Form <b>990-T</b>	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))		OMB No. 1545-0047
Department of the Treasury	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).	_	pen to Public Inspection for D1(c)(3) Organizations Only
A Check box if			oyer dentification number
address changed		117 111	
B Exempt under section			2-0512290
X 501(c)(3)	Number, Street, and room or suite no. if a P.O. box, see instructions.		exemption number natructions)
408(e) 220(e	One Pilisbury Street, 301		
408A530(a	, , , , , , , , , , , , , , , , , , , ,		2001111111
529(a) 529A	Concord, NH 03301 C Book value of all assets at end of year 105,919,743.	F	Check box if
C Observation of the control of the		State a	an amended return. ollege/university
G Check organizatio		State C	ollege/university
H Check if filing only	to claim Credit from Form 8941 Refund shown on Form 2439 Elective paymen	t amou	nt from Form 3800
	creative payment of the composition of the composit		
	of attached Schedules A (Form 990-T)	1	
	r, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	D/ 0	Yes X No
	name and identifying number of the parent corporation		
L The books are in o		03-2	228-2448
Part I Total U	nrelated Business Taxable Income	_#1	111 11 11 11 11 11 11
1 Total of unrelat	ed business taxable income computed from all unrelated trades or businesses (see instructions)	1.	313,092.
2 Reserved		2	A ALTON ALTON A
3 Add lines 1 and	2	3	313,092.
4 Charitable conf	ributions (see instructions for limitation rules) Stmt 23 Stmt 24	4	465.
	business taxable income before net operating losses. Subtract line 4 from line 3	5	312,627.
6 Deduction for r	et operating loss. See instructions Statement 25	6	70,302.
7 Total of unrelat	ed business taxable income before specific deduction and section 199A deduction.		
Subtract line 6		7	242,325.
	tion (generally \$1,000, but see instructions for exceptions)	8	1,000.
	n 199A deduction. See instructions	9	1 000
	ns. Add lines 8 and 9	10	1,000.
	iness taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero  mputation	11	241,325.
	taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	50,678.
	at trust rates. See instructions for tax computation. Income tax on the amount on	100	
	rom: Tax rate schedule or Schedule D (Form 1041)	2	100
3 Proxy tax. See		3	The state of the s
	unts. See instructions	4	
5 Alternative min	imum tax	5	
	npliant facility income. See instructions s 3 through 6 to line 1 or 2, whichever applies	7	50,678.
Part III Tax an	d Payments		50,0.00
	dit (corporations attach Form 1118; trusts attach Form 1116)	1500	
	see instructions) 1b		
	ss credit. Attach Form 3800 (see instructions)		
	year minimum tax (attach Form 8801 or 8827)		
	Add lines 1a through 1d	10	
2 Subtract line 1	e from Part II, line 7	2	50,678.
3a Amount due fro	om Form 4255	378	
b Amount due fro	om Form 8611 3b	100	
c Amount due fro	om Form 8697		
d Amount due fro	om Form 8866 3d		
	due (see instructions)		_
f Total amounts	due. Add lines 3a through 3e	3f	0.
	lines 2 and 3f (see instructions).		FA 630
	. Enter tax amount here	4.	50,678.
	5 tax liability paid from Form 965-A, Part II, column (k)	5	0.
LHA For Paperwork	Reduction Act Notice, see instructions. 323701 11-20-23		Form 990-T (2023)

Part	III Tax and Payments (continued)					
6a	Payments: Preceding year's overpayment credited to the current year	6a	(S)	E 100		
ь	Current year's estimated tax payments. Check if section 643(g) election	11				
	applies	6b				
C	Tax deposited with Form 8868	6c				
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d				
	Backup withholding (see instructions)			100		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		4530		
g	Elective payment election amount from Form 3800			18 5 11		
h	Payment from Form 2439			400		
i	Credit from Form 4136			1788		
i	Other (see instructions)			(C)		
7	Total payments. Add lines 6a through 6j			7		
8				8	2,9	86.
9					3,6	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpayment.			10		
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax		Refunded	11		
Part		ON (see instru				
1	At any time during the 2023 calendar year, did the organization have an interest in or				Yes	No
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	_	•		26278	1992
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts, If "Yes," enter the	_	-		125	083
	here		,		177	X
2	During the tax year, did the organization receive a distribution from, or was it the gran	tor of or transfe	eror to a		in a si	1753
-	foreign trust?				ALCOHOL:	х
	If "Yes." see instructions for other forms the organization may have to file.				(300)	360
3	Enter the amount of tax-exempt interest received or accrued during the tax year		<b>\$</b>		Year	10200
4	Enter available pre-2018 NOL carryovers here \$ 70,302. Do not in			TD/OVER		310
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a	27.7		•	100	1235
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017		•			
_	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for	-				
	Business Activity Code		ost-2017 NOL			80
	901101			82,423.		1935
	\$			, 1251		
	\$				250	
	\$					150
6 a	Description 6 to 6 to 100 to 1				1000	
o a b	Description for figure 1144					
Part					4,000,000	
- 5						
Provid	e any additional information. See instructions.					
-						
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s	tetements, and to the	a heat of my knowle	dge end belief it is tru		
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer				,	
Here	"The Holder   Mul25 Preside	ont		lay the IRS discuss th		with
	Signature of officer Date Title	enc		e preparer shown belistructions)?	• —	No
					62	NU
	La come a March de la companya del companya del companya de la com	ate	_	if PTIN		
Paid	Melissa Magoon,	2 / 0 5 / 2 5	self-employed	D01717	040	
Prepa	Down Down Malleil & Douleau TIG	2/05/25	T	P01712		
Use (	Only Firm's name Berry Dunn McNeil & Parker, LLC		Firm's EIN	01-052	1348	4
	1000 Elm Street, 4th Floor					
	Combaddees Manahamban 2777 024 04		Dhanes	C021CC0	722	7
	Firm's address Manchester, NH 03101		Phone no. (	603)669- Form 9		

Form 990-T	Contributions		Statement 23
Description/Kind of Property	Method Used to Dete	ermine FMV	Amount
Charitable contributions - NGP	N/A	3 1 1 X 1 1	7 / 2
Natural Resources			5.
Charitable contributions - RCP	N/A		
IX			72.
Charitable contributions - RCP	N/A		
XI			15.
Charitable contributions - RCP	N/A		
XII			179.
Charitable contributions -	N/A		
Juniper Capital II			59.
Charitable contributions -	N/A		
Juniper Capital III			83.
Charitable contributions - RCP	N/A		
Fund XIII, LP			25.
Charitable contributions - RCP	N/A		
Fund XIV, LP			26.
Charitable contributions -	N/A		
Accolade Partners Growth II			1.
Total to Form 990-T, Part I, li	ne 4		465.

