(Rev. January 2024)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

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

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

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

must use	Form 7004 to request an extension of time to file income	e tax retur	ns.			
Part I - Id	entification					
Type or	Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpayer	r identification r	number (TIN)
Print	NORTHWEST AREA FOUNDATION				41-0719	9221
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see 60 PLATO BOULEVARD EAST, 40		ions.			
return. See instructions.	City, town or post office, state, and ZIP code. For a for ST. PAUL, MN 55107		ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			07
Applicatio			Application Is For			Return
, the product		Code				Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
	0 (individual)	03	Form 5227			10
Form 990		04	Form 6069			11
	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	-T (trust other than above)	06	Form 5330 (individual)			13
	-T (corporation)	07	Form 5330 (other than individual)			10
Form 104		08				
	u enter your Return Code, complete either Part II or Part		including signature is applicable o	only for an	extension of	
•	e Form 5330.					
	oplication is for an extension of time to file Form 5330, y	ou must e	nter the following information			
	n Name					
	n Number					
	n Year Ending (MM/DD/YYYY)					
	Itomatic Extension of Time To File for Exempt Organi	izatione (e	too instructions)			
	ocks are in the care of THE ORGANIZATION	124110115 (3				
THE DO			ST, 400 - ST PAUL,	MN 55	107	
Toloph	one No. (651) 224-9635					
			Fax No.			
	organization does not have an office or place of business s for a Group Return, enter the organization's four-digit (
. г		_				
box [If it is for part of the group, check this box					
	quest an automatic 6-month extension of time until NC			e the exem	ipt organization	return for
_	organization named above. The extension is for the orga	anization's	return for:			
X						
	tax year beginning	, 20	, and ending			, 20
				_		
2 If th	e tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: Initial return	Final retur	n	
	Change in accounting period					
	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			0
	nonrefundable credits. See instructions.			<u>3a</u>	\$	0.
	is application is for Forms 990-PF, 990-T, 4720, or 6069					•
	mated tax payments made. Include any prior year overpa			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa	-				<u>^</u>
usin	ng EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3c	\$	0.

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

**	PUBL	.IC	INSP	ECT	ION	COPY	**
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Form	990-T	E	Exempt Organization Business Income Tax Retur	'n	OMB No. 1545-0047
			(and proxy tax under section 6033(e))		つりつつ
		For cal	endar year 2023 or other tax year beginning, and ending	·	2023
Departr Internal	nent of the Treasury Revenue Service		Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)		bloyer identification number
	empt under section	Print	NORTHWEST AREA FOUNDATION		<u>1-0719221</u>
X	501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.		up exemption number instructions)
	408(e) 220(e)		60 PLATO BOULEVARD EAST, 400	_	
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code ST • PAUL , MN 55107	F	Check box if
			ok value of all assets at end of year 528, 546, 911.		an amended return.
G C	heck organization	type	X501(c) corporation501(c) trust401(a) trustOther trust6417(d)(1)(A) Applicable entity	State	college/university
нс	heck if filing only to	o claim		ient amo	unt from Form 3800
I C	heck if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
J E	nter the number of	attache	ed Schedules A (Form 990-T)		1
K D	uring the tax year,	was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
			d identifying number of the parent corporation		
	he books are in ca		THE ORGANIZATION Telephone number	(651) 224-9635
Par			d Business Taxable Income		
1			ess taxable income computed from all unrelated trades or businesses (see instructions)	. 1	1,161,516.
2				2	1,161,516.
3	Add lines 1 and 2	<u>-</u>	(see instructions for limitation rules) STMT 17 STMT 18	3	116,052.
4 5	Total uprelated b	usinos	taxable income before net operating losses. Subtract line 4 from line 3	5	1,045,464.
6			ing loss. See instructions	. 6	1,010,1010
7		•	ess taxable income before specific deduction and section 199A deduction.		
-	Subtract line 6 fr			7	1,045,464.
8	Specific deduction	on (gene	erally \$1,000, but see instructions for exceptions)		1,000.
9			eduction. See instructions		
10			lines 8 and 9		1,000.
	Unrelated busin	ess tax	able income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	. 11	1,044,464.
Par		-			
1			as corporations. Multiply Part I, line 11 by 21% (0.21)	. 1	219,337.
2			rates. See instructions for tax computation. Income tax on the amount on		
•	Part I, line 11, fro		Tax rate schedule or Schedule D (Form 1041)		
3	Proxy tax. See in				
4 5			instructions		
6	Tax on noncom	nliant f	acility income. See instructions	6	
7			gh 6 to line 1 or 2, whichever applies	7	219,337.
Par					· · · · ·
1a	Foreign tax credi	t (corpo	orations attach Form 1118; trusts attach Form 1116)		
b	Other credits (see		· · · · · · · · · · · · · · · · · · ·	_	
с			Attach Form 3800 (see instructions)	_	
d			mum tax (attach Form 8801 or 8827) 1d	_	
е	Total credits. Ac		•	<u>1e</u>	010 000
2			rt II, line 7	2	219,337.
3a	Amount due from			_	
b	Amount due from Amount due from			-	
c d	Amount due from			-	
e u	Other amounts d				
f		•	lines 3a through 3e	3f	0.
4			and 3f (see instructions). Check if includes tax previously deferred under		
			x amount here	4	219,337.
5			lity paid from Form 965-A, Part II, column (k)	5	0.
LHA	For Paperwork R	eductio	on Act Notice, see instructions. 323701 11-20-23		Form 990-T (2023)

⁵⁷ 2023.05000 NORTHWEST AREA FOUNDATION A4724861

r	90-T (2023)					F	Dage 2
Part	III Tax and Payments (continued)						
6 a	Payments: Preceding year's overpayment credited to the current year	<u>6a</u>	29,088.				
b	Current year's estimated tax payments. Check if section 643(g) election						
	applies	6b	190,249.				
с	Tax deposited with Form 8868						
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d					
е	Backup withholding (see instructions)	<u>6e</u>					
f	Credit for small employer health insurance premiums (attach Form 8941)	6f					
g	Elective payment election amount from Form 3800	6g					
h	Payment from Form 2439	6h					
i	Credit from Form 4136	6i					
j	Other (see instructions)						
7	Total payments. Add lines 6a through 6j			7	21	.9,3	37.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		X	8			
9				9			
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	rpaid		10			
_11	Enter the amount of line 10 you want: Credited to 2024 estimated tax		Refunded	11			
Part	IV Statements Regarding Certain Activities and Other Informa	tion (se	e instructions)				
1	At any time during the 2023 calendar year, did the organization have an interest in c	or a signat	ure or other authority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	e organiza	tion may have to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	he name o	f the foreign country				
	here						X
2	During the tax year, did the organization receive a distribution from, or was it the gra	antor of, o	r transferor to, a				
	foreign trust?						X
	If "Yes," see instructions for other forms the organization may have to file.						
3	Enter the amount of tax-exempt interest received or accrued during the tax year						
4	Enter available pre-2018 NOL carryovers here \$ Do not	t include a	ny post-2017 NOL car	ryover			
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	any dedu	ction reported on Part	I, line 6	S.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-201	7 NOL ca	rryovers. Don't reduce				
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fe	or the tax	year. See instructions.			_	
	Business Activity Code	Ava	ailable post-2017 NOL	carryov	er		
	525990	\$	2	08,1	.01.	_	
		\$					
		\$					
		\$					
6 a	Reserved for future use						
b	Reserved for future use						
Part	V Supplemental Information						

Provide any additional information. See instructions.

