

Form **990**  
Department of the Treasury  
Internal Revenue Service

# 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
NEWTOWN MACON INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
555 POPLAR STREET

City or town, state or province, country, and ZIP or foreign postal code  
MACON, GA 312013320

**D** Employer identification number  
58-2273893

**E** Telephone number  
(478) 722-9909

**G** Gross receipts \$ 2,319,996

**F** Name and address of principal officer:  
JOSHUA M ROGERS  
555 POPLAR STREET  
MACON, GA 31201

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: WWW.NEWTOWNMACON.COM

**H(c)** Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1998

**M** State of legal domicile: GA

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
NEWTOWN MACON'S MISSION IS TO ATTRACT, LEVERAGE AND INVEST IN SELF- SUSTAINING TRANSFORMATION.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	31
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	24
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	13
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	120
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-47,467
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	917,534	1,362,801
<b>9</b> Program service revenue (Part VIII, line 2g)	831,286	642,643
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	230,635	149,071
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,572	-55,453
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,009,027	2,099,062
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	30,630	57,310
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	643,170	698,591
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶141,781		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,703,859	2,067,599
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,377,659	2,823,500
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-368,632	-724,438
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	21,377,587	21,941,903
<b>21</b> Total liabilities (Part X, line 26)	10,815,058	12,237,377
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	10,562,529	9,704,526

## Part II Signature Block

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

**Sign Here**

\*\*\*\*\*  
Signature of officer  
Date 2020-05-13

JOSHUA M ROGERS PRESIDENT & CEO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date 2021-05-14	Check <input type="checkbox"/> if self-employed	PTIN P00083775
Firm's name ▶ HOWARD MOORE & MCDUFFIE PC			Firm's EIN ▶ 58-1484212	
Firm's address ▶ PO BOX 4547 MACON, GA 31208			Phone no. (478) 742-5317	

**Part 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:

NEWTOWN MACON'S MISSION IS TO ATTRACT, LEVERAGE AND INVEST IN SELF- SUSTAINING TRANSFORMATION.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 1,058,461 including grants of \$ 13,550 ) (Revenue \$ 84,831 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 1,087,611 including grants of \$ ) (Revenue \$ 569,977 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 242,678 including grants of \$ 46,001 ) (Revenue \$ 128,921 )  
See Additional Data

(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

ADVOCATING PROGRESS: NEWTOWN MACON'S BOARD OF DIRECTORS EMBRACES A BROAD VISION OF A PROSPEROUS MIDDLE GEORGIA WHICH NECESSITATES OUR INVOLVEMENT IN LOCAL, REGIONAL, STATE, AND NATIONAL POLICY ISSUES THAT IMPACT DOWNTOWN MACON'S RENAISSANCE. FISCAL SPONSOR: NEWTOWN MACON IS FOCUSED ON REVITALIZING DOWNTOWN. NEWTOWN REVITALIZES DOWNTOWN BY CREATING A SENSE OF PLACE, INCREASING RESIDENTS, GROWING JOBS, AND ADVOCATING FOR PROGRESS.

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶ 2,388,750

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	Yes	
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b>	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? If "Yes," complete Schedule D, Part IV		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
<b>11</b>	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.		
<b>11a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>11b</b>	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	Yes	
<b>11c</b>	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	Yes	
<b>11d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
<b>11e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
<b>11f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
<b>12b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>14b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

**Part IV Checklist of Required Schedules (continued)**

		Yes	No	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
<b>24a</b>	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> . . . . .	24a		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .	25a		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26	Yes	
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes	
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
<b>b</b>	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> 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		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	38	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No	
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	14	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 4 columns: Question/Section, Sub-section, Yes/No, and a column for '13'. Rows include sections 2a through 16, covering topics like employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include: 1a Enter the number of voting members... 31; 1b Enter the number of voting members included in line 1a... 24; 2 Did any officer, director, trustee, or key employee have a family relationship... Yes; 3 Did the organization delegate control over management duties... No; 4 Did the organization make any significant changes to its governing documents... No; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... No; 6 Did the organization have members or stockholders... No; 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... No; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... No; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body... Yes; 8b Each committee with authority to act on behalf of the governing body... Yes; 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 in Schedule O... No

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

Table with 5 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? No; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Yes; 11b Describe in 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 Yes; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Yes; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Yes; 13 Did the organization have a written whistleblower policy? Yes; 14 Did the organization have a written document retention and destruction policy? Yes; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official Yes; 15b Other officers or key employees of the organization Yes; 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? No; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed GA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [ ] Another's website [x] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
JAMES FRITZE NEWTOWN MACON INC POPLAR ST, GA 31201 (478) 722-9909

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), and (F) Estimated amount of other compensation from the organization and related organizations.

Summary row for Section A. 1b Sub-Total, c Total from continuation sheets to Part VII, Section A, and d Total (add lines 1b and 1c) with values 253,779 and 11,498.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization’s tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, and (C) Compensation. Lists KUNJ CONSTRUCTION and BLOCK BY BLOCK.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 2



Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Federated campaigns, Membership dues, Fundraising events, Related organizations, Government grants, All other contributions, and Noncash contributions.