Form 990-T	Contributions	Summary		Statement	24
	Contributions Subject to 100%				
Qualified	Contributions Subject to 25%	Limit			
	of Prior Years Unused Contribu	tions			
	Year 2019				
	Year 2020				
	Year 2021				
For Tax	Year 2022				
Total Cari					
Total Curi	rent Year 10% Contributions		465	_	
Total Cont	ributions Available		465		
Taxable In	ncome Limitation as Adjusted		24,179		
	ntributions		0	_	
	% Contributions		0		
Total Exce	ess Contributions		0	_	
Allowable	Contributions Deduction				465
Matal Cant	ribution Deduction				465

Form 990-1	1	Pre 2018 NOL Sche	dule	Statement 25
		rd from prior year ncluded in Part I, L	ine 6	70,302. 70,302.
	A Portion of Pre	e-2018 NOL Schedule A	Share	
	1		0.	
Net Opera Balance a Expiring	nedule A share of ating Deduction after Pre-2018 NO Net Operating Lo ward of Net Oper	OL Deduction		0. 70,302. 242,325. 0. 0.
Form 990-1	Pre-	-2018 Net Operating	Loss Deduction	Statement 26
Tax Year	Loss Sustained	Loss Previously d Applied	Loss Remaining	Available This Year
9/30/16	18,782		0.	0.
09/30/17 09/30/18	39,861 264,871		0. 70,302.	70,302.
JOI. Carry				
NOTI CALLY	over Available T	his Year	70,302.	70,302.

### **SCHEDULE A** (Form 990-T)

### **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

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

	ment of the Treesury I Revenue Service Do not enter SSN numbers on this form as it	may be r	nade public if your organiza	ntion is a 501(c)(3).	,	Open to Public Inspection for 501(a)(3) Organizations Only
A N	ame of the organization Endowment For Health, Inc.			B Employer 6		
<u>c ı</u>	Inrelated business activity code (see instructions) 90110	01		D Sequence	): :	1 of 1
<u>E</u> [	escribe the unrelated trade or business Passive Inve	stme	ent Income Ac	tivities		
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1a	Gross receipts or sales	T		to the second		May a liberari
b	Less returns and allowances c Balance	1c			02-6	CELLO KYOL Y
2	Cost of goods sold (Part III, line 8)	2			1 3/49	
3	Gross profit, Subtract line 2 from line 1c	3		Water-Water	100	
4a	Capital gain net income (attach Schedule D (Form 1041 or Form	1 1				
	1120)). See instructions	4a	134,195.			134,195.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
C	Capital loss deduction for trusts	4c			3513	
5	Income (loss) from a partnership or an S corporation (attach				11-77	
	statement) Statement 27	5	1,155,095.			1,155,095.
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)	lal				
9	Investment income of section 501(c)(7), (9), or (17)			-		
•	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)					
11	Advertising income (Part IX)	<del>  ''-</del>		•		
12	Other income (see instructions; attach statement)	$\rightarrow$			200	
13	Total. Combine lines 3 through 12		1,289,290.			1,289,290.
		· · · · ·				
Pai	Deductions Not Taken Elsewhere. See instruction directly connected with the unrelated business in		or limitations on ded	uctions. Deal	uction	is must be
1	Compensation of officers, directors, and trustees (Part X)	856 TABLE			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	5,038.
7	Depreciation (attach Form 4562). See instructions		7			
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion			res attacament per l	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					14	
15					15	5,038.
	Unrelated business income before net operating loss deduction. S		line 15 from Port I line 13		5	3,0301
16				,	16	1,284,252.
17	column (C)  Deduction for net operating loss. See instructions		Stmt 25	Stmt 30		971,160.
17	Unrelated business taxable income. Subtract line 17 from line 1	c	Still 21	Jone Je	18	313,092.
<u>18</u>	Uniterated business taxable income. Subtract line 17 from line 1	·			<u> </u>	

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Total dividends-received deductions included in line 10

0.

Part VI Interest, Ann	uities, Re	oyalties, and Re	nts Fro	m Contro	lled O	rganization	S (see ins	truction	ns)	
					E	xempt Contro	lled Organiza	ations		
1. Name of controlle	ed	2. Employer	3. Net	unrelated	4, Tota	al of specified	5. Part of			Deductions directly
organization		identification	incor	ne (loss)	рауп	nents made	that is inclu- controlling			connected with
		number	(see ins	structions)			tion's gros			ncome in column 5
(1)										
(2)										
(3)										
(4)										
				Controlled Or		V .				
7. Taxable Income		Net unrelated		otal of specif			of column 9 duded in the			ductions directly
	1	icome (loss)	l pa	yments mad	8		organization			onnected with me in column 10
	(Sec	e instructions)				gross	income	-	Incor	ne in column TU
(1)	-							+		
(2)								-		
(3)	<del>                                     </del>					<del>                                       </del>				
(4)		<u>.                                 </u>	<u> </u>			Add adv	ns 5 and 10	$\dashv$	8 44 4	olumns 6 and 11.
							ins 5 and 10 and on Part			nere and on Part I.
							olumn (A).	"		8, column (B).
Totals								0.		0.
	Income	of a Section 50	1(c)(7), (	9), or (17)	Organ	nization (c	ee instructio			
	cription of		- (-/(-/)	2. Amou		3. Deduction		Set-as	ides	5. Total deductions
				incom	ne	directly conn	ected (attac	ch state		and set-asides
						(attach state	ment)			(add cols 3 and 4)
(1)										
(2)										
(3)										
(4)										
				Add amou		I SHIWE	ST PERM			Add amounts in column 5. Enter
				here and or	Part I,					here and on Part I,
				line 9, colu			STATE OF THE SE			line 9, column (B).
Part VIII Exploited E			Other	Phono Autori	0.	- Anna a mari	ESS TON		F 1700	0.
		activity Income,	Otner 1	nan Adve	rtising	g income	see instructi	ons)		
Description of exploit			<del>-</del>	o la sono di		C 40 1	- (4)	— I		
2 Gross unrelated busin					,			-	2	
3 Expenses directly cor		•							_ ا	
line 10, column (B) 4 Net income (loss) from		tendo or business C	Substant Co	no 3 from Un-	0 14 -	nala asmalata			3	<u> </u>
						•			4	
lines 5 through 7 5 Gross income from a	etivita eta et	e not impolated busin	nace inco					· –	5	
6 Expenses attributable	to income	entered on line 6	iess iricol	110					6	
7 Excess exempt exper									╧	
4. Enter here and on I									,	
	211, 11110				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					

Schedule A (Form 990-T) 2023

### 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

2023

Name **Employer identification number** 02-0512290 Endowment For Health, Inc. Yes X No 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 instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts to enter on the lines below. (h) Gain or (loss) (g) Adjustments to gain Subtract column (e) from or loss from Form(s) 8949, **Proceeds** Cost This form may be easier to complete if you column (d) and combine the (sales price) (or other basis) Part I, line 2, column (g) round off cents to whole dollars. 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 3,240. Form(s) 8949 with Box C checked Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 3,240. 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to enter on the lines below. (h) Gain or (loss) (g) Adjustments to gain (d) (e) Subtract column (e) from or loss from Form(s) 8949. **Proceeds** Cost This form may be easier to complete if you round off cents to whole dollars. column (d) and combine the (sales price) (or other basis) Part II, line 2, column (g) 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 33,949. Form(s) 8949 with Box F checked 97.006. 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 14 130,955. 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 3,240. 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 130,955. 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 134,195. 18 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns Note: If losses exceed gains, see Capital Losses in the instructions.

