Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2023 Open to Public Inspection

	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection						Inspection
	A For the 2023 calendar year, or tax year beginning APR 1, 2023 and ending MAR 31, 2024						•
Bo	heck if pplicab	C Name of organization	·		D Employer identi	ficati	on number
	Addre chang	ess TRUSTEES OF THE NEW CAST	LE COMMON				
	Name				51-0100	699	
	Initial return		red to street address)	Room/su			
	Final return	807 FRENCHTOWN ROAD	,		3023222		
	terminated	^{ň-} City or town, state or province, country, and Zl	or foreign postal code	1	G Gross receipts \$		11,777,510.
	Amen return				H(a) Is this a group		
	Applie tion	F Name and address of principal officer: DAVI	D A. BALDINI		for subordinate		
	pendi	ING SAME AS C ABOVE			H(b) Are all subordinates		
11	ax-ex	xempt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 5	If "No," attach	a list.	See instructions
	Vebsi				H(c) Group exempt	ion nı	umber
			ciation Other	LYe	ear of formation: 1764	M St	ate of legal domicile: DE
Pa	art I	Summary					
•	1	Briefly describe the organization's mission or most sig					
Governance		OF THE TRUSTEES OF THE NEW	CASTLE COMMON	(TNC	C) FOR THE B	ENE	FIT OF
srna	2	Check this box if the organization disconti	nued its operations or dispo	sed of mo	ore than 25% of its net a	ssets	
٥ ٨	3	Number of voting members of the governing body (Pa	, , , , , , , , , , , , , , , , , , , ,			3	13
	4	Number of independent voting members of the gover				-	13
es	 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 						3
iti	6	Total number of volunteers (estimate if necessary)					0
Acti		Total unrelated business revenue from Part VIII, colur					0.
	b	Net unrelated business taxable income from Form 99	0-T, Part I, line 11			<u>a</u>	0.
	_			-	Prior Year		Current Year
ē	8			-	3,200		0.
/eni	9				66 941		0. 619,546.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, a		F	-66,841 3,121,208		3,272,656.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9		Г	3,057,567		3,892,202.
	12	Total revenue - add lines 8 through 11 (must equal Pa			587,914		607,696.
	13	Grants and similar amounts paid (Part IX, column (A),			0		0.
	14	Benefits paid to or for members (Part IX, column (A),	,		81,263		113,038.
ses		Salaries, other compensation, employee benefits (Pa Professional fundraising fees (Part IX, column (A), line			01,209		0.
Expenses		• Total fundraising expenses (Part IX, column (A), line 2		0.	0	•	
Ă		Other expenses (Part IX, column (A), lines 11a-11d, 1			2,275,401	_	2,307,789.
	18	Total expenses. Add lines 13-17 (must equal Part IX,			2,944,578		3,028,523.
	19	Revenue less expenses. Subtract line 18 from line 12		E E	112,989		863,679.
JC SS					Beginning of Current Year		End of Year
ets (20	Total assets (Part X, line 16)		F	17,513,772		18,524,486.
Ass	21	T · · · · · · · · · · · · · · · · · · ·		F	942,056		502,606.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from lin			16,571,716		18,021,880.
	nrt 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.

Sign	Signature of officer				Date			
-	DAVID A. BALDINI, TREASURI	ER						
	Type or print name and title							
	Print/Type preparer's name Preparer's signature Date Check PTIN							
Paid	Paid GEORGE G FOURNARIS, CPA 10/09/24 self-employed P00536236							
Preparer Firm's name BELFINT, LYONS & SHUMAN, P.A. Firm's EIN 51-0232399								
Use Only								
	WILMINGTON, DE 19	805			Phone n	10.302-	225-0600	
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions					X Yes	No
LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(Rev. January 2024)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to 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.

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.

must use	Form 7004 to request an extension of time to file incom	e tax retur	ns.			
Part I - Id	entification					
Type or	r Name of exempt organization, employer, or other filer, see instructions.			Taxpayer	identificatio	n number (TIN)
Print						
Elle har the	TRUSTEES OF THE NEW CASTLE	COMMO	N		51-01	00699
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 807 FRENCHTOWN ROAD	ee instruct	ions.			
instructions.	City, town or post office, state, and ZIP code. For a for NEW CASTLE, DE 19720	oreign addı	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			01
Application	on Is For	Return Code	Application Is For			Return Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
	0 (individual)	03	Form 5227			10
Form 990		04	Form 6069			11
	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	-T (trust other than above)	06	Form 5330 (individual)			13
	-T (corporation)	07	Form 5330 (other than individual)			14
Form 104		08				
time to file • If this a	u enter your Return Code, complete either Part II or Par e Form 5330. oplication is for an extension of time to file Form 5330, y n Name	vou must ei	nter the following information.	only for an	extension of	
	n Number					
Plai	n Year Ending (MM/DD/YYYY)					
Part II - Au	utomatic Extension of Time To File for Exempt Organ	izations (s	ee instructions)			
The bo	ooks are in the care of DAVID A. BALDINI					
Talanh	807 FRENCHTOWN RC one No. (302)322-2809	DAD -	NEW CASTLE, DE 197			
•	organization does not have an office or place of business	in the Uni	Fax No			
	s for a Group Return, enter the organization's four-digit					
box	. If it is for part of the group, check this box					
	quest an automatic 6-month extension of time until F :					
	organization named above. The extension of time until 2				prorganizar	onretainto
	calendar year 20 or					
Х		, 20	23, and ending	MAR 3	1.	, 20 24
2 If th	e tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reaso	on: Initial return	Final retur	n	
3a If th	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			-
	nonrefundable credits. See instructions.			3a	\$	0.
	is application is for Forms 990-PF, 990-T, 4720, or 6069					<u>^</u>
	mated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pang EFTPS (Electronic Federal Tax Payment System). See			30	¢	0.
usii	iy Li n o (Electronic reacial tax rayinent oystem). See		113.	3c	\$	

