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He Enter the number of the organization is uncellated trades or businesses. Describe the only (or first) unrelated trades or businesses. Describe the conty (or first) unrelated trade or businesses here AGRANGEADED 31/WSERNEX** PARATMERSETE** Jif only one, complete Parts I. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or businesses, then complete Parts I and II, complete a Schedule M for each additional trade or businesses, then complete Parts I and II, complete a Schedule M for each additional trade or business. Stem complete Parts I and II, complete a Schedule M for each additional trade or business. Stem complete Parts I and II, complete a Schedule M for each additional trade or business. Stem complete Parts I and II, complete a Schedule M for each additional trade or business. Stem complete Parts I and II, complete a Schedule M for each additional trade or business. Stem complete Parts I and II, complete a Schedule M for each additional trade or business. Stem complete Parts I and II, complete a Schedule M for each additional trade or business. Stem complete Parts I and II, complete a Schedule M for each additional trade or business. Stem complete Parts II in the Parts of the Parts						52595	, , , , , , , , , , , , , , , , , , ,
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trade or business here							Other trust
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During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		\	Parts I and				
If Yes, enter the name and identifying number of the parent corporation. ► The books are in care of LAURA HARRISON, EXECUTIVE DIRECTOR Telephone number 307-733-7476 Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net	business, then complete	Parts III-V.					
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Deret Unrelated Trade or Business Income (A) income (B) Expenses (C) Net						_	
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Part	II Total Unrelated Business Taxable Income					
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	: instructions)		33		0.
34	Amounts paid for disallowed fringes			34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ctions) ST	MT 4	35		0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the su					
	lines 33 and 34			36		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1	,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3	36		 - - 		
30	enter the smaller of zero or line 36	JO,		38		٥.
Part	V Tax Computation			1 30 1		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			39		
	• • • • • • • • • • • • • • • • • • • •	n line 20 from		39		
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	III IIIIE 36 IIUIII				٥.
	X Tax rate schedule or Schedule D (Form 1041)			40		
41	Proxy tax. See instructions			41		
42	Alternative minimum tax (trusts only)			42		
43	Tax on Noncompliant Facility Income. See instructions			43		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44		0.
Part \	/ Tax and Payments					
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a				
b	Other credits (see instructions)	45b		. I'		
C	General business credit. Attach Form 3800	45c]		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		J		
е	Total credits. Add lines 45a through 45d			45e		
46	Subtract line 45e from line 44			46		0.
47	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 886	66 Other	(attach schedule)	47		
48	Total tax Add lines 46 and 47 (see instructions)			48 (0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49		0.
	Payments: A 2017 overpayment credited to 2018	50a	12,500.			
	2018 estimated tax payments	50b	•	1		
	Tax deposited with Form 8868	50c		1		
	Foreign organizations Tax paid or withheld at source (see instructions)	50d		1		
	'			1		
	Backup withholding (see instructions)	50e		1	•	
ī	Credit for small employer health insurance premiums (attach Form 8941)	50f		1		
g	Other credits, adjustments, and payments Form 2439					
	Form 4136 Other Total ►	50g		 	12	E00
51	Total payments. Add lines 50a through 50g			51	12,	,500.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached			52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		.	53		
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	1	>	54	12	,500
55			funded 🕨	55		0.
Part \	/I Statements Regarding Certain Activities and Other Information	1 (see instru	ctions)		,	,
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of	or other authorit	ty '		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	may have to file	•			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the f	oreign country				
k.	here					Х
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	nsferor to, a foi	eign trust?			х
	If "Yes," see instructions for other forms the organization may have to file.					,
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$					
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state			ge and belief	it is true,	•
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	has any knowledge	_			
Here	The Land Line II L	IRECTOR			cuss this return v iwn below (see	with
- (Signature of officer Date Title			structions)?	· `	No
	Print/Type preparer's name Preparet's signature Date		Check I		1.50	
		·		. ' ' ' ' '		
Paid	wendy campos Word Ampos	12/19	self- employed	P004	18102	
Prepa	lifer - Nogg IDING LID		Ermin CINI N		0189318	-
Use C	Only Firm's name Moss Adams LLP		Firm's EIN	71-	0103310	
	805 SW BROADWAY STE 1200		Dhana 5	02 242 4	447	
	Firm's address PORTLAND, OR 97205		Phone no. 5	03-242-1	44 / QQA_T	10.5
922711 01	00.30			.		10010\