321051 12-26-2

LHA

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

Schedule D (Form 1120) 2023

# Department of the Treasury

Internal Revenue Service

**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

Name(s) shown on return

Social security number or taxpayer identification no.

Before you check Box A B or C bel		LNC . you received any	Form(s) 1099-B	or substitute statem	ent(s) from		bstitute
Before you check Box A, B, or C bel statement will have the same inform	ation as Form 109	9-B. Either will s	how whether you	ır basis (usually you	cost) was	reported to the IR	S by your
Part I Short-Term. Transact	box to check.	al accate vou hald 1	veer or less ere or	anarelly short-term (see	instruction	s) For long-term	
transactions, see page 2.							Ni catan anta an
Note: You may aggregate al codes are required. Enter the	e totals directly on S	Schedule D, line 1a;	you aren't required	to report these transi	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 will	Check only one bo	X. If more than one bo	ox applies for your sho	rt-term transactions, comp	lete a separat	s Form 8949, page 1, for	each applicable box.
(A) Short-term transactions re							
(B) Short-term transactions re					1000	,	
X (C) Short-term transactions no							
(a)	(b)	(c)	(d)	(e)	Adjustmen	t, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		où enter an amount (g), enter a code in	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	column (f	. See instructions.	Subtract column (e) from column (d) &
		(Mo., day, yr.)		see Column (e) in	(f) Code(s)	(g) Amount of	combine the result
-24				the instructions	Code(s)	adjustment	with column (g)
NGP Natural							2 040
Resources XII, LP							3,240.
					_	11.51	
							JB 111 1 1 33
					-		
<del>_</del>				_			
		-		-			
						-	-
				1			
						-	
				Ш			
				11			
	<u> </u>		1 11				
			Ø 1	Ш			
				i	i		
2 Totals. Add the amounts in colunegative amounts). Enter each to Schedule D, line 1b (if Box A ab	otal here and incl ove is checked),	ude on your line 2 (if Box B	Ш	7.12			2 040
above is checked), or line 3 (if I	Box C above is cl	necked)			0 144		3,240.

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.

Form 8949 (2023)

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
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02-0512290

PHOOMMEHIC POT	nearth,	1110.				02-0	J14430
Before you check Box D, E, or F bek statement will have the same information and many over tell you which	ation as Form 10	you received any 99-B. Either will	r Form(s) 1099-B o show whether you	or substitute statem er basis (usually you	ent(s) from r cost) was	n your broker. A su s reported to the IF	bstitute RS by your
broker and may even tell you which it Part II Long-Term. Transacti		al assets vou held i	more than 1 year are	generally long-term (s	ee instructio	ons). For short-term t	ransactions.
see page 1.							
Note: You may aggregate al codes are required. Enter the	i long-term transaci i totals directly on :	iions reported on r Schedule D, line 8:	romi(s) 1099-B snow a; you aren't required	ing basis was reported I to report these trans	a to the IRS actions on F	and for which no adj form 8949 (see instru	ustments or ctions).
You must check Box D, E, or F below. If you have more long-term transactions than will	Check only one bo fit on this page for one	X. If more than one b or more of the boxes	ox applies for your long , complete as many form	-term transactions, compl ns with the same box chec	ste a separate ked as you n	a Form 8949, page 2, for e	
(D) Long-term transactions rep					Note ab	ove)	
(E) Long-term transactions rep				ported to the IRS			
X (F) Long-term transactions no				T	Adluates	at if any to sain as	
1 (a) Description of property	(b) Date acquired	(c)	(d) Proceeds	(e) Cost or other		nt, if any, to gain or ou enter an amount	(h) Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	Date sold or disposed of	(sales price)	basis. See the	in column	(g), enter a code in ). See instructions.	Subtract column (e)
(Example: 100 or: X12 oo;)	(, 0.2), ),	(Mo., day, yr.)		Note below and	(f)	(g)	from column (d) &
	}			see Column (e) in the instructions	Code(s)	Amount of	combine the result with column (g)
AG Realty Fund IX				- 77	-	adjustment	(8)
LP							3,634.
NGP Natural							373337
Resources XII, LP							12,080.
RCP Fund IX, LP	i						-1,686.
RCP Fund XII, LP	İ						20,593.
RCP Fund XIII, LP							-672.
· · · · · · · · · · · · · · · · · · ·							
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-							
			-				
							ŀ
2 Totals. Add the amounts in colur	nns (d), (e), (g), a	nd (h) (subtract			Will bern		
negative amounts). Enter each to	tal here and inclu	ide on your			THE PARTY OF		
Schedule D, line 8b (if Box D abo	ove is checked),	line 9 (if Box E			(All all all all all all all all all all		
above is checked), or line 10 (if E	ox F above is cl	necked)				_	33,949.

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** (2023)

### Form 4797

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

2023

Attachment 27

ldentifying number

02-0512290 Endowment For Health, Inc. 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 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Part I Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (8) Depreciation (f) Cost or other (g) Gain or (loss) (C) Date sold (a) Description of property (d) Gross sale (b) Date acquired Subtract (f) from the (mo., day, yr.) (mo., day, yr.) price improvements and allowable since aum of (d) and (e) acquisition expense of sale See Statement 31 Gain, if any, from Form 4684, line 39 3 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 Gain, if any, from line 32, from other than casualty or theft 6 97,006. 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 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. 8 Nonrecaptured net section 1231 losses from prior years. See instructions 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 97,006. capital gain on the Schedule D filed with your return. See instructions 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): 11 Loss, if any, from line 7 12 Gain, if any, from line 7 or amount from line 8, if applicable 12 13 Gain, if any, from line 31 13 14 Net gain or (loss) from Form 4684, lines 31 and 38a Ordinary gain from installment sales from Form 6252, line 25 or 36 15 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 Combine lines 10 through 16 17 18 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 b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1

318011 12-27-23

LHA For Paperwork Reduction Act Notice, see separate instructions.