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

Form	n 990 (2023) TRUSTEES OF THE NEW CASTLE COMMON	51-0100699	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO PRESERVE AND ENHANCE THE ASSETS OF TNCC FOR T	HE BENEFIT OF THE	
	INHABITANTS OF NEW CASTLE.		
2	Did the organization undertake any significant program services during the year which were not		
	prior Form 990 or 990-EZ?	Ye	es 🛛 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 pro	gram services? Ye	es 🛛 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program	ram services, as measured by expense	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all	ocations to others, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 2,808,118. including grants of \$ 607,	696.) (Revenue \$ 3,272	,656.)
	BENEFITS FOR THE INHABITANTS AND PRESERVATION OF		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue)	e \$)	
4e			
10			000 (2222)

Form 990 (-		NEW	CASTLE	COMMON
Part IV	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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			77
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		77	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.4%		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 23
15		45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		- 23
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		x
17	or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		- 23
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		- 23
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		- 23
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		х
20-	complete Schedule G, Part III	19 20a		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		- 23
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
	domosto government entrativ, column (y, incrisi I res, complete Schedule I, Parts I and II	2 1	42	I

Form	990	(2023)
	330	

 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, functees, 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>. 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 27 Did the organization acts as an 'on behalf of' issue for bonds outstanding at any time during the year to defease any tax-exempt bonds? 28 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> 29 Is the organization area that It engaged in a nexcess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i> 29 Did the organization areport 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 (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i> 20 Was the organization a party to a business transaction with one of the following partier? (See the Schedule L, Part II) 21 Was the organization a party to a business transaction with one of the following partier? (See the Schedule L, Part II) 22 Was the organization a party to a business transaction with one of the following partier? (See the Schedule L, Part I	ion's current 23 mplete 23 000 as of the 24 omplete 24a 24b 24b o defease 24c 24d 24d offit 25a r year, and 25b offit 25b offit 25b offit 25b offit 26 v employee, 35% controlled offic L, Part III 27	x	
 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, functees, 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>. 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 27 Did the organization acts as an 'on behalf of' issue for bonds outstanding at any time during the year to defease any tax-exempt bonds? 28 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> 29 Is the organization area that It engaged in a nexcess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i> 29 Did the organization areport 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 (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i> 20 Was the organization a party to a business transaction with one of the following partier? (See the Schedule L, Part II) 21 Was the organization a party to a business transaction with one of the following partier? (See the Schedule L, Part II) 22 Was the organization a party to a business transaction with one of the following partier? (See the Schedule L, Part I	ion's current 23 mplete 23 000 as of the 24a omplete 24a 24b 24b io defease 24c 24d 24d ifit 25a r year, and 25b it 26 / employee, 35% controlled ile L, Part III 27	X	1
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," <i>complete</i> Schedule J 24a Dd 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? If "Yes," <i>answer lines 24b through 24d and complete</i> Schedule K If No." go to line 25a	mplete 23 000 as of the 24a on defease 24c on defease 25b on defease 28a 28a 28b 28a 28b 28a 28b 28a 28c 29 29 servation 30 Part I 31 ete 32 on IV, and 34 35a 35a on IV, and 36 1 37 <		
 Schedule J 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25d Ib dre organization amainian an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 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? If "Yes," complete Schedule L, Part I 25b Is the organization axee 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-E27. If "Yes," complete Schedule L, Part I 27D Did the organization apent that it engaged to these persons? If "Yes," complete Schedule L, Part I 27D 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 35% controlled entity orfanity be thereol or family member of any of these persons? If "Yes," complete Schedule L, Part II. 28 Was the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part II). 29 Was the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part II). 29 Mating member of any individual described in line 28a? If "Yes," complete Schedule L, Part II. 29 Was the organization exerce more than 325,000 in noncash contributions? If "Yes," complete Schedule L, Part II. 20 Did the organization receive contributions of art, historical tr	23 000 as of the omplete 24a 24b co defease 24d fit 25a r year, and complete 25b rt 26 y employee, 35% controlled de L, Part III 27 , Part IV, 28a 28b 28c 29 servation 30 Part I 31 ete 32 s 33 or IV, and 34 35a olled entity 35a olled entity 36 1 37 36		
 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? If 'Yes,'' answer lines 24b through 24d and complete Schedule K. If 'No,'' or to line 25a 2 bid the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 2 bid the organization maintain an escrow account other than a refunding escrow at any time during the year? 2 bid the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 2 bid the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 2 bid the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 2 bid the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 2 bid the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 2 bid the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 2 bid the organization provide a grant or other any anount 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 (including an employee thereof) or family member of any of these persons? If 'Yes,'' complete Schedule L, Part II 2 bid the organization provide a grant or other assistance to any current of former officer, director, trustee, key employee, treator or founder, substantial contributor? If 'Yes,'' complete Schedule L, Part II 2 bid the organization is an exception or family member of any of these persons? If 'Yes,'' complete Schedule L, Part II 2 bid the organization is during the short of the organization set contributions or any isotic any correator	000 as of the 24a omplete 24a 24b 24b o defease 24c 24d 24d ofit 25a r year, and 25b ot 25b ot 25b ot 26 ot 27 35% controlled 27		
 last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. Di dithe organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Di dithe organization act as an "on behalf of' issuer for bonds outstanding at any time during the year to defease any tax exempt bonds? Di dithe organization act as an "on behalf of' issuer for bonds outstanding at any time during the year? Di dithe organization act as an "on behalf of' issuer for bonds outstanding at any time during the year? Di dithe organization act as an "on behalf of' issuer for bonds outstanding at any time during the year? Di sthe organization act as an "on behalf of' issuer for bonds outstanding at any time during the year? Di sthe organization act as an "on behalf of' issuer for bonds outstanding at any time during the year? Di sthe 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-E27. If "Yes," complete Schedule L, Part I Di dithe 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 of nully member of any of these persons? If "Yes," complete Schedule L, Part II Di dithe organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV instructions for applicable, conditions, and exceptions); a A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a ? If "Yes," complet	omplete 24a 24b 24b o defease 24c 24d 24d offit 25a r year, and 25b offit 25b offit 25b offit 25b offit 26 y employee, 35% controlled offic L, Part III 27		X
Schedule K. If "No" go to line 25a Image: Constraints an end of the example bonds beyond a temporary period exception? D bl the organization maintain an escrew account other than a refunding escrew at any time during the year to defease any tax-exempt bonds? Image: Constraint of the example of the exception of thexception of the exception of the exception of thexcepti	24a 24b 24b 24c 24d 25b 32 35a 35		
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 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 N, Part I</i>. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part I</i>. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 <i>If "Yes," complete Schedule R, Part I</i>. 33 Did the organization nelated to any tax exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II</i>. 34 Was the organization nelated to any tax exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II</i>. 35a Did the organization 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>. 36 Section 501(c)(3) organization. Did the organization make any transfers to an exempt non-charitable r	alle L, Part III 27 _, Part IV, 28a 28b 28b 28b 28b 28b 28b 28c 29 servation 30 Part I 31 ete 32 S 33 por IV, and 34 35a 35a polled entity 35b an 37 d 19? 20		
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Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance	<u></u>	177	<u> </u>
Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
		Vac	
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 13	13	Yes	No
1aEnter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a13bEnter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
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Form	990 (2023) TRUSTEES OF THE NEW CASTLE COMMON 51-0100	699	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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 3	2b	x	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?			
	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>	Зb		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x
Ь	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a		<u></u>
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50		5a		х
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
04	any contributions that were not tax deductible as charitable contributions?	6a		х
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
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 b	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:	-		
 а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
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?	17		
	If "Yes," complete Form 6069.			