	Under penalties of perjury, I declare that correct, and complete. Declaration of pre						owledge	e and belief, it is true,	
	Kamua Rauf Signatura of officer			CFO				the IRS discuss this r reparer shown below	
	Signature of officer	Da	ate	Title			instru	uctions)? X Yes	B NO
	Print/Type preparer's name	Prepar	er's signatur	e	Date	Check	if	PTIN	
Paid						self-employ	/ed		
Preparer	KIMBERLY ANDER	SON KIME	BERLY	ANDERSON	11/12/24			P001888	889
Use Only	Firm's name CLIFTONLARSONALLEN LLP					Firm's EIN		41-0746	5749
occ only		8215 GREENWAY BOULEVARD, SUITE 600							
	Firm's address MIDD	LETON, WI	53562			Phone no.	60	8-662-86	500
								Form 99	0-T (2023)

323711 11-20-23

FORM 990-T	CONTRIBUTIONS	STATEMENT 17
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CASH GRANTS PAID TO PUBLIC CHARITIES	N/A	17,292,497.
CHARITABLE CONTRIBUTIONS - LIMITED PARTNERSHIP 37-1656529	N/A	18.
CHARITABLE CONTRIBUTIONS - LIMITED PARTNERSHIP 47-2465456	N/A	1.
CHARITABLE CONTRIBUTIONS - LIMITED PARTNERSHIP 81-3618021	N/A	18.
CHARITABLE CONTRIBUTIONS - LIMITED PARTNERSHIP 81-4699479	N/A	14.
CHARITABLE CONTRIBUTIONS - LIMITED PARTNERSHIP 82-3170994	N/A	54.

TOTAL TO FORM 990-T, PART I, LINE 4

17,292,602.

FORM 990-T	CONTRI	BUTIONS SUMMARY		STATEMENT	18
	CONTRIBUTIONS SUBJECT				
FOR TAX FOR TAX	OF PRIOR YEARS UNUSED (YEAR 2018 YEAR 2019 YEAR 2020	CONTRIBUTIONS			
FOR TAX	YEAR 2020 YEAR 2021 YEAR 2022	18,207,333 16,029,106			
TOTAL CARR TOTAL CURR	YOVER ENT YEAR 10% CONTRIBUT:	IONS	34,236,439 17,292,602		
	RIBUTIONS AVAILABLE COME LIMITATION AS ADJU	USTED	51,529,041 116,052	_	
EXCESS 100	TRIBUTIONS % CONTRIBUTIONS		51,412,989 0	_	
	SS CONTRIBUTIONS CONTRIBUTIONS DEDUCTION	N	51,412,989	116,	052
TOTAL CONT	RIBUTION DEDUCTION			116,	052

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

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

Ζυζυ

OMB No. 1545-0047

Open to Public Inspection for 501(c)(3) Organizations Only

A	Name of the organization		в	Employer identif	ication	number		
	NORTHWEST AREA FOUNDATION			41-07192				
		505000			4		4	
С	Unrelated business activity code (see instructions)	525990	D	Sequence:	T	of	T	

E Describe the unrelated trade or business **PARTNERSHIP INVESTMENTS**

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a	68,764.		68,764.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b	-		
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 19	5	1,375,785.		1,375,785.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	1,444,549.		1,444,549.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)		1	
2	Salaries and wages		2	
3	Repairs and maintenance		3	
4	Bad debts		4	
5	Interest (attach statement). See instructions		5	
6	Taxes and licenses		6	71,257.
7	Depreciation (attach Form 4562). See instructions 7			
8	Less depreciation claimed in Part III and elsewhere on return 8a		8b	
9	Depletion		9	
10	Contributions to deferred compensation plans		10	
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)		12	
13	Excess readership costs (Part IX)		13	
14	Other deductions (attach statement) SEE STATEME	NT 20	14	3,675.
15	Total deductions. Add lines 1 through 14		15	74,932.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,			
	column (C)		16	1,369,617.
17	Deduction for net operating loss. See instructions STMT 21 S	TMT 23	17	208,101.
18	Unrelated business taxable income. Subtract line 17 from line 16		18	1,161,516.
For F	Paperwork Reduction Act Notice, see instructions.	S	chedu	le A (Form 990-T) 2023

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1

Part I					1
	le A (Form 990-T) 2023 II Cost of Goods Sold Enter meth	nod of inventory valuati	ion		Page 2
	Inventory at beginning of year			1	
	Purchases				
	Cost of labor				
	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5			6	
	Inventory at end of year			7	
	Cost of goods sold. Subtract line 7 from line 6. Enter h				
9 Part I	Do the rules of section 263A (with respect to property p V Rent Income (From Real Property and				Yes No
	Description of property (property street address, city, st	· · · · ·	-		
	A				
	в 🗌				
	c 🗌				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
5 Part V	in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. Er Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c	e instructions)			0.
	A	ity, state, ZIP code). C	neck il a dual-use. See il	istructions.	
	B				
	c 🗌				
	D				
		Α	В	С	D
	Gross income from or allocable to debt-financed				
2	property				
	Deductions directly connected with or allocable				
3	Deductions directly connected with or allocable to debt-financed property				
3 a	to debt-financed property Straight line depreciation (attach statement)				
3 a	to debt-financed property				
3 a b c	to debt-financed property Straight line depreciation (attach statement)				
3 a b c 4	to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b,				
3 b c 4 5	to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-				
3 b c 4 5	to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement)	%	%		%
3 b c 4 5	to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-		%		
3 b c 4 5 6 7	to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5	%			% % 0.
3 b c 4 5 6 7 8 9	to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D). Allocable deductions. Multiply line 3c by line 6	% Enter here and on Par	t I, line 7, column (A)		0.
3 b c 4 5 6 7 8 9 10	to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D).	% Enter here and on Par ough D. Enter here and	t I, line 7, column (A)		0.