9 (a) Description of section 1245, 1250, 1252, 1254,	or 1255 <sub>l</sub>	property:		П	(b) Date acquire (mo., day, yr.)		(c) Date sold (mo., day, yr.)
A				$\dashv$	(,,, ,)		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
B				$\overline{}$		$\overline{}$	
C				$\dashv$		$\neg$	
D							
These columns relate to the properties on						$\overline{}$	
lines 19A through 19D.		Property A	Property	в	Property 0	,	Property D
Gross sales price (Note: See line 1a before completing.)	20			$\neg \neg$			
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	100	100				
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		1				
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	27a			-		$\rightarrow$	
b Line 27a multiplied by applicable percentage	27b			$\rightarrow$		$\rightarrow$	
c Enter the smaller of line 24 or 27b	27c					+	
<ul> <li>Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions</li> </ul>	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		10				
ummary of Part III Gains. Complete property of	olumne	A through D through	line 29h hefore	aoina t	o line 30		
		r timoagn o amoagn	- III	gonig .	- INTO GO.		
Total gains for all properties. Add property columns	A throu	gh D, line 24				30	
Add property columns A through D, lines 25b, 26g,						31	
Subtract line 31 from line 30. Enter the portion from	casualt	y or theft on Form 46	84, line 33. Ente	r the p	ortion		
from other than casualty or theft on Form 4797, line	6	) I 000F4 1/01	18/h		D	32	-
art IV Recapture Amounts Under Section	ns 179	and 280F(b)(2)	wnen Busin	ess U	se Drops to	<b>50%</b> (	or Less
(see instructions)						-	
					(a) Section		(b) Section
			1		179	-	280F(b)(2)
Section 179 expense deduction or depreciation allo	wable in	prior years		33	_	$\rightarrow$	
Recomputed depreciation. See instructions				34		-	
<ul> <li>Recapture amount. Subtract line 34 from line 33. Se</li> </ul>	e the in:	structions for where	to report	35			

orm 990-T (A)	Income (Loss) from Partnerships	State	ement 27
		Net	Income
escription		or	(Loss)
C Decited TV Continu	ann Burda an Transa (1 an)		22 120
	ary Business Income (loss)		-23,138
	ental Real Estate Income		-28,446
Realty IX - Other			-102
	ry Business Income (loss)		1,989
	ntal Real Estate Income		-25,494
Realty X - Other			-29
	y Business Income (loss)		-736
	tal Real Estate Income		-1,978
	s - Ordinary Business Income (loss)		835,638
P Natural Resource	s - Net Rental Real Estate Income		17
P Natural Resource	s - Interest Income		2,078
P Natural Resource	s - Dividend Income		56
P Natural Resource			16,965
	s - Other income (loss)		-278,665
	Other income (loss)		-16
	- Ordinary Business Income (loss)		-3
	- Other income (loss)		219
	siness Income (loss)		-7,943
	Real Estate Income		12
P IX - Interest In			13
CP IX - Other incom			-2,073
			4,982
	siness Income (loss)		-89
	Real Estate Income		
CP XI - Interest In			2 2 2 5 2
CP XI - Other incom			-252
	Susiness Income (loss)		11,949
	Real Estate Income		6
	Rental Income (loss)		281
CP XII - Interest I			14
CP XII - Other inco	·		-5,636
	Ordinary Business Income (loss)		506,156
niper Capital II -	Other income (loss)		-283,477
niper Capital III	- Ordinary Business Income (loss)		731,617
niper Capital III	- Other income (loss)		-217,297
P Fund XIII, LP -	Ordinary Business Income (loss)		-5,228
P Fund XIII, LP -	Interest Income		204
P Fund XIII, LP -			_ 1
	Other income (loss)		-2,070
•	Ordinary Business Income (loss)		-3,095
	Met Rental Real Estate Income		592
CP Fund XIV, LP - I			259
	Other income (loss)		-7,419
	cowth II - Ordinary Business Income		,, , , ,
loss)	Owcii II - Ordinary Business Income		-1,552
	outh II Other income /leas)		
	cowth II - Other income (loss)		-1,401
egacy X - Other inc			659
	Business Income (loss)		-3
egacy IX - Other in			616
	NOWTH III , L.P - Ordinary Business		
ncome (loss)			-52
	ROWTH III , L.P - Interest Income		18
COLADE PARTNERS GE	ROWTH III , L.P - Other income (loss)		-247

Endowment For Health, Inc.	02-0512290
RCPDIRECT IV, LP - Ordinary Business Income (loss)	-2,397.
RCPDIRECT IV, LP - Interest Income	1.
RCPDIRECT IV, LP - Other income (loss)	-903.
RCP FUND XVI, LP - Ordinary Business Income (loss)	-816.
RCP FUND XVI, LP - Other income (loss)	-68.
AG REALTY VALUE FUND XI LP - Ordinary Business Income	
(loss)	-770.
AG REALTY VALUE FUND XI LP - Net Rental Real Estate Income Artemis Real Estate Partners Fund IV, LP - Ordinary	-14,912.
Business Income (loss)	-744.
Artemis Real Estate Partners Fund IV, LP - Net Rental Real Estate Income Clayton, Dubilier and Rice Fund XII, LP - Other income	-16,849.
(loss)	-25,349.
Total Included on Schedule A, Part I, line 5	1,155,095.

Form 990-T (A)	Post 2017 NOL Schedule	Statement 28			
Prior Year Post 2017 NOL	NOL Deduction	Carryforward of Post 2017 NOL			
1,482,423.	971,160.	511,263.			

990-T Sch	A Post-201	.7 Net Operating	Loss Deduction	Statement 29
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
09/30/19	444,553.	0.	444,553.	444,553.
09/30/20	564,733.	0.	564,733.	564,733.
09/30/21	297,486.	0.	297,486.	297,486.
09/30/22	175,651.	0.	175,651.	175,651.
NOL Carry	over Available This	Year	1,482,423.	1,482,423.

Sch A (990-T) Schedule A NOL Detail	Statement 30
Taxable income from all entities This entities portion of taxable income	1,284,252. 1,284,252.
This entities percentage of pre-2018 net operating This entities allowed pre-2018 net operating loss	loss 100.00% 70,302.
Taxable income after pre-2018 net operating loss 80% income limitation	1,213,950. 971,160.
Post-2017 available Lesser of Post-2017 net operating loss or 80% limit	1,482,423. cation 971,160.

Form 4797	Pro	atement 31				
Description	Date Acquired	Date Sold	Sales Price	Depr.	Cost or Basis	Gain or Loss
AG Realty Fund IX	9	7	2 -1 9	Elfo		-67,799.
AG Realty Value Fund X LP						6,086.
GEM Realty Fund VI, L.P NGP Natural						309.
Resources XII, LP RCP Fund IX, LP RCP Fund XI, LP						153,272. 538. 18. 2,856.
RCP Fund XII, LP RCP Fund XIII, LP RCP Fund XIV, LP						-32. 1,758.
Total to 4797, Pa	rt I, line	2				97,006.

### SCHEDULE D

(Form 1120)

Department of the Treesury 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** 02-0512290 Endowment For Health, Inc. Yes X No 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 instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts to enter on the lines below. (h) Gain or (loss) (g) Adjustments to gain Subtract column (e) from or loss from Form(s) 8949, Proceeds Cost This form may be easier to complete if you column (d) and combine the (sales price) (or other basis) Part I, line 2, column (g) round off cents to whole dollars. 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 3,240. Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 240. 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain (d) (e) to enter on the lines below. Subtract column (e) from Proceeds or loss from Form(s) 8949, Cost This form may be easier to complete if you round off cents to whole dollars. column (d) and combine the Part II, line 2, column (g) (sales price) (or other basis) 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 33,949. Form(s) 8949 with Box F checked 97.006. 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 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 Capital gain distributions 14 130,955. 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 3,240. 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 130,955. 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 134,195.18

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

Note: If losses exceed gains, see Capital Losses in the instructions.