Form	990	(2023)
	000	(2020)

TRUSTEES OF THE NEW CASTLE COMMON

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion 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?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		X
	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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X 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	financ	ial	
	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			
	DAVID A. BALDINI - (302)322-2809			
	807 FRENCHTOWN ROAD, NEW CASTLE, DE 19720			

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 VI

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 and the organization's current key employees, if any. See the instructions for deminitor for key employees.

• 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.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	<u> </u>	cer ar	nd a d	lirecto	or/trus	stee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		9	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		hold	t con		1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TINA L. MASIELLO	2.50	-	_			1 0				
ASSISTANT SECRETARY		x		x				0.	0.	0.
(2) F. DEASCANIS	2.50									
ASSISTANT TREASURER		X		Х				0.	0.	0.
(3) CHRISTOPHER DEASCANIS	2.50									
PRESIDENT		X		Х				0.	0.	0.
(4) MICHAEL J. ALFREE, SR.	2.50									_
SECRETARY		X		X				0.	0.	0.
(5) DAVID A. BALDINI	2.50									
TREASURER		X		X				0.	0.	0.
(6) PETER J. TONER	2.50									
TRUSTEE		X						0.	0.	0.
(7) THOMAS A. EPISCOPO	2.50									
TRUSTEE		X						0.	0.	0.
(8) GREGORY T. YACUCCI	2.50								•	0
TRUSTEE	0 50	X						0.	0.	0.
(9) THOMAS L. CLAYTON, SR.	2.50								0	0
TRUSTEE	0 50	X						0.	0.	0.
(10) THOMAS H. WILSON, JR.	2.50							0	0	0
TRUSTEE		X						0.	0.	0.
(11) MARSHA A. CORCORAN TRUSTEE	2.50	v						0.	0.	0.
	2.50	X						0.	0.	0.
(12) FRED G. GALLAGHER, JR. VICE PRESIDENT	2.50	x		x				0.	0.	0.
(13) REGINA S. MARINI	2.50	^		^				0.	0.	0.
TRUSTEE	2.50	x						0.	0.	0.
		-								
			-		-	1	-			
		1								

	990 (2023) TRUSTEES	OF THE	NE	W	CA	ST	LE	C	COMMON	51-02	<u>100</u>	599	P	age 8
Par	Section A. Onicers, Directors, Trus		oloy	ees,			ghes	st C			T			
	(A) Name and title	hours per box, u		Average Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) (E) Reportable Reporta compensation compensa- from from rela		ation a		(F) timate nount other			
		(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org an	pensa om th anizat d relat anizati	e ion ed
			-											
			-											
			-											
	Subtotal								0.		0.			0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but ne									000 of reportable				
	compensation from the organization												Yes	0 No
3	Did the organization list any former officer,	director. truste	ee. k	ev e	empl	ove	e. or	hio	hest compensated emp	lovee on	ſ		100	110
	line 1a? If "Yes," complete Schedule J for su	-			•	•		Ŭ		•		3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4		Х
5	Did any person listed on line 1a receive or a	ccrue compen	sati	, on fr	rom	any	unre	elate	ed organization or individ	dual for services				
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	e J fo	or sı	ich i	oers	on .					5		Х
1	Complete this table for your five highest con	-	-								oensat	ion fro	om	
	the organization. Report compensation for t (A)	r	ear e	endir	ng w	ith c	or wi	thin	(B)			(0		
ANT	Name and business								Description of s	services	C	ompe	nsatio	n
8 WEST 9TH STREET, NEW CASTLE, DE 19720 CIRILLO BROS., INC. CONTRACTING/CONSTRUC						29	0,4	91.						
	GRATHAM LANE, NEW CAS	TLE, DE	1	97	20				TION	construc		18	6,6	62.
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	d to	thos 2		ted	above) who received me	ore than				

