Form 990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))									No 1545-0047	
		=	•	er se				2019		
	For calendar year 20	•			, and ending		— I		UIS	
Department of the Treasury Internal Revenue Service	▶ Do not ent				ons and the latest informa de public if your organiza			501(c)(3)	Public Inspection for Organizations Only	
A Check box if address changed		rganization (hanged	and see instructions.)	- · · · · -	Em)	oloyer (dent ployees' tru uctions)	tification number ust, see	
B Exempt under section	Print C/O NOTWEN CORPORATION							91-64	70560	
X 501(c () 3)	or Number, s	street, and room	or suite no. If a P.O. box	x, see ir	structions.			lated busing	ness activity code	
408(e)220(e)	Type PO BOX	14670]		•	
408A 530(a) 529(a)		vn, state or prov v, wy 8300	vince, country, and ZIP of 2-4670	r foreig	n postal code		5313	90		
C Book value of all assets at end of year			er (See instructions.)	<u> </u>						
20,650,	<u> </u>	irganization type			x 501(c) trust	401(a	trust		Other trust	
H Enter the number of the				2		the only (or first) ur				
trade or business here	-					complete Parts I-V.			ie,	
		id of the previou	is sentence, complete Pa	ırts I an	d II, complete a Schedule	M for each addition	al trade	e or		
business, then complete		h - d	#1-1-1				7,7			
I During the tax year, was if "Yes," enter the name a				nt-subs	diary controlled group?	▶ (Y	es X	No	
J The books are in care of					Talanho	one number > 3	07-7	33-747	6	
	Trade or Bu				(A) Income	(B) Expense:		T	(C) Net	
1a Gross receipts or sale				T	()	(=) =		†	(5)	
b Less returns and allow			c Balance	1c						
2 Cost of goods sold (S			o Dalarioo -	2	-			†		
3 Gross profit. Subtract				3			-	Ť		
4a Capital gain net incon		D)		48	134,956.			1	134,956.	
b Net gain (loss) (Form	•	•	4797)	4b		-	.4			
Capital loss deduction		, ,	,	4c						
5 Income (loss) from a	partnership or an S	corporation (at	tach statement)	5	-134,956.	STMT 1			-134,956.	
→ 6 Rent income (Schedu)	e C)			6						
7 Unrelated debt-financ	ed income (Schedu	le E)		7					-40/57 5	
8 Interest, annuities, roy	alties, and rents fro	m a controlled o	rganization (Schedule F)	8			۽ نهيج	6 61, 2 612	IVED	
Interest, annuities, royInvestment income of	a section 501(c)(7)), (9), or (17) or	ganization (Schedule G)	9			شهيس	de wefe and		
10 Exploited exempt activ	rity income (Schedi	ıle I)		10		[3	: 616	V 1	7 2000	
11 Advertising income (S	chedule J)			11_		\E.	, N.	1	يِّ السيرة	
12 Other income (See ins	•	:hedule)		12				JOE -	_{Bi,} UT	
13 Total. Combine lines	3 through 12			13	0.					
Part II Deduction (Deductions			(See instructions for the the unrelated busined							
				C22 II IC			т :::			
14 Compensation of off	cers, directors, and	trustees (Schei	dule K)				14	 		
15 Salaries and wages							15	 		
16 Repairs and mainten	ance						16	 		
17 Bad debts18 Interest (attach sche	dula) (caa instructio	ine)					17	 		
19 Taxes and licenses	Jule) (See Ilistructio	игэ)					19	 	646.	
20 Depreciation (attach	Form 4562\				20		13	+		
21 Less depreciation cla	•	A and elsewhere	on return		21a		21b			
22 Depletion	mica on Schodala /	A dila Gisowiioi o	on rotain		[214]		22	\vdash		
23 Contributions to defe	rred compensation	nlans					23			
24 Employee benefit pro		p.uo					24			
25 Excess exempt exper	•						25			
26 Excess readership co	•						26			
27 Other deductions (at	, ,				SEE STATEMEN	T 2	27		6,580.	
28 Total deductions. A	•	27					28		7,226.	
			loss deduction. Subtract	t line 28	from line 13		29		-7,226.	
30 Deduction for net op-	erating loss arising	ın tax years beg	inning on or after Januar	ry 1, 20	18					
(see instructions)	,				SEE STATEMEN	г 3	30		0.	
31 Unrelated business to	xable income. Sub	tract line 30 fror	n line 29				31		-7,226.	
923701 01-27-20 LHA FO	r Panerwork Reduc	tion Act Notice	see instructions			1.1		Form	990-T (2019)	