60 Page 3

Schedule A - Cost of Good:	s Sold. Enter	method of inver	ntory valuation N/A				
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6	
2 Purchases	2		7 Cost of goods sold. S	ubtract li	ine 6	ĺ	
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,	·	
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	263A (v	with respect to		Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?	•	,		
Schedule C - Rent Income	From Real	Property and		ease	d With Real Prop	erty)	
(see instructions)							
1. Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent receiv	ed or accrued					
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ige	3(a) Deductions directly columns 2(a) ar	connect nd 2(b) (a	ed with the income in trach schedule)
(1)							
(2)							
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter -		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)				
		,	2. Gross income from		3. Deductions directly control to debt-finance	nected w ed prope	ith or allocable erty
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)			į				
(2)							
(3)							
(4)				1			
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to need property a schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(c	8. Allocable deductions column 6 x total of columns 3(a) and 3(b))
(1)			%				
(2)			%				
(3)			%				
(4)			%				
					nter here and on page 1, art I, line 7, column (A)		nter here and on page 1, Part I, line 7, column (B)
Totals			>		0		0.
Total dividends-received deductions in	icluded in column	8					0.
							Form 990-T (2018)

Form 990-T (2018) C/O NOTWEN CORPORATION

Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations T. Tasable Income S. Naturavallated record (basis) S. Total of specified payments 10. Part of column 5 that is evoluted in the controlled Organizations T. Tasable Income S. Naturavallated record (basis) S. Total of specified payments T. Tasable Income T				Exempt	Controlled O	ganızatı	ons				
2	1. Name of controlled organizat	ıdent	ification					included	d in the contri	olling	6. Deductions directly connected with income in column 5
nexempt Controlled Organizations 7. Transitie fromm 8. Net (week instructions) 9. Total of specified payments on the control column 8 that is included in the)					-			<u> </u>	_	<u></u>
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nexempt Controlled Organizations 7. Taxible Income 8. Net unrehated receive (foss)								-			
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1. Name of periodical advertising advertising costs of through 7 3. Direct advertising costs of (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 5. Circulation for the costs of through 7 5. Circulation for the costs of through 7 6. Readership costs of column 8 min column 4) 1. Name of periodical advertising costs advertising costs of through 7	1. Description of exploited activity 2. Description of exploited activity 3. Description of exploited activity 4. Description of exploited activity 5. Description of exploited activity 6. Description of exploited activity 6. Description of exploited activity 7. Description of exploited activity 8. Description of exploited activity 9. Description of exploited activity 1. Description of exploited activity 1. Description of exploited activity	2. Gross unrelated business income from trade or business Enter here and on page 1, Part I, line 10, col (A) 0. ng Income (see	3. Experience of unrestruction	e and on Part I, col (B)	4. Net incomfrom unrelated business (cominus column gain, compute through	e (loss) trade or turm 2 (3) If a cols 5 7	5. Gross inco from activity the	nat ad	attributa	ble to	expenses (column 5, but not more than column 4) Enter here and on page 1,
	1. Description of exploited activity 1. Description of exploited activity)))) cals chedule J - Advertisin	2. Gross unrelated business income from trade or business Enter here and on page 1, Part I, line 10, col (A) 0. ng Income (see	3. Experience of unrestruction	e and on Part I, col (B)	4. Net incomfrom unrelated business (cominus column gain, compute through	e (loss) trade or turm 2 (3) If a cols 5 7	5. Gross inco from activity the	nat ad	attributa	ble to	expenses (column 5 but not more than column 4) Column 4) Enter here and on page 1,