						OF 1	THE NEW CA	ASTLE COMM	ON	51-0100	699 Page 9
Pa	rt V		Statement of Re	even	ue						
			Check if Schedule O	conta	ains a re	sponse	or note to any lin			(0)	
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts t	1 :	а	Federated campaigns		1	a					
Contributions, Gifts, Grants and Other Similar Amounts	1	b	Membership dues		1	b					
a, c An C		с	Fundraising events		1	с					
lar /		d	Related organizations		1	d					
ini,	•		Government grants (conti			е					
er o	1	f	All other contributions, gifts,								
d H			similar amounts not included		···· ⊢	f					
n dt	9	-	Noncash contributions included in			g \$					
0 0		n	Total. Add lines 1a-1f				Business Code				
~	2 8	a					Dusiness Coue				
vice		a b									
Ser		c									
		d									
Program Service Revenue		е									
Å	1	f	All other program service	reve	nue						
		g	Total. Add lines 2a-2f								
	3		Investment income (inclue	ding	dividend	s, inter	est, and				
								268,638.			268,638.
	4		Income from investment of								
	5		Royalties								
			a			Real	(ii) Personal				
			Gross rents	6a 6b	3,27	2,000					
			Less: rental expenses Rental income or (loss)		3,27						
			Net rental income or (loss)					3,272,656.	3,272,656.		
			Gross amount from sales of			urities		, , _ , _ , _ , _ ,			
		-	assets other than inventory		8,23						
	1	b	Less: cost or other basis								
en			and sales expenses	7b	7,88	5,308	•				
venue		с	Gain or (loss)	7c	35	0,908	•				
0		d	Net gain or (loss)			·····		350,908.			350,908.
Other R	8 8	а	Gross income from fundraisi	-	-						
ō			including \$								
			contributions reported on		-						
		h	Part IV, line 18 Less: direct expenses				-				
			Net income or (loss) from				,				
			Gross income from gamir		•						
		-	Part IV, line 19	-			a				
	1	b	Less: direct expenses				b				
		с	Net income or (loss) from	gam	ing activ	ities					
	10 a	а	Gross sales of inventory,	less i	returns						
			and allowances								
			Less: cost of goods sold				-				
_	(С	Net income or (loss) from	sales	s of inve	ntory .					
s		_					Business Code				
Miscellaneous Revenue	11 :	a b									
ven		D C									
Be		-	All other revenue								
Σ			Total. Add lines 11a-11d								
			Total revenue. See instructi					3,892,202.	3,272,656.	0.	619,546.

TRUSTEES OF THE NEW CASTLE COMMON

Part IX Statement of Functional Expenses

Form 990 (2023)

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	se or note to any line in t	his Part IX	, ()	
	not include amounts reported on lines 6b, 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	509,446.	509,446.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	98,250.	98,250.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
6	trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include	104,948.	74,191.	30,757.	
9 10	Section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes	8,090.	5,719.	2,371.	
10 11 a	Payroll taxes Fees for services (nonemployees): Management		5,719.	2,3/14	
b	LegalAccounting	48,748. 44,104.		48,748. 44,104.	
d e f	Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees	53,342.		53,342.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	5,875.		5,875.	
12 13 14	Advertising and promotion Office expenses Information technology	31,613.		31,613.	
15 16	Royalties Occupancy	1,288,389.	1,288,389.		
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	928.	928.		
21 22 23	Payments to affiliates Depreciation, depletion, and amortization Insurance	296,015. 66,303.	292,420. 66,303.	3,595.	
23 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 0.)				
a b c	REPAIRS & MAINTENANCE	472,472.	472,472.		
d	All other expenses				
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	3,028,523.	2,808,118.	220,405.	0.
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2023)

Net Assets or Fund Bal

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TRUSTEES	\mathbf{OF}	THE	NEW	CASTLE	COMMON
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Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			115,630.	1	293,164.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			З		
	4	Accounts receivable, net	17,419.	4	68,397.		
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualif	ied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges			68,579.	9	50,830.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	11,670,957.			
	b	Less: accumulated depreciation	10b	4,079,616.	7,738,376.	10c	7,591,341.
	11	Investments - publicly traded securities			9,238,397.	11	10,168,476.
	12	Investments - other securities. See Part IV, line 1	1		328,834.	12	341,595.
	13	Investments - program-related. See Part IV, line 1	I 1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			6,537.	15	10,683.
	16	Total assets. Add lines 1 through 15 (must equa			17,513,772.	16	18,524,486.
	17	Accounts payable and accrued expenses			37,669.	17	24,183.
	18	Grants payable				18	
	19	Deferred revenue			138,018.	19	185,631.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV c	of Schedule D		21	
es	22	Loans and other payables to any current or form	er office	er, director,			
Liabilities		trustee, key employee, creator or founder, substa					
iab.		controlled entity or family member of any of thes	-		100 000	22	001 050
-	23	Secured mortgages and notes payable to unrelate		• • • • • • • • • • • • • • • • • • •	120,223.	23	201,250.
	24	Unsecured notes and loans payable to unrelated		24			
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D		·····	646,146.	25	91,542.
	26	Total liabilities. Add lines 17 through 25		77	942,056.	26	502,606.
s		Organizations that follow FASB ASC 958, chee	ck here	• X			
ances		and complete lines 27, 28, 32, and 33.			7 470 462		0 400 001
lar	27	Net assets without donor restrictions			7,478,463.	27	8,498,291.

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

18,524,486. Form **990** (2023)

9,523,589.

18,021,880.

9,093,253.

16,571,716.

17,513,772.

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Form	990 (2023) TRUSTEES OF THE NEW CASTLE COMMON	51-0	<u>)10069</u>	9 F	⊳ _{age} 12	
Pa	rt 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			202.	
2	Total expenses (must equal Part IX, column (A), line 25)	2			523.	
3	Revenue less expenses. Subtract line 2 from line 1	3			679.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			716.	
5	Net unrealized gains (losses) on investments	5	5	86,	485.	
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			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	18,0	21,	880.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	X	
				Ye	s No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	ьX		
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2	ςΧ		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
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?		3	a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	b		

Form **990** (2023)

SCH	EDU	JLE	Α

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the	organization
-------------	--------------