Table for Program Service Revenue with columns for Business Code, Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include Interest from loan programs, Performance contracts, Tuition entrepreneur educ., Origination fee loan programs, and All other program service revenue.

Main table for Other Revenue with columns for Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include Investment income, Income from investment of tax-exempt bond proceeds, Royalties, Rental income, Net gain or loss from sales of assets, Net income from fundraising events, Net income from gaming activities, Net income from sales of inventory, and Miscellaneous Revenue.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	13,550	13,550		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	43,760	43,760		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	285,093	127,800	99,621	57,672
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	301,796	200,604	51,872	49,320
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	8,984	6,054	996	1,934
<b>9</b> Other employee benefits . . . . .	61,931	35,000	15,631	11,300
<b>10</b> Payroll taxes . . . . .	40,787	23,022	10,329	7,436
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	18,087	4,918	13,169	
<b>c</b> Accounting . . . . .	32,938		32,938	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	31,174	30,945	229	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	583,774	582,086	1,688	
<b>12</b> Advertising and promotion . . . . .	42,520	37,245	3,904	1,371
<b>13</b> Office expenses . . . . .	86,335	52,062	31,336	2,937
<b>14</b> Information technology . . . . .	42,678	41,380	298	1,000
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	143,604	121,065	19,039	3,500
<b>17</b> Travel . . . . .	94,815	89,303	4,236	1,276
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	5,219	1,065	119	4,035
<b>20</b> Interest . . . . .	585,723	585,723		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	3,220		3,220	
<b>23</b> Insurance . . . . .	15,298	10,954	4,344	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROVISION FOR LOAN LOSSES	322,679	322,679		
<b>b</b> PROGRAM SUPPLIES	59,535	59,535		
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,823,500	2,388,750	292,969	141,781
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	317,863	<b>1</b>	753,644
	<b>2</b> Savings and temporary cash investments . . . . .	2,111,510	<b>2</b>	2,666,703
	<b>3</b> Pledges and grants receivable, net . . . . .	3,494,511	<b>3</b>	2,793,518
	<b>4</b> Accounts receivable, net . . . . .	4,922	<b>4</b>	
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	1,082,337	<b>5</b>	555,275
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	525,000	<b>7</b>	525,000
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	9,746	<b>9</b>	20,208
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 2,500,973		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 69,497	1,722,563	<b>10c</b> 2,431,476
	<b>11</b> Investments—publicly traded securities . . . . .	1,624,180	<b>11</b>	1,732,291
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	2,816,775	<b>12</b>	2,827,230
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	7,667,180	<b>13</b>	7,636,558
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,000	<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	21,377,587	<b>16</b>	21,941,903	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	545,481	<b>17</b>	676,123
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	1,616,207	<b>22</b>	2,360,734
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	1,123,835	<b>23</b>	821,890
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	7,529,535	<b>24</b>	8,378,630
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	10,815,058	<b>26</b>	12,237,377
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	4,465,044	<b>27</b>	3,661,816
	<b>28</b> Net assets with donor restrictions . . . . .	6,097,485	<b>28</b>	6,042,710
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	10,562,529	<b>32</b>	9,704,526	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	21,377,587	<b>33</b>	21,941,903	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,099,062
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,823,500
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-724,438
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	10,562,529
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-140,063
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	6,498
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	9,704,526

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 58-2273893

**Name:** NEWTOWN MACON INC

Form 990 (2019)

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## Form 990, Part III, Line 4a:

CREATING A SENSE OF PLACE: A DESIRABLE NEIGHBORHOOD IS BOTH LIVABLE AND WALKABLE, SO NEWTOWN MACON IS PROMOTING THE DOWNTOWN LIFESTYLE AND PROVIDING RECREATIONAL ACTIVITIES. NEWTOWN PROMOTES A SENSE OF PLACE BY MANAGING FIRST FRIDAY EVENTS, BEAUTIFYING THE STREETS, PROMOTING DOWNTOWN EVENTS, AND PROMOTING THE DEVELOPMENT OF THE OCMULGEE HERITAGE TRAIL. ONE OF THE MOST TRANSFORMATIVE WAYS NEWTOWN MACON IS CHANGING DOWNTOWN IS BY TURNING VACANT, DILAPIDATED BUILDINGS INTO BEAUTIFUL USEFUL SPACES. ANOTHER WAY THAT NEWTOWN CREATES A SENSE OF PLACE IS BY PROTECTING ENDANGERED BUILDINGS BY USING THE TRANSITIONAL PROPERTY FUND (TPF). THIS FUND ALLOWS A BUILDING OWNER TO DONATE OR PARTIALLY DONATE A BUILDING TO NEWTOWN, AND NEWTOWN MATCHES THE BUILDING TO CAPABLE DEVELOPERS. THE TPF HELD ONE PROPERTY DURING THE FISCAL YEAR FOR FUTURE DEVELOPMENT, WHICH IS A DEVELOPABLE RIVERFRONT LOT AT 167 RIVERSIDE DR. ONE PROPERTY PREVIOUSLY HELD BY THE TPF WAS IN THE DEVELOPMENT PROCESS DURING THE FISCAL YEAR: 476 SECOND STREET, WHICH IS UNDER CONSTRUCTION FOR LOFTS AND A RETAIL TENANT. ANOTHER FORMER TPF HOLDING WAS RETURNED TO SERVICE DURING THE YEAR AS MERCER UNIVERSITY COMPLETED THE RESTORATION OF THE HISTORIC CAPRICORN RECORDING STUDIO. THE TPF CONTINUED TO INDEPENDENTLY OWN AND CONTINUE REHABILITATION OF 455 AND 461 THIRD ST., A HISTORIC THEATRE AND A MIXED-USE BUILDING. THREE ADDITIONAL TPF PROJECTS REMAINED UNDER SHARED OWNERSHIP AND IN DEVELOPMENT: A BOUTIQUE HOTEL AT 350 SECOND ST., A MIXED-USE BUILDING AT 536 THIRD ST. AND A MIXED-USE BUILDING AT 596 CHERRY ST. PREVIOUS TPF PROJECTS INCLUDE: 518-530 CHERRY ST. (TRAVIS JEAN), 552-580 CHERRY ST. (LAMAR LOFTS), 566 POPLAR ST., 546 POPLAR ST., 350 SECOND ST. (CAPITOL), 555 POPLAR ST., 454 TERMINAL AVE., 360 SIXTH ST., RIVERSIDE DR. ASSEMBLAGE, 300 CHERRY ST. (SPORTS HALL) AND 745 POPLAR ST. (SHRINE TEMPLE). THE OCMULGEE HERITAGE TRAIL (OHT) CONTINUES TO BE ONE OF OUR MAIN FOCUSES AS A PUBLIC/PRIVATE PARTNERSHIP. NEWTOWN MACON RUNS AN ADVISORY COMMITTEE TO PLAN AND MANAGE EXPANSION AND IMPROVEMENT OF THE TRAIL SYSTEM AND RAISE PRIVATE FUNDS TO ENABLE THESE IMPROVEMENTS THROUGH THE OHT CONSTRUCTION FUND. ONCE IMPROVEMENTS ARE COMPLETE, NEWTOWN TURNS THE IMPROVEMENTS OVER TO LOCAL GOVERNMENT TO RUN AS PUBLIC PARK SPACE IN PERPETUITY. DURING THE FISCAL YEAR, WE COMPLETED THE DESIGN, FABRICATION AND INSTALLATION OF A MASTER SIGNAGE PROGRAM THROUGHOUT THE EXISTING TRAIL SYSTEM. WE ALSO COMPLETED A BRIDGE INSTALLATION AND TRAIL EXTENSION PROJECT IN RIVERSIDE CEMETERY. A TRAIL CONNECTION IN AMERSON RIVER PARK CONNECTING THE NORTH OVERLOOK TO THE JAY HALL RIVER ACCESS REMAINED UNDER CONSTRUCTION AT THE END OF THE FISCAL YEAR.

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**Form 990, Part III, Line 4b:**

INCREASING RESIDENTS: NEWTOWN MACON IS INCREASING DOWNTOWN RESIDENTS BY FUNDING LOFT DEVELOPMENT THROUGH THE REAL ESTATE LOAN FUND. THIS LOAN FUND WAS ESTABLISHED IN PARTNERSHIP WITH THE MACON BIBB URBAN DEVELOPMENT AUTHORITY AND MACON BIBB COUNTY. WE USE BOND FUNDS IN VIABLE RESIDENTIAL PROJECTS TO CLOSE THE GAP BETWEEN SOURCES OF FUNDS (INCLUDING OWNER EQUITY, TRADITIONAL FINANCING AND HISTORIC TAX CREDITS) AND THE ACTUAL COST TO REHABILITATE OR BUILD REAL ESTATE DEVELOPMENTS DOWNTOWN. AT THE END OF THE FISCAL YEAR, NEWTOWN HAD 8.2 MILLION OF LOANS IN SERVICE ON PROJECTS. IN TOTAL, NEWTOWN'S REAL ESTATE LOANS PRODUCED PROJECTS WITH MARKET VALUES OF 90 MILLION, EXPECTED TO PRODUCE 282 RESIDENTIAL LOFTS AND REHABILITATE OVER 4,581,000 SQUARE FEET OF UNDERUTILIZED BUILDINGS. NEWTOWN MACON ALSO PROMOTES DOWNTOWN LIVING THROUGH MARKETING AND BRANDING, AND BY HELPING PEOPLE FIND A PLACE TO LIVE THROUGH THE LOFT FINDER ONLINE SERVICE AT [NEWTOWNMACON.COM/LIVING](http://NEWTOWNMACON.COM/LIVING). THROUGH THESE STRATEGIES, DOWNTOWN MACON IS ATTRACTING NEW RESIDENTS. WE EXCEEDED OUR GOAL OF 85% OCCUPANCY WITH 95% OF THE LOFTS OCCUPIED AT THE END OF THE FISCAL YEAR.

