVESTMENT OPPORTUNITIES III, LP | | 3,010 | (3,010) |
| (11) COMMONFUND CAPITAL CO-INVESTMENT OPPORTUNITIES IV, L.P. | | 6,387 | (6,387) |
| (12) COMMONFUND CAPITAL ENVIRONMENTAL SUSTAINABILITY PARTNERS 2020, LP | | 29,850 | (29,850) |
| (13) COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, L.P. | 53,272 | | 53,272 |
| (14) COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP | | 20,369 | (20,369) |
| (15) COMMONFUND CAPITAL SECONDARY PARTNERS II L.P. | 3,361 | | 3,361 |
| (16) COMMONFUND CAPITAL SECONDARY PARTNERS III, L.P. | | 19,138 | (19,138) |
| (17) COMMONFUND CAPITAL SECONDARY PARTNERS IV, LP | | 14,421 | (14,421) |
| (18) COMMONFUND CAPITAL VENTURE PARTNERS XII, L.P. | 142 | | 142 |
| (19) COMMONFUND CAPITAL VENTURE PARTNERS XIII, L.P. | 13,452 | | 13,452 |
| (20) COMMONFUND CAPITAL VENTURE PARTNERS XIV, L.P. (AAE) | | 2,110 | (2,110) |
| (21) COMMONFUND CAPITAL VENTURE PARTNERS XIV, L.P. (END) | | 11,255 | (11,255) |
| (22) DENHAM COMMODITY PARTNERS FUND VI-A LP | | 103 | (103) |
| (23) DUNE REAL ESTATE PARALLEL FUND II LP | 16,001 | | 16,001 |
| (24) H.I.G. MIDDLE MARKET LBO FUND III, L.P. | | 3,442 | (3,442) |
| (25) HELLMAN & FRIEDMAN CAPITAL PARTNERS X (PARALLEL), L.P. | | 24,227 | (24,227) |
| (26) KAYNE ANDERSON REAL ESTATE PARTNERS VI, LP | | 13,090 | (13,090) |
| (27) LEGACY VENTURE VI (QP), LLC | | 114 | (114) |
| (28) LEGP II AIV (NB), LP. | | 11,690 | (11,690) |
| (29) LEVEL EQUITY GROWTH PARTNERS I LP | | 3,195 | (3,195) |
| (30) MAINSAIL PARTNERS VI, LP | | 57,329 | (57,329) |
| (31) NORTHPOUND FUND IV, LP | | 102,760 | (102,760) |
| (32) PARK STREET CAPITAL NATURAL RESOURCE FUND III, LP | | 68 | (68) |
| (33) PARK STREET CAPITAL PRIVATE EQUITY FUND VII, LP | | 1,595 | (1,595) |
| (34) PARK STREET CAPITAL PRIVATE EQUITY FUND VIII, LP | 6,298 | | 6,298 |
| (35) RESOURCE CAPITAL FUND VI L.P. | 1,510 | | 1,510 |
| (36) SDC DIGITAL INFRASTRUCTURE OPPORTUNITY FUND IV-B, L.P. | | 31,153 | (31,153) |
| (37) SPECIAL OPPS IV | | 38 | (38) |
| (38) THE VARDE FUND X (B) (FEEDER), L.P. | | 1,047 | (1,047) |
| (39) TRACE ENERGY RESOURCES FUND LP | 166,018 | | 166,018 |
| (40) WCP NEWCOLD II, LP | | 13,744 | (13,744) |
| (41) BEP LEGACY C (EV ENERGY INS CO-INV XII-C) | 275 | | 275 |
| Total | 365,350 | 672,249 | (306,899) |

| Description | Amount |
|-----------------------------------------------|----------------|
| CATERING AND EVENT INCOME | |
| (1) CATERING AND EVENT REVENUE | 241,930 |
| Total for Schedule A - Part I, Line 12 | 241,930 |