Name of the orga	nization					r identification number	
-		TEES OF TH	E NEW CASTLE	COMMON	5	51-0100699	
Part I Rea	son for Public	Charity Status.	(All organizations must c	omplete this part.) \$	See instructions.		
The organization is	not a private found	dation because it is: (I	For lines 1 through 12, cl	heck only one box.)			
1 🗌 A chure	ch, convention of ch	nurches, or associatio	on of churches described	in section 170(b)	(1)(A)(i).		
2 🗌 A scho	ol described in sect	tion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990).)			
3 🗌 A hosp	ital or a cooperative	hospital service orga	anization described in se	ection 170(b)(1)(A)(iii).		
4 A medi	cal research organiz	zation operated in co	njunction with a hospital	described in secti	on 170(b)(1)(A)(iii). Ente	the hospital's name,	
city, an	d state:						
5 🗌 An orga	anization operated f	or the benefit of a co	llege or university owned	or operated by a g	overnmental unit describ	ed in	
sectio	section 170(b)(1)(A)(iv). (Complete Part II.)						
6 A feder	al, state, or local go	overnment or governm	nental unit described in	section 170(b)(1)(A	.)(v).		
7 An orga	anization that norma	ally receives a substa	ntial part of its support fr	om a governmental	unit or from the general	public described in	
section	n 170(b)(1)(A)(vi). (C	Complete Part II.)					
8 🔄 A com	nunity trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9 🔄 An agri	cultural research or	ganization described	in section 170(b)(1)(A)(ix) operated in conj	unction with a land-grant	college	
or univ	ersity or a non-land-	grant college of agric	ulture (see instructions).	Enter the name, cit	y, and state of the colleg	e or	
univers							
					ons, membership fees, ar		
					n 33 1/3% of its support	-	
			(less section 511 tax) fro	m businesses acqu	ired by the organization	after June 30, 1975.	
	ction 509(a)(2). (Co	-					
[• •]	•	•	ively to test for public sat				
-	-	-	-		ons of, or to carry out the		
-		-			. See section 509(a)(3).	Check the box on	
	-		f supporting organization	-	· · · -		
		-	-	• • • •	ganization(s), typically by		
				majority of the dire	ctors or trustees of the s	upporting	
		complete Part IV, Se		ion with its support	ed organization(s), by ha	ving	
					ontrol or manage the sup	-	
	-	st complete Part IV,			ontrol of manage the sup	ported	
		-		in connection with	and functionally integrat	ed with	
	-					sa man,	
	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d X 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						
		с с	nplete Part IV, Sections	•	•		
			written determination from				
	•		nally integrated supporti				
f Enter the nu	mber of supported	organizations		• •		5	
g Provide the	following informatio	n about the supporte	d organization(s).			-	
	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organization listed in your governing document?	(v) Amount of monetary	(vi) Amount of other	
orgai	nization		(described on lines 1-10 above (see instructions))	Yes No	support (see instructions)	support (see instructions)	
NEW CASTL							
PUBLIC LI		51-0102644	7	X	55,000.	286,278.	
NEW CASTL							
HISTORICA		51-0072188	7	X	13,000.	53,439.	
GOODWILL	FIRE						

7

51-0070987

332021 12-21-23

х

Schedule A (Form 990) 2023

97,335.

160,000.

Total

COMPANY

Schedule	A (Form 990)	2023 (
Part II	Suppor	t Sch

TRUSTEES OF THE NEW CASTLE COMMON

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.)

Sec	LION A. Public Support					1	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		L	1		1	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ne)			12	
	First 5 years. If the Form 990 is for th	,	,	fourth or fifth tax			
10	organization, check this box and sto						
Sec	tion C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6. column (f). d	ivided by line 11.	column (f))		14	%
	Public support percentage from 2022		-			15	%
	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual	•					
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-	-		
h	10% -facts-and-circumstances test	•	•		•	7a. and line 15 is	10% or
~	more, and if the organization meets the	-					/ • •
	organization meets the facts-and-circl		-		• •		
18	Private foundation. If the organization		•				
-10	i mate roundation. It the organizatio	an and not check a		u, 100, 17a, 01 17	s, oncon and but a		·

Schedule A (Form 990) 2023

Schedule A (Fo	rm 990) 2023
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TRUSTEES OF THE NEW CASTLE COMMON 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

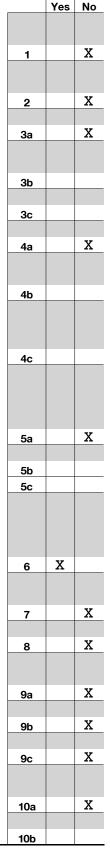
Sec	Suon A. Fublic Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
~	• • …						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
<u>sec</u>	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(a) 2013	(b) 2020	(0) 2021	(u) 2022	(e) 2023	(1) 10121
	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						
	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 th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organiz	zation,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Invest						
17	Investment income percentage for 20		mn (f), divided by li	ne 13. column (f))		17	%
18						18	%
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
h	33 1/3% support tests - 2022. If the	-	•				
~	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization			-		-	
				,,,			

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** 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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **c** 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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b 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?
- c 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? *If "Yes," provide detail in* **Part VI.**
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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))? If "Yes," provide detail in **Part VI.**
- **b** 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? *If* "Yes," *provide detail in* **Part VI.**
- c 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? If "Yes," provide detail in **Part VI.**
- **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)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)



Schedule A (Form 990) 2023 TRUSTEES OF THE NEW CASTLE COMMON Part IV Supporting Organizations (continued) Continued) Continued Continget Continued Continget

			Yes	No
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		Х
b	A family member of a person described on line 11a above?	11b		Х
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		Х
eC	tion B. Type I Supporting Organizations			
			Yes	No
	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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i>			

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.
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,

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

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

Section D. All Type III Supporting Organizations

the supported organization(s).

Yes No

1

2

			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	X	
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	X	
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		Х

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 The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c 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.
- 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.*
- **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.**
- **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.*

Yes No

1

TRUSTEES OF THE NEW CASTLE COMMON

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 X 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.

Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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		
Sect	ion 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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

TRUSTEES	OF	\mathbf{THE}	NEW	CASTLE	COMMON

51-0100699 Page 7

		HE NEW CASTLE (1-0100699 Page 7
Pa		(a)(3) Supporting Orga	nizations (continu	ued)	
Sect	on D - Distributions			1	Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
_4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

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.)

PART IV, SECTION A: LINE 1

TNCC IS A NON-PROFIT CORPORATION UNDER THE LAWS OF THE STATE OF

DELAWARE WHICH HOLDS UNDER TRUST FIDUCIARY OBLIGATIONS AND MANAGES

UNDER CORPORATE FIDUCIARY OBLIGATIONS THE PROPERTIES KNOWN AS THE NEW

CASTLE COMMON. TNCC WAS INCORPORATED IN 1764 AND REINCORPORATED BY THE

DELAWARE STATE ASSEMBLY IN 1792. THE PURPOSE OF TNCC IS TO PRESERVE AND

ENHANCE THE ASSETS OF TNCC FOR THE BENEFIT OF THE INHABITANTS OF NEW

CASTLE. AS OF JANUARY 1, 1970, AND AT ALL TIMES THEREAFTER, TNCC MET

AND CONTINUES TO MEET THE REQUIREMENTS SET FORTH IN REGULATIONS SECTION

1.509(A) - 4(I)(9).