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**Form 990, Part III, Line 4c:**

GROWING JOBS: NEWTOWN MACON ALSO PROVIDES SUPPORT FOR ENTREPRENEURS. WE OFFER A VARIETY OF SERVICES INCLUDING SHEPHERDING APPLICANTS THROUGH THE PERMIT PROCESS, ONE-ON-ONE MENTORSHIP COUNSELING, AND ACCESS TO CAPITAL THROUGH LOANS, EQUITY INVESTMENTS AND JOINT VENTURES. OUR STAFF CONDUCTED OVER 100 SMALL BUSINESS CONSULTATIONS DURING THE FISCAL YEAR. AT THE END OF THE FISCAL YEAR, NEWTOWN HAD FOURTEEN INVESTMENTS IN BUSINESSES OUTSTANDING, FOR A TOTAL OF APPROXIMATELY 534,000. THESE SERVICES ATTRACT BUSINESSES TO DOWNTOWN, VERIFIED BY A TOTAL OF 10 NET NEW BUSINESSES OPENING IN DOWNTOWN MACON DURING THE FISCAL YEAR.

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSHUA M ROGERS ..... PRESIDENT &	40.00 .....			X				157,133	0	6,991
JAMES FRITZE ..... CFO	40.00 .....			X				96,646	0	4,507
VIRGIL ADAMS ..... DIRECTOR	1.00 .....	X						0	0	0
EMBER BENTLEY ..... DIRECTOR	1.00 .....	X						0	0	0
JEAN BRAGG ..... DIRECTOR	1.00 .....	X						0	0	0
JIM DAWS ..... DIRECTOR	1.00 .....	X						0	0	0
DAN FORRESTER ..... TREASURER	5.00 .....	X		X				0	0	0
CARL GAROFALO ..... DIRECTOR	1.00 .....	X						0	0	0
DR R KIRBY GODSEY ..... DIRECTOR	1.00 .....	X						0	0	0
CORRIE HALL ..... DIRECTOR	1.00 .....	X						0	0	0



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT F HATCHER ..... DIRECTOR	1.00 .....	X						0	0	0
CURTIS HERTWIG ..... DIRECTOR	1.00 .....	X						0	0	0
ANNISA JONES ..... DIRECTOR	1.00 .....	X						0	0	0
JUANITA T JORDAN ..... PAST VICE CH	1.00 .....	X						0	0	0
BILL KILBURG ..... DIRECTOR	1.00 .....	X						0	0	0
KAREN LAMBERT ..... VICE CHAIR	5.00 .....	X		X				0	0	0
BLAKE LIENBY ..... OF COUNSEL	5.00 .....	X						0	0	0
BONNIE LOPEZ ..... DIRECTOR	1.00 .....	X						0	0	0
ELBERT MCQUEEN ..... DIRECTOR	1.00 .....	X						0	0	0
LESTER MILLER ..... DIRECTOR	1.00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EMILY MYERS ..... DIRECTOR	1.00 .....	X						0	0	0
BRYAN NICHOLS ..... DIRECTOR	1.00 .....	X						0	0	0
JACOB PATTON ..... DIRECTOR	1.00 .....	X						0	0	0
ROBERT REICHERT ..... DIRECTOR	1.00 .....	X						0	0	0
JOHN RHEA ..... DIRECTOR	1.00 .....	X						0	0	0
TONY ROJAS ..... SECRETARY	5.00 .....	X		X				0	0	0
SCOTT SEIGEL ..... DIRECTOR	1.00 .....	X						0	0	0
CHRIS R SHERIDAN ..... CHAIR OHT CO	5.00 .....	X						0	0	0
SCOTT THOMPSON ..... DIRECTOR	1.00 .....	X						0	0	0
DEON TUCKER ..... DIRECTOR	1.00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM UNDERWOOD ..... CHAIR	5.00 .....	X		X				0	0	0
THOMAS WICKER ..... PAST CHAIR	1.00 .....	X						0	0	0
YVONNE WILLIAMS ..... DIRECTOR	1.00 .....	X						0	0	0
MICHAEL WRIGHT ..... DIRECTOR	1.00 .....	X						0	0	0

**SCHEDULE A**  
(Form 990 or 990-EZ)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NEWTOWN MACON INC

Employer identification number  
58-2273893

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	1,250,306	1,135,359	6,403,249	917,534	1,362,801	11,069,249
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3	1,250,306	1,135,359	6,403,249	917,534	1,362,801	11,069,249
<b>5</b> 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) . . .						4,947,438
<b>6 Public support.</b> Subtract line 5 from line 4.						6,121,811

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . .	1,250,306	1,135,359	6,403,249	917,534	1,362,801	11,069,249
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	196,510	187,424	234,634	259,632	325,124	1,203,324
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .			32,116	2,679	8,804	43,599
<b>11 Total support.</b> Add lines 7 through 10						12,316,172
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	3,670,763