Schedule A - Part II, Line 5

Interest

| Description | Amount |
|-----------------------------------------------|---------------|
| RETAIL SHOP | |
| (1) INTEREST EXPENSE | 56,433 |
| Total for Schedule A - Part II, Line 5 | 56,433 |

| Description | Amount |
|---------------------------------------------------|--------|
| K-1 INVESTMENTS & DEBT-FINANCED INCOME | |
| (1) STATE TAXES | 1,356 |

| Description | Amount |
|---------------------------------------------------|----------------|
| RETAIL SHOP | |
| (1) SUPPLIES | 47,861 |
| (2) PURCHASED SERVICES | 134,548 |
| (3) INSURANCE | 24,799 |
| (4) UTILITIES | 99,986 |
| (5) OTHER MISCELLANEOUS EXPENSES | 95,822 |
| (6) ACCOUNTING FEES | 2,140 |
| Total | 405,156 |
| CATERING AND EVENT INCOME | |
| (1) RENT EXPENSE | 23,028 |
| (2) SUPPLIES | 339 |
| (3) OTHER MISCELLANEOUS EXPENSES | 10,255 |
| (4) ACCOUNTING FEES | 2,140 |
| Total | 35,762 |
| K-1 INVESTMENTS & DEBT-FINANCED INCOME | |
| (1) RENT EXPENSE | 23,518 |
| (2) SUPPLIES | 346 |
| (3) OTHER MISCELLANEOUS EXPENSES | 10,473 |
| (4) ACCOUNTING FEES | 5,482 |
| (5) INVESTMENT FEES | 8,521 |
| Total | 48,340 |

| Year Generated | Amount Generated | Converted Contributions | Amount Used in Prior Years | Amount Used in Current Year | Amount Remaining |
|---------------------------------------------------|------------------|-------------------------|----------------------------|-----------------------------|------------------|
| RETAIL SHOP | | | | | |
| 2018 | 262,955 | | | | 262,955 |
| 2019 | 563,278 | | | | 563,278 |
| 2020 | 383,652 | | | | 383,652 |
| 2021 | 92,900 | | | | 92,900 |
| 2022 | 169,813 | | | | 169,813 |
| 2023 | 637,579 | | | | 637,579 |
| 2024 | 763,505 | | | | 763,505 |
| Totals | 2,873,682 | 0 | 0 | 0 | 2,873,682 |
| K-1 INVESTMENTS & DEBT-FINANCED INCOME | | | | | |
| 2018 | 373,545 | | | | 373,545 |
| 2019 | 135,071 | | | | 135,071 |
| 2020 | 322,232 | | | | 322,232 |
| 2021 | 0 | | | | 0 |
| 2022 | 365,122 | | | | 365,122 |
| 2023 | 212,430 | | | | 212,430 |
| 2024 | 87,540 | | | | 87,540 |
| Totals | 1,495,940 | 0 | 0 | 0 | 1,495,940 |

| Description | Amount |
|------------------------------------------------|----------------|
| RETAIL SHOP | |
| (1) COST OF GOODS SOLD | 373,527 |
| Total for Schedule A - Part III, Line 5 | 373,527 |

K-1 INVESTMENTS & DEBT-FINANCED INCOME

| (1) 4000 MICHIGAN ROAD, INDIANAPOLIS, IN 46208 | Monthly Average Acquisition Indebtedness | Percent Allocable | Allocable Average Acquisition Indebtedness |
|------------------------------------------------------------------------------|------------------------------------------|-------------------|--------------------------------------------|
| | 47,592,181 | 100.00% | 47,592,181 |
| Total for Schedule A - Part V, Line 4, Average Acquisition Indebtness | | | 47,592,181 |

K-1 INVESTMENTS & DEBT-FINANCED INCOME

| (1) 4000 MICHIGAN ROAD, INDIANAPOLIS, IN 46208 | Description | Adjusted Basis Amount | Percent Allocable | Allocable Adjusted Basis |
|----------------------------------------------------------------------|---------------------|-----------------------|-------------------|--------------------------|
| | PAVILION & FOUNTAIN | 84,697,915 | 100.00% | 84,697,915 |
| Total for Schedule A - Part V, Line 5, Average Adjusted Basis | | | | 84,697,915 |

| Return Reference | Amount | Explanation |
|----------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 990-T CORE FORM | | |
| FORM 990-T, PART I, LINE 1 | 0 | REGULATION SECTION 1.263(A)-1(F) - DE MINIMIS SAFE HARBOR ELECTION TAXPAYER NAME: INDIANAPOLIS MUSEUM OF ART, INC. TAXPAYER ADDRESS: 4000 MICHIGAN ROAD, INDIANAPOLIS, IN 46208 TAXPAYER ID NUMBER: 35-0867955 YEAR-END: 06/30/2025 UNDER IRC REGULATION SECTION 1.263(A)-1(F), THE TAXPAYER HEREBY ELECTS TO APPLY THE DE MINIMIS SAFE HARBOR ELECTION. |
| FORM 990-T, PART I, LINE 1 | 0 | REGULATION SECTION 1.263(A)-3(N) - ELECTION TO CAPITALIZE REPAIR AND MAINTENANCE COSTS TAXPAYER NAME: INDIANAPOLIS MUSEUM OF ART, INC. TAXPAYER ADDRESS: 4000 MICHIGAN ROAD, INDIANAPOLIS, IN 46208 TAXPAYER ID NUMBER: 35-0867955 YEAR-END: 06/30/2025 UNDER IRC REGULATION SECTION 1.263(A)-3(N), THE TAXPAYER HEREBY ELECTS TO CAPITALIZE REPAIR AND MAINTENANCE COSTS. |

