| Form | 990-T | | exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) | | OMB No. 1545-0047 |
|--------------------|---|-------------|--|------------|--|
| | | For cal | endar year 2020 or other tax year beginning $\ \ \underline{	ext{OCT} \ \ 1 , \ \ 2020} \ \ $, and ending $\ \ \underline{	ext{SEP} \ \ 30 , \ \ 202}$ | <u>1</u> . | 2020 |
| Departe Interna | ment of the Treasury I 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.) | DEmpl | loyer identification number |
| в Ех | empt under section | Print | Endowment For Health, Inc. | 0 | 2-0512290 |
| X | 501(c)(3) 408(e) 220(e) | or Type | Number, street, and room or suite no. If a P.O. box, see instructions. One Pillsbury Street, No. 301 | | p exemption number instructions) |
| | 408A 530(a) 529(a) 529S | | City or town, state or province, country, and ZIP or foreign postal code Concord, NH 03301 | F | Check box if |
| | | | ok value of all assets at end of year | | an amended return. |
| G C | heck organization | type ⊳ | X 501(c) corporation 501(c) trust 401(a) trust Other trust A | pplica | ble reinsurance entity |
| H C | heck if filing only to | o 🌬 [| Claim credit from Form 8941 Claim a refund shown on Form 2439 | | |
| I C | heck if a 501(c)(3) | organiza | ation filing a consolidated return with a 501(c)(2) titleholding corporation | | |
| | | | ed Schedules A (Form 990-T) | | 1 |
| | | | d identifying number of the parent corporation. | | Yes X No |
| | | | Susan Fulton Telephone number ▶ 6 | 03- | 228-2448 |
| Par | t I Total Unr | elate | Business Taxable Income | | |
| 1 | Total of unrelated | busines | s taxable income computed from all unrelated trades or businesses (see | | |
| | instructions) | | | 1 | -297,486. |
| 2 | Reserved | | | 2 | |
| 3 | Add lines 1 and 2 | | | 3 | -297,486. |
| 4 | | | see instructions for limitation rules) | 4 | 0. |
| 5 | Total unrelated but | siness 1 | axable income before net operating losses. Subtract line 4 from line 3 | 5 | -297,486. |
| 6 | Deduction for net | operatir | ng loss. See instructions | 6 | 0. |
| 7 | Total of unrelated | busines | s taxable income before specific deduction and section 199A deduction, | | |
| | Subtract line 6 from | | *************************************** | 7 | -297,486. |
| 8 | Specific deduction | n (gener | ally \$1,000, but see instructions for exceptions) | 8 | 1,000. |
| 9 | Trusts. Section 19 | 99A dec | luction. See instructions | 9 | |
| 10 | Total deductions. | . Add lir | nes 8 and 9 | 10 | 1,000. |
| 11 | Unrelated busines | ss taxa | ble income. Subtract line 10 from line 7. If line 10 is greater than line 7, | | |
| | enter zero | | | 11 | 0. |
| Par | t II Tax Com | | | _ | |
| 1 | | | s corporations. Multiply Part I, line 11 by 21% (0.21) | 1 | 0. |
| 2 | Trusts taxable at | trust ra | tes. See instructions for tax computation. Income tax on the amount on | | |
| | Part I, line 11 from | | Tax rate schedule or Schedule D (Form 1041) | 2 | |
| 3 | Proxy tax. See ins | | | 3_ | |
| 4 | Other tax amounts | | *************************************** | 4 | |
| 5 | Alternative minimu | | | 5 | |
| 6 | - | | cility income. See instructions | 6 | |
| 7 | | | 6 to line 1 or 2, whichever applies | 7 | 0. |
| LHA | For Paperwork F | Reducti | on Act Notice, see instructions. | | Form 990-T (2020) |