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	49.710 %
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	46.780 %

- 16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- 17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .
- b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>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.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		



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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

**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).

**Facts And Circumstances Test**

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
PART II, LINE 10	43,599

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: **NEWTOWN MACON INC**  
Employer identification number: **58-2273893**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total 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 advised 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 advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

## Part II Conservation Easements.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of an 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements . . . . .	2
b Total acreage restricted by conservation easements . . . . .	1.00
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ 1
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**

- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- c** Beginning balance . . . . .
  - d** Additions during the year . . . . .
  - e** Distributions during the year . . . . .
  - f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	5,405,581	3,291,232	2,921,021	2,720,640	2,086,202
<b>b</b> Contributions . . . . .	66,568	25,350	200,000		736,987
<b>c</b> Net investment earnings, gains, and losses	-5,958	155,023	277,724	336,049	-939
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	154,589	141,023	107,513	135,668	103,488
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	5,311,602	5,405,581	3,291,232	2,921,021	2,720,640

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

- a** Board designated or quasi-endowment ▶ 11.000 %
  - b** Permanent endowment ▶ 28.000 %
  - c** Temporarily restricted endowment ▶ 61.000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>		No
<b>3b</b>		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .	336,109			336,109
<b>b</b> Buildings . . . . .	2,081,076		22,036	2,059,040
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .	32,616		19,057	13,559
<b>e</b> Other . . . . .	51,172		28,404	22,768
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,431,476

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) BENEF INTEREST IN COMM FOUND	2,529,905	F
(B) INTEREST IN PARTNERSHIP	297,325	C
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	2,827,230	

**Part VIII Investments—Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) PROGRAM LOANS RECEIVABLE	7,636,558	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)	7,636,558	

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	2,191,423
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-140,063
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	50,938
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	206,162
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	117,037
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	2,074,386
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	31,174
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-6,498
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	24,676
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	2,099,062

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	3,049,426
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	50,938
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	206,162
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	257,100
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	2,792,326
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	31,174
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	31,174
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	2,823,500

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 58-2273893

**Name:** NEWTOWN MACON INC

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 1, PART II, LINE 9	THE ORGANIZATION INCLUDED RESTRICTED COVENANTS IN TWO CONTRACTS FOR THE SALE OF BUILDINGS DURING THE YEARS ENDED 6/30/14 AND 6/30/16. THIS CONDITION OF THE SALE IS MEANT TO ENSURE THAT THE EXTERIOR OF THE BUILDINGS ARE WELL MAINTAINED. THE ORGANIZATION HAS A WRITTEN POLICY FOR MONITORING THE COVENANTS, AND EMPLOYEES OF NEWTOWN MACON WORK CLOSELY WITH THE BUILDING OWNERS TO ENSURE THAT THE TERMS OF THE COVENANT ARE ADHERED TO. THE BUILDINGS ARE NEARBY TO THE NEWTOWN MACON OFFICE. BECAUSE THE COVENANTS HAVE NO MONETARY VALUE, NO VALUE IS RECOGNIZED IN THE ORGANIZATION'S FINANCIAL STATEMENTS.

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	NEWTOWN MACON HELD TWO ENDOWMENTS DURING THE YEAR. THE FIRST ENDOWMENT REPRESENTS A DONOR-RESTRICTED FUND WHEREBY THE CORPUS IS PERMANENTLY RESTRICTED, AND EARNINGS ON THE INVESTED FUNDS ARE USED FOR THE MAINTENANCE OF THE OCMULGEE HERITAGE TRAIL. THE SECOND FUND INCLUDES DONOR-RESTRICTED CONTRIBUTIONS AND BOARD DESIGNATED FUNDS. THE FUND WILL BE USED TO COLATERALIZE A LINE OF CREDIT WHICH WILL PROVIDE LOANS TO LOCAL BUSINESS OWNERS. THE BOARD OF DIRECTORS HAS ADOPTED AN INVESTMENT AND DISBURSEMENT POLICY FOR BOTH ENDOWMENT FUNDS.

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

# Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	RENTAL EXPENSES 206,163 ROUNDING -1

# Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	BOOK TO TAX DIFFERENCE IN PARTNERSHIP LOSSES -6,498

# Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	RENTAL EXPENSES 206,163 ROUNDING -1

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I (Form 990)**  
  
Department of the Treasury  
Internal Revenue Service  
Name of the organization  
NEWTOWN MACON INC

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Employer identification number  
58-2273893

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

**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 . . . . . ▶ \_\_\_\_\_ **1**

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SPONSORSHIP	23	43,760			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PAGE 4, PART IV	NEWTOWN MACON, INC MAINTAINS RECORDS TO SUBSTANTIATE THE AMOUNT OF THE GRANTS OR ASSISTANCE THAT IT AWARDS TO ORGANIZATIONS AND INDIVIDUALS. THE POSSIBLE GRANTS ARE BROUGHT BEFORE THE BOARD AT BOARD MEETINGS AND THE BOARD MEMBERS VOTE ON WHETHER OR NOT TO AWARD THE GRANT AND DETERMINE THE GRANT AMOUNT BASED ON WHETHER THE GRANT SUPPORTS NEWTOWN MACON'S MISSIONS. NEWTOWN MACON REQUIRES PROOF FROM THE ENTITY RECEIVING THE GRANT THAT THE GRANT FUNDS WERE EXPENDED APPROPRIATELY.