18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns

Schedule D (Form 1120) 2023

### Form 8949 Department of the Treasury

Internal Revenue Service

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

Name(s) shown on return

Social security number or taxpayer identification no.

Endowment For Health, Inc. 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. Part | Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term 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 (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount (h) (a) (b) (c) (d) (e) **Proceeds** Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in column (f). See instructions. (sales price) Subtract column (e) basis. See the (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of Note below and from column (d) & (Mo., day, yr.) (g) Amount of adjustment combine the result see *Column (e)* ir Code(s) with column (g) the instructions NGP Natural 3,240. Resources XII, 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 3,240. 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.

Form 8949 (2023)

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.

DIACOMMOTIC LOT HOGE CITY TIL	Endowment	For	Health	, Inc
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Endowment for		inc.					512290
Before you check Box D, E, or F belo statement will have the same information broker and may even tell you which it	ow, see whether sation as Form 105 box to check.	you received any 99-B. Either will :	Form(s) 1099-B c show whether you	or substitute statem r basis (usually you	ent(s) from r cost) was	your broker. A suit reported to the IR	bstitute IS by your
Part   Long-Term. Transaction	ons involving capite	al assets you held r	more than 1 year are	generally long-term (s	ee instructi	ons). For short-term to	ransactions,
see page 1. Note: You may aggregate al	I long-term transact	ions reported on F	orm(s) 1099-B show	ing basis was reported	d to the IRS	and for which no adj	ustments or
codes are required. Enter the You must check Box D, E, or F below.	totals directly on	Schedule D, line 8a	a; you aren't required	to report these trans	actions on F	orm 8949 (see instru	ctions).
If you have more long-term transactions than will	fit on this page for one	or more of the boxes	, complete as many form	ns with the same box che	oked as you re	ed.	ясп аррисаон вох.
(D) Long-term transactions rep	ported on Form(s	) 1099-B showin	g basis was repor	ted to the IRS (see	Note ab	ove)	
(E) Long-term transactions rep			-	ported to the IRS			
X (F) Long-term transactions no	reported to you	on Form 1099-E	3		1		
1 (a)	(b)	:(c)	(d) Proceeds	(e) Cost or other	Adjustmei   loss, if v	nt, if any, to gain or ou enter an amount	(h)
Description of property (Example: 100 sh, XYZ Co.)	Date acquired (Mo., day, yr.)	Date sold or disposed of	(sales price)	basis. See the	in column	(g), enter a code in	Gain or (loss). Subtract column (e)
(Example: 100 sh: X12 00.)	(wio., day, yr.)	(Mo., day, yr.)		Note below and	COLUMN (1	). See instructions.	from column (d) &
		(,, , , , ,		see Column (e) in the instructions	Code(s)	(g) Amount of	combine the result with column (g)
AG Realty Fund IX				die mandonorie		adjustment	mar column (g)
LP				<del> </del>			3,634.
NGP Natural				<del>                                     </del>			3,034.
Resources XII, LP				-			12,080.
RCP Fund IX, LP							<1,686.>
RCP Fund XII, LP							20,593.
RCP Fund XIII, LP							<672.>
,							
				-			
	ļ						
					<u> </u>		
				<u> </u>			
				<del>                                     </del>			
			-				
	<del></del>						
-				-			
2 Totals. Add the amounts in colum	nns (d), (e), (g), a	nd (h) (subtract			THE LA		III
negative amounts). Enter each to					Will have		
Schedule D, line 8b (if Box D abo		-			180005		
above is checked), or line 10 (if E	ox F above is ch	necked)		_	200		33,949.

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.

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.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Name(s) shown on return		_				Ident	lfying number
Endowment For Health	, Inc.					0	2-0512290
1a Enter the gross proceeds from sale (or substitute statement) that you a	s or exchanges rep	0.40 00		1099-B or 1099-S		1a	= =
b Enter the total amount of gain that	you are including o						- 1
						1b	N II = 1
c Enter the total amount of loss that	ou are including o	n lines 2 and 10	due to the partial	dispositions of MA	CRS		
assets						1c	
Part I Sales or Exchanges of	f Property Use	ed in a Trade	or Business	and Involuntar	y Convers	ions	From Other
Than Casualty or The	ft-Most Prope	rty Held Mo	re Than 1 Yea		1	_	
2 (8) Description of property See Statement 32	(b) Date acquired (mo., day, yr.)	(С) Date sold (то., day, ут.)	(d) Gross sales price	(6) 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)
			[m 50				1.004
				1112.0	III K		
					П		
3 Gain, if any, from Form 4684, line 3	9					3	
4 Section 1231 gain from installment	sales from Form 6	252, line 26 or 3	37		t-25	4	
5 Section 1231 gain or (loss) from like	-kind exchanges f	rom Form 8824				5	
6 Gain, if any, from line 32, from other	r than casualty or	theft	000000	15		6	
7 Combine lines 2 through 6. Enter the	ne gain or (loss) he	re and on the ap	propriate line as fo	ollows		7	97,006.
Partnerships and S corporations. line 10, or Form 1120-S, Schedule				or Form 1065, Sch	edule K,		
from line 7 on line 11 below and sk 1231 losses, or they were recaptur the Schedule D filed with your retu	ed in an earlier yea	r, enter the gain	from line 7 as a lo				
8 Nonrecaptured net section 1231 lo			5.754 55.374 5			8	- VIII
9 Subtract line 8 from line 7. If zero of		•	_				
line 9 is more than zero, enter the a			_	n from line 9 as a l	ong-term		97,006.
capital gain on the Schedule D filed	351					9	31,000.
Part II Ordinary Gains and	Losses (see in	structions)					
10 Ordinary gains and losses not incl	uded on lines 11 tl	brough 16 (inclu	de property held 1	vear or less)			
Ordinary gains and losses not mo	dded off filles t t t	Tought to (inclu		year or lessy.			
		III.					
						101	
					1 8		
11 Loss, if any, from line 7				<u> </u>		11	(
12 Gain, if any, from line 7 or amount	from line 8, if appli	cable	***************************************			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-kin						16	
					The second secon	17	Q
18 For all except individual returns, er							
a and b below. For individual return			wii illi	-		Office	
a If the loss on line 11 includes a los	•		(b)(ii), enter that pa	art of the loss here	. Enter the	THE SX	
loss from income-producing prope					100	100	TWEETEN GEN
as an employee.) Identify as from "	*			-		18a	
b Redetermine the gain or (loss) on li							
						18b	
LHA For Paperwork Reduction Act							Form 4797 (2023