| | 90·T (20 | | | | | | P | age 2 |
|---|----------|--|-----------|--|-------------|----------------------|------------|----------|
| Part | III T | ax and Payments | | | | | | |
| 1a | Foreig | n tax credit (corporations attach Form 1118; trusts attach Form 1116) | 1a | | | | | |
| b | Other | credits (see instructions) | 1b | | | | | |
| ¢ | Gener | al business credit. Attach Form 3800 (see instructions) | 1c | | | | | |
| d | Credit | for prior year minimum tax (attach Form 8801 or 8827) | 1d | | | | | |
| е | Total | credits. Add lines 1a through 1d | | | . 16 | 2 | | |
| 2 | | act line 1e from Part II, line 7 | | | . 2 | | | 0. |
| 3 | Other | taxes. Check if from: Form 4255 Form 8611 Form 86 | 397 | Form 8866 | | | | |
| | | Other (attach statement) | | | 3 | | | |
| 4 | Total 1 | tax. Add lines 2 and 3 (see instructions). | usly de | eferred under | | | | |
| | section | n 1294. Enter tax amount here | | | 4 | | | 0. |
| 5 | 2020 r | net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 | ļ | | 5 | | | 0. |
| 6a | Payme | ents: A 2019 overpayment credited to 2020 | 6a | | | 1 | | |
| b | 2020 € | estimated tax payments. Check if section 643(g) election applies | 6b | | 11 | | | |
| c | Tax de | eposited with Form 8868 | 6c | | | | | |
| d | | n organizations: Tax paid or withheld at source (see instructions) | 6d | | | | | |
| е | Backu | p withholding (see instructions) | 6e | | 100 | | | |
| f | | for small employer health insurance premiums (attach Form 8941) | 6f | | | | | |
| g | | credits, adjustments, and payments: Form 2439 | | | | | | |
| | | Form 4136 Other Total | 6g | | 10.71 | | | |
| 7 | Total | payments. Add lines 6a through 6g | | | 7 | | | |
| 8 | Estima | ated tax penalty (see instructions). Check if Form 2220 is attached | | | 8 | | | |
| 9 | Tax d | ue. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | | ••••• | 9 | | | |
| 10 | Overp | ayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpai | id | | ▶ 10 |) | | |
| 11 | | the amount of line 10 you want: Credited to 2021 estimated tax | | Refunded | ▶ 1 | | | |
| Part | IV S | Statements Regarding Certain Activities and Other Informatio | n (se | e instructions) | | | | |
| 1 | At any | time during the 2020 calendar year, did the organization have an interest in or a | signat | ture or other author | rity | | Yes | No |
| | over a | financial account (bank, securities, or other) in a foreign country? If "Yes," the or | rganiza | ation may have to fi | ile | | EX.P | |
| | FinCE | N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the r | name c | of the foreign count | try | | | |
| | here | <u> </u> | | | | | | <u>X</u> |
| 2 | During | the tax year, did the organization receive a distribution from, or was it the granto | or of, o | or transferor to, a | | | and the | |
| | foreigr | n trust? | | | | | | _X_ |
| | | s," see instructions for other forms the organization may have to file. | | | | | Jes I | |
| 3 | Enter | the amount of tax-exempt interest received or accrued during the tax year | | 🕨 \$ | | | | |
| 4a | | | | | | | | <u>X</u> |
| b | If 4a is | s "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF | or Fo | orm 1128? If "No," | | | | |
| | | n in Part V | | | | | | |
| Part | | Supplemental Information | | | | | | |
| Provid | e the ex | planation required by Part IV, line 4b. Also, provide any other additional informati | ion. Se | ee instructions. | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Sign | Un | ider penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare | r has any | , and to the best of my kn / knowledge. | iowledge a | nd belief, it is tru | 10, | |
| Here | - 1. | at a second | | | May the | e IRS discuss thi | s return w | ith |
| Hele | | Signature of officer Date Preside | ent | | | parer shown bek | | I |
| | | | | | | tions)? X Y | es | No |
| | | Print/Type preparer's name Preparer's signature Da | ate | Check | | PTIN | | |
| Paid | | Melissa Magoon, | | self- emplo | yed | 504546 | 0.40 | |
| Preparer Melissa Magoon, CPA CPA 02/01/22 | | | | | | P01712 | | |
| Use (| Only | Firm's name Berry Dunn McNeil & Parker, LLC | | Firm's EIN | | 01-052 | 1328 | 4 |
| | | 1000 Elm Street, 4th Floor | | | 100 | 121666 | T 2 2 | 7 |
| | | Firm's address Manchester, NH 03101 | | Phone no. | . (60 | 3)669- | | |
| | | | | | | Form 9 | 19U-T | (2020) |

023711 02-02-21

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

Entity 1 OMB No. 1545-0047 Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

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

Name of the organization B Employer identification number Endowment For Health, Inc. 02-0512290 C Unrelated business activity code (see instructions) ▶ 901101 1 D Sequence: of

E Describe the unrelated trade or business Passive Investment Income Activities Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales **b** Less returns and allowances c Balance 1c Cost of goods sold (Part III, line 8) 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 138,184. 138,184. 1120)) (see instructions) 4a **b** Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) Statement 22 -435,670. -435,670. 5 Rent income (Part IV) 6 6 Unrelated debt-financed income (Part V) 7 7 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 9 Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 Other income (see instructions; attach statement) 12 12 -297,486. -297,486.Total. Combine lines 3 through 12 13