	1. Description of exploited activity 1. Description of exploited activity 1. Description of exploited activity 2. Description of exploited activity 3. Description of exploited activity 4. Description of exploited activity 5. Description of exploited activity 6. Description of exploited activity 6. Description of exploited activity 7. Description of exploited activity	2. Gross unrelated business income from trade or business Enter here and on page 1, Part I, line 10, col (A) 0. ng Income (see Periodicals Rep	3. Exp directly ci with pro of unri business Enter her page 1, line 10,	e and on Part I, col (B) 0 . S)	4. Net incomfrom unrelated business (cominus column gain, compute through	e (loss) trade or lumn 2 33) If a cols 5 7	Gross inco from activity the is not unrelate business incorrections. Gross incorrections in the incorrection in the	net sid ne	attributa colum	rship	expenses (column 6 minus column 5 but not more than column 4) Enter here and on page 1, Part II, line 26
	1. Description of exploited activity 1. Description of exploited activity 1. Description of exploited activity 1. Name of periodical	2. Gross unrelated business income from trade or business Enter here and on page 1, Part I, line 10, col (A) 0. ng Income (see Periodicals Rep	3. Exp directly ci with pro of unri business Enter her page 1, line 10,	e and on Part I, col (B) 0 . S)	4. Net incomfrom unrelated business (cominus column gain, compute through	e (loss) trade or lumn 2 33) If a cols 5 7	Gross inco from activity the is not unrelate business incorrections. Gross incorrections in the incorrection in the	net sid ne	attributa colum	rship	expenses (column 6 minus column 5 but not more than column 4) Enter here and on page 1, Part II, line 26
	1. Description of exploited activity 1. Description of exploited activity 1. Description of exploited activity 1. Name of periodical	2. Gross unrelated business income from trade or business Enter here and on page 1, Part I, line 10, col (A) 0. ng Income (see Periodicals Rep	3. Exp directly ci with pro of unri business Enter her page 1, line 10,	e and on Part I, col (B) 0 . S)	4. Net incomfrom unrelated business (cominus column gain, compute through	e (loss) trade or lumn 2 33) If a cols 5 7	Gross inco from activity the is not unrelate business incorrections. Gross incorrections in the incorrection in the	net sid ne	attributa colum	rship	expenses (column 6 minus column 5 but not more than column 4) Enter here and on page 1, Part II, line 26
	1. Description of exploited activity 1. Description of exploited activity 1. Description of exploited activity 1. Name of periodical 1. Name of periodical	2. Gross unrelated business income from trade or business Enter here and on page 1, Part I, line 10, col (A) 0. ng Income (see Periodicals Rep	3. Exp directly ci with pro of unri business Enter her page 1, line 10,	e and on Part I, col (B) 0 . S)	4. Net incomfrom unrelated business (cominus column gain, compute through	e (loss) trade or lumn 2 33) If a cols 5 7	Gross inco from activity the is not unrelate business incorrections. Gross incorrections in the incorrection in the	net sid ne	attributa colum	rship	expenses (column 6 minus column 5 but not more than column 4) Enter here and on page 1, Part II, line 26
	1. Description of exploited activity 1. Description of exploited activity 1. Description of exploited activity 1. Name of periodical 1. Name of periodical	2. Gross unrelated business income from trade or business Enter here and on page 1, Part I, line 10, col (A) 0. ng Income (see Periodicals Rep	3. Exp directly ci with pro of unri business Enter her page 1, line 10,	e and on Part I, col (B) 0 . S)	4. Net incomfrom unrelated business (cominus column gain, compute through	e (loss) trade or lumn 2 33) If a cols 5 7	Gross inco from activity the is not unrelate business incorrections. Gross incorrections in the incorrection in the	net sid ne	attributa colum	rship	expenses (column 5 but not more than column 4) Enter here and on page 1, Part II, line 26