318011 12-27-23

					(b) Date acquire	d I	(c) Date solo
(a) Description of section 1245, 1250, 1252, 1254, o	- 1	(mo., day, yr.)		(mo., day, yr.			
<u> </u>						$\perp$	
						_	
)							
These columns relate to the properties on							
lines 19A through 19D.		Property A	Property	В	Property C		Property !
Gross sales price (Note: See line 1a before completing.)	20			$\rightarrow$		_	
Cost or other basis plus expense of sale	21			$\rightarrow$			
Depreciation (or depletion) allowed or allowable	22			$\longrightarrow$		_	
Adjusted basis. Subtract line 22 from line 21	23			$\rightarrow$		_	
Total gain. Subtract line 23 from line 20	24					_	
If section 1245 property:							
Depreciation allowed or allowable from line 22	25a					_	
Enter the smaller of line 24 or 25a	25b					_	
<b>If section 1250 property:</b> 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						
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					$\neg +$	
Enter the smaller of line 26c or 26d	26e			$\neg$		$\dashv$	
	200					$\top$	
Section 291 amount (corporations only)	26f					_	
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.							
Soil, water, and land clearing expenses	27a			-		-	
Line 27a multiplied by applicable percentage	27b			-		$\rightarrow$	
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						
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						
mmary of Part III Gains. Complete property c	olumn	s A through D through	line 29b before	going t	o line 30.		
Total gains for all properties. Add property columns	A thro	ugh D, line 24				30	
Add property columns A through D, lines 25b, 26g, Subtract line 31 from line 30. Enter the portion from						31	
from other than casualty or theft on Form 4797, line	6					32	
rt IV Recapture Amounts Under Sectio	ns 17	9 and 280F(b)(2)	When Busin	ess U			r Less
(see instructions)							
					(a) Section 179		(b) Section 280F(b)(2)
Section 179 expense deduction or depreciation allo	wable i	n prior years		33			
				34			
riocompated depreciation. Coo mondeterio							

Form 4797	Pro	perty He	erty Held More than One Year Stat					
Description	Date Acquired	Date Sold	Sales Price	Depr.	Cost or Basis	Gain or Loss		
AG Realty Fund IX			_ 3= -	- 40		-67,799.		
AG Realty Value Fund X LP						6,086.		
GEM Realty Fund VI, L.P NGP Natural						309.		
Resources XII, LP RCP Fund IX, LP						153,272. 538.		
RCP Fund XI, LP RCP Fund XII, LP RCP Fund XIII, LP						18. 2,856. -32.		
RCP Fund XIV, LP						1,758.		
Total to 4797, Pa	rt I, line	2				97,006.		

Internal Revenue Service

Return of U.S. Persons With Respect to **Certain Foreign Partnerships** 

Attach to your tax return.

Go to www.frs.gov/Form8865 for instructions and the latest information.

Information furnished for the foreign partnership's tax year

beginning OCT 1

, 2023, and ending SEP 30

OMB No. 1545-1668

Attachment Sequence No. 865

, 2024

Name of person filing this return							Filer's	identificat	ion numbe		
							0	2-051	2290		
Endowment For Healt	th, Inc.										
Filer's address (if you aren't filing this form wi	ith your tax return)	A	Category of	f filer (	see Catego	ries of File	rs in the	instructions (	and check app	licable b	ox(es)):
		L	1		2			X	4		
		В	Filer's tax y beginning	/00.7	OCT	1	202	3 , and end	ing SEP	30	2024
C Filer's share of liabilities; Nonrecourse \$	Qualified nonr	recou	rse financin	1g \$				Other	\$		
D If filer is a member of a consolidated group	but not the parent, enter the following	infor	mation abo	out th	e parent;						
Name						E	IN				
Address											
E Check if any excepted specified foreign fina		See i	nstructions	·							
F Information about certain other partners (s	iee instructions)						,	445	Ob ante annullar	h l = h = : d =	
(1) Name	(2) Address				(3) Identifice	ition numb	er		Check applica		ctive owner
				_				Category 1	Category 2	Consuc	CUVS OWING
G1 Name and address of foreign partnership			l					2(a) EIN	(if any)		
Silver Point Specialt	ty Credit Fund III								-1670	583	
C/O Walkers Corporate		•							rence ID nu		
190 Elgin Avenue								SPSC			
George Town, Grand Ca	avman Cavman Islan	ıds	KY1-						under who	se laws	organized
, , , , , , , , , , , , , , , , , , , ,								-	n Isl		_
Date of 5 Principal place of business	6 activity code number	7 Pi	rincipal bus	iness	3	8a	Funct			inge rate	
05/05/2022 Cayman Isla	ands 523900		vestm			US	D	,	1	.000	0000
H Provide the following information for the fo	oreign partnership's tax year:										_
1 Name, address, and identification number	of agent (if any) in the United States	2	Check if th	e for	eign partr	ership n	nust file	a:			
			Fo	rm 1	042	Fo	rm 880	)4 X	] Form 106	35	
			Service Ce		where For	m 1065	is filed	:			
			<u>E-fi</u>		, ,						
3 Name and address of foreign partnership's	agent in country of organization, if any								records of the	e toreign	
						_		L, L.1			
								•	Floor	5	
			reenw				583	J			
5 During the tax year, did the foreign partn										-	K No
allowed under section 267A? See instruc									Yes	_	ız i M0
If "Yes," enter the total amount of the dis-									\$Yes		K No
<ul><li>6 Is the partnership a section 721(c) partn</li><li>7 Were any special allocations made by the</li></ul>									X Yes	Ë	No
<ul> <li>Were any special allocations made by the</li> <li>Enter the number of Forms 8858, Inform</li> </ul>			o Foreign F						108		NO
(FDEs) and Foreign Branches (FBs), attack			_		-						
9 How is this partnership classified under t									ershi	 D	
10 a Does the filer have an interest in the fore										<b>5</b>	
separate unit under Regulations section			-	_	•						
1.1503(d)-1(b)(4)(ii)? If "No," skip questi					_				☐ Yes		No
b If "Yes," does the separate unit or combin	ned separate unit have a dual consolida	ted lo	ss, as defi	ned ii	n Regulati	ons					_
section 1.1503(d)-1(b)(5)(ii)?	•								Yes		No.
11 Does this partnership meet both of the fo				1							
1. The partnership's total receipts for the	e tax year were less than \$250,000.			- {							
2. The value of the partnership's total as	sets at the end of the tax year was less	than	\$1 million.	. [					Yes		No No
If "Yes," don't complete Schedules L, M-	1, and M-2.			J							

LHA 310651 10-27-23

Form 8865 (2023)