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 | ······ | <u> </u> | 6 | |
| 7 | Depreciation (attach Form 4562) (see instructions) | | | 4 | |
| 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) | | | 14 | |
| 15 | Total deductions. Add lines 1 through 14 | | | 15 | 0. |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from | n Part | I, line 13, | | |
| | column (C) | | | 16 | -297,486. |
| 17 | Deduction for net operating loss (see instructions) | | *************************************** | 17 | 0. |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16 | | | 18 | -297,486. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Schedule A (Form 990-T) 2020

023721 12-23-20

Schedule A (Form 990-T) 2020

5

6

Gross income from activity that is not unrelated business income

Expenses attributable to income entered on line 5

Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line

4. Enter here and on Part II, line 12

| e . | |
|--|--------------|
| Form 990-T (A) Income (Loss) from Partnerships | Statement 22 |
| | Net Income |
| Description | or (Loss) |
| Borealis - Ordinary Business Income (loss) | -158. |
| AG Realty IX - Ordinary Business Income (loss) | -30,022. |
| AG Realty IX - Net Rental Real Estate Income | -27,274. |
| AG Realty IX - Other income (loss) | -3. |
| AG Realty X - Ordinary Business Income (loss) | -504. |
| AG Realty X - Net Rental Real Estate Income | -3,765. |
| AG Realty X - Other income (loss) | -2. |
| GEM Realty - Ordinary Business Income (loss) | -31. |
| GEM Realty - Net Rental Real Estate Income | -1,898. |
| NGP Natural Resources - Ordinary Business Income (loss) | 65,901. |
| NGP Natural Resources - Interest Income | 6. |
| NGP Natural Resources - Dividend Income | 1. |
| NGP Natural Resources - Royalties | 2,177. |
| NGP Natural Resources - Other income (loss) | -127,896. |
| Legacy Venture VI - Ordinary Business Income (loss) | -52. |
| Legacy Venture VI - Other income (loss) | -6. |
| Legacy Venture VIII - Ordinary Business Income (loss) | -187. |
| RCP IX - Ordinary Business Income (loss) | -10,383. |
| RCP XI - Ordinary Business Income (loss) | -17,091. |
| RCP XII - Ordinary Business Income (loss) | -13,318. |
| Juniper Capital II - Ordinary Business Income (loss) | -91,217. |
| Juniper Capital II - Royalties | 7,686. |
| Juniper Capital II - Other income (loss) | -99,881. |
| Juniper Capital III - Ordinary Business Income (loss) | -59,746. |
| Juniper Capital III - Royalties | 223. |
| Juniper Capital III - Other income (loss) | -20,386. |
| RCP XIII - Ordinary Business Income (loss) | -4,160. |
| RCP XIV - Ordinary Business Income (loss) | -3,148. |
| Davidson Kemper Institutional - Ordinary Business Income | |
| (loss) | -536. |
| Total Included on Schedule A, Part I, line 5 | -435,670. |

SCHEDULE D (Form 1120)