	990-T (2019) NEWTON FOUNDATION C/O NOTWEN CORPORATION			91-04/05		Page 2
Part	rt III Total Unrelated Business Taxable Income					
32	Total of unrelated business taxable income computed from all unrelated trades or bus	sinesses (see instructions)		32		0.
33	Amounts paid for disallowed fringes		_ ;	33		
34	Charitable contributions (see instructions for limitation rules) STMT 5	STMT 6	ا_ن	34		٥.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction	Subtract line 34 from the sum of lines	32 and 33	35		
36	·			36		0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36	•		37		
	·	, 110111 11116 33				,000.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	on the or have 0.7	<u>⊢</u>	38		,000.
39	-	er than line 37,				•
	enter the smaller of zero or line 37			39		<u> </u>
Part	rt IV Tax Computation					
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)		▶ 1_4	40		
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on t	he amount on line 39 from:		_		
	X Tax rate schedule or Schedule D (Form 1041)		▶ _4	41		0.
42	Proxy tax. See instructions		▶ 4	42		
43	Alternative minimum tax (trusts only)			43		
44	Tax on Noncompliant Facility Income. See instructions			1 4		
45			_	45		0.
	rt V Tax and Payments		1	10]		
	a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	460		- 1		
		46a				
	b Other credits (see instructions)	46b		- 1		
	c General business credit. Attach Form 3800	46c				
	d Credit for prior year minimum tax (attach Form 8801 or 8827)	46d				
е	e Total credits. Add lines 46a through 46d		4	6e		
47	Subtract line 46e from line 45			\$7		0.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697	Form 8866 Other (attac	schedule) 4	48		
49	Total tax. Add lines 47 and 48 (see instructions)		4	19		0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), lii	ne 3		50		0.
	a Payments: A 2018 overpayment credited to 2019	51a	12,500.			
	b 2019 estimated tax payments	51b				
	c Tax deposited with Form 8868	51c				
	•					
	d Foreign organizations: Tax paid or withheld at source (see instructions)	51d			N	
	e Backup withholding (see instructions)	51e			-	
	f Credit for small employer health insurance premiums (attach Form 8941)	51f `\				
g	g Other credits, adjustments, and payments: Form 2439					
	Form 4136 Other	Total ► 51g				
52	Total payments. Add lines 51a through 51g		<u></u> 5	52	12,	500.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached		—	53		
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		▶ <u> 5</u>	54		
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount of	overpaid	▶ <u>_</u> 5	55	12,	500.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax	12,500. Refundo	ed ▶ 5	6	_	0.
Part	rt VI Statements Regarding Certain Activities and Other I	nformation (see instruction	s)			
57	At any time during the 2019 calendar year, did the organization have an interest in or	a signature or other authority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the					1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the n				•	
	here	and of the foldign oddinary			_	×
E0.		tor of artropoforor to a farouga tr				x
58	During the tax year, did the organization receive a distribution from, or was it the gran	itor or, or transferor to, a foreign tri	1517			 ^ -
	If "Yes," see instructions for other forms the organization may have to file.	Φ.				1 1
59					1	
Ci~~	Under penalties of perjury, I declare that I have examined this return, including accompanying so correct, and of implete. Declaration of preparer (other than taxpayer) is based on all information of	neaules and statements, and to the best of which preparer has any knowledge	ny knowledge a	and belief, it is tru	е,	
Sign			May th	e IRS discuss this	s return w	vith
Here	1113120	XECUTIVE DIRECTOR		parer shown belo		
	Signature of officer/ Date/ Titl	e	instruc	tions)? X Y	es	No
	Print/Type preparer's name Preparer's signature	Date Chec	k if	PTIN		
Paid		_ self-	employed			
	Mark Carroca 1 1 1 1 1 1 1 1 1	11/09/20		P00448102	!	
•	parer	Fire	n's EIN	91-0189		
use	e Only Firm's name MOSS ADAMS LLP 805 SW BROADWAY STE 1200	─				
	Firm's address PORTLAND, OR 97205	Dha	ne no. 503-	-242-1447		
000744			116 IIU. 303-	Form 9:	۵n. T	(0010)
923/11 (1 01-27-20			rorm 9	JU- I /	(2U191

