

IRS E-file Signature Authorization  
for a Tax Exempt EntityDepartment of the Treasury  
Internal Revenue ServiceFor calendar year 2024, or fiscal year beginning \_\_\_\_\_, 2024, and ending \_\_\_\_\_, 20\_\_\_\_\_  
Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

2024

Name of filer

NORWIN S. AND ELIZABETH N. BEAN FOUNDATI

EIN or SSN

\*\* - \*\*\* 3381

Name and title of officer or person subject to tax JOHN F. DINKEL  
TRUSTEE**Part I Type of Return and Return Information**

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

1a	Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	_____
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here	<input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	10,916.
5a	Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____
6a	Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	_____
7a	Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	_____
8a	Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a	Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	_____
10a	Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

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

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only** I authorize NATHAN WECHSLER & COMPANY, P.A.

ERO firm name

to enter my PIN

76147Enter five numbers, but  
do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

**Part III Certification and Authentication**

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

02262376147

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

10/12/25

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

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

Form 8879-TE (2024)

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

## **FILEABLE FORMS**

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

File a separate application for each return.

Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

Type or Print	Name of exempt organization, employer, or other filer, see instructions.  <b>NORWIN S. AND ELIZABETH N. BEAN FOUNDATI</b>	Taxpayer identification number (TIN)  <b>*** - *** - 3381</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.  <b>40 STARK STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  <b>MANCHESTER, NH 03101</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **04**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **THOMAS J. DONOVAN**  
**900 ELM STREET - MANCHESTER, NH 03105-0326**

Telephone No. **603-625-6464**

Fax No. \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box \_\_\_\_\_   
• If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box \_\_\_\_\_.  If it is for part of the group, check this box \_\_\_\_\_.  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 **24** or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$ <b>15,000.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$ <b>8,400.</b>
<b>c</b> Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>6,600.</b>

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

Form **8868** (Rev. 1-2025)

For calendar year 2024 or tax year beginning

, and ending

Name of foundation

NORWIN S. AND ELIZABETH N. BEAN FOUNDATION

Number and street (or P.O. box number if mail is not delivered to street address)

40 STARK STREET

A Employer identification number

\*\*-\*\*\*3381

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

MANCHESTER, NH 03101

G Check all that apply:  Initial return  Initial return of a former public charity  
 Final return  Amended return  
 Address change  Name change

H Check type of organization:  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

I Fair market value of all assets at end of year J Accounting method:  Cash  Accrual  
 (from Part II, col. (c), line 16)  Other (specify) \_\_\_\_\_  
 \$ 14,095,664. (Part I, column (d), must be on cash basis.)

B Telephone number

603-625-6464

C If exemption application is pending, check here D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation E If private foundation status was terminated under section 507(b)(1)(A), check here F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here **Part I Analysis of Revenue and Expenses**

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received	10,000.			
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
3	Interest on savings and temporary cash investments	12,242.	12,242.		STATEMENT 1
4	Dividends and interest from securities	428,150.	428,150.		
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10	425,395.			
b	Gross sales price for all assets on line 6a	3,707,002.			
7	Capital gain net income (from Part IV, line 2)		425,395.		
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less: Cost of goods sold				
c	Gross profit or (loss)				
11	Other income				
12	Total. Add lines 1 through 11	875,787.	865,787.	0.	
13	Compensation of officers, directors, trustees, etc.	11,000.	2,200.	0.	8,800.
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees				
b	Accounting fees	STMT 2	12,900.	2,580.	0.
c	Other professional fees	STMT 3	144,697.	64,245.	48,144.
17	Interest				
18	Taxes	STMT 4	22,715.	10,115.	3,150.
19	Depreciation and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses	STMT 5	6,684.	1,337.	0.
24	Total operating and administrative expenses. Add lines 13 through 23		197,996.	80,477.	51,294.
25	Contributions, gifts, grants paid		609,315.		609,315.
26	Total expenses and disbursements. Add lines 24 and 25		807,311.	80,477.	51,294.
27	Subtract line 26 from line 12:		68,476.		
a	Excess of revenue over expenses and disbursements				
b	Net investment income (if negative, enter -0-)		785,310.		
c	Adjusted net income (if negative, enter -0-)			0.	