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

Department of the Treasury Internal Revenue Service Name

Employer identification number

| Endowment For Healt | ch, Inc. | | (|)2- | 0512290 |
|---|--|--|--|----------------------------|--|
| Did the corporation dispose of any investmer | | nity fund during the tax y | ear? | | Yes X No |
| If "Yes," attach Form 8949 and see its instruc | ctions for additional require | ements for reporting you | r gain or loss. | | |
| Part I Short-Term Capital Gai | | | | | |
| See instructions for how to figure the amounts to enter on the lines below. | (d) Proceeds | (e) Cost | (g) Adjustments to gai | | (h) Gain or (loss) Subtract column (e) from |
| This form may be easier to complete if you round off cents to whole dollars. | (sales price) | (or other basis) | Part I, line 2, column (| 9) | column (d) and combine the result with column (g) |
| 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 | | | | | |
| 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 | | | | | |
| 4 Short-term capital gain from installment sales | from Form 6252, line 26 or 3 | 37 | | 4 | |
| 5 Short-term capital gain or (loss) from like-kin | d exchanges from Form 8824 | | | 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 colum | n h | | 7 | |
| | ns and Losses - Ass | sets Held More Tha | n One Year | | |
| | | | | | |
| See instructions for how to figure the amounts to enter on the lines below. | (d) Proceeds | (e) Cost | (g) Adjustments to ga or loss from Form(s) 89 | 49, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the |
| See instructions for now 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. | | | | 49, | Subtract column (e) from |
| to enter on the lines below. | Proceeds | Cost | or loss from Form(s) 89 | 49, | Subtract column (e) from column (d) and combine the |
| to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 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 | Proceeds | Cost | or loss from Form(s) 89 | 49, | Subtract column (e) from column (d) and combine the |
| to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 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 | Proceeds | Cost | or loss from Form(s) 89 | 49, | Subtract column (e) from column (d) and combine the |
| to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 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 | Proceeds | Cost | or loss from Form(s) 89 | 49, | Subtract column (e) from column (d) and combine the |
| to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 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 | Proceeds | Cost | or loss from Form(s) 89 | 49, | Subtract column (e) from column (d) and combine the |
| to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 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 | Proceeds | Cost | or loss from Form(s) 89 | 49, | Subtract column (e) from column (d) and combine the result with column (g) |
| to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 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 | Proceeds | Cost | or loss from Form(s) 89 | 49, | Subtract column (e) from column (d) and combine the result with column (g) -294. |
| to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 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 | Proceeds | Cost (or other basis) | or loss from Form(s) 89 Part II, line 2, column | 49, | Subtract column (e) from column (d) and combine the result with column (g) |
| to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 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 | Proceeds (sales price) | Cost (or other basis) | or loss from Form(s) 89 Part II, line 2, column | 49, (g) | Subtract column (e) from column (d) and combine the result with column (g) -294. |
| to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 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 11 Enter gain from Form 4797, line 7 or 9 | Proceeds (sales price) | Cost (or other basis) | or loss from Form(s) 89 Part II, line 2, column | 49, (g) | Subtract column (e) from column (d) and combine the result with column (g) -294. |
| to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 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 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kin | Proceeds (sales price) s from Form 6252, line 26 or 3 d exchanges from Form 8824 | Cost (or other basis) | or loss from Form(s) 89 Part II, line 2, column | 11 12 | Subtract column (e) from column (d) and combine the result with column (g) -294. 138,478. |
| to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 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 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kin 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combin | Proceeds (sales price) s from Form 6252, line 26 or and exchanges from Form 8824 e lines 8a through 14 in colur | Cost (or other basis) | or loss from Form(s) 89 Part II, line 2, column | 11 12 13 | Subtract column (e) from column (d) and combine the result with column (g) -294. |
| to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 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 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kin 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combin | Proceeds (sales price) s from Form 6252, line 26 or 3 d exchanges from Form 8824 e lines 8a through 14 in colur | Cost (or other basis) 37 | or loss from Form(s) 89 Part II, line 2, column | 11 12 13 14 | Subtract column (e) from column (d) and combine the result with column (g) -294. 138,478. |
| to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 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 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kin 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combin Part III Summary of Parts I and | Proceeds (sales price) s from Form 6252, line 26 or a dexchanges from Form 8824 e lines 8a through 14 in colur d II ne 7) over net long-term capi | Cost (or other basis) 37 4 mn h tal loss (line 15) | or loss from Form(s) 89 Part II, line 2, column 6 | 11 12 13 14 15 | Subtract column (e) from column (d) and combine the result with column (g) -294. 138,478. |
| to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 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 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain from installment sales 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combin Part III Summary of Parts I and 16 Enter excess of net short-term capital gain (lide to the capital gain. Enter excess of net long-term.) | Proceeds (sales price) s from Form 6252, line 26 or a dexchanges from Form 8824 e lines 8a through 14 in colur d II ne 7) over net long-term capin capital gain (line 15) over n | Cost (or other basis) 37 Imn h tal loss (line 15) et short-term capital loss (line 15) | or loss from Form(s) 89 Part II, line 2, column (| 11 12 13 14 15 | Subtract column (e) from column (d) and combine the result with column (g) -294. 138,478. |
| to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 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 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales 13 Long-term capital gain or (loss) from like-kin 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combin Part III Summary of Parts I and | Proceeds (sales price) s from Form 6252, line 26 or 3 d exchanges from Form 8824 e lines 8a through 14 in colur d II ne 7) over net long-term capi m capital gain (line 15) over n 1120, page 1, line 8, or the a | Cost (or other basis) 37 Imn h tal loss (line 15) et short-term capital loss (line 15) | or loss from Form(s) 89 Part II, line 2, column (| 11 12 13 14 15 | Subtract column (e) from column (d) and combine the result with column (g) -294. 138,478. |

021051 12-14-20

LHA

Schedule D (Form 1120) 2020

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

Form 8949 (2020) Attachment Sequence No. 12A Social security number or Name(s) shown on return. Name and SSN or taxpayer identification no, not required if shown on page 1 taxpayer identification no. Endowment For Health, Inc. 02-0512290 Before you check Box D, E, or F 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. Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount (a) (b) (e) (h) Date sold or Proceeds Cost or other Description of property Date acquired Gain or (loss). in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) **(f)** combine the result see Column (e) in Amount of adjustment Code(s) with column (g) the instructions NGP Natural Resources <294.> 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

Note: If you checked Box D 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.