NEWTON FOUNDATION

Form 990-T (2019) C/O NOTWEN CORPORATION

t 1

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory 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 l	ine 6			
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			line 2			7	7-	
(attach schedule)	4a		8 Do the rules of section		•		Yes	No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to		<u> </u>	
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Property L	.ease	d With Real Prop	erty)		
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	•••	ed or accrued			0/-10-1			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	of rent for p	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	connected d 2(b) (att	a with the income in ach 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	ı (A)	•		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)					
			Gross income from or allocable to debt-		3. Deductions directly control to debt-finance			
1. Description of debt-fir	nanced property		financed property	(a)	Straight line depreciation (attach schedule)	'	(attach schedule)	s
(1)						1		
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property ischedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		, Allocable deducti lumn 6 x total of col 3(a) and 3(b))	
(1)			%					
(2)			%					
_(3)			%					
(4)			%				Ţ	
		<u> </u>			nter here and on page 1, Part I, line 7, column (A).		ter here and on page irt I, line 7, column (l	
Totals			•		0	.]		0.
Total dividends-received deductions	icluded in column	18						0.
						•	Form 990-T	(2019)

				Exempt (Controlled O	rganizati	ons				
Name of controlled organizati	on	2. Emp identific numb	ation		related income a instructions)	4. Tot payri	al of specified nents made	ınclud	rt of column 4 t led in the contr ation's gross i	olling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)										_ [_	
lonexempt Controlled Organiz	zations										
7. Taxable Income	8. Net un	related income se instructions)		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 tha ng orgar income	nization's		ductions directly connecte income in column 10
(1) ·											
(2)						1					
(3)											
(4)									-,		
							Add columns 5 and 10 Add Enter here and on page 1, Part I, Enter he		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)		
^{otals} Schedule G - Investme	nt Incom	o of a S	oction	501/a)/7	() (Q) or (<u> </u>	anization		0.		
cnequie G - investme! see instr)		ie vi a S	ection (JU 1(C)(/), (9), or (i / j Org	janization				
· · · · · · · · · · · · · · · · · · ·	ription of incon	18			2. Amount of	ıncome	3. Deduction directly conne (attach sched	cted 4. Set-asides		5. Total deductions and set-asides (col 3 plus col 4)	
(1)							,				(10. 0 piece coi 4)
(2)					Ì						
(3)							· · · · · · · · · · · · · · · · · · ·				
(4)					· · · · · ·				 · · · · · · · · · · · · · · · · · · ·		
					Enter here and o Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
otals		A -4:- :4 I		O415 a s	The same A sile	0.	 				1
Schedule I - Exploited I (see instru	-	ACTIVITY	ıncome	, Otner	inan Adv	ertisin	g income				
Description of exploited activity	2. Gr unrelated t income trade or b	ousiness from	3. Exp directly co with pro- of unre- business	onnected duction stated	4. Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a n cols 5	5. Gross inco from activity the is not unrelate business inco	hat ed	6. Exp attribute colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)						f					
(4)											1
	Enter here page 1, line 10, c	Part I, ol (A)	Enter here page 1, line 10, c	Parti, col (B)							Enter here and on page 1, Part II, line 25
otals Dahadula I Advertisin	a lace	0.	-4	0.	<u> </u>						1 0
Schedule J - Advertisin Part I Income From F					solidated	Basis					
1. Name of periodical		2. Gross advertising income		Direct	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5. Circulat income	ion	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2)					-					_	-
(3) (4)											
otals (carry to Part II, line (5))	•	(o.	0						$\neg \uparrow$	(
, , , , , , , , , , , , , , , , , , , ,			•		•						Form 990-T (20

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	131	2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	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.	-			0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	>	0.	0.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