<b>Part II</b> <b>Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 Cash - non-interest-bearing				
	2 Savings and temporary cash investments		187,915.	190,075.	190,075.
	3 Accounts receivable				
	Less: allowance for doubtful accounts				
	4 Pledges receivable				
	Less: allowance for doubtful accounts				
	5 Grants receivable				
	6 Receivables due from officers, directors, trustees, and other disqualified persons				
	7 Other notes and loans receivable				
	Less: allowance for doubtful accounts				
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges				
	10a Investments - U.S. and state government obligations	STMT 6	12,395,107.	12,461,423.	13,655,589.
	b Investments - corporate stock				
	c Investments - corporate bonds				
	11 Investments - land, buildings, and equipment: basis				
	Less: accumulated depreciation				
	12 Investments - mortgage loans				
	13 Investments - other				
	14 Land, buildings, and equipment: basis				
	Less: accumulated depreciation				
	15 Other assets (describe) STATEMENT 7		250,000.	250,000.	250,000.
	16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		12,833,022.	12,901,498.	14,095,664.
	17 Accounts payable and accrued expenses				
	18 Grants payable				
	19 Deferred revenue				
	20 Loans from officers, directors, trustees, and other disqualified persons				
	21 Mortgages and other notes payable				
	22 Other liabilities (describe)				
	23 Total liabilities (add lines 17 through 22)		0.	0.	
	Foundations that follow FASB ASC 958, check here	<input type="checkbox"/>			
	and complete lines 24, 25, 29, and 30.				
	24 Net assets without donor restrictions				
	25 Net assets with donor restrictions				
	Foundations that do not follow FASB ASC 958, check here	<input checked="" type="checkbox"/>			
	and complete lines 26 through 30.				
	26 Capital stock, trust principal, or current funds		12,833,022.	12,901,498.	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund		0.	0.	
	28 Retained earnings, accumulated income, endowment, or other funds		0.	0.	
	29 Total net assets or fund balances		12,833,022.	12,901,498.	
	30 Total liabilities and net assets/fund balances		12,833,022.	12,901,498.	

**Part III** **Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	12,833,022.
2 Enter amount from Part I, line 27a	2	68,476.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	12,901,498.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	12,901,498.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a SALE OF INVESTMENTS - LT</b>			P		
<b>b SALE OF INVESTMENTS - ST</b>			P		
<b>c CAPITAL GAIN DISTRIBUTION</b>			P		
<b>d</b>					
<b>e</b>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))		
<b>a 2,213,780.</b>		<b>2,012,178.</b>	<b>201,602.</b>		
<b>b 1,425,814.</b>		<b>1,269,429.</b>	<b>156,385.</b>		
<b>c 67,408.</b>			<b>67,408.</b>		
<b>d</b>					
<b>e</b>					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.					
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
<b>a</b>			<b>201,602.</b>		
<b>b</b>			<b>156,385.</b>		
<b>c</b>			<b>67,408.</b>		
<b>d</b>					
<b>e</b>					
<b>2 Capital gain net income or (net capital loss)</b>	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 .....		<b>2</b>	<b>425,395.</b>	
<b>3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):</b> If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8			<b>3</b>	<b>N/A</b>	

**Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1.	1	10,916.
Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)	2	0.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) .....	3	10,916.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) .....	4	0.
3 Add lines 1 and 2 .....	5	10,916.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) .....	6a	8,400.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- .....	6b	0.
6 Credits/Payments:	6c	6,600.
a 2024 estimated tax payments and 2023 overpayment credited to 2024 .....	6d	0.
b Exempt foreign organizations - tax withheld at source .....	7	15,000.
c Tax paid with application for extension of time to file (Form 8868) .....	8	0.
d Backup withholding erroneously withheld .....	9	
7 Total credits and payments. Add lines 6a through 6d .....	10	4,084.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached .....	11	0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .....		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .....		
11 Enter the amount of line 10 to be: Credited to 2025 estimated tax	4,084.	Refunded

**Part VI-A Statements Regarding Activities**

**1a** During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? .....

**b** Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition .....

If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.

**c** Did the foundation file **Form 1120-POL** for this year? .....

**d** Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  
(1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.

**e** Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.

**2** Has the foundation engaged in any activities that have not previously been reported to the IRS? .....

If "Yes," attach a detailed description of the activities.

**3** Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .....

**4a** Did the foundation have unrelated business gross income of \$1,000 or more during the year? .....

**b** If "Yes," has it filed a tax return on **Form 990-T** for this year? .....

**N/A**

**5** Was there a liquidation, termination, dissolution, or substantial contraction during the year? .....

If "Yes," attach the statement required by *General Instruction T*.

**6** Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  
• By language in the governing instrument, or  
• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? .....

**7** Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV .....

**8a** Enter the states to which the foundation reports or with which it is registered. See instructions. NH

**b** If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G*? If "No," attach explanation .....

**9** Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII .....

**10** Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses .....

**11** At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions .....

**12** Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions .....

**13** Did the foundation comply with the public inspection requirements for its annual returns and exemption application? .....

Website address WWW.BEANFOUNDATION.ORG

**14** The books are in care of THOMAS J DONOVAN Telephone no. 603-625-6464  
Located at 900 ELM STREET, MANCHESTER, NH ZIP+4 03105-0326

**15** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** - check here  and enter the amount of tax-exempt interest received or accrued during the year .....

**16** At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? .....

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country

Form 990-PF (2024)

**Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required****File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.****1a** During the year, did the foundation (either directly or indirectly):

(1) Engage in the sale or exchange, or leasing of property with a disqualified person? .....

(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? .....

(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .....

(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .....

(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? .....

(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) .....