**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NEWTOWN MACON INC

Employer identification number

58-2273893

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2 Yes									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a No	4b No								
	4c No									
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a No	5b No								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a No	6b No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7 No									
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8 No									
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									



**Part III**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>
-------------------------	--------------------

**Schedule L**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization NEWTOWN MACON INC	<b>Employer identification number</b>  58-2273893
-----------------------------------------------	---------------------------------------------------------

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$	2,916,009					

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MARK THOMPSON	FAMILY	23,624	EMPLOYMENT		No
(2) BRYAN NICHOLS	DIRECTOR	179,653	EXP REIMBURSEMENT		No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)

**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 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Name of the Organization  
NEWTOWN MACON INC

**Employer identification number**

58-2273893

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>CREATING A SENSE OF PLACE: A DESIRABLE NEIGHBORHOOD IS BOTH LIVABLE AND WALKABLE, SO NEWTOWN MACON IS PROMOTING THE DOWNTOWN LIFESTYLE AND PROVIDING RECREATIONAL ACTIVITIES. NEWTOWN MACON PROMOTES A SENSE OF PLACE BY MANAGING FIRST FRIDAY EVENTS, BEAUTIFYING THE STREETS, PROMOTING DOWNTOWN EVENTS, AND PROMOTING THE DEVELOPMENT OF THE OCMULGEE HERITAGE TRAIL. ONE OF THE MOST TRANSFORMATIVE WAYS NEWTOWN MACON IS CHANGING DOWNTOWN IS BY TURNING VACANT, DILAPIDATED BUILDINGS INTO BEAUTIFUL USEFUL SPACES. ANOTHER WAY THAT NEWTOWN MACON CREATES A SENSE OF PLACE IS BY PROTECTING ENDANGERED BUILDINGS BY USING THE TRANSITIONAL PROPERTY FUND (TPF). THIS FUND ALLOWS A BUILDING OWNER TO DONATE OR PARTIALLY DONATE A BUILDING TO NEWTOWN MACON, AND NEWTOWN MACON MATCHES THE BUILDING TO CAPABLE DEVELOPERS. THE TPF HELD ONE PROPERTY DURING THE FISCAL YEAR FOR FUTURE DEVELOPMENT, WHICH IS A DEVELOPABLE RIVERFRONT LOT AT 167 RIVERSIDE DR. ONE PROPERTY PREVIOUSLY HELD BY THE TPF WAS IN THE DEVELOPMENT PROCESS DURING THE FISCAL YEAR: 476 SECOND STREET, WHICH IS UNDER CONSTRUCTION FOR LOFTS AND A RETAIL TENANT. ANOTHER FORMER TPF HOLDING WAS RETURNED TO SERVICE DURING THE YEAR AS MERCER UNIVERSITY COMPLETED THE RESTORATION OF THE HISTORIC CAPRICORN RECORDING STUDIO. THE TPF CONTINUED TO INDEPENDENTLY OWN AND CONTINUE REHABILITATION OF 455 AND 461 THIRD ST., A HISTORIC THEATRE AND A MIXED-USE BUILDING. THREE ADDITIONAL TPF PROJECTS REMAINED UNDER SHARED OWNERSHIP AND IN DEVELOPMENT: A BOUTIQUE