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	/=	_										1
Sched Part	ule A (Form 990-T) 2023	ities. Ro	valties, and Ro	ents Fro	m Contro	lled O	rganization	S (se	e instruct	ions)		Page 3
	,						Exempt Control	· ·		,		
	1. Name of controller organization	ed	identification inco		t unrelated 4. Tota me (loss) paym		al of specified nents made	5. Part of column 4 that is included in the controlling organiza-		nn 4 in the	6. Deductions directly connected with	
			number	(see ins	structions)				gross inc		inco	ome in column 5
<u>(1)</u>												
<u>(2)</u>												
(3)												
<u>(4)</u>			No	nevempt (Controlled O	 raanizati	ions					
7	. Taxable Income	8 N	let unrelated		otal of specif	-	1	of colu	mn 9	11	Dedi	ictions directly
	income (loss) (see instructions)			yments mad		that is inc controlling	10. Part of column 9 that is included in the controlling organization's gross income		11. Deductions directly connected with income in column 10		ected with	
<u>(1)</u>												
(2)												
(3)												
<u>(4)</u>												
							Add colum Enter here line 8, c	and on	Part I,	Ent	er her	imns 6 and 11. e and on Part I, column (B).
Totals									0.			0.
Part			of a Section 50)1(c)(7), (nization _{(s}	ee inst	ructions)			
	1. Desc	cription of ir	ncome		2. Amou incor		3. Deduction directly connormal (attach stater	ected	4. Set- (attach st		nt)	Total deductions and set-asides add cols 3 and 4)
(1)												
(2)												
(3)												
(4)												
					Add amou column 2 here and o line 9, colu	. Enter n Part I,					h	Add amounts in column 5. Enter ere and on Part I, ine 9, column (B).
Totals						0.						0.
Part	VIII Exploited E	xempt A	ctivity Income	, Other T	han Adve	ertising	g Income	(see ins	structions)			
1	Description of exploite	ed activity:										
2	Gross unrelated busin	ness income	from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con	nected with	production of unr	elated busi	ness income	e. Enter l	here and on Pa	art I,				
										3		
4	Net income (loss) from	n unrelated t	trade or business.	Subtract lir	ne 3 from line	e 2. If a g	gain, complete	ł				
										4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	Part II, line 1	2							7		

Schedule A (Form 990-T) 2023

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	ule A (Form 990-T) 2023					Page 4
Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reportir	ng two or	more periodicals on	a consolidated bas	sis.	
	A 🛄					
	в					
	c 🖂					
	D					
Enter	amounts for each periodical listed above in the	correspor	ndina column			
Linton		ooncopor	A	В	С	D
2	Gross advertising income		A		v	
2	Add columns A through D. Enter here and on		a 11. aalumn (A)			0.
_	Add columns A through D. Enter here and on	r Fart I, III				
a	B					
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and on	n Part I, lin	e 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from lin	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in					
	line 4 showing a loss or zero, do not complet					
	lines 5 through 7, and enter -0- on line 8 \dots					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le	ss				
	than line 6, enter -0-					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain of	on				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g		he line 8a columns t	otal or -0- here and	d on	
	Part II, line 13					0.
Part	X Compensation of Officers, Di	rectors,	and Trustees	(see instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Total	. Enter here and on Part II, line 1					0.
Part	XI Supplemental Information (se	ee instruct	ions)			

1

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 19
DESCRIPTION			NET INCOME OR (LOSS)
	20.0124060		
	30-0134062 -	ORDINARY BUSINESS INCOME	-97
(LOSS)	26 2220221	ORDINARY BUSINESS INCOME	-97
(LOSS)	20-3330324 -	ORDINARI BUSINESS INCOME	1,120
	26-3338321 -	OTHER INCOME (LOSS)	485
		· ORDINARY BUSINESS INCOME	405
(LOSS)	20 5550102	ondimini bodinibo incomi	-70
	37-1783800 -	ORDINARY BUSINESS INCOME	, ,
(LOSS)			722,389
LIMITED PARTNERSHIP	37-1783800 -	INTEREST INCOME	5
LIMITED PARTNERSHIP			2,087
		OTHER INCOME (LOSS)	-16
		ORDINARY BUSINESS INCOME	
(LOSS)			39,812
LIMITED PARTNERSHIP	47-2465456 -	NET RENTAL REAL ESTATE	
INCOME			-233
LIMITED PARTNERSHIP	47-2465456 -	OTHER NET RENTAL INCOME	
(LOSS)			3
LIMITED PARTNERSHIP			21,865
LIMITED PARTNERSHIP			23
LIMITED PARTNERSHIP			2
		OTHER INCOME (LOSS)	-20,202
	82-3170994 -	ORDINARY BUSINESS INCOME	/
(LOSS)			57,719
	82-3170994 -	NET RENTAL REAL ESTATE	
INCOME	00 01 00004		-392
	82-31/0994 -	OTHER NET RENTAL INCOME	110
(LOSS)	00 2170001	INTERED INCOME	112 220
LIMITED PARTNERSHIP LIMITED PARTNERSHIP			91
LIMITED PARTNERSHIP			484
		OTHER INCOME (LOSS)	-45,699
		· ORDINARY BUSINESS INCOME	45,055
(LOSS)	55 2400755	ONDINAMI DODINIDO INCOME	12,752
	81-3618021 -	ORDINARY BUSINESS INCOME	12,752
(LOSS)	01 0010021		28,216
LIMITED PARTNERSHIP	81-3618021 -	INTEREST INCOME	2,568
		OTHER INCOME (LOSS)	-15,421
		ORDINARY BUSINESS INCOME	,
(LOSS)			1,166,663
	37-1656529 -	NET RENTAL REAL ESTATE	
INCOME			5
LIMITED PARTNERSHIP	37-1656529 -	OTHER NET RENTAL INCOME	
(LOSS)			5,989
LIMITED PARTNERSHIP	37-1656529 -	INTEREST INCOME	286
LIMITED PARTNERSHIP	37-1656529 -	ROYALTIES	9,588
		OTHER INCOME (LOSS)	-453,699
	81-4699479 -	NET RENTAL REAL ESTATE	
INCOME			8,123
LIMITED PARTNERSHIP			95
LIMITED PARTNERSHIP	81-4699479 -	OTHER INCOME (LOSS)	-58,293

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65

STATEMENT(S) 19

NORTHWEST AREA FOUNDATION	41-0719221
LIMITED PARTNERSHIP 87-2366262 - ORDINARY BUSINESS INCOME (LOSS)	-1,524.
LIMITED PARTNERSHIP 87-2366262 - NET RENTAL REAL ESTATE INCOME	-7,872.
LIMITED PARTNERSHIP 98-1656080 - OTHER INCOME (LOSS)	-101,401.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	1,375,785.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 20
DESCRIPTION		AMOUNT
TAX PREP FEES		3,675.
TOTAL TO SCHEDULE A, PAR	T II, LINE 14	3,675.