**b** If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .....**N/A****c** Organizations relying on a current notice regarding disaster assistance, check here **d** Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2024? .....**2** Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):**a** At the end of tax year 2024, did the foundation have any undistributed income (Part XII, lines

6d and 6e) for tax year(s) beginning before 2024? .....

If "Yes," list the years \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**b** Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions.) .....**N/A****c** If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**3a** Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? .....**b** If "Yes," did it have excess business holdings in 2024 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2024.) .....**N/A****4a** Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....**b** Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2024? .....

**Part VI-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued)****5a** During the year, did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? .....

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

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

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

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

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

**b** If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions .....

N/A

**c** Organizations relying on a current notice regarding disaster assistance, check here **d** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? .....

N/A

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

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

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

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? .....**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? .....

N/A

**8** Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....**Part VII | Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, and foundation managers and their compensation.**

<b>(a)</b> Name and address	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account, other allowances
SEE STATEMENT 8		11,000.	0.	0.

**2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."**

<b>(a)</b> Name and address of each employee paid more than \$50,000	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account, other allowances
NONE				

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

0

**Part VII****Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)***3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

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

**Part VIII-A Summary of Direct Charitable Activities**

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

**Part VIII-B Summary of Program-Related Investments**

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

**Part IX Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities .....	1a	13,382,013.
b	Average of monthly cash balances .....	1b	188,994.
c	Fair market value of all other assets (see instructions) .....	1c	250,000.
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	13,821,007.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	13,821,007.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) .....	4	207,315.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 .....	5	13,613,692.
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5 .....	6	680,685.

**Part X Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part IX, line 6 .....	1	680,685.
2a	Tax on investment income for 2024 from Part V, line 5 .....	2a	10,916.
b	Income tax for 2024. (This does not include the tax from Part V.) .....	2b	
c	Add lines 2a and 2b .....	2c	10,916.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	669,769.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	669,769.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 .....	7	669,769.

**Part XI Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	726,834.
b	Program-related investments - total from Part VIII-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4 .....	4	726,834.

**Part XII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2023	(c) 2023	(d) 2024
1 Distributable amount for 2024 from Part X, line 7 .....				669,769.
2 Undistributed income, if any, as of the end of 2024:			454,532.	
a Enter amount for 2023 only .....		0.		
b Total for prior years:				
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 e .....	0.			
4 Qualifying distributions for 2024 from Part XI, line 4: \$ 726,834.			454,532.	
a Applied to 2023, but not more than line 2a .....		0.		
b Applied to undistributed income of prior years (Election required - see instructions) .....				
c Treated as distributions out of corpus (Election required - see instructions) .....	0.			
d Applied to 2024 distributable amount .....				272,302.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2024 (If an amount appears in column (d), the same amount must be shown in column (a).) .....	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .....	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b .....		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed .....		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions .....		0.		
e Undistributed income for 2023. Subtract line 4a from line 2a. Taxable amount - see instr. ....				0.
f Undistributed income for 2024. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2025 .....				397,467.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) .....	0.			
8 Excess distributions carryover from 2019 not applied on line 5 or line 7 .....	0.			
9 Excess distributions carryover to 2025. Subtract lines 7 and 8 from line 6a .....	0.			
10 Analysis of line 9:				
a Excess from 2020 .....				
b Excess from 2021 .....				
c Excess from 2022 .....				
d Excess from 2023 .....				
e Excess from 2024 .....				

**Part XIII** **Private Operating Foundations** (see instructions and Part VI-A, question 9)**N/A**

1 a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2024, enter the date of the ruling .....				
b	Check box to indicate whether the foundation is a private operating foundation described in section .....				<input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)
2 a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed .....				
b	85% (0.85) of line 2a .....				
c	Qualifying distributions from Part XI, line 4, for each year listed .....				
d	Amounts included in line 2c not used directly for active conduct of exempt activities .....				
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c .....				
3	Complete 3a, b, or c for the alternative test relied upon:				
a	"Assets" alternative test - enter:				
(1)	Value of all assets .....				
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i) .....				
b	"Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed .....				
c	"Support" alternative test - enter:				
(1)	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) .....				
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) .....				
(3)	Largest amount of support from an exempt organization .....				
(4)	Gross investment income .....				

**Part XIV** **Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)****1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

**NONE**

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**NONE****2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

**SEE STATEMENT 9**

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XIV** **Supplementary Information** *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
<b>a Paid during the year</b>				
1269 CAF MINISTRIES 456 UNION ST MANCHESTER, NH 03103			COMPLETE NO COST BARRIER HOUSING UNITS AT 456 UNION ST	25,000.
AMERICAN FRIENDS SERVICE COMMITTEE 4 PARK ST., SUITE 304 CONCORD, NH 03301			TO SUPPORT OUR NEW REENTRY PROGRAM.	20,000.
BEAN ENHANCED EDUCATIONAL FUND PO BOX 326 MANCHESTER, NH 03101			EDUCATION ENHANCEMENT	9,315.
BEST BUDDIES IN NEW HAMPSHIRE 3 EXECUTIVE PARK DR., SUITE 211 BEDFORD, NH 03110			TO SUPPORT THE SCHOOL FRIENDSHIP PROGRAM IN MANCHESTER	5,000.
BOYS AND GIRLS CLUB OF GREATER MANCHESTER 555 UNION ST MANCHESTER, NH 03104			SUPPORT UPGRADES TO THE CLUBHOUSE GYMNASIUM	25,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>3a</b> <b>609,315.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>3b</b> <b>0.</b>