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

2019

	of estate or trust				Employer	identification number
	ON FOUNDATION					5480550
	NOTWEN CORPORATION					6470560
-	ou dispose of any investment(s) in a qualified opportunity fund during the ta	-	ar lago		Y6	es X No
	s," attach Form 8949 and see its instructions for additional requirements for	reporting your gain	or 1088.			
	Form 5227 filers need to complete only Parts I and II. Int I Short-Term Capital Gains and Losses-General	erally Assets H	leld One Year or	Less (se	ee ınstrı	uctions)
	orm may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	Adjustr to gain or Form(s) 89 line 2, col	ments loss from 149, Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				(3)	,
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	
E	Net short-term gain or (loss) from partnerships, S corporations, and other	r actatae ar tructe			5	
5 6	Short-term capital loss carryover. Enter the amount, if any, from line 9 of		,		-	
ŭ	Carryover Worksheet	and 2010 Ouphur 2000	,		6	(
7	Net short-term capital gain or (loss). Combine lines 1a through 6 in colucolumn (3) on page 2	mn (h). Enter here ar	nd on line 17,	ì	7	,
Pa	rt II Long-Term Capital Gains and Losses-Gene	rally Assets H	eld More Than (ne Year	(see in	structions)
	estructions for how to figure the amounts to enter on the lines below.	(d) Proceeds (sales price)	(e) Cost (or other basis)	Adjustr to gain or l Form(s) 894 line 2, col	ments loss from 49, Part II,	(h) Gain or (loss) 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 adjustments (see instructions). However, if you choose to report all					
<u> </u>	these transactions on Form 8949, leave this line blank and go to line 8b			 		
<u>в</u> ь	Totals for all transactions reported on Form(s) 8949 with Box D checked					· · · · · · · · · · · · · · · · · · ·
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 Box F checked					
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	9	12	8,833.
13	Capital gain distributions				13	202 022
14	Gain from Form 4797, Part I	the 2018 Constal Las	6		14	293,923.
15	Long-term capital loss carryover. Enter the amount, if any, from line 14 of Carryover Worksheet				15	(167,800.)
16	Net long-term capital gain or (loss) Combine lines 8a through 15 in coluction (3) on page 2	ımn (h). Enter here aı	nd on line 18a,	h	▶ 16	134,956.
For Pa	aperwork Reduction Act Notice, see the Instructions for Form 1041.		· · · · · · · · · · · · · · · · · · ·			e D (Form 1041) 2019

910841 12-09-19 LHA

Schedule D (Form 1041) 2019 C/O NOTWEN CORPORATION			91-647056	O Page 2
Part III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	(3) Total
Caution: Read the instructions before completing this part			or trust's	
17 Net short-term gain or (loss)	17			
18 Net long-term gain or (loss);				
a Total for year	18a		134,956.	134,956.
b Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b			
c 28% rate gain	18c			
19 Total net gain or (loss). Combine lines 17 and 18a	19		134 956.	134,956.

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 18a and 19, column (2), are net gains, go to Part V, and don't complete Part IV If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary

Part IV | Capital Loss Limitation

- 20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:
 - a The loss on line 19, column (3) or b \$3,000

20

Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, line 39), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover

Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero.

Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if

- Either line 18b, col (2) or line 18c, col (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 39, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

21 Enter taxable income from Form 1041, line 23 (or Form 990-T, line 39) 22 Enter the smaller of line 18a or 19 in column (2) but not less than zero 23 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) 23 24 24 Add lines 22 and 23 25 If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-26 Subtract line 25 from line 24. If zero or less, enter -0-27 Subtract line 26 from line 21. If zero or less, enter -0-28 Enter the smaller of the amount on line 21 or \$2,650 28 29 Enter the smaller of the amount on line 27 or line 28 29 30 Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% 30 31 Enter the smaller of line 21 or line 26 32 Subtract line 30 from line 26 33 Enter the smaller of line 21 or \$12,950 33 34 Add lines 27 and 30 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 36 37 37 Multiply line 36 by 15% (0.15) 38 Enter the amount from line 31 39 Add lines 30 and 36 39 40 Subtract line 39 from line 38. If zero or less, enter -0-40 41 Multiply line 40 by 20% (0.20) 41 42 Figure the tax on the amount on line 27. Use the 2019 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) 42 43 Add lines 37, 41, and 42 43 44 Figure the tax on the amount on line 21. Use the 2019 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) 45 Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule

910842 12-09-19

Schedule D (Form 1041) 2019

G, Part I, line 1a (or Form 990-T, line 41)

SCHEDULE D	NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS AND S-CORPORATIONS			STATEMENT 9
DESCRIPTION OF A	ACTIVITY	GAIN C	R LOSS	28% GAIN
ALPHAKEYS REAL I	STATE OPPORTUNITY FUND L		8,833.	
TOTAL TO SCHEDUI	LE D, PART II, LINE 12		8,833.	