HOTEL AT 350 SECOND ST., A MIXED-USE BUILDING AT 536 THIRD ST. AND A MIXED-USE BUILDING AT 596 CHERRY ST. PREVIOUS TPF PROJECTS INCLUDE: 518-530 CHERRY ST. (TRAVIS JEAN), 552-580 CHERRY ST. (LAMAR LOFTS), 566 POPLAR ST., 546 POPLAR ST., 350 SECOND ST. (CAPITOL), 555 POPLAR ST., 454 TERMINAL AVE., 360 SIXTH ST., RIVERSIDE DR. ASSEMBLAGE, 300 CHERRY ST. (SPORTS HALL) AND 745 POPLAR ST. (SHRINE TEMPLE). THE OCMULGEE HERITAGE TRAIL (OHT) CONTINUES TO BE ONE OF OUR MAIN FOCUSES AS A PUBLIC/PRIVATE PARTNERSHIP. NEWTOWN MACON RUNS AN ADVISORY COMMITTEE TO PLAN AND MANAGE EXPANSION AND IMPROVEMENT OF THE TRAIL SYSTEM AND RAISE PRIVATE FUNDS TO ENABLE THESE IMPROVEMENTS THROUGH THE OHT CONSTRUCTION FUND. ONCE IMPROVEMENTS ARE COMPLETE, NEWTOWN MACON TURNS THE IMPROVEMENTS OVER TO LOCAL GOVERNMENT TO RUN AS PUBLIC PARK SPACE IN PERPETUITY. DURING THE FISCAL YEAR, WE COMPLETED THE DESIGN, FABRICATION AND INSTALLATION OF A MASTER SIGNAGE PROGRAM THROUGHOUT THE EXISTING TRAIL SYSTEM. WE ALSO COMPLETED A BRIDGE INSTALLATION AND TRAIL EXTENSION PROJECT IN RIVERSIDE CEMETERY. A TRAIL CONNECTION IN AMERSON RIVER PARK CONNECTING THE NORTH OVERLOOK TO THE JAY HALL RIVER ACCESS REMAINED UNDER CONSTRUCTION AT THE END OF THE FISCAL YEAR.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 2, PART III, LINE 4B	<p>INCREASING RESIDENTS: NEWTOWN MACON IS INCREASING DOWNTOWN RESIDENTS BY FUNDING LOFT DEVELOPMENT THROUGH THE REAL ESTATE LOAN FUND. THIS LOAN FUND WAS ESTABLISHED IN PARTNERSHIP WITH THE MACON BIBB URBAN DEVELOPMENT AUTHORITY AND MACON BIBB COUNTY. WE USE BOND FUNDS IN VIABLE RESIDENTIAL PROJECTS TO CLOSE THE GAP BETWEEN SOURCES OF FUNDS (INCLUDING OWNER EQUITY, TRADITIONAL FINANCING AND HISTORIC TAX CREDITS) AND THE ACTUAL COST TO REHABILITATE OR BUILD REAL ESTATE DEVELOPMENTS DOWNTOWN. AT THE END OF THE FISCAL YEAR, NEWTOWN HAD 8.2 MILLION OF LOANS IN SERVICE ON PROJECTS. IN TOTAL, NEWTOWN'S REAL ESTATE LOANS PRODUCED PROJECTS WITH MARKET VALUES OF 90 MILLION, EXPECTED TO PRODUCE 282 RESIDENTIAL LOFTS AND REHABILITATE OVER 4,581,000 SQUARE FEET OF UNDERUTILIZED BUILDINGS. NEWTOWN MACON ALSO PROMOTES DOWNTOWN LIVING THROUGH MARKETING AND BRANDING, AND BY HELPING PEOPLE FIND A PLACE TO LIVE THROUGH THE LOFT FINDER ONLINE SERVICE AT <a href="http://NEWTOWNMACON.COM/LIVING">NEWTOWNMACON.COM/LIVING</a>. THROUGH THESE STRATEGIES, DOWNTOWN MACON IS ATTRACTING NEW RESIDENTS. WE EXCEEDED OUR GOAL OF 85% OCCUPANCY WITH 95% OF THE LOFTS OCCUPIED AT THE END OF THE FISCAL YEAR.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 2, PART III, LINE 4D	ADVOCATING PROGRESS: NEWTOWN MACON'S BOARD OF DIRECTORS EMBRACES A BROAD VISION OF A PROSPEROUS MIDDLE GEORGIA WHICH NECESSITATES OUR INVOLVEMENT IN LOCAL, REGIONAL, STATE, AND NATIONAL POLICY ISSUES THAT IMPACT DOWNTOWN MACON'S RENAISSANCE. FISCAL SPONSOR: NEWTOWN MACON IS FOCUSED ON REVITALIZING DOWNTOWN. NEWTOWN REVITALIZES DOWNTOWN BY CREATING A SENSE OF PLACE, INCREASING RESIDENTS, GROWING JOBS, AND ADVOCATING FOR PROGRESS.