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2024

| | |
|--------------------------------|-----------------------------------------------------|
| Name NEWFIELDS, INC. | Employer identification number 35-0867955 |
|--------------------------------|-----------------------------------------------------|

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

| See instructions for how to figure the amounts to enter on the lines below. <small>This form may be easier to complete if you round off cents to whole dollars.</small> | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) <small>Subtract column (e) from column (d) and combine the result with column (g)</small> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | 0 |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | | | | 0 |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | 0 |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | 12,887 | 6,076 | 0 | 6,811 |
| 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 | | | 4 | |
| 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 5 | |
| 6 Unused capital loss carryover (attach computation) | | | 6 (0) | |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h | | | 7 | 6,811 |

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

| See instructions for how to figure the amounts to enter on the lines below. <small>This form may be easier to complete if you round off cents to whole dollars.</small> | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) <small>Subtract column (e) from column (d) and combine the result with column (g)</small> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | 0 |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | 0 |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | 0 |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | 172,312 | 2,023 | 0 | 170,289 |
| 11 Enter gain from Form 4797, line 7 or 9 | | | 11 | 12,991 |
| 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 | | | 12 | |
| 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 13 | |
| 14 Capital gain distributions (see instructions) | | | 14 | |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h | | | 15 | 183,280 |

Part III Summary of Parts I and II

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) | 16 | 6,811 |
| 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | 17 | 183,280 |
| 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns | 18 | 190,091 |

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return
NEWFIELDS, INC.

Social security number or taxpayer identification number
35-0867955

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions. | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | BAUPOST VALUE PARTNERS | 07/01/2024 | 06/30/2025 | 1,908 | 0 | | 0 | 1,908 |
| | CF PE OCIO GLOBAL PE FND V | 07/01/2024 | 06/30/2025 | 17 | 0 | | 0 | 17 |
| | CHARLESBANK EQUITY FUND IX, LP | 07/01/2024 | 06/30/2025 | 0 | 5,511 | | 0 | (5,511) |
| | CF CAP ENV SUSTAINABILITY PARTNERS | 07/01/2024 | 06/30/2025 | 0 | 179 | | 0 | (179) |
| | CF CAP NR PARTNERS XI | 07/01/2024 | 06/30/2025 | 0 | 386 | | 0 | (386) |
| | CF PE OCIO GLOBAL PE FND IV | 07/01/2024 | 06/30/2025 | 37 | 0 | | 0 | 37 |
| | CF CAP SECONDARY PARTNERS II | 07/01/2024 | 06/30/2025 | 10 | 0 | | 0 | 10 |
| | CF CAP SECONDARY PARTNERS III | 07/01/2024 | 06/30/2025 | 178 | 0 | | 0 | 178 |
| | CF CAP SECONDARY PARTNERS IV | 07/01/2024 | 06/30/2025 | 71 | 0 | | 0 | 71 |
| | COMMONFUND CAPITAL VENTURE PARTNERS XII | 07/01/2024 | 06/30/2025 | 150 | 0 | | 0 | 150 |
| | COMMONFUND CAPITAL VENTURE PARTNERS XIII | 07/01/2024 | 06/30/2025 | 9 | 0 | | 0 | 9 |
| | COMMONFUND CAPITAL VENTURE PARTNERS XIV | 07/01/2024 | 06/30/2025 | 28 | 0 | | 0 | 28 |
| | COMMONFUND CAPITAL VENTURE PARTNERS XIV | 07/01/2024 | 06/30/2025 | 146 | 0 | | 0 | 146 |
| | GTCR FUND XIV/C LP | 07/01/2024 | 06/30/2025 | 10,333 | 0 | | 0 | 10,333 |
| 2 Totals. | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked). | | | 12,887 | 6,076 | | 0 | 6,811 |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side
NEWFIELDS, INC.