023012 12-11-20

<294.>

Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

above is checked), or line 10 (if Box F above is checked)

SCHEDULE D (Form 1120)

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

Name

Employer identification number

| Endowment For Healt | h, Inc. | | | 02- | 0512290 |
|---|---|--|---|-----|---|
| Did the corporation dispose of any investmen | | ity fund during the tax y | ear? | | Yes X No |
| If "Yes," attach Form 8949 and see its instruc | tions for additional require | ments for reporting you | r gain or loss. | | |
| Part I Short-Term Capital Gai | ns and Losses - Ass | ets Held One Year | or Less | | |
| See instructions for how to figure the amounts | (d) | (e) | (g) Adjustments to ga | in | (h) Gain or (loss) |
| to enter on the lines below. | Proceeds | Cost | or loss from Form(s) 89 | 49, | Subtract column (e) from column (d) and combine the |
| This form may be easier to complete if you round off cents to whole dollars. | (sales price) | (or other basis) | Part I, line 2, column (| 9) | result with column (g) |
| 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 | | | | | |
| 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 | | | | | |
| 4 Short-term capital gain from installment sales | from Form 6252, line 26 or 37 | 7 | | 4 | |
| 5 Short-term capital gain or (loss) from like-kind | d exchanges from Form 8824 | | | 5 | |
| 6 Unused capital loss carryover (attach computa | | | | 6 | () |
| 7 Net short-term capital gain or (loss). Combine | e lines 1a through 6 in column | h | | 7 | |
| Part II Long-Term Capital Gain | 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. | (d) | (e) | (g) Adjustments to ga | | (h) Gain or (loss) Subtract column (e) from |
| This form may be easier to complete if you round off cents to whole dollars. | Proceeds (sales price) | or loss from Form(s) 89 Part II, line 2, column | column (d) and combine the result with column (q) | | |
| | | | | | 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 | | | | | 004 |
| Form(s) 8949 with Box F checked | | | | _ | -294. |
| | *************************************** | | | 11 | 138,478. |
| 12 Long-term capital gain from installment sales | from Form 6252, line 26 or 3 | 7 | | 12 | |
| 13 Long-term capital gain or (loss) from like-kin | d exchanges from Form 8824 | | , | 13 | |
| | *************************************** | | | 14 | 100 104 |
| 15 Net long-term capital gain or (loss). Combine | | n h | | 15 | 138,184. |
| Part III Summary of Parts I and | | | | 1.0 | T |
| 16 Enter excess of net short-term capital gain (li | | | | 16 | 120 104 |
| 17 Net capital gain. Enter excess of net long-tern | | | | 17 | 138,184. |
| 18 Add lines 16 and 17. Enter here and on Form | | plicable line on other returi | ns | 18 | 138,184. |
| Note: If losses exceed gains, see Capital Los | sses in the instructions. | | | | |

LHA

Schedule D (Form 1120) 2020

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

Endowment For Health, Inc.

02-0512290

| 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. | | | | | | | | | |
| Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1. | | | | | | | | | | |
| Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions). | | | | | | | | | | |
| You must check Box D, E, or F below. O | heck only one bo fit on this page for one | X. If more than one be or more of the boxes, | ox applies for your long- , complete as many form | term transactions, completerm transactions, co | ete a separate ked as you ne | Form 8949, page 2, for eed. | each applicable box. | | | |
| (D) Long-term transactions rep | • | • | • , | • | Note abo | ove) | | | | |
| (E) Long-term transactions rep | orted on Form(s) |) 1099-B showing | g basis wasn't re | ported to the IRS | | | | | | |
| X (F) Long-term transactions not | reported to you | on Form 1099-B | 3 | | | | | | | |
| Description of property (Example: 100 sh, XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) | (e) Cost or other basis. See the Note below and see Column (e) in the instructions | loss. If you | nt, if any, to gain or ou enter an amount (g), enter a code in . See instructions. (g) Amount of adjustment | (h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g) | | | |

| NGP Natural | | | | | |
|------------------------------|----------------------------|------------------|--|--|-------|
| Resources | | | | | <294. |
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| 2 Totals. Add the amounts in | n columns (d), (e), (g), a | nd (h) (subtract | | | |

negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

<294.>

Note: If you checked Box D 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 (2020)