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 21
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
208,101.	208,101.	0.

990-T SCH 2	A POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 22
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/19	647,087.	438,986.	208,101.	208,101.
NOL CARRYON	VER AVAILABLE THIS	YEAR	208,101.	208,101.

SCH A (990-T)	STATEMENT 23	
TAXABLE INCOME FRO	OM ALL ENTITIES	1,369,617.
THIS ENTITIES POR'	TION OF TAXABLE INCOME	1,369,617.
	CENTAGE OF PRE-2018 NET OPERATING LOSS OWED PRE-2018 NET OPERATING LOSS	100.00% 0.
TAXABLE INCOME AF'	TER PRE-2018 NET OPERATING LOSS	1,369,617.
80% INCOME LIMITA'	TION	1,095,694.
POST-2017 AVAILAB	LE	208,101.
LESSER OF POST-20	17 NET OPERATING LOSS OR 80% LIMITATION	208,101.

Name

Department of the Treasury Internal Revenue Service

Capital Gains and Losses Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

<u>20</u>23

Employer identification number

41-0719221

Yes X No

NORTHWEST AREA FOUNDATION

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?

If "Yes," attach Form 8949 and see its instru					
Part I Short-Term Capital Ga	ins and Losses - Ass	ets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column (49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
round off cents to whole dollars. 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					result with column (g)
1b Totals for all transactions reported on Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on Form(s) 8949 with Box C checked					-797.
4 Short-term capital gain from installment sales	s from Form 6252, line 26 or 37	7		4	
5 Short-term capital gain or (loss) from like-kin				5	
6 Unused capital loss carryover (attach comput	ation)			6	()
7 Net short-term capital gain or (loss). Combin Part II Long-Term Capital Gai	e lines 1a through 6 in column	h		7	-797.
	ns and Losses - Ass	ets Held More Tha	n One Year		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					12,528.
11 Enter gain from Form 4797, line 7 or 9	·			11	57,033.
12 Long-term capital gain from installment sales				12	
13 Long-term capital gain or (loss) from like-kin				13	
4.4 Or with all works with a billion of the second	-			14	
15 Net long-term capital gain or (loss). Combine				15	69,561.
Part III Summary of Parts I and					•
16 Enter excess of net short-term capital gain (lin	ne 7) over net long-term capita	l loss (line 15)		16	
17 Net capital gain. Enter excess of net long-tern				17	68,764.
18 Add lines 16 and 17. Enter here and on Form				18	68,764.
Note: If losses exceed gains, see Capital Los					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2023

321051 12-26-23

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Form 8949					
Department of the Treasury Internal Revenue Service					

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074
0000
2023
Attachment Sequence No. 12A
Sequence No.

Social security number or taxpayer identification no.

11-0719221

NORTHWEST AREA						-	719221	
Before you check Box A, B, or C bel statement will have the same inform	ow, see whether ation as Form 109	you received any 99-B. Either will s	r Form(s) 1099-B show whether you	or substitute staterr ır basis (usually you	nent(s) fron r cost) was	n your broker. A su reported to the IF	lbstitute RS by your	
broker and may even tell you which a Part I Short-Term. Transact	<i>box to check.</i> ions involving capit	al assets vou held	1 vear or less are ge	enerally short-term (see	e instruction	s). For long-term		
transactions, see page 2. Note: You may aggregate al							liustments or	
codes are required. Enter the	e totals directly on S	Schedule D, line 1a	; you aren't required	to report these trans	actions on F	orm 8949 (see instru	ctions).	
You must check Box A, B, or C below. If you have more short-term transactions than wi							each applicable box.	
(A) Short-term transactions re								
(B) Short-term transactions re	-	-		-		,		
X (C) Short-term transactions no	ot reported to you	, on Form 1099-I	3					
1 (a)	(b)	(c)	(d)	(e)		it, if any, to gain or	(h)	
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	in column	(g), enter an amount	Gain or (loss).	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the Note below and	column (f)). See instructions.	Subtract column (e) from column (d) &	
		(Mo., day, yr.)		see Column (e) in	(f)	(g) Amount of	combine the result	
				the instructions	Code(s)	adjustment	with column (g)	
LIMITED								
PARTNERSHIP								
37-1783800							-500.	С
LIMITED								
PARTNERSHIP								
47-2465456							-403.	С
LIMITED								
PARTNERSHIP								
82-3170994							-5.	С
LIMITED								
PARTNERSHIP								
81-3618021							137.	С
LIMITED								
PARTNERSHIP								
37-1656529							-26.	С
2 Totals. Add the amounts in colu	mns (d), (e), (g), a	nd (h) (subtract						
negative amounts). Enter each to	tal here and inclu	ide on your						
Schedule D, line 1b (if Box A ab	ove is checked),	line 2 (if Box B						
above is checked), or line 3 (if B	ox C above is ch	ecked)					-797.	
Note: If you checked Box A above h	wit the besis room	rtod to the IPS	voo incorroct ont	or in column (o) the	booio oo r	oported to the IDS	and ontor an	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2023)				Attachm	nent Sequen	_{ce No.} 12A	Page 2	
Name(s) shown on return. Name and	d SSN or taxpaye	er identification n	o. not required if			Social secur	ity number or ntification no.	
NORTHWEST AREA	FOUNDAT	ION				41-0	719221	
Before you check Box D, E, or F below statement will have the same information broker and may even tell you which b	box to check.							
Part II Long-Term. Transaction	ons involving capita	al assets you held n	nore than 1 year are	generally long-term (s	ee instruction	s). For short-term t	ransactions,	
Note: You may aggregate al codes are required. Enter the You must check Box D, E, or F below. (e totals directly on S Check only one bo	Schedule D, line 8a x. If more than one be	; you aren't required ox applies for your long	d to report these transa -term transactions, compl	actions on For ete a separate Fo	rm 8949 (see instru orm 8949, page 2, for e	ctions).	
If you have more long-term transactions than will (D) Long-term transactions rep					=			
(E) Long-term transactions rep	-			-		6)		
X (F) Long-term transactions not	• •		•					
1 (a)	(b)	(c)	(d)	(e)		if any, to gain or	(h)	
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	Date sold or disposed of	Proceeds (sales price)	Cost or other basis. See the Note below and	in column (g column (f).	enter an amount g), enter a code in See instructions.	Gain or (loss). Subtract column (e) from column (d) &	
		(Mo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)	
LIMITED						adjuotinont		
PARTNERSHIP								
37-1783800							119.	С
LIMITED								
PARTNERSHIP								
47-2465456							873.	С
LIMITED								
PARTNERSHIP								
82-3170994							11,322.	С
LIMITED								
PARTNERSHIP								
<u>37-1656529</u>							214.	С
2 Totals. Add the amounts in colur negative amounts). Enter each to Schedule D, line 8b (if Box D abo	tal here and inclu	ude on your						
above is checked), or line 10 (if E		•					12,528.	
Note: If you checked Box D above b			vas incorrect ent	ter in column (e) the	basis as rer	ported to the IRS		
adjustment in column (g) to correct t					-			