Social security number or taxpayer identification number
35-0867955

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions. | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | AMBERBROOK VI LLC | 07/01/2023 | 06/30/2025 | 3 | 0 | | 0 | 3 |
| | BAUPOST VALUE PARTNERS | 07/01/2023 | 06/30/2025 | 24,658 | 0 | | 0 | 24,658 |
| | CF PE OCIO GLOBAL PE FND V | 07/01/2023 | 06/30/2025 | 2,002 | 0 | | 0 | 2,002 |
| | CF VENTURE PARS XV | 07/01/2023 | 06/30/2025 | 9,715 | 0 | | 0 | 9,715 |
| | CF VENTURE PARS XV-ART AC | 07/01/2023 | 06/30/2025 | 1,165 | 0 | | 0 | 1,165 |
| | CF CAP CO-INVNT OPPORTUNITIES II | 07/01/2023 | 06/30/2025 | 289 | 0 | | 0 | 289 |
| | CF CAPITAL CO-INVNT OPPTS III | 07/01/2023 | 06/30/2025 | 3 | 0 | | 0 | 3 |
| | CF CAPITAL CO-INVNT OPPTS IV | 07/01/2023 | 06/30/2025 | 26 | 0 | | 0 | 26 |
| | CF CAP ENV SUSTAINABILITY PARTNERS | 07/01/2023 | 06/30/2025 | 3,315 | 0 | | 0 | 3,315 |
| | CF CAP NR PARTNERS XI | 07/01/2023 | 06/30/2025 | 74,638 | 0 | | 0 | 74,638 |
| | CF CAP OCIO GLOBAL PE FND IV | 07/01/2023 | 06/30/2025 | 5,235 | 0 | | 0 | 5,235 |
| | CF CAP SECONDARY PARTNERS II | 07/01/2023 | 06/30/2025 | 3,478 | 0 | | 0 | 3,478 |
| | CF CAP SECONDARY PARTNERS III | 07/01/2023 | 06/30/2025 | 19,136 | 0 | | 0 | 19,136 |
| | CF CAP SECONDARY PARTNERS IV | 07/01/2023 | 06/30/2025 | 11,169 | 0 | | 0 | 11,169 |
| 2 Totals. | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) . . . | | | | | | | |

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment
Sequence No. **27**

| | |
|---------------------------------------------------|-----------------------------------------|
| Name(s) shown on return NEWFIELDS, INC. | Identifying number 35-0867955 |
|---------------------------------------------------|-----------------------------------------|

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| 1a Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions | 1a | |
| b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets | 1b | |
| c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets | 1c | |

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

| 2 | (a) Description of property | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|---|-----------------------------|-----------------------------------|-------------------------------|-----------------------|---------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------|
| | AMBERBROOK VI LLC | VARIOUS | VARIOUS | | | 1 | (1) |
| | BAUPOST VA PAR | VARIOUS | VARIOUS | 232,467 | | | 232,467 |
| | CF PE OCIO GLOBAL | VARIOUS | VARIOUS | | | 25 | (25) |
| | (SEE STATEMENT) | | | | | | |

| | | |
|--------------------------------------------------------------------------------------------------------------------|----------|--------|
| 3 Gain, if any, from Form 4684, line 39 | 3 | |
| 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 | 4 | |
| 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 | 5 | |
| 6 Gain, if any, from line 32, from other than casualty or theft | 6 | |
| 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows | 7 | 12,991 |

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| 8 Nonrecaptured net section 1231 losses from prior years. See instructions | 8 | |
| 9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions | 9 | |

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | | |
|----------------------------------------------------------------------------------------|-----------|-----|
| 11 Loss, if any, from line 7 | 11 | () |
| 12 Gain, if any, from line 7 or amount from line 8, if applicable | 12 | |
| 13 Gain, if any, from line 31 | 13 | 0 |
| 14 Net gain or (loss) from Form 4684, lines 31 and 38a | 14 | |
| 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 | 15 | |
| 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 | 16 | |
| 17 Combine lines 10 through 16 | 17 | 0 |

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions | 18a | |
| b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 | 18b | |