Sales of Business Property

Form Page 1 Department of the Treasury Internal Revenue Service

(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

2020
Attachment 27

entifying pumber

| End | dowment For Health, | Inc. | | | | | | 2-0512290 |
|-----|---|--|---|--|---|--|------|---|
| | nter the gross proceeds from sales or | | ted to you for 2 | 020 on Form(s) 10 | 99-B or 1099-S | | T | |
| | | | | | | | 11 | |
| Pa | r substitute statement) that you are in rt I Sales or Exchanges of | Property Use | ed in a Trade | or Business | and Involuntar | | ions | From Other |
| | Than Casualty or Thef | t-Most Prope | rty Held Mo | re Than 1 Yea | r (see | nstructions) | | |
| 2 | (a) Description of property | (b) Date acquired (mo., day, yr.) | (C) Date sold (mo., day, yr.) | (d) Gross sales price | (c) Depreciation allowed or allowable since acquisition | (f) Cost or o basis, plus Improvements expense of s | and | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Se | e Statement 23 | | | | | | | 138,478. |
| 3 | Gain, if any, from Form 4684, line 39 | 9 | | | | | 3 | |
| 4 | Section 1231 gain from installment | | | | | | 4 | |
| 5 | Section 1231 gain or (loss) from like | kind exchanges | from Form 8824 | | | | 5 | |
| 6 | Gain, if any, from line 32, from other | r than casualty or | theft | | | | 6 | |
| 7 | Combine lines 2 through 6. Enter th | e gain or (loss) he | ere and on the a | ppropriate line as t | follows | | 7 | 138,478. |
| | Partnerships and S corporations. line 10, or Form 1120-S, Schedule M | | | | for Form 1065, Sch | edule K, | | |
| | Individuals, partners, S corporation from line 7 on line 11 below and ski 1231 losses, or they were recapture the Schedule D filed with your return | p lines 8 and 9. If ed in an earlier ye | line 7 is a gain a ar, enter the gai | and you didn't hav n from line 7 as a l | e any prior year sec | tion | | |
| | Name and was a satisfact 1921 les | and from prior 1/0 | ara Caa instrus | tions | | | 8 | |
| 8 | Nonrecaptured net section 1231 los Subtract line 8 from line 7. If zero of | | | | | | - | |
| 9 | line 9 is more than zero, enter the a | | | | | | | |
| | capital gain on the Schedule D filed | | | | | | 9 | 138,478. |
| _ | | | | | | | | 200,2101 |
| Pa | rt II Ordinary Gains and | LOSSES (see in | structions) | | | | | |
| 10 | Ordinary gains and losses not inclu- | ded on lines 11 th | nrough 16 (inclu | de property held 1 | year or less): | | | |
| _ | | | ` | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 11 | Loss, if any, from line 7 | ^ | | 1 | | | 11 | (|
| 12 | Gain, if any, from line 7 or amount f | from line 8, if app | licable | | | | 12 | |
| 13 | Gain, if any, from line 31 | | | | | | 13 | |
| 14 | Net gain or (loss) from Form 4684, | | | | | | 14 | |
| 15 | Ordinary gain from installment sale | | | | | | 15 | |
| 16 | Ordinary gain or (loss) from like-kind | | | | | | 16 | |
| 17 | Combine lines 10 through 16 | | | | | | 17 | |
| 18 | For all except individual returns, en | ter the amount from | om line 17 on th | e appropriate line | of your return and | skip lines | | |
| | a and b below. For individual return | | | | | , | | |
| а | If the loss on line 11 includes a loss | | | (b)(ii), enter that p | art of the loss here. | Enter the | 78.3 | |
| | loss from income-producing propert | | | | | | | |
| | as an employee.) Identify as from "F | | | | | | 18a | |
| ŀ | Redetermine the gain or (loss) on lin | | | | | | | |
| | | | | | *************************************** | | 18b | |
| LH | A For Paperwork Reduction Act I | | | | | | | Form 4797 (2020) |

| 9 (a) Description of section 1245, 1250, 1252, 1254, o | or 1255 | property: | | | (b) Date acqui (mo., day, yr | | (c) Date sold (mo., day, yr.) |
|---|------------|-----------------------|--------------------|---------|---|-------|----------------------------------|
| A | | | | | | | |
| В | | | | | | | |
| C | | | | | | | |
| D | | | | | | | |
| These columns relate to the properties on | | | | | | | |
| lines 19A through 19D. | D | Property A | Property I | В | Property | C | Property D |
| O Gross sales price (Note: See line 1 before completing.) | 20 | | | | | | |
| 1 Cost or other basis plus expense of sale | 21 | | | - | | _ | |
| 2 Depreciation (or depletion) allowed or allowable | 22 | | | | | | |
| 3 Adjusted basis. Subtract line 22 from line 21 | 23 | | | - | | - | |
| 4 Total gain. Subtract line 23 from line 20 | 24 | | | - | | - | |
| 5 If section 1245 property: | 05. | | | | | | |
| a Depreciation allowed or allowable from line 22 | 25a 25b | | | - | | - | |
| b Enter the smaller of line 24 or 25a If section 1250 property: If straight line depreciation | 25D | | | - | | - | |
| 6 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 7 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. | 26g | | | | | | |
| a Soil, water, and land clearing expenses | 27a | | | _ | | | |
| 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 | | | | | | |
| 9 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 of | olumns | A through D through | line 29b before o | going 1 | to line 30. | | |
| Total gains for all properties. Add property columns | A throu | ah D. line 24 | | | | 30 | |
| | | g., _, | | | *************************************** | | |
| 1 Add property columns A through D, lines 25b, 26g, | | | | | | 31 | |
| 2 Subtract line 31 from line 30. Enter the portion from | | y or theft on Form 46 | 884, line 33. Ente | r the p | ortion | | |
| from other than casualty or theft on Form 4797, line Part IV Recapture Amounts Under Section | | and 280F(h)(2) | | | | 50% 6 | or I acc |
| (see instructions) | 113 173 | / GIIG 2001(D)(2) | TTITELL DUSINE | ogg (| ae propa to | JU% (| / LC33 |
| (acc manactoria) | | | | | (a) Section 179 | ۱ ا | (b) Section 280F(b)(2) |
| 3 Section 179 expense deduction or depreciation allo | wable ir | prior years | ſ | 33 | | | |
| | | . p.i.o. youro | | 34 | | | |
| 5 Recapture amount. Subtract line 34 from line 33, Se | | | | 35 | | | |