## Part XV-A Analysis of Income-Producing Activities

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Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		(e) Related or exempt function income	
		(a) Business code	(b) Amount		
<b>1</b> Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments					
<b>3</b> Interest on savings and temporary cash investments				14	12,242.
<b>4</b> Dividends and interest from securities				14	428,150.
<b>5</b> Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income					
<b>8</b> Gain or (loss) from sales of assets other than inventory				18	425,395.
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue:					
a					
b					
c					
d					
e					
<b>12</b> Subtotal. Add columns (b), (d), and (e)			0.		0.
<b>13</b> Total. Add line 12, columns (b), (d), and (e)				13	865,787.
(See worksheet in line 13 instructions to verify calculations.)					

## **Relationship of Activities to the Accomplishment of Exempt Purposes**

**Part XVI** Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting foundation to a noncharitable exempt organization of:

(1) Cash .....  
(2) Other assets .....

**b Other transactions:**

- (1) Sales of assets to a noncharitable exempt organization .....
- (2) Purchases of assets from a noncharitable exempt organization .....
- (3) Rental of facilities, equipment, or other assets .....
- (4) Reimbursement arrangements .....
- (5) Loans or loan guarantees .....
- (6) Performance of services or membership or fundraising solicitations .....

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described

in section 501(c) (other than section 501(c)(3)) or in section 527? .....

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**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.

**TRUSTEE**

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Signature of officer or trustee

Date

---

**Title**

May the IRS discuss this return with the preparer shown below? See instr.

Yes

No

<b>Paid Preparer Use Only</b>	Preparer's name <b>ORESTE J. MOSCA</b>	Preparer's signature <b>ORESTE J. MOSCA</b>	Date <b>10/12/25</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00366101</b>
	Firm's name <b>NATHAN WECHSLER &amp; COMPANY, P.A.</b>			Firm's EIN <b>***-***7524</b>	
	Firm's address <b>70 COMMERCIAL STREET, 4TH FLOOR CONCORD, NH 03301</b>			Phone no. <b>603-224-5357</b>	

**Part XIV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BOYS AND GIRLS CLUB OF SOUHEGAN VALLEY PO BOX 916, 56 MONT VERNON ST MILFORD, NH 03055			ROCK WALL, THEATRE FLOOR	25,000.
BREAKTHROUGH MANCHESTER 2108 RIVER RD MANCHESTER, NH 03104			TO SUPPORT BREAKTHROUGH SUMMER PROGRAM	20,000.
BUILDING COMMUNITY IN NH 1045 ELM ST., SUITE 202 MANCHESTER, NH 03101			OPERATING COSTS TO SERVE MANCHESTER REFUGEES	20,000.
CATHOLIC CHARITIES NEW HAMPSHIRE 100 WILLIAM LOEB DR., UNIT 3 MANCHESTER, NH 03109			PROVISION OF LEGAL SERVICES TO IMMIGRANTS INCLUDING SUPPORT FOR VICTIMS OF CRIME, FAMILY REUNIFICATION	10,000.
CITY YEAR 101 MANCHESTER ST MANCHESTER, NH 03101			OPERATING COSTS TO SERVE 5 MANCHESTER SCHOOLS	18,750.
CONNOR'S CLIMB FOUNDATION PO BOX 283 EXETER, NH 03833			TO PROVIDE SUICIDE PREVENTION EDUCATION TO MIDDLE AND HIGH SCHOOLS IN THE MANCHESTER SCHOOL	15,000.
CROTCHED MOUNTAIN FOUNDATION 186 GRANITE ST., SUITE 3C MANCHESTER, NH 03101			SUPPORT LOW INCOME PEOPLE WITH DISABILITIES IN MANCHESTER	10,000.
FAMILIES IN TRANSITION 122 MARKET ST. MANCHESTER, NH 03101			TO PURCHASE A PROPERTY MANAGEMENT SYSTEM TO SUPPORT 22 PROPERTIES IN MANCHESTER THAT PROVIDE HOUSING TO 500	50,000.
GIRLS AT WORK, INC 200 BEDFORD ST MANCHESTER, NH 03101			PILOT A WOODWORKING INSTRUCTOR TRAINING PROGRAM	14,940.
GIRLS INC OF NH 1711 SOUTH WILLOW ST MANCHESTER, NH 03103			TO REFURBISH A BUS FOR LONG-TERM USE	25,927.
<b>Total from continuation sheets .....</b>				<b>525,000.</b>