PART IV, SECTION A: LINE 6

TNCC GRANTED SCHOLARSHIPS TOTALLING \$98,250 TO COLLEGE BOUND CITY OF

NEW CASTLE INHABITANTS.

SCHEDULE	D
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Department of the Treasury

(Form	990)
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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.

t **Open to Public** Inspection

Internal Revenue Service Name of the organization

TRUSTEES OF THE NEW CASTLE COMMON

Employer identification number 51-0100699

OMB No. 1545-0047

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the							
	organization answered "Yes" on Form 990, Part IV, lin	I						
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year	otal number at end of year						
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds					
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No					
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	used only					
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose o	conferring					
D.								
Ра	rt II Conservation Easements. Complete if the org		Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization							
	Preservation of land for public use (for example, recrea	tion or education)	a historically important land area					
	Protection of natural habitat	Preservation of	a certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of						
	day of the tax year.		Held at the End of the Tax Year					
а			2a					
b								
С	Number of conservation easements on a certified historic stru							
d	•	- · · · · ·						
	on a historic structure listed in the National Register							
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax					
	year							
4	Number of states where property subject to conservation eas							
5	Does the organization have a written policy regarding the per							
-	violations, and enforcement of the conservation easements it							
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year					
-								
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conservat	ion easements during the year					
•								
8	Does each conservation easement reported on line 2d above							
•								
9	In Part XIII, describe how the organization reports conservation	•						
	balance sheet, and include, if applicable, the text of the footr	iote to the organization's infancial stateme	ents that describes the					
Pa	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of	f Art. Historical Treasures. or Ot	her Similar Assets.					
	Complete if the organization answered "Yes" on Form							
10	If the organization elected, as permitted under FASB ASC 95		nd balanca shoot works					
Ia	of art, historical treasures, or other similar assets held for put							
			·					
h	service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of							
D	art, historical treasures, or other similar assets held for public							
	provide the following amounts relating to these items.	computer, education, or research in furth						
	(i) Revenue included on Form 990, Part VIII, line 1		\$					
2	If the organization received or held works of art, historical tree	asures or other similar assets for financial						
2	the following amounts required to be reported under FASB A		gain, provide					
а	Revenue included on Form 990, Part VIII, line 1	•	\$					
a b								
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023					

		S OF THE NE					00699		ige 2		
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	ner Similar	Assets	(continu	ied)			
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	e significant u	se of its					
	collection items (check all that apply).										
а	Public exhibition	d	Loan or exc	hange program							
b	Scholarly research	e	Other								
с	Preservation for future generations										
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 o	r receive donations o	f art, historical treas	sures, or other sim	lar assets						
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		e if the organization	answered "Yes" o	on Form 990, I	Part IV, li	ne 9, or				
1a	Is the organization an agent, trustee, custodi	an, or other intermed	iary for contribution	s or other assets r	not included						
	on Form 990, Part X?						Yes		No		
b	If "Yes," explain the arrangement in Part XIII										
		·	C C				Amount				
с	Beginning balance				1c						
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fe	orm 990, Part X, line 2	21, for escrow or cu	istodial account lia	bility?	🗆	Yes		No		
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if	-									
		(a) Current year	(b) Prior year	(c) Two years bac							
1a	Beginning of year balance	9,093,253.	9,786,132.	9,900,727	7,96	55,869.	8,	370,0)48.		
b											
	Net investment earnings, gains, and losses	498,011.	-622,846.	-35,731	1,96	55,820.		872,8	321.		
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	30,962.	30,962.			30,962.	2. 31,358		358.		
f	Administrative expenses	36,713.	39,071.				_				
g	End of year balance	9,523,589.	9,093,253.		2. 9,90	0,727.	7,	965,8	369.		
2	Provide the estimated percentage of the curr	ent year end balance) held as:							
a	Board designated or quasi-endowment		_%								
b	Permanent endowment 100	%									
с		%									
-	The percentages on lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	id administered for	rthe		[Yes	No		
	organization by:							105	X		
	(i) Unrelated organizations?						3a(i)		X		
Ь	(ii) Related organizations? If "Yes" on line 3a(ii), are the related organiza	tiona listad on require					3a(ii) 3b				
4	Describe in Part XIII the intended uses of the						30				
Par	t VI Land, Buildings, and Equipm		inent lunus.								
	Complete if the organization answere		Part IV. line 11a. S	ee Form 990. Part	X. line 10.						
	Description of property	(a) Cost or ot	her (b) Cost	or other (c) Accumulated	d	(d) Book	value	,		
		basis (investm	,	. ,	depreciation						
	Land			5,052.			1,765				
	Buildings		9,65	1,486. 3	,916,38	5.	5,735	,10	1.		
с	Leasehold improvements				1						
	Equipment			0,674.	163,23	51.		, 44			
	Other			3,745.				,74			
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part λ	<u>K. line 10c, column</u>	<u>(B))</u>			7,591	,34	:⊥•		

Schedule D (Form 990) 2023

Schedule D			NEW CAST	LE COMMON	51-0100699 Page 3
Part VII	Investments - Other Securitie Complete if the organization answered		n 990, Part IV, line	e 11b. See Form 990, Part	X, line 12.
(a) Descri	ption of security or category (including name of s		b) Book value		tion: Cost or end-of-year market value
(1) Financi	al derivatives				
(2) Closely	held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. ((b) must equal Form 990, Part X, line 12, col. Investments - Program Relat	(B))			
Part VII				11. Cas Farme 000 Dart	V line 10
	Complete if the organization answered (a) Description of investment				
	(a) Description of investment	"	b) Book value	(c) Method of valuat	tion: Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)		(5))			
Part IX	(b) must equal Form 990, Part X, line 13, col. Other Assets	(B))			
	Complete if the organization answered	1 "Ves" on Forr	n 990 Part IV line	11d See Form 990 Part	X line 15
		(a) Descrip			(b) Book value
(1)		(4) Beeen			
<u>(1)</u>					
(2)					
<u>(3)</u> (4)					
(1) (5)					
(6)					
(7)					
(8)					
(9)					
	umn (b) must equal Form 990, Part X, line	15 col (P))			
Part X	Other Liabilities	<i>E</i> 15, COI. (B))			
	Complete if the organization answered	d "Yes" on Forr	n 990. Part IV. line	e 11e or 11f. See Form 990). Part X. line 25.
1.	(a) Description of liability		, ,		(b) Book value
	deral income taxes	,			
	EPOSITS				27,859.
	VIRONMENTAL LIABILIT	TIES			53,000.
	DU LIABILITY				10,683.
(5)					
(6)					
(7)					
(8)					
(9)					
	ump (b) must aqual Farm 000. Dart V line	25 ool (D))			
	umn (b) must equal Form 990, Part X, line	<u>, ∠5, CUI. (B))</u>	·····	·····	