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255
(see instructions)

| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: | | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------|
| A | | | |
| B | | | |
| C | | | |
| D | | | |
| These columns relate to the properties on lines 19A through 19D. | | Property A | Property B |
| 20 | Gross sales price (Note: See line 1a before completing.) | 20 | |
| 21 | Cost or other basis plus expense of sale | 21 | |
| 22 | Depreciation (or depletion) allowed or allowable | 22 | |
| 23 | Adjusted basis. Subtract line 22 from line 21. | 23 | |
| 24 | Total gain. Subtract line 23 from line 20 | 24 | |
| 25 | If section 1245 property: | | |
| a | Depreciation allowed or allowable from line 22 | 25a | |
| b | Enter the smaller of line 24 or 25a | 25b | |
| 26 | If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. | | |
| a | Additional depreciation after 1975. See instructions | 26a | |
| b | Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions | 26b | |
| c | Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e | 26c | |
| d | Additional depreciation after 1969 and before 1976 | 26d | |
| e | Enter the smaller of line 26c or 26d | 26e | |
| f | Section 291 amount (corporations only) | 26f | |
| g | Add lines 26b, 26e, and 26f | 26g | |
| 27 | If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. | | |
| a | Soil, water, and land clearing expenses | 27a | |
| b | Line 27a multiplied by applicable percentage. See instructions | 27b | |
| c | Enter the smaller of line 24 or 27b | 27c | |
| 28 | If section 1254 property: | | |
| a | Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions | 28a | |
| b | Enter the smaller of line 24 or 28a | 28b | |
| 29 | If section 1255 property: | | |
| a | Applicable percentage of payments excluded from income under section 126. See instructions | 29a | |
| b | Enter the smaller of line 24 or 29a. See instructions | 29b | |

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

| | | | |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| 30 | Total gains for all properties. Add property columns A through D, line 24 | 30 | 0 |
| 31 | Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 | 31 | 0 |
| 32 | Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 | 32 | 0 |

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
(see instructions)

| | | (a) Section 179 | (b) Section 280F(b)(2) |
|-----------|-----------------------------------------------------------------------------------------------------|-----------------|------------------------|
| 33 | Section 179 expense deduction or depreciation allowable in prior years | 33 | |
| 34 | Recomputed depreciation. See instructions | 34 | |
| 35 | Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | 35 | 0 |

Part I, Line 2

Sales or Exchanges of Property

| (a) Description of property | (b) Date acquired (mo. day. yr.) | (c) Date sold (mo. day. yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sums of (d) and (e) |
|-----------------------------|-------------------------------------|---------------------------------|--------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------|
| (1) CFCAPCO-INVTOP II | VARIOUS | VARIOUS | | | 13 | (13) |
| (2) CFCAPCO-INVTOP III | VARIOUS | VARIOUS | | | 5 | (5) |
| (3) CFCAPCO-INVTOP IV | VARIOUS | VARIOUS | | | 155 | (155) |
| (4) CF CAP ENV SUST PAR | VARIOUS | VARIOUS | | | 886 | (886) |
| (5) CF CAP NR PAR XI | VARIOUS | VARIOUS | | | 652 | (652) |
| (6) CF CAP OCIO GLOBAL | VARIOUS | VARIOUS | 194 | | | 194 |
| (7) CF CAP SEC PAR II | VARIOUS | VARIOUS | 67 | | | 67 |
| (8) CF CAP SEC PAR III | VARIOUS | VARIOUS | 1,891 | | | 1,891 |
| (9) CF CAP SEC PAR IV | VARIOUS | VARIOUS | 16 | | | 16 |
| (10) LEGP II AIV NB | VARIOUS | VARIOUS | | | 435 | (435) |
| (11) LE GROWTH PARTNERS I | VARIOUS | VARIOUS | | | 117 | (117) |
| (12) PK ST CAP PE | VARIOUS | VARIOUS | 141 | | | 141 |
| (13) TRACE ER FND | VARIOUS | VARIOUS | | | 219,496 | (219,496) |

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.

Table with 3 columns: Name(s) shown on return (NEWFIELDS, INC.), Business or activity to which this form relates (453220), and Identifying number (35-0867955).

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns: Line number, Description, and numerical values for lines 1 through 13.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 columns: Line number, Description, and numerical values for lines 14 through 16.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 3 columns: Line number, Description, and numerical values for lines 17 and 18.