323012 01-05-24

Form 4797
Deserves of the Trees

Department of the Treasury Internal Revenue Service Name(s) shown on return

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) Attach to your tax return. Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Attachment Sequence No. 27 Identifying number

NORTHWEST AREA FOUNDATION		41-0719221
1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S		
(or substitute statement) that you are including on line 2, 10, or 20	1a	
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of		
MACRS assets	1b	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS		
assats	10	

 Part I
 Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other

 Than Casualty or Theft-Most Property Held More Than 1 Year
 (see instructions)

		it most i tope			(see instruction	15)	
2 SE	(a) Description of property EE STATEMENT 24	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
3	Gain, if any, from Form 4684, line 3	9				3	
4	Section 1231 gain from installment						
5	Section 1231 gain or (loss) from like						
6	Gain, if any, from line 32, from othe						
7	Combine lines 2 through 6. Enter th						57,033.
•	Partnerships and S corporations.	• • •	•				.,
	line 10, or Form 1120-S, Schedule F		. , .				
	Individuals, partners, S corporation	· ·			loss onter the ar	ount	
	from line 7 on line 11 below and ski						
	1231 losses, or they were recapture		•				
	the Schedule D filed with your retur	n and skip lines 8,	9, 11, and 12 be	elow.			
8	Nonrecaptured net section 1231 los	sees from prior yes	are See instructi	one		8	
9	Subtract line 8 from line 7. If zero of				e 7 on line 12 held		
9	line 9 is more than zero, enter the a	,	,	0			
	capital gain on the Schedule D filed					9	57,033.
_							57,055.
Pa	Irt II Ordinary Gains and	Losses (see in	structions)				
10	Ordinary gains and losses not inclu	ided on lines 11 th	rough 16 (inclue	he property held 1	vear or less).		
	Loop if any from line 7						
11)
12	Gain, if any, from line 7 or amount f						
13	Gain, if any, from line 31						
14	Net gain or (loss) from Form 4684, I						
15	Ordinary gain from installment sales						
16	Ordinary gain or (loss) from like-kind						
17							
18	For all except individual returns, ent			appropriate line of	your return and sl	kip lines	
	a and b below. For individual return						
а	If the loss on line 11 includes a loss		-				
	loss from income-producing proper			•	· · ·	· —	
	as an employee.) Identify as from "F	orm 4797, line 18	a." See instruction	ons		<u>18a</u>	
b	Redetermine the gain or (loss) on lir	ne 17 excluding the	e loss, if any, on	line 18a. Enter her	e and on Schedule	e 1	
	(Form 1040), Part I, line 4					18b	

LHA **For Paperwork Reduction Act Notice, see separate instructions.** 318011 12-27-23

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41-0719221

Page **2**

(a) Description of section 1245, 1250, 1252, 1254, o	r 1255 p	property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
Α					
В					
C					
ס					
These columns relate to the properties on					
lines 19A through 19D.		Property A	Property B	Property C	Property D
Gross sales price (Note: See line 1a before completing.)	20				
Cost or other basis plus expense of sale	21				
Depreciation (or depletion) allowed or allowable	22				
Adjusted basis. Subtract line 22 from line 21	23				
Total gain. Subtract line 23 from line 20	24				
If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a				
b Enter the smaller of line 24 or 25a	25b				
If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a Additional depreciation after 1975. See instructions	26a				
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b				
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the smaller of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a Soil, water, and land clearing expenses	<u>27a</u>				
b Line 27a multiplied by applicable percentage	27b				
c Enter the smaller of line 24 or 27b	27c				
 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions 	28a				
b Enter the smaller of line 24 or 28a	28b				
If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions	29a				
b Enter the smaller of line 24 or 29a. See instructions	29b				
ummary of Part III Gains. Complete property co		A through D through	line 29b before going	to line 30.	
Total gains for all properties. Add property columns				30	
		, <u> </u>			
Add property columns A through D, lines 25b, 26g, 2	27c, 28b	o, and 29b. Enter her	e and on line 13		
Subtract line 31 from line 30. Enter the portion from	casualty	or theft on Form 46	84, line 33. Enter the	portion	
from other than casualty or theft on Form 4797, line Part IV Recapture Amounts Under Section	6 ns 179	and 280F(b)(2)	When Business		or Less
			Enter Business		5. E005

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		
				F 1797 (0000)

318012 12-27-23

Form **4797** (2023)

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NORTHWEST AREA FOUNDATION

41-0719221

FORM 4797	PRO	PERTY HELD	MORE THAN	N ONE YEAR	ST.	ATEMENT 24
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
LIMITED PARTNERSHIP 26-3338324						-29.
LIMITED PARTNERSHIP 37-1783800 LIMITED						717.
PARTNERSHIP 47-2465456 LIMITED						-1,216.
PARTNERSHIP 82-3170994 LIMITED PARTNERSHIP						12,739.
35-2468733 LIMITED PARTNERSHIP						-132.
37-1656529 LIMITED PARTNERSHIP						44,481.
87-2366262		_				473.
TOTAL TO 4797,	PART I, LINE	2 =				57,033.

Department of the Treasury Internal Revenue Service

Capital Gains and Losses Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Na	me		Employer identification number			
	NORTHWEST AREA FOU	NDATION			41-	0719221
Dic	the corporation dispose of any investme	nt(s) in a qualified opportur	nity fund during the tax ye	ar?		Yes X No
	Yes," attach Form 8949 and see its instru					
F	Part I Short-Term Capital Ga	ins and Losses - Ass	ets Held One Year	or Less		
to e Thi	e instructions for how to figure the amounts enter on the lines below. s form may be easier to complete if you ind off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
-	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on					
	Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on					
	Form(s) 8949 with Box C checked					-797.
4	Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
	Short-term capital gain or (loss) from like-kin				5	
	Unused capital loss carryover (attach computa				6	(
					7	-797.
Ī	Net short-term capital gain or (loss). Combin Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Thar	n One Year		-
See to e Thi	e instructions for how to figure the amounts enter on the lines below. s form may be easier to complete if you nd off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on					
	Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on					

Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 12,528. Form(s) 8949 with Box F checked 57,033 11 **11** Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions 14 69,561 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 68,764 68,764 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns 18 Note: If losses exceed gains, see Capital Losses in the instructions.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2023

321051 12-26-23

Form 8949
Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

DMB No. 1545-0074
2023

Social security number or taxpayer identification no.