Total. Enter here and on page 1, Part II, line 14

-orm 990-1	(2018) C/O NOTWEN COL							04/0560	Page 5
Part II	Income From Perio columns 2 through 7 on a			a Separ	ate Basis (For eac	ch period	dical listed in Pa	art II, fill in	
,\	1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7		culation 6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)									
(2)	· · · · · · · · · · · · · · · · · · ·								
(3)				•					
(4)									
Totals from	Part I 🕨	0.		0.		۲	`		0.
	,	Enter here and on page 1, Part I, line 11, col (A)	page	are and on 1, Part I, , col (B)					Enter here and on page 1, Part II, line 27
Totals, Pari	t II (lines 1-5)	0.		0.					, O.
Schedu	le K - Compensation	n of Officers, I	Directo	rs, and	Trustees (see in:	struction	ns)		<u>-</u>
	1. Name				2. Title		3. Percent of time devoted to business		ensation attributable related business
(1)							%		
(2)							%		

Form 990-T (2018)

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

► Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No. 1545-0092

2018

Name of estate or trust
NEWTON FOUNDATION
C/O NOTWEN CORPORATION

Employer identification number

91-6470560

	Form 5227 filers need to complete only Parts I and II. Int I Short-Term Capital Gains and Losses-General	orally Assats H	old One Veer or	1 000 /000	ınatı	rustians)	
See in	See instructions for how to figure the amounts to enter on the lines below. (d) (e) (g) Adjustment (called Price) (called Price) (called Price)						
THIST	orni may be easier to complete if you round on cents to whole dollars.	(00.00 p)	(0. 0	Form(s) 8949, line 2, colum		combine the result with column (g)	
1 a	Totals for all short-term transactions reported on Form 1099-B for			1	(-,		
	which basis was reported to the IRS and for which you have no						
	adjustments (see instructions). However, if you choose to report all				·		
	these transactions on Form 8949, leave this line blank and go to line 1b		I				
1 b	Totals for all transactions reported on Form(s) 8949 with Box A checked						
2	Totals for all transactions reported on Form(s) 8949 with Box B checked						
3	Totals for all transactions reported on Form(s) 8949 with Box C checked						
4	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				4_		
					İ		
5	Net short-term gain or (loss) from partnerships, S corporations, and other				5		
6	Short-term capital loss carryover. Enter the amount, if any, from line 9 of	the 2017 Capital Loss			_	[,	
7	Carryover Worksheet Net short-term capital gain or (loss). Combine lines 1a through 6 in colu	ımn (h). Enter here and	t on line 17		6		
'	column (3) on page 2	inini (ii). Eiitoi iioio aiio	1 on mic 17,		7		
Pa	rt II Long-Term Capital Gains and Losses-Gene	rally Assets He	ld More Than C	One Year (S	See ir	nstructions)	
See ir	structions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g)		(h) Gain or (loss)	
This f	orm may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	Adjustmen to gain or loss Form(s) 8949, line 2, colum	from Part II,	Subtract column (e) from column (d) and combine the result with column (g)	
8 a	Totals for all long-term transactions reported on Form 1099-B for						
	which basis was reported to the IRS and for which you have no			ł			
	adjustments (see instructions). However, if you choose to report all						
	these transactions on Form 8949, leave this line blank and go to line 8b			-			
8 b	Totals for all transactions reported on Form(s) 8949 with						
	Box D checked			ļ			
9	Totals for all transactions reported on Form(s) 8949 with Box E checked						
10	Totals for all transactions reported on Form(s) 8949 with		i				
	Box F checked			<u> </u>			
11	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and	8824			11		
12	Net long-term gain or (loss) from partnerships, \boldsymbol{S} corporations, and other	estates or trusts	SEE STATEMENT	7	12	-11,145.	
13	Capital gain distributions				13		
14	Gain from Form 4797, Part I				14		
15	Long-term capital loss carryover. Enter the amount, if any, from line 14 of	the 2017 Capital Loss					
	Carryover Worksheet	•			15	(159,655.)	
16	Net long-term capital gain or (loss). Combine lines 8a through 15 in colu	ımn (h). Enter here and	d on line 18a,	,			
	column (3) on page 2				16	-170,800.	