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 ... X

	edule D (Form 990) 2023 TRUSTEES OF THE NEW CAS				0100699 _{Ра}	age 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With R	levenue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	5,036,58	31.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	586,485.			
b	Donated services and use of facilities	2b	611,236.			
с	Recoveries of prior year grants	2c				
d						
е	Add lines 2a through 2d			2e	1,197,72	
3	Subtract line 2e from line 1			3	3,838,86	50.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	53,342.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c	53,34	
					2 002 20	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,892,20)2.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII Reconciliation of Expenses per Audited Financial Sta) atements With I	Expenses per F		<u> </u>)2.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	atements With I	Expenses per F		n	
	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With I ne 12a.	Expenses per F		3,586,41	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lir	atements With I ne 12a.	Expenses per F	Returi	n	
Pa	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements	ne 12a.	Expenses per F	Returi	n	
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	atements With I ne 12a. 	Expenses per F	Returi	n	
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	atements With I ne 12a. 2a 2b	Expenses per F	Returi	n	
Pa 1 2 a b	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 12a. 2a 2b 2c	Expenses per F	Returi	n 3,586,41	L7.
Pa 1 2 a b c	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 12a. 2a 2b 2c 2d	Expenses per F 611,236.	Returi	n <u>3,586,41</u> 611,23	<u>17.</u>
Pa 1 2 a b c d	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a	Expenses per F 611,236.	1	n 3,586,41	<u>17.</u>
Pa 1 2 b c d e	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a	Expenses per F	1 2e	n <u>3,586,41</u> 611,23	<u>17.</u>
Pa 1 2 b c d 3	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per F 611,236.	1 2e	n <u>3,586,41</u> 611,23	<u>17.</u>
Pa 1 2 3 4	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per F	1 2e	n 3,586,41 611,23 2,975,18	<u>36.</u>
Pa 1 2 a b c d e 3 4 a b	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 12a. 2b 2c 2d 2d	Expenses per F 611,236. 53,342.	1 2e	n <u>3,586,41</u> 611,23	<u>36.</u>
Pa 1 2 a b c d e 3 4 a b c 5	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, Iir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F 611,236. 53,342.	1 1 2e 3	n 3,586,41 611,23 2,975,18	<u>17.</u> 36. 31.

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.

PART X, LINE 2:

TNCC IS A NOT-FOR-PROFIT ENTITY THAT IS EXEMPT FROM INCOME TAX UNDER
SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, THEREFORE, HAS MADE NO
PROVISION FOR FEDERAL, STATE OR LOCAL INCOME TAX IN THE FINANCIAL
STATEMENTS. IN ADDITION, TNCC HAS BEEN DETERMINED BY THE INTERNAL REVENUE
SERVICE NOT TO BE A 'PRIVATE FOUNDATION' WITHIN THE MEANING OF SECTION
509(A) OF THE INTERNAL REVENUE CODE.

TNCC ADHERES TO ASC 740-10, INCOME TAXES, AS IT RELATES TO UNCERTAIN TAX POSITIONS. MANAGEMENT HAS REVIEWED ITS CURRENT AND PAST FEDERAL INCOME TAX POSITIONS AND HAS DETERMINED, BASED ON CLEAR AND UNAMBIGUOUS TAX LAW AND

REGULATIONS, THAT THE TAX POSITIONS TAKEN ARE CERTAIN AND THAT THERE IS NO 332054 09-28-23 Schedule D (Form 990) 2023

Schedule D (Form 990) 2023	TRUSTEES OF THE NEW CASTLE COMMON	51-0100699 Page 5								
Part XIII Supplemental Information (continued)										
LIKELIHOOD THAT A	MATERIAL TAX ASSESSMENT WOULD BE MADE I	F A RESPECTIVE								
GOVERNMENT AGENCY	EXAMINED TAX RETURNS SUBJECT TO AUDIT.	ACCORDINGLY, NO								
PROVISION FOR THE	EFFECTS OF UNCERTAIN TAX POSITIONS HAS	BEEN RECORDED.								

CURRENTLY, THE 2020, 2021 AND 2022 TAX YEARS ARE OPEN AND SUBJECT TO

EXAMINATION BY THE INTERNAL REVENUE SERVCIE. HOWEVER, TNCC IS NOT

CURRENTLY UNDER AUDIT NOR HAS TNCC BEEN CONTACTED BY THIS JURISDICTION.

INTEREST AND PENALTIES RELATED TO INCOME TAXES ARE INCLUDED IN INCOME TAX

EXPENSE WHEN INCURRED.