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

Form 8865 (2	(023)	Endowmen	t For Hea	alth,	Inc.			02	-05122	90	Page 2	
12 a Is th					gible income (FDII) dedu	uction (under secti	on 250) witl					
resp	ect to any	transaction with	the foreign partners	hip? If "Ye	s, complete lines 12b,	12c, and 12d. See	instructions		Yes	X	No	
b Ente	r the amo	unt of gross recei	pts derived from all	sales of g	eneral property to the fo	oreign partnership	that the filer					
inclu	uded in its	computation of fo	oreign-derived dedu	eligi	ble income (FDDEI)							
inclu	uded in its	computation of F	DDEI		tangible property to the							
		unt of gross recei n of FDDEI			provided to the foreign p		filer includ	ed in				
					)(8) as a result of transf		ion of an int	terest in		_		
			distribution from t	•		ioning an or a port						
				-	e partnership and its pa				ILHOR		177 (18)	
	-	of Regulations se							Yes	X	No	
					The second secon			1880				
Sign Here Only if You're Filing This Form Separately and Not With Your					n including accompanying a partner or limited liability cor							
Tax Return,	Sig	nature of general par	tner or limited liability	company me	mber			7/		ate		
Paid Preparer	Print/Type preparer's name				's signature		Date	Check self-employed	if PTIN			
Use	Firm's na	ame						Firm's EIN				
Only	Firm's a	idress						Phone no.				
,												
			constructively s a direct interest	own. Se	e instructions.	Owns a co	onstructive i	nterest Identification number	or (if any)	Check if foreign person	Check if direct partner	
							7.0			person	partition	
Schedule	A-1	Certain Par	tners of Foreig	n Partn	<b>ership</b> (see instru	uctions)					HAIT I	
		Name	di		Address			Identification r	number (if any)	- 1	Check if foreign person	
	-							***				
Schedule	A-2	Foreign Par	tners of Section	on 721(c	:) Partnership (se	ee instructions	)					
Name of fore	eign	1	Address		Country of organization	U.S. taxps		Check if related to	Percent	age intere	et	
partner					(if any)	(if any)		U.S. transferor	Capital	F	Profits	
			-31			1	_			%	%	
									•	<u>//</u>	%	
			eign person as a dir					L	Yes		No	
Schedule	A-3		i <b>chedule.</b> List rest or indirectl		erships (foreign or a a 10% interest.	domestic) in w	nich the I	oreign partne	rsnip owns	High		
		Name	- 1		Address	-		EIN (if any)	Total or income		Check foreigr pertner ship	
				l							11 30 11	

## SCHEDULE O (Form 8865)

(Rev. October 2021)
Department of the Treasury

## Transfer of Property to a Foreign Partnership (Under Section 6038B)

► Attach to Form 8865. See the Instructions for Form 8865.

Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Name of transfero						TI .			Filer's iden			
	Endown							T		51229		
Name of foreign p						/ Credit				1		ber (see instr)
						Limited		98-167		SPSCE		77
	nership a section 7			_		1997				_	Yes	X No
	s the gain deferral			-	_	-					Yes	No
	tangible property t									_	¬	(42) AL.
	fter, a platform co				section 1	1.482-7(c)(1)?					Yes	X No
Part I T	ransfers Reportabl		COON DUSOB		Т		т —			T		
Type of property	(a) Date of transfer	(b) Description of property	Fair mar	(c) ket value of transfer	,	(d) Cost or other basis	Reco	(e) overy period	(f) Section 70 allocation m			(g) recognized transfer
Cash	09/30/24		561	1,664.	0.688	W. 1982				200	10 W	1,54
Stock, notes												
receivable								_				
and payable, and other												
securities	_											
					<b> </b>	-					-	
Inventory												
							116	2		$\overline{}$		
T!!-!-							<del>                                     </del>					
Tangible property									-			
used in trade							<del>                                     </del>					
or business		<del></del>			-		<del>                                     </del>					
Intangible	-	$\vdash$					<del>                                     </del>					
property												
described in							1					
section 197(f)(9)					_		1				-	
Intangible							1					
property, other												
than intangible property		<del> </del>			$\vdash$		<del>                                     </del>					
described in				· · ·	+-		<del> </del>			<del>-  </del>		
section 197(f)(9)		-			$\vdash$		+					
Other					<del>                                     </del>		<del>                                     </del>					
property							+					
	-	<del>                                     </del>			,i		+			<del>-  </del>		
Totals	Name of the Party		561	L,664.			1-27	Company of the Compan	112	100011500		
	ansferor's percent	age interect				tranefer	2724	: %	(h) After	r the transfe	or	4155 %
	ormation Required					transier •	2/24	. 76	(D) Alte	uic u alisii	<u> </u>	4177 W
ouppromental in	ormation required	i to be nep	ALER (300 II	nan uchona)	•							
-												
-												
Part II Di	spositions Report	able Under	Section 603	8R								
(a)	(b)	2010 011001	(c)	(d)		(e)		(f)	(g)			6.)
Type of	Date of		Date of	Manner o		Gain		Depreciation recapture	Gain allo		Dep	(h) xeciation
property	original transfer	dis	position	dispositio	n	recognized by partnership	Ι.	recognized	to part	ner		re allocated partner
		_				•	+-	oy pertnership				
		_					+			-		
	+				+		+		<del> </del>			
	+	_					+					
Part III Is	any transfer repor	ted on this	schadule cub	iect to asic	recognit	ion under castics	OUNIEVIS PONTENIS	nr section 004	(f\/5\/E\2		Yes	X No
·							נייייייייייייייייייייייייייייייייייייי	y or socion 504	<u>(///2//17</u>	Sehadula (		
LUN LOLLEDBIA	vork Reduction Act	. MDUCS, \$8	e me iuzunc	uqus tor to	LIII 9000	١.				ociiadnie i	n fratui s	8865) 10-2021

### Return of U.S. Persons With Respect to **Certain Foreign Partnerships**

Attach to your tax return.

Go to www.irs.gov/Form8885 for instructions and the latest information.

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Name of person filing this return