810841 12-21-18 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2018

NEWTON FOUNDATION						
Schedule D (Form 1041) 2018 C/O NOTWEN CORPORATIO)N			9:	1-647056	O Page
Part III Summary of Parts I and II			(1) Beneficiaries'	(2) Esta		(3) Total
Caution: Read the instructions before complete	leting this part.	1		or trus	it's	
17 Net-short-term gain or (loss)		17				_ ,
18 Net long-term gain or (loss):						•
a Total for year		18a		-17	0,800.	-170,800.
b Unrecaptured section 1250 gain (see line 18 of the worksh	eet)	18b				
c 28% rate gain		18c		<u> </u>		
19 Total net gain or (loss). Combine lines 17 and 18a	•	19		-17	0,800.	-170,800.
Note: If line 19, column (3), is a net gain, enter the gain on go to Part V, and don't complete Part IV If line 19, column Part IV Capital Loss Limitation						
20 Enter here and enter as a (loss) on Form 1041, line 4 (or Fo	orm 990-T. Part I. line 4c. if a ti	ust), th	e smaller of			
a The loss on line 19, column (3) or b \$3,000	,,	,	o o	20	1/	3,000. }
Note: If the loss on line 19, column (3), is more than \$3,000	0 01 if Form 1041 nage 1 1	ne 22 /	or Form 990-T line 1			
Loss Carryover Worksheet in the instructions to figure your	capital loss carryover	116 22 (or i omii 330-i, iiie c	10), 13 a 1033,	complete	2176 Ouplies
Part V Tax Computation Using Maximu		es				
Form 1041 filers. Complete this part only if both lines 18a and			nt is entered in Part Lo	r Part II and th	nere is an er	ntry on Form 1041.
line 2b(2), and Form 1041, line 22, is more than zero.	(2) 6,0 ga, 0, 0		ne lo omioroa in r are r o		1010 10 011 01	,
Caution' Skip this part and complete the Schedule D Tax We	ndsheet in the instructions	e				
• Either line 18b, col (2) or line 18c, col (2) is more than		'				
 Both Form 1041, line 2b(1), and Form 4952, line 4g are 	•					
Form 990-T trusts. Complete this part only if both lines 18a and		ends are	included in income in	Part Lof Form	1990-T and	d Form 990-T line
38, is more than zero. Skip this part and complete the Schedule	- · ·				•	•
21 Enter taxable income from Form 1041, line 22 (or Form 990		21		7 01 11110 100,	(2) 13 (1)	OTC BIAN 2010
22 Enter the smaller of line 18a or 19 in column (2)	1, 11110 00)					
	22	İ				
23 Enter the estate's or trust's qualified dividends from	22	_				
Form 1041, line 2b(2) (or enter the qualified dividends	'					
	23					
	24	_				
25 If the estate or trust is filing Form 4952, enter the	24	-				
	25					
26 Subtract line 25 from line 24. If zero or less, enter -0-	20		-			
27 Subtract line 26 from line 21. If zero or less, enter -0-		26 27				
28 Enter the smaller of the amount on line 21 or \$2,600						
29 Enter the smaller of the amount on line 27 or line 28		28 29				
30 Subtract line 29 from line 28. If zero or less, enter -0 This a	amount is taxed at 00/	25			<u>-</u>	
31 Enter the smaller of line 21 or line 26	amount is taxed at 0 %	31	1	▶ 30	'	
32 Subtract line 30 from line 26						
33 Enter the smaller of line 21 or \$12,700		32			1	
34 Add lines 27 and 30		33 34				
35 Subtract line 34 from line 33. If zero or less, enter -0-						
		35				
36 Enter the smaller of line 32 or line 35 37 Multiply line 36 by 15% (0.15)		36	<u> </u>			
		38	1	▶ 37		
38 Enter the amount from line 31 39 Add lines 30 and 36						
		39			1	
40 Subtract line 39 from line 38 If zero or less, enter -0-		40			-	
41 Multiply line 40 by 20% (0.20)	into Cohodula for Fatatas	ı	1	► <u>41</u>		
42 Figure the tax on the amount on line 27. Use the 2018 Tax R		,_				
and Trusts (see the Schedule G instructions in the instructio	ilis ior Form 1041)	42		 		
43 Add lines 37, 41, and 42	lata Cahadula far Fatata	43		——		
44 Figure the tax on the amount on line 21. Use the 2018 Tax R						
and Trusts (see the Schedule G instructions in the instruction	ns ior form 1041)	44			.1	

810842 12-21-18

Schedule D (Form 1041) 2018

45 Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule

G, line 1a (or Form 990-T, line 40)

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CASH DONATIONS	N/A	926,394.
TOTAL TO FORM 990-T, PAGE 1,	LINE 20	926,394.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
ACCOUNTING FEES		5,534.
TOTAL TO FORM 990-T, PAGE 1,	LINE 28	5,534.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	3
CARRYOVER OF PRIOR YEAR	RS UNUSED CONTRIBUTIONS			
FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017	1,079,344 1,052,177 1,210,030 1,318,011 1,270,000			
TOTAL CARRYOVER TOTAL CURRENT YEAR 50%	CONTRIBUTIONS	5,929,562 926,394		
TOTAL CONTRIBUTIONS AVAILABLE INCOME LIMITATE		6,855,956 0	_	
EXCESS 50% CONTRIBUTION TOTAL EXCESS CONTRIBUTE	-	6,855,956 6,855,956		
ALLOWABLE CONTRIBUTIONS	S DEDUCTION		_	0
TOTAL CONTRIBUTION DEDU	JCTION			0

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/15	32,432.	4,598.	27,834.	27,834.
12/31/16	16,461.	0.	16,461.	16,461.
NOL CARRYO	ER AVAILABLE THIS	YEAR	44,295.	44,295.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY	1
OMB No	1545-0687