| Form 4797 | Pro | perty Hel | ld More tha | n One Year | St | atement 23 |
|----------------------------------|------------------|--------------|----------------|------------|------------------|-----------------|
| Description | Date Acquired | Date Sold | Sales Price | Depr. | Cost or Basis | Gain or Loss |
| AG Realty IX | | | | | | 126,823. |
| NGP Natural Resources | | | | | | 2,317. |
| Juniper Capital II | | | | | | 10,213. |
| Juniper Capital III | | | | | | -914. |
| Davidson Kemper Institutional | | | | | | 39. |
| Total to 4797, Pa | art I, line | 2 | | | | 138,478. |

Department of the Treasury Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) Attach to your tax return.

OMB No. 1545-0184

Go to www.irs.gov/Form4797 for instructions and the latest information. Name(s) shown on return Identifying number Endowment For Health, Inc. 02-0512290 1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 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) (e) Depreciation (f) Cost or other (g) Gain or (loss) (a) Description (b) Date acquired (C) Date sold (d) Gross sales 2 allowed or basis, plus Subtract (f) from the allowable since of property (mo., day, yr.) (mo., day, yr.) price improvements and sum of (d) and (e) acquisition expense of sale Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 6 Gain, if any, from line 32, from other than casualty or theft 6 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 138,478. 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. Nonrecaptured net section 1231 losses from prior years, See instructions 8 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions 138,478. 9 Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 13 Gain, if any, from line 31 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 14 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 Combine lines 10 through 16 17 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a

LHA For Paperwork Reduction Act Notice, see separate instructions.

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1

Form 4797 (2020)

18b

(Form 1040), Part I, line 4

| Pa | rt III Gain From Disposition of Property | y Und | der Sections 124 | 5, 1250, 1252 | 2, 125 | 4, and 1255 | (see ir | nstructions) |
|-----------|--|--------|------------------------|-------------------|--------|-------------------------------------|---------------|----------------------------------|
| 19 | (a) Description of section 1245, 1250, 1252, 1254, o | r 1255 | property: | | | (b) Date acquire (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 | В | Property (| | Property D |
| 20 | Gross sales price (Note: See line 1 before completing.) | 20 | | | | | - | |
| 21 | Cost or other basis plus expense of sale | 21 | | | | | \rightarrow | |
| 22 | Depreciation (or depletion) allowed or allowable | 22 | | | | | - | |
| 23 | Adjusted basis, Subtract line 22 from line 21 | 23 | | | | | \rightarrow | |
| 24 | Total gain. Subtract line 23 from line 20 | 24 | | | | | \rightarrow | |
| 25 | If section 1245 property: | | | | | | | |
| а | Depreciation allowed or allowable from line 22 | 25a | | | | | \rightarrow | |
| | 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. | | | | | | | |
| | Additional depreciation after 1975. See instructions | 26a | | | | | - | |
| þ | 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 | | | | | | |
| е | Enter the smaller of line 26c or 26d | 26e | | | | | \dashv | |
| | Section 291 amount (corporations only) | 26f | | | | | | |
| | Add lines 26b, 26e, and 26f | 26g | | | | | \rightarrow | |
| | If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. | 07- | | | | | | |
| | Soil, water, and land clearing expenses | 27a | | | | | \rightarrow | |
| | Line 27a multiplied by applicable percentage | 27b | | | | | $\overline{}$ | |
| | Enter the smaller of line 24 or 27b | 27c | | | | | \rightarrow | |
| 28 | 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 | | | | | | |
| | 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 | | | | | | |
| | Enter the smaller of line 24 or 29a. See instructions | 29b | | | | | | |
| Su | mmary of Part III Gains. Complete property of | olumr | ns A through D through | n line 29b before | goina | to line 30. | | |
| | | | | | | | | |
| 30 | Total gains for all properties. Add property columns | A thre | ough D, line 24 | | | | 30 | |
| 31 | Add property columns A through D, lines 25b, 26g, | | | | | | 31 | |
| 32 | Subtract line 31 from line 30. Enter the portion from from other than casualty or theft on Form 4797, line | | | | | | 32 | |
| P | from other than casualty or theft on Form 4797, line art IV Recapture Amounts Under Section (con instructions) | ns 1 | 79 and 280F(b)(2) | When Busin | ness | Use Drops to | 50% | or Less |
| _ | (see instructions) | | | | | (a) Section | n | (b) Section 280F(b)(2) |
| | | | | | _ | 1/8 | | 2001(0)(2) |
| 33 | Section 179 expense deduction or depreciation allo | owable | e in prior years | | 33 | - | | |
| 34 | | | | | 34 | | | |
| <u>35</u> | Recapture amount. Subtract line 34 from line 33. S | ee the | instructions for where | to report | 35 | | | 4=4= |
| 0196 | 12 12-18-20 | | | | | | | Form 4797 (202) |