**Part XIV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MANCHESTER POLICE ATHLETIC LEAGUE 409 BEECH ST MANCHESTER, NH 03103			TO SUPPORT MPAL CHOICES PROGRAM	30,000.
MANCHESTER PROUD C/O GUW, 22 CONCORD ST MANCHESTER, NH 03101			OPERATING FUNDS	12,690.
MEALS ON WHEELS OF HILLSBOROUGH COUNTY 46 MILFORD ST MANCHESTER, NH 03102			TO STRENGTHEN CAPACITY TO FULFIL THE MISSION OF REDUCING HUNGER, FOOD INSECURITY AND SOCIAL	25,000.
MOORE CENTER SERVICES, INC. 195 MCGREGOR ST., UNIT 400 MANCHESTER, NH 03102			SUPPORT TO UPDATE THE MOORE CENTER'S LOBBY WITH ADVANCED SECURITY FEATURES, INCLUDING SURVEILLANCE CAMERAS	32,410.
NH AUDOBON SOCIETY 84 SILK FARM RD CONCORD, NH 03301			TO SUPPORT 3 POLLINATOR URBAN RENEWAL PROJECTS	18,483.
NH CENTER FOR NONPROFITS 3 MORTH SPRING ST, SUITE 101 CONCORD, NH 03301			TO PROVIDE FINANCIAL ASSISTANCE FOR ORGANIZATIONS SERVING THE AMHERST AND MANCHESTER COMMUNITIES	2,500.
NH HISTORICAL SOCIETY 30 PARK ST CONCORD, NH 03301			TO SUPPORT A PARTNERSHIP WITH THE MANCHESTER SCHOOL DISTRICT TO INTEGRATE MOOSE ON THE LOOSE	34,000.
NH LEGAL ASSISTANCE 117 N. STATE ST CONCORD, NH 03301			TO SUPPORT THE PROVISION OF CIVIL LEGAL SERVICES AT WEEKLY EVICTION DEFENSE CLINICS AT	25,000.
NH MUSCULOSKELETAL INSTITUTE 35 KOSCIUSZKO ST MANCHESTER, NH 03101			SUPPORT 2500 STUDENT ATHLETES THROUGH SAFE SPORTS NETWORK	20,000.
OPPORTUNITY NETWORKS, INC 11 CALDWELL DR AMHERST, NH 03031			TO SUPPORT COMMUNITY INTEGRATED SERVICES	20,000.
<b>Total from continuation sheets .....</b>				

**Part XIV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
QUEEN CITY BICYCLE COLLECTIVE 35 ELM ST MANCHESTER, NH 03101			PROVIDE FUNDING FOR A RESOURCE DEVELOPMENT MANAGER	25,000.
SEE SCIENCE CENTER, INC. 200 BEDFORD ST., 4TH FLOOR MANCHESTER, NH 03104			SUPPORT TO HELP WITH ACCESSIBILITY UPGRADES INCLUDING CLASSROOM SEATING AND AUTOMATIC DOOR OPENER	22,800.
SOUTHERN NEW HAMPSHIRE UNIVERSITY 2500 NORTH RIVER RD MANCHESTER, NH 03106			FUNDING TO IMPLEMENT THE BIENO BOX PROGRAM AT SOUTHERN NEW HAMPSHIRE'S CENTER FOR NEW AMERICANS. THE	7,500.
THE GRANITE YMCA 670 NORTH COMMERCIAL ST., SUITE 103 MANCHESTER, NH 03101			SUPPORT TO EXPAND THE Y-STAY PROGRAM THAT PROVIDES AT-RISK MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS WITH	20,000.
UPREACH THERAPEUTIC EQUESTRIAN 153 PAIGE HILL RD GOFFSTOWN, NH 03045			SUPPORT EQUINE-ASSISTED YOUTH PROGRAMMING THAT ALLEVIATE THE RISKS AND POOR OUTCOMES	20,000.
<b>Total from continuation sheets</b>				