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning _________, and ending

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

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

2018

501(c)(3) Organizations Only

Name	Name of the organization NEWTON FOUNDATION C/O NOTWEN CORPORATION		Employer identification number 91-6470560				
					31-0470		
	Unrelated business activity code (see instructions) 525990 Describe the unrelated trade or business SADDLEHORN IN	VESTM	ENT PARTI	JERSHIP			
Par	Society and amended and on boomings			come	(B) Expenses		(C) Net
12	Gross receipts or sales	1				\dashv	
	Less returns and allowances c Balance	1c					
2	Cost of goods sold (Schedule A, line 7)	2				<u> </u>	
3	Gross profit Subtract line 2 from line 1c	3				-	
3 4a	Capital gain net income (attach Schedule D)	4a				-	i
	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			*	<u> </u>	
	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach					\dashv	
Ū	statement)	5					,
6	Rent income (Schedule C)	6					
7	Unrelated debt-financed income (Schedule E)	7					
8	Interest, annuities, royalties, and rents from a controlled			_			
	organization (Schedule F)	8		′			
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9					
10	Exploited exempt activity income (Schedule I)	10					
11	Advertising income (Schedule J)	11					
12	Other income (See instructions, attach schedule)	12			-		
13	Total. Combine lines 3 through 12	13		0.			
Par	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the undertaken Elsewhere (See instruction)					pt fo	r contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				—	14	
15	Salaries and wages					15	
16	Repairs and maintenance					16	•
17	Bad debts				-	17	
18	Interest (attach schedule) (see instructions)				_	18	
19	Taxes and licenses	.m.z.m.r21.	ENT 5			19	
20	Onamable contributions (occ instructions for infiltation rules)	TATER	ENT 3	اما	,	20	0.
21	Depreciation (attach Form 4562)			21			
22	Less depreciation claimed on Schedule A and elsewhere on return			22a		22b	
23	Depletion Contributions to deferred componentian plans				-	23 24	
24 25	Contributions to deferred compensation plans					24 25	<u></u>
23	Employee benefit programs				<u>[</u>	ر دے	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

Schedule M (Form 990-T) 2018

1,845.

1,845.

-1.845.

-1,845.

26

27

28

29

30

31

32

26 27

28

29

30

31

instructions)

SEE STATEMENT 6

FORM 990-T (M)	CONTRIBUTIONS	STATEMENT 5
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CASH DONATIONS	N/A	308,798.
TOTAL TO SCHEDULE M, PART II,	LINE 20	308,798.
FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 6
DESCRIPTION		AMOUNT
ACCOUNTING FEES		1,845.
TOTAL TO SCHEDULE M, PART II,	LINE 28	1,845.

SCHEDULE D NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS AND S-CORPORATIONS		STATEMENT 7		
DESCRIPTION OF ACTIVITY	GAIN OR LOSS	28% GAIN		
ALPHAKEYS REAL ESTATE OPPORTUNITY FUND L CENTRAL PARK GROUP MANAGER ALLIANCE FUND	-11,004. -141.			
TOTAL TO SCHEDULE D, PART II, LINE 12	-11,145.			

rement 8	EDULE D CAPITAL LOSS CARRYOVER WORKSHEET STA
0	ENTER THE AMOUNT FROM FORM 990-T, LINE 38
3,000	ENTER THE LOSS FROM SCHEDULE D, LINE 20, AS A POSITIVE AMT
3,000	COMBINE LINES 1 AND 2. IF ZERO OR LESS, ENTER -0
3,000	ENTER THE SMALLER OF LINE 2 OR LINE 3
	NOTE: IF LINE 7 OF SCHEDULE D IS A LOSS, GO TO LINE 5; OTHERWISE, ENTER -0- ON LINE 5 AND GO TO LINE 9.
0	ENTER THE LOSS FROM SCH D, LINE 7, AS A POSITIVE AMOUNT
	ENTER ANY GAIN FROM SCHEDULE D, LINE 16 0
3,000	ADD LINES 4 AND 6
0	SHORT-TERM CAPITAL LOSS CARRYOVER TO 2019 . SUBTRACT LINE 7 FROM LINE 5. IF ZERO OR LESS, ENTER -0
	NOTE: IF LINE 16 OF SCHEDULE D IS A LOSS, GO TO LINE 9; OTHERWISE, SKIP LINES 9 THROUGH 13.
170,800	ENTER THE LOSS FROM SCHEDULE D, LINE 16, AS A POSITIVE AMT
	ENTER ANY GAIN FROM SCHEDULE D, LINE 7 0
	SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER -0
3,000	ADD LINES 10 AND 11
167,800	LONG-TERM CAPITAL LOSS CARRYOVER TO 2019 . SUBTRACT LINE 12 FROM LINE 9. IF ZERO OR LESS, ENTER -0