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI	THE ORGANIZATION RETAINS ALL DOCUMENTS FOR 7 YEARS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	SCOTT THOMPSON DIRECTOR FAMILY

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE CFO AND CEO REVIEW THE FORM 990. IT IS THEN PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL BEFORE THE RETURN IS FILED.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 6, PART VI, LINE 12C	THE BOARD AND STAFF FILL OUT QUESTIONNAIRES ANNUALLY.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE UPON WRITTEN REQUEST.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART IX, LINE 11G	ARCHITECTS 14,925 0 0 CONSTRUCTION 316,661 0 0 CONSULTING 32,900 0 0 DESIGN 47,819 0 0 ENG INEERING 47,567 0 0 MISCELLANEOUS 60,303 1,688 0 MUSICIANS 7,625 0 0 PROGRAMMATIC EVENTS 3 4,692 0 0 EDUCATIONAL CONSULTING 15,369 0 0 PHOTOGRAPHY 4,225 0 0 TOTAL 582,086 1,688 0



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART X	LINE 24 - UNSECURED NOTES AND LOANS PAYABLE TO UNRELATED THIRD PARTIES. AS PART OF A PRIVATE/PUBLIC PARTNERSHIP EFFORT TO RENOVATE, REHABILITATE AND RECONFIGURE SEVERAL BUILDINGS IN DOWNTOWN MACON, NEWTOWN'S SUBSIDIARY URBAN DEVELOPMENT CONCEPTS, LLC ENTERED INTO AN AGREEMENT WITH THE MACON - BIBB COUNTY URBAN DEVELOPMENT AUTHORITY TO MANAGE THOSE PROJECTS. THE PROJECTS ARE PARTIALLY FUNDED WITH COUNTY REVENUE BONDS WHICH ARE NOT TAX-EXEMPT. SOME OF THE BUILDINGS INCLUDED IN THE PROJECT ARE OWNED BY LOCAL BUSINESSES. THE MANAGEMENT AGREEMENT BETWEEN THE SUBSIDIARY AND THE DEVELOPMENT AUTHORITY NAMES THE SUBSIDIARY AS GUARANTOR OF THE DEBT. IN ADDITION, ONE OF THE SUBSIDIARY'S CONTRACTUAL DUTIES UNDER THE AGREEMENT IS TO COLLECT LOAN PAYMENTS FROM PROPERTY OWNERS AND REMIT THE PAYMENTS TO THE COUNTY DEBT RESERVE FUND AS REPAYMENT OF ALL DISBURSED BOND PROCEEDS AND RELATED ACCRUED INTEREST. HOWEVER, THIS OBLIGATION IS LIMITED ONLY TO THE SUBSIDIARY AND IS NOT A GENERAL OBLIGATION OF NEWTOWN MACON, INC. ALSO, THE SUBSIDIARY'S ONLY ASSETS ARE SECURITY INTERESTS IN THE PROPERTIES RECEIVING THE LOAN FUNDS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	RENTAL EXPENSES 206,163 ROUNDING -1 BOOK TO TAX DIFFERENCE IN PARTNERSHIP LOSSES 6,498 REN TAL EXPENSES -206,163 ROUNDING 1 BAD DEBT PROMISES TO GIVE 0 TOTAL 6,498

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NEWTOWN MACON INC

**Employer identification number**

58-2273893

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

See Additional Data Table

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> JOHNSON LOFTS OPERATING LLC 555 POPLAR STREET MACON, GA 31201 38-3978560	RENTAL	GA	NA	UNRELATED	-55	297,026		No		Yes		
<b>(2)</b> SPEARMAN LOFTS OPERATING LLC 555 POPLAR STREET MACON, GA 31201 35-2589186	RENTAL	GA	NA	UNRELATED	-1,857	162,038		No		Yes		
<b>(3)</b> 596 CHERRY MANAGEMENT LLC 555 POPLAR STREET MACON, GA 31201 38-4068509	RENTAL	GA	NA	UNRELATED	-326	-411		No		Yes		
<b>(4)</b> 350 SECOND LLC 555 POPLAR STREET MACON, GA 31201 30-1166198	RENTAL	GA	NA	UNRELATED	-283	32,217		No		Yes		
<b>(5)</b> 536 THIRD MANAGEMENT LLC 555 POPLAR STREET MACON, GA 31201 84-2016251	RENTAL	GA	NA	UNRELATED	-44,980	119,020		No		Yes		

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) JOHNSON LOFTS OPERATING LLC	A	71,342	FAIR MARKET VALUE
(2) 536 THIRD MANAGEMENT LLC	A	86,250	COST
(3) 596 CHERRY MANAGEMENT LLC	B	50,000	COST
(4) 596 CHERRY MANAGEMENT LLC	D	92,913	COST
(5) 350 SECOND LLC	D	94,006	COST



**Part VII**   **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 58-2273893  
**Name:** NEWTOWN MACON INC

**Form 990, Schedule R, Part I - Identification of Disregarded Entities**

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct Controlling Entity
UDC REALTY LLC 555 POPLAR ST MACON, GA 31201 20-3966010	PROP. MGMT	GA		175,997	NA
UDC MANAGEMENT LLC 555 POPLAR ST MACON, GA 31201 58-2273893	PROP. MGMT	GA		81	NA
NEWTOWN MACON PROFITS LLC 555 POPLAR ST MACON, GA 31201 47-4828165	PROP. MGMT	GA	-40,969	696,171	NA
URBAN DEVELOPMENT CONCEPTS LLC 555 POPLAR ST MACON, GA 31201 32-0442365	LOAN MGMT	GA	529,431	846,584	N/A
544 MULBERRY-GROUND FLOOR LLC 555 POPLAR ST MACON, GA 31201 82-3870890	PROP. MGMT	GA	147,881	699,796	N/A
NEWTOWN MACON BID MANAGEMENT LLC 555 POPLAR ST MACON, GA 31201 82-2582736	BID MGMT	GA	18,282	573,409	N/A
NEWTOWN LOANS LLC 555 POPLAR ST MACON, GA 31201 47-5593272	LOAN MGMT	GA	82,555	13,828	N/A
455 THIRD STREET LLC 555 POPLAR ST MACON, GA 31201 32-0568636	PROP MGMT	GA		459,589	N/A
461 THIRD STREET LLC 555 POPLAR ST MACON, GA 31201 35-2629324	PROP MGMT	GA		804,620	N/A