Attachment Sequence No. **12A**

41-0719221 NORTHWEST AREA FOUNDATION Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term Part I transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (d) (h) (a) (b) (c) (e) loss. If you enter an amount Proceeds Description of property Date sold or Cost or other Gain or (loss). Date acquired in column (g), enter a code in (sales price) Subtract column (e) basis. See the (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (f) (g) Amount of see Column (e) ir combine the result Code(s) with column (g) the instructions adjustment LIMITED PARTNERSHIP 37-1783800 <500. LIMITED PARTNERSHIP 47-2465456 <403.> LIMITED PARTNERSHIP 82-3170994 <5.> LIMITED PARTNERSHIP 137. 81-3618021 LIMITED PARTNERSHIP <u>37-1656529</u> <26.> 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B <797.> above is checked), or line 3 (if Box C above is checked)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

323011 01-05-24 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

14411112 131839 A472486

Form 8949 (2023)				Attachn	nent Sequer	nce No. 12A	Page 2
Name(s) shown on return. Name and	I SSN or taxpaye	er identification n	o. not required if			Social secur	rity number or entification no.
NORTHWEST AREA	FOUNDAT	ION				41-0	719221
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	w, see whether y ation as Form 109 box to check.	ou received any 99-B. Either will s				your broker. A su reported to the IF	bstitute IS by your
Part II Long-Term. Transaction	ons involving capita	al assets you held n	nore than 1 year are	e generally long-term (s	ee instructior	ns). For short-term t	ransactions,
see page 1. Note: You may aggregate all codes are required. Enter the							
You must check Box D, E, or F below. C	Check only one bo	x. If more than one b	ox applies for your long	-term transactions, compl	ete a separate F	orm 8949, page 2, for	
If you have more long-term transactions than will (D) Long-term transactions rep					-		
(E) Long-term transactions rep	orted on Form(s)) 1099-B showing	g basis wasn't re		Note abov	ve)	
X (F) Long-term transactions not	reported to you	on Form 1099-B		-			
1 (a)	(b)	(c)	(d)	(e)		, if any, to gain or u enter an amount	(h)
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis. See the	l in column (a), enter a code in	Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	()	Note below and		See instructions.	from column (d) &
		(1010., day, yr.)		see <i>Column (</i> e) in	(f) Code(s)	(g) Amount of	combine the result
				the instructions		adjustment	with column (g)
LIMITED							
PARTNERSHIP							110
37-1783800							119.
LIMITED							
PARTNERSHIP							873.
47-2465456							8/3.
LIMITED							
PARTNERSHIP 82-3170994							11,322.
LIMITED							11,322.
PARTNERSHIP					+		
<u>37-1656529</u>							214.
57-1050525							214.
			_				
					↓		ļ
2 Totals. Add the amounts in colum							
negative amounts). Enter each to		-					
Schedule D, line 8b (if Box D abo		•					10 500
above is checked), or line 10 (if E							12,528.
Note: If you checked Box D above b adjustment in column (g) to correct t							

323012 01-05-24

Form 8949 (2023)

14411112 131839 A472486

For Pape	erwork Reduction Act
LHA	312801 02-05-24

17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next

from line 15. Then go to line 12 of the next column

column. Otherwise, go to line 18 18 Overpayment. If line 10 is less than line 15, subtract line 10

29,088.

29,088.

Form 2220 (2023)

	_
Underpayment of Estimated Tax by Corporations	5
Onderpayment of Estimated rux by corporation.	-

Form 2220	Underpayment	of	Estimated T	ax by	Corpo	orations		OMB No. 1545-0123
Department of the Treasury		Attac	h to the corporation's tax	return.	FOR	XM 990-т		2023
Internal Revenue Service	Go to www.irs.gov	//For	m2220 for instructions an	id the lates	tinformation		or ident	ification number
Name	ST AREA FOUNDATION							719221
	orporation is not required to file Forn	n 22'	20 (see Part II below fo	r oxcoptio		•		
•	owever, the corporation may still use		•	•	,	•	-	
	line of the corporation's income tax					amount nom pa	90 <i>L</i> , III	
	ed Annual Payment							
- and - require								
1 Total tax (see instruc	tions)						1	219,337
							-	
2 a Personal holding cor	npany tax (Schedule PH (Form 1120), lin	ie 26)	included on line 1		2a			
	icluded on line 1 under section 460(b)(2)						-	
	167(g) for depreciation under the income				2b			
							1	
c Credit for federal tax	paid on fuels (see instructions)				2c			
	hrough 2c						2d	
3 Subtract line 2d from	n line 1. If the result is less than \$500, do	not	complete or file this form.	The corpor	ation			
does not owe the per	nalty			•			3	219,337
4 Enter the tax shown	on the corporation's 2022 income tax ret	urn. S	See instructions. Caution	: If the tax i	s zero			
	or less than 12 months, skip this line and						4	20,553
5 Required annual pay	yment. Enter the smaller of line 3 or line	e 4. lf	the corporation is require	d to skip lir	ne 4,			
enter the amount fro							5	20,553
	ns for Filing - Check the boxes belo	ow th	at apply. If any boxes are	checked, th	e corporation	must file Form 2	220	
even if it d	oes not owe a penalty. See instructions.							
	ion is using the adjusted seasonal install	ment	method.					
	ion is using the annualized income instal							
8 X The corporat	ion is a "large corporation" figuring its fir	st reo	quired installment based o	n the prior	year's tax.			
Part III Figurin	g the Underpayment					1		
		_	(a)		(b)	(c)		(d)
	es. Enter in columns (a) through (d) the							
	Form 990-PF filers: Use 5th month),			000	1 - / 0 0			10/15/00
	onths of the corporation's tax year	9	05/15/23	06/	15/23	09/15/	23	12/15/23
	ts. If the box on line 6 and/or line 7							
	ter the amounts from Sch A, line 38. If $f(x) = \frac{1}{2} \int_{-\infty}^{\infty} $							
,	t not 6 or 7) is checked, see instructions							
	nter. If none of these boxes are checked,							
, ,	ine 5 above in each column	10						
	r credited for each period. For							
	er the amount from line 11 on line 15.		29,088.					150,000
	rough 19 of one column	11	49,000.			+		±30,000
	rough 18 of one column							
before going to the r12 Enter amount, if any,	from line 18 of the preceding column	12		2	9,088.	29,0	88	29,088
		13			9,000. 9,088.	29,0		179,088
	s 16 and 17 of the preceding column	14			-,			1,5,000
	1 line 13. If zero or less, enter -0-	14	29,088.	2	9,088.	29,0	88.	179,088
	15 is zero, subtract line 13 from line	10	25,000.	4	- ,			1,5,000
14. Otherwise, enter		16						
	· · · · · · · · · · · · · · · · · · ·					1		

17

18

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Notice, see separate instructions.