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							
Attach to Form 990.								Public
Internal Revenue Service	ternal Revenue Service Go to www.irs.gov/Form990 for the latest information.							ection
Name of the organization TRUSTEES OF THE NEW CASTLE COMMON								
Part I General Information on Gran		W CASTLE CO	MMON				51-01	00099
1 Does the organization maintain recor		amount of the grants	or assistance, the	prantees' eligibility	for the grants or assis	stance, and the selection	on	
criteria used to award the grants or a							VV	No No
2 Describe in Part IV the organization's								
Part II Grants and Other Assistance recipient that received more th					anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
1 (a) Name and address of organizatio or government	n (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of or assistanc	•
							TO PRESERVE AND E	NHANCE
NEW CASTLE SENIOR CENTER						THE ASSETS OF TNCC		
400 SOUTH STREET							THE BENEFIT OF TH	ΙE
NEW CASTLE, DE 19720	41-0412683	501(C)(3)	55,000.	0.			INHABITANTS OF NE	W
							TO PRESERVE AND E	NHANCE
NEW CASTLE HISTORICAL SOCIETY							THE ASSETS OF TNO	C FOR
2 EAST 4TH STREET							THE BENEFIT OF TH	
NEW CASTLE, DE 19720	51-0072188	501(C)(3)	13,000.	0.			INHABITANTS OF NE	
							TO PRESERVE AND E	
GOODWILL FIRE COMPANY							THE ASSETS OF TNO	
401 SOUTH STREET	54 0050005		1.50.000				THE BENEFIT OF TH	
NEW CASTLE, DE 19720	51-0070987	501(C)(3)	160,000.	0.			INHABITANTS OF NE	
							TO PRESERVE AND E	
CITY OF NEW CASTLE 220 DELAWARE STREET							THE ASSETS OF THO THE BENEFIT OF TH	
	51-6000170	F(1/2)/2	225 000	0.			INHABITANTS OF NE	
NEW CASTLE, DE 19720	51-6000170	501(C)(3)	225,000.	0.			TO PRESERVE AND E	
NEW CASTLE COUNTY PUBLIC LIBRARY							THE ASSETS OF THE	
424 DELAWARE STREET							THE BENEFIT OF THE	
NEW CASTLE. DE 19720	51-0102644	501(C)(3)	18,000.	0.			INHABITANTS OF NE	
NEW CASIDE, DE 13720	51-0102044	201(0)(3)	10,000.	0.			INGADITANTS OF NE	

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

TRUSTEES OF THE NEW CASTLE COMMON Schedule I (Form 990) 2023

Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance SCHOLARSHIPS TO RESIDENTS OF NEW CASTLE COUNTY WHO ARE COMPLETING AN UNDERGRADUATE PROGRAM AT AN ACCREDITED COLLEGE OR UNIVERSITY. 21 98,250. 0.

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

PART I, LINE 2:

Part III

TNCC MAKES GRANTS FOR SPECIFIC PURPOSES, THE GRANT AWARDS' PURPOSES AND

AMOUNTS ARE SET FORTH IN AWARD LETTERS. TNCC DISBURSES FUNDS ONLY UPON THE

RECEIPT OF INVOICES, DOCUMENTING THE USE OF THE FUNDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: NEW CASTLE SENIOR CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PRESERVE AND ENHANCE THE ASSETS

OF TNCC FOR THE BENEFIT OF THE INHABITANTS OF NEW CASTLE.

Page 2

NAME OF ORGANIZATION OR GOVERNMENT: NEW CASTLE HISTORICAL SOCIETY (H) PURPOSE OF GRANT OR ASSISTANCE: TO PRESERVE AND ENHANCE THE ASSETS OF TNCC FOR THE BENEFIT OF THE INHABITANTS OF NEW CASTLE.

NAME OF ORGANIZATION OR GOVERNMENT: GOODWILL FIRE COMPANY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PRESERVE AND ENHANCE THE ASSETS

OF TNCC FOR THE BENEFIT OF THE INHABITANTS OF NEW CASTLE.

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF NEW CASTLE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PRESERVE AND ENHANCE THE ASSETS

OF TNCC FOR THE BENEFIT OF THE INHABITANTS OF NEW CASTLE.

NAME OF ORGANIZATION OR GOVERNMENT: NEW CASTLE COUNTY PUBLIC LIBRARY (H) PURPOSE OF GRANT OR ASSISTANCE: TO PRESERVE AND ENHANCE THE ASSETS OF TNCC FOR THE BENEFIT OF THE INHABITANTS OF NEW CASTLE. SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Internal Revenue Service Name of the organization

TRUSTEES OF THE NEW CASTLE COMMON

51-0100699

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE INHABITANTS OF NEW CASTLE.

FORM 990, PART VI, SECTION A, LINE 2:

THOMAS EPISCOPO, IS THE UNCLE OF GREG YACUCCI, WHO IS A TRUSTEE.

CHRISTOPHER DEASCANIS AND FRANCIS DEASCANIS ARE BOTH BROTHERS AND TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE FORM 990 IS PROVIDED TO THE TREASURER AND A REVIEW IS

CONDUCTED.

FORM 990, PART VI, SECTION B, LINE 12C:

THERE IS AN ARTICLE IN THE BYLAWS THAT REQUIRES MEMBERS OF THE BOARD TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST AND A MEMBER CAN NOT VOTE ON ANY RESOLUTION OR MOTION IN WHICH HE HAS AN INTEREST; AND FURTHER THAT TNCC WILL COMPLY WITH THE PROCEDURES AS SET FORTH IN THE CONFLICTS OF INTEREST POLICY ADOPTED BY TNCC IN 2023.

FORM 990, PART VI, SECTION C, LINE 18:

TNCC MAKES FORM 990 AND FORM 1023 AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990 CAN ALSO BE FOUND ON GUIDESTAR.ORG AND TRUSTEESNCC.ORG.

FORM 990, PART VI, SECTION C, LINE 19:

TNCC MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990) 2023	Page 2
Name of the organization TRUSTEES OF THE NEW CASTLE COMMON	Employer identification number 51-0100699
FORM 990, PART XII, LINE 2C:	
THE FINANCE COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT OF	THE AUDIT OF
THE FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPEND	DENT CPA.

. 8	879-TE		II	RS E-file Si	gnature ax Exer	Authoriz	zation			OMB No. 1545-0047
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Part	I Type of	Return and	d Retu	Irn Information						
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2a	Form 990-EZ ch			b Total revenue, i						
3a	Form 1120-POL	check here		b Total tax (Form						
4a	Form 990-PF che	eck here		b Tax based on in						
5a	Form 8868 check	here		b Balance due (Fo	orm 8868, line	e 3c)				
6a	Form 990-T chec	k here		b Total tax (Form	990-T, Part II	, line 4)				
7a	Form 4720 check	here								
8a	Form 5227 check	here		b FMV of assets a						
9a	Form 5330 check	here		b Tax due (Form 5	330, Part II, I	ine 19)				
10a	Form 8038-CP c	neck here		b Amount of cred	it payment r	equested (Form	8038-CP, P	art III, line 22))
Part	II Declara	tion and Si	gnatu	re Authorizatio	n of Office	r or Person S	Subject to	o Tax		
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