**Part XIV Supplementary Information****3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution**NAME OF RECIPIENT - CATHOLIC CHARITIES NEW HAMPSHIREPROVISION OF LEGAL SERVICES TO IMMIGRANTS INCLUDING SUPPORT FOR VICTIMS  
OF CRIME, FAMILY REUNIFICATION AND ACQUIRING LEGAL STATUSNAME OF RECIPIENT - CONNOR'S CLIMB FOUNDATIONTO PROVIDE SUICIDE PREVENTION EDUCATION TO MIDDLE AND HIGH SCHOOLS IN  
THE MANCHESTER SCHOOL DISTRICT AND SURROUNDING AREASNAME OF RECIPIENT - FAMILIES IN TRANSITIONTO PURCHASE A PROPERTY MANAGEMENT SYSTEM TO SUPPORT 22 PROPERTIES IN  
MANCHESTER THAT PROVIDE HOUSING TO 500 LOW-INCOME INDIVIDUALSNAME OF RECIPIENT - MEALS ON WHEELS OF HILLSBOROUGH COUNTYTO STRENGTHEN CAPACITY TO FULFIL THE MISSION OF REDUCING HUNGER, FOOD  
INSECURITY AND SOCIAL ISOLATION AMONG LOW-INCOME OLDER AND DISABLED  
ADULTS IN AMHERST AND MANCHESTERNAME OF RECIPIENT - MOORE CENTER SERVICES, INC.SUPPORT TO UPDATE THE MOORE CENTER'S LOBBY WITH ADVANCED SECURITY  
FEATURES, INCLUDING SURVEILLANCE CAMERAS AND SECURE ENTRY SYSTEMS, TO  
BETTER PROTECT VULNERABLE CLIENTSNAME OF RECIPIENT - NH CENTER FOR NONPROFITSTO PROVIDE FINANCIAL ASSISTANCE FOR ORGANIZATIONS SERVING THE AMHERST  
AND MANCHESTER COMMUNITIES TO ATTEND CENTER EDUCATIONAL PROGRAMSNAME OF RECIPIENT - NH HISTORICAL SOCIETYTO SUPPORT A PARTNERSHIP WITH THE MANCHESTER SCHOOL DISTRICT TO

**Part XIV Supplementary Information****3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution**INTEGRATE MOOSE ON THE LOOSE SOCIAL STUDIES CURRICULUM INTOMANCHESTER'S ELEMENTARY SCHOOLSNAME OF RECIPIENT - NH LEGAL ASSISTANCETO SUPPORT THE PROVISION OF CIVIL LEGAL SERVICES AT WEEKLY EVICTIONDEFENSE CLINICS AT MANCHESTER CIRCUIT COURTNAME OF RECIPIENT - SEE SCIENCE CENTER, INC.SUPPORT TO HELP WITH ACCESSIBILITY UPGRADES INCLUDING CLASSROOM SEATINGAND AUTOMATIC DOOR OPENER MODIFICATIONS. THESE IMPROVEMENTS ARE PART OFTHE ORGANIZATIONS FIRST EVER CAPITAL CAMPAIGN.NAME OF RECIPIENT - SOUTHERN NEW HAMPSHIRE UNIVERSITYFUNDING TO IMPLEMENT THE BIENO BOX PROGRAM AT SOUTHERN NEW HAMPSHIRE'SCENTER FOR NEW AMERICANS. THE BIENO BOX PROGRAM WILL PROVIDE WEEKLY,FRESH PRODUCE BOXES FOR FORTY-FIVE FAMILIES, APPROXIMATELY 200INDIVIDUALS, LIVING IN MANCHESTER, NH.NAME OF RECIPIENT - THE GRANITE YMCASUPPORT TO EXPAND THE Y-STAY PROGRAM THAT PROVIDES AT-RISK MIDDLESCHOOL AND HIGH SCHOOL STUDENTS WITH NEEDED SUPPORTNAME OF RECIPIENT - UPREACH THERAPEUTIC EQUESTRIANSUPPORT EQUINE-ASSISTED YOUTH PROGRAMMING THAT ALLEVIATE THE RISKS ANDPOOR OUTCOMES ASSOCIATED WITH TRAUMATIC EXPERIENCES

**Schedule B  
(Form 990)**

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

**NORWIN S. AND ELIZABETH N. BEAN FOUNDATI**

**Employer identification number**

**\*\*-\*\*\*3381**

**Organization type** (check one):

**Filers of:** **Section:**

Form 990 or 990-EZ      501(c)(      ) (enter number) organization

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

527 political organization

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

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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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

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

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

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

Name of organization

NORWIN S. AND ELIZABETH N. BEAN FOUNDATI

Employer identification number

\* \* - \* \* \* 3381

**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	SELMA AND PAUL HOFF 77 PILGRIM DRIVE BEDFORD, NH 03110	\$ 10,000.	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.)
		\$ _____	Person <input 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.)
		\$ _____	Person <input 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.)
		\$ _____	Person <input 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.)

NOT OPEN TO PUBLIC INSPECTION

Name of organization

NORWIN S. AND ELIZABETH N. BEAN FOUNDATI

Employer identification number

\* \* - \* \* \* 3381

**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
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____

NOT OPEN TO PUBLIC INSPECTION

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Name of organization

**Employer identification number**

NORWIN S. AND ELIZABETH N. BEAN FOUNDATION

\* \* - \* \* \* 3381

## Part III

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

NOT OPEN TO PUBLIC INSPECTION

## FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME	12,242.	12,242.	12,242.
TOTAL TO PART I, LINE 3	12,242.	12,242.	12,242.

## FORM 990-PF ACCOUNTING FEES STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROFESSIONAL FEES	12,900.	2,580.	0.	10,320.
TO FORM 990-PF, PG 1, LN 16B	12,900.	2,580.	0.	10,320.

## FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
GRANT MANAGER AND EXPENSES	42,377.	8,475.	0.	33,902.
MCLANE MIDDLETON PA	38,128.	7,626.	0.	30,502.
INVESTMENT MANAGEMENT FEES	64,192.	48,144.	48,144.	16,048.
TO FORM 990-PF, PG 1, LN 16C	144,697.	64,245.	48,144.	80,452.

## FORM 990-PF TAXES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAX ON DIVIDENDS	6,965.	6,965.	0.	0.
FEDERAL EXCISE TAXES	15,750.	3,150.	3,150.	12,600.
TO FORM 990-PF, PG 1, LN 18	22,715.	10,115.	3,150.	12,600.

FORM 990-PF

OTHER EXPENSES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER	6,684.	1,337.	0.	5,347.
TO FORM 990-PF, PG 1, LN 23	6,684.	1,337.	0.	5,347.

FORM 990-PF

CORPORATE STOCK

STATEMENT 6

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
AGILENT TECHNOLOGIES INC	9,616.	9,538.
AIR LEASE CORP	10,328.	11,715.
AKAMAI TECHNOLOGIES	10,210.	9,661.
ALBERMARLE CORP	9,893.	5,853.
AMERICOLD RLTY TR	7,837.	5,842.
AMOSKEAG INDUSTRIES, INC	2,250.	7,000.
ANSYS INC	11,604.	12,481.
APPLIED MATEIALS INC	5,443.	6,668.
ARROW ELECTR INC	7,240.	7,127.
BIO RAD LABS INC CL A	12,486.	8,541.
BROADRIDGE FINANCIAL SOLUTIONS LLC	6,805.	9,948.
BXP INC	10,954.	9,146.
CBRE INC	13,187.	18,643.
CENCORA INC	6,565.	9,661.
CENTENE CORPORATION	9,647.	8,845.
CHAMPIONX CORPORATION	5,088.	4,949.
COTERRA ENERGY	7,741.	8,224.
CSX CORP	9,523.	8,810.
CUMMINS INC	6,031.	10,109.
D.R. HORTON INC	7,377.	11,745.
DARDEN RESTAURANTS, INC. COM.	9,511.	13,255.
DENTSPLY SIRONA INC	8,145.	3,568.
DOVER CORP	9,161.	11,256.
EASTMAN CHEM CO	8,197.	7,762.
ENTEGRIS INC	11,356.	11,095.
FLESHARES TR STOXX GLOBAL BROAD INFRASTRUCTURE INDEX FD	368,050.	386,718.
FLEXSHARE IBOXX 3YR TARGET DUR TIPS ETF	278,499.	277,654.
GATX CORP	6,734.	8,988.
GENERAL DYNAMICS CORP	6,546.	7,378.
GLOBAL PMTS INC	10,095.	9,189.
HELMERICH & PAYNE INC	6,424.	4,451.
HEXCEL CORP	7,070.	7,085.
HOULIHAN LOKEY INC CL A	8,701.	15,108.
INTERCONTINENTALEXCHAGE INC	10,993.	12,517.
IQVIA HLDGS INC	9,232.	7,860.
ISHARES CORE S&P SMALL CAP	575,585.	573,680.
KEYCORP	10,244.	8,776.
KEYSIGHT TECHNOLOGIES, INC	10,878.	11,244.
LABORATORY CORP AMER HOLDINGS	8,767.	8,943.
MASCO CORP	10,873.	13,861.
MFB NORTHERN EQUITY INDEX FUNDS INTL	1,980,403.	2,130,027.
MURPHY OIL CORP	4,899.	3,571.
NORTHERN FUNDS EMERGING MARKETS EQUITY INDEX	1,165,230.	1,146,651.
PACKAGING CORP OF AMERICA	6,129.	9,005.
PROGRESSIVE CORP	6,968.	15,095.
QIAGEN N.V.	8,437.	8,550.
RAYMOND JAMES FINANCIAL	9,454.	14,135.
REINSURANCE GROUP AMER INC	7,980.	13,886.
RENAISSANCE GROUP RE HLDGS LTD	6,438.	10,450.
REPUBLIC SERVICES INC	10,937.	16,497.
ROSS STORES INC	7,091.	6,958.