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property

to a Foreign Corporation

Go to www.irs.gov/Form926 for instructions and the latest information.

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. 128

| Name of transferor Endowment For Health, Inc. | Identifying number (see instruction | | |
|--|-------------------------------------|--|--|
| Endowment for health, inc. | 02-0512290 | | |
| Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporati If the transferor was a corporation, complete questions 2a through 2d. If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c) five or fewer domestic corporations? Did the transferor remain in existence after the transfer? If not, list the controlling shareholder(s) and their identifying number(s). |) by Yes X No | | |
| Controlling shareholder | Identifying number | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent co If not, list the name and employer identification number (EIN) of the parent corporation. | rporation? Yes No | | |
| Name of parent corporation | EIN of parent corporation | | |
| d Have basis adjustments under section 367(a)(4) been made? | Yes X No | | |
| 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as su complete questions 3a through 3d. | ch under section 367), | | |
| a List the name and EIN of the transferor's partnership. | | | |
| Name of partnership | EiN of partnership | | |
| Davidson Kempner Institutional Partners L.P. | 13-3597020 | | |
| b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? | | | |
| c Is the partner disposing of its entire interest in the partnership? | | | |
| d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establish | | | |
| securities market? Part II Transferee Foreign Corporation Information (see instructions) | Yes X No | | |
| 4 Name of transferee (foreign corporation) | 5a Identifying number, if any | | |
| DKIP (Cayman) II L.P. | | | |
| 6 Address (including country) | 5b Reference ID number | | |
| 90 Elgin Avenue | | | |
| George Town, KY 1-9005 Cayman Islands | DKIPII | | |
| 7 Country code of country of incorporation or organization | | | |
| 8 Foreign law characterization (see instructions) Corporation | | | |
| 9 Is the transferee foreign corporation a controlled foreign corporation? | Yes X No | | |
| 24531 04-01-20 LHA For Paperwork Reduction Act Notice, see separate instructions. | Form 926 (Rev. 11-201 | | |

| Form | 926 (Rev. 11-2018) Endowment For Health, Inc. | 02-0512290 | Page 3 |
|----------|--|--------------|-------------|
| b c | Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) \$ Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? | Yes | No No No No |
| Sup | plemental Part III Information Required To Be Reported (see instructions) | | |
| | | | |
| Par | t IV Additional Information Regarding Transfer of Property (see instructions) | | |
| 16 | Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before044% (b) After050% Type of nonrecognition transaction (see instructions) > IRC Section 351 | | |
| 17 18 | Indicate whether any transfer reported in Part III is subject to any of the following. | | |
| | Gain recognition under section 904(f)(3) | Yes | X No |
| b | Gain recognition under section 904(f)(5)(F) | | X No |
| c | Recapture under section 1503(d) | ······ | X No |
| | Exchange gain under section 987 | | X No |
| 19 | Did this transfer result from a change in entity classification? | | X No |
| | | | X No |
| | If "Yes," complete lines 20b and 20c. | | |
| b | Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) | ▶ \$ | |
| C | Did the domestic corporation not recognize gain or loss on the distribution of property because the | | |
| - | | Yes | No |
| 21 | Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation | | |
| | covered by section 367(e)(1)? See instructions | Yes | X No |
| | | Farm 000 /D. | 14 0010 |

| 500 | | 6 |
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