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, and numerical values for lines 21 through 23.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

| 24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | 24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------|------------------------|--------------------------|-------------------------------|---------------------------------|
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . | | | | | | | 25 | 0 |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . | | | | | | | 28 | 0 |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | 29 | 0 |

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
|--------------------------------------------------------------------------------------------------------------------|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| 30 Total business/investment miles driven during the year (don't include commuting miles) | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 34 Was the vehicle available for personal use during off-duty hours? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | ✓ |
| 39 Do you treat all use of vehicles by employees as personal use? | | ✓ |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | ✓ |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions | | ✓ |

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|------------------------------------------------------------------------------------------------|---------------------------------|---------------------------|---------------------|------------------------------------------|-----------------------------------|
| 42 Amortization of costs that begins during your 2024 tax year (see instructions): | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2024 tax year | | | | 43 | 0 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | 44 | 0 |

Part I, Line 1

Maximum Section 179 Limitation Calculation

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| Enter total cost of section 179 property (including qualified section 179 real property) placed in service during the tax year beginning in 2024 | 0 |
| The maximum section 179 deduction limitation for 2024 | 0 |
| Enter the smaller of line 1 or line 2 | 0 |
| If you have an enterprise zone business (see the instructions for Line 1, earlier), enter the smaller of \$35,000 or the cost of the qualified section 179 property that is also qualified empowerment zone property | 0 |
| Add lines 3 and 4. Enter this amount here and on Form 4562, line 1 | 0 |
| Enter the amount from line 1 here and on Form 4562, line 2 | 0 |
| Base maximum threshold cost of section 179 property before reduction in limitation for 2024. Enter this amount on Form 4562, line 3 | 0 |
| Enter the smaller of line 1 or line 5. The total amount you enter on Form 4562, lines 6 and 7, column (c), cannot exceed this amount | 0 |

Supplemental Information

Part Number: Schedule A, Part I

Line Number: Line 5

Explanation:

Federal Election

Description: Section 59E2 Expenditures

Form & Line/Instruction Reference: Schedule A, Part I, Line 5

Regulation Reference: IRS Sec. 59(E)(1); Reg. 1.59-1(B)(1)

Indianapolis Museum of Art, Inc.

EIN: 35-0867955

Year-End: 06/30/2025

Pursuant to IRC Section 59(E)(4), taxpayer hereby elects to capitalize and amortize the following expenditures over the period time indicated.

Type of expenditures: Intangible drilling costs

Code Section No.: IRC Sec. 263(C)

Amortization Period: 5 years (60 months)

Taxpayer elects to capitalize and amortize intangible drilling costs reported on the following K-1's:

| | |
|-------------------------------------------------------|-----------------|
| AMBERBROOK VI LLC | EIN: 90-0806597 |
| Amount of amortization taken in the current year: | 22 |
| BAUPOST VALUE PARTNERS, LP | EIN: 26-2208448 |
| Amount of amortization taken in the current year: | 82,084 |
| COMMONFUND CAPITAL SECONDARY PARTNERS II, LP | EIN: 82-3170994 |
| Amount of amortization taken in the current year: | 3,274 |
| COMMONFUND CAPITAL CO-INVESTMENT OPPORTUNITIES II, LP | EIN: 82-0931142 |
| Amount of amortization taken in the current year: | 5,370 |
| COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI, LP | EIN: 82-3512697 |
| Amount of amortization taken in the current year: | 105,619 |
| PARK STREET CAPITAL PRIVATE EQUITY FUND VII, LP | EIN: 20-3362394 |
| Amount of amortization taken in the current year: | 1,595 |

| | |
|----------------------------------------------------------------------------------------------------------------|----------------------------|
| PARK STREET CAPITAL PRIVATE EQUITY FUND VIII, LP Amount of amortization taken in the current year: | EIN: 20-8255115 764 |
| SPECIAL OPPORTUNITIES FUND IV, LP Amount of amortization taken in the current year: | EIN: 36-4617230 38 |
| TRACE ENERGY RESOURCES FUND, LP Amount of amortization taken in the current year: | EIN: 47-3010122 112,612 |
| THE VARDE FUND X (B) (FEEDER), L.P. Amount of amortization taken in the current year: | EIN: 27-1015088 20 |
| CHARLESBANK EQUITY FUND IX, LP Amount of amortization taken in the current year: | EIN: 35-2600984 2 |
| CHARLESBANK EQUITY FUND VIII, LP Amount of amortization taken in the current year: | EIN: 47-1109521 1 |
| COMMONFUND CAPITAL SECONDARY PARTNERS III, LP Amount of amortization taken in the current year: | EIN: 84-4784943 34 |
| COMMONFUND CAPITAL SECONDARY PARTNERS IV, LP Amount of amortization taken in the current year: | EIN: 88-3253592 7 |
| COMMONFUND CAPITAL CO-INVESTMENT OPPORTUNITIES III, LP Amount of amortization taken in the current year: | EIN: 84-4715871 1 |
| COMMONFUND CAPITAL OCIO GLOBAL PRIVATE EQUITY FUND IV, LP Amount of amortization taken in the current year: | EIN: 87-1018183 7 |