FORM 990-T	INCOME	(LOSS) FROM P	PARTNERSHIPS	STATEMENT 1
DESCRIPTION				NET INCOME OR (LOSS)
ALPHAKEYS REAL ESTA BUSINESS INCOME (LO ALPHAKEYS REAL ESTA REAL ESTATE INCOME CENTRAL PARK GROUP INCOME (LOSS) PAL ALLOWED / DISAI	OSS) ATE OPPORTUN MANAGER ALI	IITY FUND LLC -	NET RENTAL	-33,958 -42 -289 -100,667
TOTAL INCLUDED ON I	FORM 990-T,	PAGE 1, LINE 5		-134,956
FORM 990-T		OTHER DEDUCT	TIONS	STATEMENT 2
DESCRIPTION		•		AMOUNT
ACCOUNTING FEES				6,580
TOTAL TO FORM 990-1	r, PAGE 1, L	INE 27		6,580
FORM 990-T	NET C	PERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR LOSS SU	JSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	6,044.	0.	6,044.	6,044.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	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.	٠٥.	16,461.	16,461.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	44,295.	44,295.

FORM 990-T	CONTRIBUTIONS	STATEMENT 5	
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
CY CHARITABLE CONTRIBUTIONS	N/A	1,180,000.	
TOTAL TO FORM 990-T, PAGE 2, L	INE 34	1,180,000.	

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT 6
CARRYOVER OF PRIOR YEARS	UNUSED CONTRIBUTIONS - 60	% LIMIT	
FOR TAX YEAR 2018	308,798		
TOTAL CARRYOVER TOTAL CURRENT YEAR 60% CO	NTRIBUTIONS	308,798	
TOTAL CONTRIBUTIONS AVAILATION TAXABLE INCOME LIMITATION		308,798 0	
EXCESS 60% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	S	308,798 308,798	
ALLOWABLE CONTRIBUTIONS D	EDUCTION		0
TAXABLE INCOME FOR LIMITATION AFTER 60% CONTRIBUTIONS			-57,565
CARRYOVER OF PRIOR YEARS	UNUSED CONTRIBUTIONS - 50	% LIMIT	
FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018	1,052,177 1,210,030 1,318,011 1,270,000 1,235,192		
TOTAL CARRYOVER TOTAL CURRENT YEAR 50% CONTRIBUTIONS		6,085,410 1,180,000	
TOTAL CONTRIBUTIONS AVAILABLE 7,265 TAXABLE INCOME LIMITATION AS ADJUSTED		7,265,410	
EXCESS 50% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS		7,265,410 7,265,410	_
ALLOWABLE CONTRIBUTIONS DEDUCTION			_ 0
ADDOMADDE CONTRIBUTIONS D			

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No	1545-0047

ENTITY

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning

► 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).

501(c)(3) Organizations Only

NEWTON FOUNDATION Employer identification number Name of the organization C/O NOTWEN CORPORATION 91-6470560 525990 Unrelated Business Activity Code (see instructions) ► SADDLEHORN INVESTMENT PARTNERSHIP Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance 10 2 Cost of goods sold (Schedule A, line 7) 2 Gross profit Subtract line 2 from line 1c 3 4 a Capital gain net income (attach Schedule D) **4**a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 6 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled 8 organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 12 Other income (See instructions, attach schedule) Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 15 16 Repairs and maintenance 16 17 Bad debts 17 Interest (attach schedule) (see instructions) 18 18 19 Taxes and licenses 19 20 Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return 21h 21 22 22 23 Contributions to deferred compensation plans 23 Employee benefit programs 24 24 25 Excess exempt expenses (Schedule I) 25 26 Excess readership costs (Schedule J) 26 SEE STATEMENT 7 2,193. 27 27 Other deductions (attach schedule) 2,193. 28 Total deductions. Add lines 14 through 27 28 -2,193. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

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

Schedule M (Form 990-T) 2019

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193.

instructions)

STMT 8

FORM 990-T (M)	OTHER DEDUC	TIONS	STATEMENT 7
DESCRIPTION			AMOUNT
ACCOUNTING FEES		•	2,193.
TOTAL TO SCHEDULE M, PART I	I, LINE 27		2,193.
SCHEDULE M NET	T OPERATING LOSS	DEDUCTION	STATEMENT 8
TAX YEAR LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18 1,845.		1,845.	1,845.
NOL CARRYOVER AVAILABLE THIS	S YEAR	1,845.	1,845.