29,088.

FORM 990-T

Form 2220 (2023)

Part IV Figuring the Penalty

			(a)	(b)	(C)			(d)
9	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month.							
	Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19						
D	Number of days from due date of installment on line 9 to the							
	date shown on line 19	20						
1	Number of days on line 20 after 4/15/2023 and before 7/1/2023	21						
2	Underpayment on line 17 x Number of days on line 21 x 7% (0.07) 365	22	\$	\$	\$		\$	
3	Number of days on line 20 after 6/30/2023 and before 10/1/2023	23						
4	Underpayment on line 17 x Number of days on line 23 x 7% (0.07) 365	24	\$	\$	\$		\$	
5	Number of days on line 20 after 9/30/2023 and before 1/1/2024	25						
6	Underpayment on line 17 x Number of days on line 25 x 8% (0.08) 365	26	\$	\$	\$		\$	
7	Number of days on line 20 after 12/31/2023 and before 4/1/2024	27						
8	Underpayment on line 17 x Number of days on line 27 x 8% (0.08) 366	28	\$	\$	\$		\$	
9	Number of days on line 20 after 3/31/2024 and before 7/1/2024	29						
0	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$		\$	
1	Number of days on line 20 after 6/30/2024 and before 10/1/2024 $\hfill \ldots$	31						
2	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$		\$	
3	Number of days on line 20 after 9/30/2024 and before 1/1/2025	33						
4	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$		\$	
5	Number of days on line 20 after 12/31/2024 and before 3/16/2025	35						
3	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$		\$	
7	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$		\$	
3	Penalty. Add columns (a) through (d) of line 37. Enter the to line for other income tax returns	tal he	ere and on Form 1120	D, line 34; or the compar	able	38	¢	0

information on the Internet, access the IRS website at www.irs.gov. You can also call 800-829-4933 to get interest rate information.

Form **2220** (2023)

312802 02-05-24

NORTHWEST AREA FOUNDATION

Form 2220 (2023)

FORM 990-T

Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method See instructions.

Form 1120-S filers: For lines 1, 2, 3, and 21, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

Part I Adjusted Seasonal Installment Method

Caution: Use this method only if the base period percentage for any 6 consecutive months is at least 70%. See instructions.

		(a)	(b)	(C)	(d)
1 Enter taxable income for the following periods.		First 3 months	First 5 months	First 8 months	First 11 months
a Tax year beginning in 2020	1a				
b Tax year beginning in 2021	1b				
c Tax year beginning in 2022	1c				
2 Enter taxable income for each period for the tax year beginning in					
2023. See the instructions for the treatment of extraordinary items	2				
		First 4 months	First 6 months	First 9 months	Entire year
3 Enter taxable income for the following periods.					
a Tax year beginning in 2020	3a				
b Tax year beginning in 2021	3b				
c Tax year beginning in 2022	3c				
4 Divide the amount in each column on line 1a by the					
amount in column (d) on line 3a	4				
5 Divide the amount in each column on line 1b by the	_				
amount in column (d) on line 3b	5				
6 Divide the amount in each column on line 1c by the					
amount in column (d) on line 3c	6				
7 Add Bass Albertack C	_				
7 Add lines 4 through 6	7				
0 Divide line 7 by 0.0					
8 Divide line 7 by 3.0	8 9a				
9a Divide line 2 by line 8	9a 9b				
b Extraordinary items (see instructions)	90 9c				
c Add lines 9a and 9b10 Figure the tax on the amt on In 9c using the instr for Form	90				
1120, Sch J, line 1, or comparable line of corp's return	10				
11a Divide the amount in columns (a) through (c) on line 3a	- 10				
by the end over the end over (d) and the Or	11a				
b Divide the amount in column (a) on line 3a b Divide the amount in columns (a) through (c) on line 3b	110				
by the amount in column (d) on line 3b	11b				
c Divide the amount in columns (a) through (c) on line 3c					
by the amount in column (d) on line 3c	11c				
12 Add lines 11a through 11c	12				
13 Divide line 12 by 3.0	13				
14 Multiply the amount in columns (a) through (c) of line 10					
by columns (a) through (c) of line 13. In column (d), enter					
the amount from line 10, column (d)	14				
15 Enter any alternative minimum tax (trusts only) for each					
payment period. See instructions	15				
16 Enter any other taxes for each payment period. See instr.	16				
17 Add lines 14 through 16	17				
18 For each period, enter the same type of credits as allowed					
on Form 2220, lines 1 and 2c. See instructions	18				
19 Total tax after credits. Subtract line 18 from line 17. If					
zero or less, enter -0-	19				

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312821 02-05-24

Form 2220 (2023)

NORTHWEST AREA FOUNDATION

Form 2220 (2023)

Part II Annualized Income Installment Method

			(a)	(b)	(C)	(d)
			First 2	First 4	First 7	First 10
20 Anr	nualization periods (see instructions)	20	months	months	months	months
	er taxable income for each annualization period. See					
inst	tructions for the treatment of extraordinary items	21				
2 2 Anr	nualization amounts (see instructions)	22	6.000000	3.000000	1.714290	1.200000
2 3 a Anr	nualized taxable income. Multiply line 21 by line 22	23a				
	raordinary items (see instructions)	23b				
	l lines 23a and 23b	23c				
24 Fig	ure the tax on the amount on line 23c using the					
-	tructions for Form 1120, Schedule J, line 1,					
	comparable line of corporation's return	24				
	er any alternative minimum tax (trusts only) for each					
рау	ment period. See instructions	25				
26 Ent	er any other taxes for each payment period. See instr.	26				
27 Tot	al tax. Add lines 24 through 26	27				
	each period, enter the same type of credits as allowed	<u> </u>				
	Form 2220, lines 1 and 2c. See instructions	28				
	al tax after credits. Subtract line 28 from line 27. If					
	o or less, enter -0-	29				
30 App	blicable percentage	30	25%	50%	75%	100%
31 Mu	Itiply line 29 by line 30	31				
Part						
Not	e: Complete lines 32 through 38 of one column	ГТ	1st	2nd	3rd	4th
	ore completing the next column.		installment	installment	installment	installment
	nly Part I or Part II is completed, enter the amount in		instannent	IIIStailifiefit	Installinent	Installinent
	h column from line 19 or line 31. If both parts are					
	npleted, enter the smaller of the amounts in each					
	umn from line 19 or line 31	32	0.	0.	0.	0.
	I the amounts in all preceding columns of line 38.					
	e instructions	33				
34 Adj	usted seasonal or annualized income installments.					
	otract line 33 from line 32. If zero or less, enter -0-	34				
35 Ent	er 25% (0.25) of line 5 on page 1 of Form 2220 in					
eac	h column. Note: "Large corporations," see the					
inst	tructions for line 10 for the amounts to enter	35	5,138.	104,530.	54,834.	54,835.
36 Sub	otract line 38 of the preceding column from line 37 of					
the	preceding column	36		5,138.	109,668.	164,502.
	d lines 35 and 36	37	5,138.	109,668.	164,502.	219,337.
37 Add	quired installments. Enter the smaller of line 34 or					·
	Juired Installments. Eilter the smaller of the 34 of					
38 Re	37 here and on page 1 of Form 2220, line 10.					