NORWIN S. AND ELIZABETH N. BEAN FOUNDATI

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SBA COMMUNICATIONS CORP NEW CL A	9,352.	6,929.
SCOTTS MIRACLE-GRO CL A	10,294.	7,563.
SEALED AIR CORP. NEW	10,259.	5,616.
SENASTA TECHN HLDGS PLLC	11,004.	6,247.
SKYWORKS SOLUTIONS INC	11,080.	7,715.
SNAP ON INC	7,113.	11,203.
SPDR INDEX SHS FDS S&P GLOBAL NAT RES ETF	378,963.	338,716.
STIFEL FINANCIAL CORP	8,921.	13,684.
SYNOPSIS INC	4,151.	6,310.
SYSCO CORPORATION	7,955.	7,493.
TJX HOLDINGS INC	4,025.	7,249.
ULTA BEAUTY INC	8,782.	9,134.
WEC ENERGY GROUP INC	8,910.	9,404.
WOODWARD INC	7,508.	10,152.
NORTHRN FUND STOCK INDEX	3,616,563.	4,735,950.
NORTHERN INSTL FDS TREA PORTFOLIO PREMIER	139,095.	139,095.
ISHARES CORE US AGGREGATE BOND ETF	1,403,147.	1,383,926.
BLACKROCK FUNDS VHIGH YLD BOND	1,662,109.	1,604,961.
NORTHRN FND GLOBAL REAL EST INDX FND	393,340.	384,523.
 TOTAL TO FORM 990-PF, PART II, LINE 10B	 12,461,423.	 13,655,589.

FORM 990-PF	OTHER ASSETS	STATEMENT 7	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
NOTE RECEIVABLE NH COMMUNITY LOAN	250,000.	250,000.	250,000.
TO FORM 990-PF, PART II, LINE 15	250,000.	250,000.	250,000.

FORM 990-PF

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

STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOHN F. DINKEL PO BOX 326 MANCHESTER, NH 03105	SENIOR TRUSTEE 8.00	0.	0.	0.
THOMAS J. DONOVAN PO BOX 326 MANCHESTER, NH 03105	SENIOR TRUSTEE 8.00	2,500.	0.	0.
RICHARD SIGEL PO BOX 326 MANCHESTER, NH 03105	TERM TRUSTEE 4.00	1,500.	0.	0.
KATY EASTERLY-MARTEY PO BOX 326 MANCHESTER, NH 03105	TERM TRUSTEE 4.00	2,500.	0.	0.
ROBERT HEATON PO BOX 326 MANCHESTER, NH 03105	TERM TRUSTEE 4.00	1,500.	0.	0.
SANDRA PELLETIER PO BOX 326 MANCHESTER, NH 03105	TERM TRUSTEE 4.00	1,500.	0.	0.
RASHIDA ELTAG MOHAMED PO BOX 326 MANCHESTER, NH 03105	TERM TRUSTEE 4.00	1,500.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		11,000.	0.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION  
PART XIV, LINES 2A THROUGH 2D

STATEMENT 9

## NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

NORWIN S. AND ELIZABETH N. BEAN FDN  
40 STARK STREET  
MANCHESTER, NH 03101

## TELEPHONE NUMBER

603-493-7257

## FORM AND CONTENT OF APPLICATIONS

IN ALL CASES, APPLICATIONS SHOULD INCLUDE:

- A COMPLETED BEAN FOUNDATION APPLICATION COVER SHEET.
- A NARRATIVE WHICH EXPLAINS THE PURPOSE OF THE PROJECT AND DESCRIBES HOW THAT PURPOSE WILL BE ACCOMPLISHED.
- ITEMIZED INCOME AND EXPENSE BUDGET FOR THE PROJECT INDICATING KNOWN AND PROJECTED SOURCES OF FINANCIAL SUPPORT.
- LAST AVAILABLE FINANCIAL STATEMENT (PREFERABLY AUDITED) AND CURRENT YEAR'S OPERATING BUDGET FOR THE ORGANIZATION.
- LISTING OF THE BOARD OF DIRECTORS WITH THEIR PROFESSIONAL AFFILIATIONS.
- ORGANIZATION'S INTERNAL REVENUE SERVICE EXEMPTION LETTER. BE SURE THE FEDERAL IDENTIFICATION NUMBER IS INCLUDED.

## ANY SUBMISSION DEADLINES

THREE APPLICATION DEADLINES (12/1, 4/1, 9/1) AND GRANT REVIEW MEETINGS (FEB, JUNE, NOV) ANNUALLY.

## RESTRICTIONS AND LIMITATIONS ON AWARDS

APPLICATIONS ARE ACCEPTED FROM NONPROFIT 501(C)3 ORGANIZATIONS AND MUNICIPAL AND PUBLIC AGENCIES SERVING THE COMMUNITIES OF MANCHESTER AND AMHERST, NEW HAMPSHIRE. PRIORITY CONSIDERATION IS GIVEN TO ORGANIZATIONS OPERATING PRIMARILY IN THOSE TWO COMMUNITIES. HOWEVER, THE FOUNDATION WILL CONSIDER APPLICATIONS FROM STATEWIDE OR REGIONAL ORGANIZATIONS WHICH PROVIDE A SUBSTANTIAL AND DOCUMENTED LEVEL OF SERVICE TO MANCHESTER AND AMHERST. THE FOUNDATION DOES NOT MAKE GRANTS TO INDIVIDUALS OR PROVIDE SCHOLARSHIP AID. IT DOES NOT FUND FIELD TRIPS. IT ALSO WILL NOT FUND PROGRAMS OR ACTIVITIES WHICH HAVE ALREADY TAKEN PLACE.