FORM 990-T

** ANNUALIZED INCOME INSTALLMENT METHOD USING OPTION 1

41-0719221

Page 4

Form 4797
Deserves of the Trees

Department of the Treasury Internal Revenue Service Name(s) shown on return

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) Attach to your tax return. Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Attachment Sequence No. 27 Identifying number

NORTHWEST AREA FOUNDATION		41-0719221
1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a	
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of	14	
MACRS assets	1b	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS	10	

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

					(see instruction	15)	
2 SE	(a) Description of property EE STATEMENT 25	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
3	Gain, if any, from Form 4684, line 3	39		•	•	3	
4	Section 1231 gain from installment	t sales from Form 6	252. line 26 or 3	7		4	
5	Section 1231 gain or (loss) from lik						
6	Gain, if any, from line 32, from othe						
7	Combine lines 2 through 6. Enter th					7	57,033.
-	Partnerships and S corporations	• • •	•				
	line 10, or Form 1120-S, Schedule		· / ·				
	Individuals, partners, S corporati	on shareholders.	and all others.	If line 7 is zero or a	loss enter the am	nount	
	from line 7 on line 11 below and sk						
	1231 losses, or they were recaptur	•	•				
	the Schedule D filed with your retu	rn and skip lines 8,	9, 11, and 12 b	elow.			
8	Nonrecaptured net section 1231 lo	sses from prior ves	urs. See instructi	ons		8	
9	Subtract line 8 from line 7. If zero c				e 7 on line 12 belo		
3	line 9 is more than zero, enter the a			•			
	capital gain on the Schedule D filed			•		9	57,033.
_							57,055.
Pa	rt II Ordinary Gains and	d Losses (see in	structions)				
10	Ordinary gains and losses not incl	luded on lines 11 th	rough 16 (inclue	he property held 1	vear or less).		
	eramary game and loccos not me						
	Less if every from line 7						/
11							()
12	Gain, if any, from line 7 or amount						
13	Gain, if any, from line 31						
14	Net gain or (loss) from Form 4684,	lines 31 and 38a					
15	Ordinary gain from installment sale						
16	Ordinary gain or (loss) from like-kin						
17							
18	For all except individual returns, er	iter the amount from	n line 17 on the	appropriate line of	your return and sl	kip lines	
	a and b below. For individual return	ns, complete lines a	and b below.				
а	If the loss on line 11 includes a los						
	loss from income-producing proper						
	as an employee.) Identify as from "	Form 4797, line 18	a." See instructi	ons		18a	
b	Redetermine the gain or (loss) on li	ne 17 excluding the	e loss, if any, on	line 18a. Enter her	e and on Schedule	e1	
	(Form 1040), Part I, line 4					18b	

LHA **For Paperwork Reduction Act Notice, see separate instructions.** 318011 12-27-23

81 3 05000 NOPTHWERT A

41-0719221

Page **2**

19	(a) Description of section 1245, 1250, 1252, 1254, c	or 1255 p	property:			(b) Date acqui (mo., day, yr		(c) Date sold (mo., day, yr.)
Α								
В								
С								
D								
	These columns relate to the properties on lines 19A through 19D.		Property A	Property I	в	Property	с	Property D
20	Gross sales price (Note: See line 1a before completing.)	20						
21	Cost or other basis plus expense of sale	21						
22	Depreciation (or depletion) allowed or allowable	22						
23	Adjusted basis. Subtract line 22 from line 21	23						
24	Total gain. Subtract line 23 from line 20	24						
25	If section 1245 property:							
а	Depreciation allowed or allowable from line 22	25a						
	Enter the smaller of line 24 or 25a	25b						
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
а	Additional depreciation after 1975. See instructions \dots	26a						
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
	Additional depreciation after 1969 and before 1976	26d						
е	Enter the smaller of line 26c or 26d	26e						
	Section 291 amount (corporations only) Add lines 26b, 26e, and 26f	26f 26q						
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
	Soil, water, and land clearing expenses	27a						
	Line 27a multiplied by applicable percentage	27b						
	Enter the smaller of line 24 or 27b	27c						
	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
b	Enter the smaller of line 24 or 28a	28b						
	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a						
b	Enter the smaller of line 24 or 29a. See instructions	29b						
Su	mmary of Part III Gains. Complete property of	olumns	A through D through	line 29b before ç	going	to line 30.		
30	Total gains for all properties. Add property columns	A throug	gh D, line 24				30	
•		07 07						
31	Add property columns A through D, lines 25b, 26g,						31	
32	Subtract line 31 from line 30. Enter the portion from		y or theft on Form 46	84, line 33. Enter	r the	portion		
Pa	from other than casualty or theft on Form 4797, line Int IV Recapture Amounts Under Section	6 ns 179	and 280F(b)(2)	When Busine	ess	Use Drops to	<u>32</u> 50%	or Less
	(see instructions)							
						(a) Section 179	ו	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allo	wahlo in	prior vears	ſ	33	1		
00	Becomputed depreciation Section tructions	wable ill	איזטו אבמוס		00			

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

34 Recomputed depreciation. See instructions 34 35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report 35 318012 12-27-23

Form 4797 (2023)

14411112 131839 A472486

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NORTHWEST AREA FOUNDATION

41-0719221

FORM 4797	PRO	PERTY HELD	MORE THAN	N ONE YEAR	ST.	ATEMENT 25
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
LIMITED PARTNERSHIP 26-3338324						-29.
LIMITED PARTNERSHIP 37-1783800 LIMITED						717.
PARTNERSHIP 47-2465456 LIMITED						-1,216.
PARTNERSHIP 82-3170994 LIMITED PARTNERSHIP						12,739.
35-2468733 LIMITED PARTNERSHIP						-132.
37-1656529 LIMITED PARTNERSHIP						44,481.
87-2366262		_				473.
TOTAL TO 4797, 1	PART I, LINE	2 =				57,033.