Information furnished for the foreign partnership's tax year

beginning OCT 1 , 2023, and ending SEP 30

Filer's identification number

Endormont For Horlth	Tng			0	2-051	2290	
Endowment For Health Filer's address (if you aren't filing this form with you		A Catazonia	of filer (see Categor	ries of Filers in th	e instructions	and check and	licable howes
Ther 5 address (if you aren't hing this form with yo	our ax recurry	1 Catagory	2		X	4	лювого пожеву.
		P Filer's tax			3 , and end		30,20
C Filer's share of liabilities: Nonrecourse \$	Qualified or	onrecourse financi		1 ,202	Other		30,20
D If filer is a member of a consolidated group but					Othei	Ψ	
	t not the parent, enter the joilowi	ing miormation abi	BUL THE PARENT.	EIN			
Name Address				EIM			
E Check if any excepted specified foreign financia	al access are reported on this for	m Con instruction					
F Information about certain other partners (see in		III. OGB IIISU UGUON	<b>3</b>				
F Thiormation about cortain other partners (see in	nisu doudnis)				(4)	Check applica	able box(es)
(1) Name	(2) Address		(3) Identifica	tion number	Category 1	Category 2	Constructive of
					1		
G1 Name and address of foreign partnership					2(a) EIN	(if any)	
Clayton, Dubilier, & R.	ice Fund XII. I	T.P				-1656	080
craycon, babilier, a k	ice runa mir, i					erence ID nu	
375 Park Avenue, 18th	Floor				N/A		
New York, NY 10152	11001					under who	se laws orgai
New Tork, NT 10132						n Isl	
Date of the second seco	Principal business	Principal but	siness	8a Fund			ange rate nstructions)
Date of Principal place	R LINCIPAL DOSILIESS					1 00 1200	
₹ organization ⊃ of business	6 Principal business activity code number 5 2 3 9 0 0				oricy		
04/01/2023 Cayman Islan	gn partnership's tax year:	Investm	he foreign partn orm 1042	USD nership must f	ile; 804 🔀		.00000
organization 04/01/2023 Cayman Islan H Provide the following information for the foreign Name, address, and identification number of a  Name and address of foreign partnership's age CD&R Associates XII, Li	ads 523900 gn partnership's tax year: agent (if any) in the United States ent in country of organization, if	Investm  2 Check if the Service Concept Service Concept Service Concept Service Concept Service Concept Service Concept Service Servic	he foreign partnorm 1042 enter where For 1e 1e and the location of SSOCIAT	USD  mership must fi  Form 88 rm 1065 is file a) with custody of such books and ces XII	ile; 804 X d; d; of the books and records, if di	Form 10	65
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LHA 310651 10-27-23

Form 8865	(20	23)	Endown	nent	For	Неа	alth,	In	c.						0	2-	05122	290	Page 2
					-	-		-	ncome (FDII) dec inplete lines 12b,		•			,,,,,,,,			Yes		X No
b E	nter	the amo	ount of gross	receipts	derived f	rom al	I sales of	general	property to the	forei	ign partnershij	that the	filer						
ir	nclud	ded in its	s computation	n of fore	ign-derive	ed dedi	uction elig	ible inc	ome (FDDEI) 🧠	.,,,,			j						
			_					•	le property to th										
			s computation						d to the foreign							•			
it	s co	mputatio	on of FDDEI																
			ip or of receiv	•	•		•		a result of trans										
									nership and its p							•			
			of Regulation	•							•						Yes		X No
Sign Here Or if You're Filin This Form Separately a Not With You	ng nd								ding accompanying or limited liability co										
Tax Return.	_		gnature of gene	<u> </u>	or limited	liability (												Date	
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Only		Firm's a	ddress										_  F	Phone i	10.				
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			Name				b Owns a constructive Address					Identification number (if any)			sny)	Check foreign persor	direct		
Schedu	.ie	A-1	Certain	Partn	ers of F	oreig	ın Partn	nershi	p (see instr	uct	ions)								1
			Name				Ш		Address	3				Iden	tification	numb	er (if any)		Check if foreign person
												$\rightarrow$							+
Schedu	de	A_2	Eoroian	Darte	ara of C	Saction 1	nn 794/	n) Par	tnership (s		instructions	-1							
Name of f			Foreign	rarui	618 01 3	secue	011 72 HC	c) rai	Country of	98	U.S. taxp				lated to		Percent	age inte	rest
partn		"		A	ddress				organization (if any)		identification (if any		I	U.S. trai			Capital	100	Profits
										$\neg$			十				9	%	%
																-	9	<b>%</b>	%
			ave any other										سبب		[		Yes		No
Schedu	ile .	A-3							s (foreign or interest.	do	mestic) in v	vhich th	e foi	eign	partne	ershi	ip owns		
Stmi	t	33	Name						Address					EIN (if an)	)		Total or income		Check if foreign partner- ship
																+			=
																$\perp$			

Form 8865 (2023)

### SCHEDULE O (Form 8865)

(Rev. October 2021) Department of the Treasury Internal Revenue Service

## Transfer of Property to a Foreign Partnership (Under Section 6038B)

▶ Attach to Form 8865. See the Instructions for Form 8865.

▶ Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Name of transfero								Filer's iden			
No	Endown	ent Fo	r Health,	Inc.			Lem er		51229		a la stal
Name of foreign p	partnership CT	ayton,	Dubilier	, & R	ice Fund	ı XI	EIN (if any 98-16		1	e ID number (se	e instr
b If "Yes," wa 2 Was any in	is the gain deferral itangible property t	method appli ansferred co	ship (as defined in Re ed to avoid the recog nsidered or anticipate defined in Regulation	nition of gai ed to be, at t	in upon the cont the time of the tr	ribution of ansfer or a	See instructi property? at any	ions	800010 88	Yes X Yes X	No
Part 1 T	ransfers Reportabl	e Under Sec	tion 6038B			G. Company			au contaco		111
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	Co	(d) pet or other besis	Recov	(e) ery period	(f) Section 7 allocation n		(g) Gain recognize on transfer	ed
Cash	09/30/24	3v 0000010	313,011	. 930	WII A HO		W 88 E40	RIAMINAN S	II DATE	COLUMN TO SHARE	11/1/16
Stock, notes receivable and payable, and other securities		#11 									
Inventory	IRA II II						et Film			I HOUSE	
Tangible property used in trade or business								5 -	10 I	X WY	10.3
Intangible property described in section 197(f)(9) Intangible property, other than intangible property described in section 197(f)(9)										Arts St	11
Other property											
Totals	FIRST VALUE II -	No service	313,011			rii in i		PER CHARGO PER	er = 0.2.9		
a Enter the t		- V	n the partnership: (a)	Before the	transfer .	0000	%	(b) After	er the trans	fer .006	9 %
Part II C	Dispositions Report	able Under (	Section 6038B								
(a) Type of property	(b) Date of original transfer		(c) (d) ate of Manne disposi	rof	(e) Gain recognized by partnership		(f) Pepreciation recapture recognized y partnership	(g Gain all to pa	ocated	(h) Depreciation recapture alloca to partner	
-			chedule subject to ga			904(1)(3)	or section 90	04(f)(5)(F)?	Schedule	Yes 3	K No

### Form **8865**

Department of the Treasury

Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.

Go to www.irs.gov/Form8865 for instructions and the latest information.

Information furnished for the foreign partnership's tax year

beginning OCT 1

, 2023, and ending SEP 30

OMB No. 1545-1668

2023

2024

Name of person filing this return Filer's identification number 02-0512290 Endowment For Health, Inc. Filer's address (if you aren't filing this form with your tax return) A Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 3 X 2 I OCT 1 2023 SEP 30,2024 C Filer's share of liabilities; Nonrecourse \$ Qualified nonrecourse financing \$ D If filer is a member of a consolidated group but not the parent, enter the following information about the parent; EIN Name **Address** Check if any excepted specified foreign financial assets are reported on this form. See instructions Information about certain other partners (see instructions) (4) Check apolicable box(es) (3) Identification numbe (1) Name (2) Address Category 1 Category 2 Constructive own 2(a) EIN (if any) **G1** Name and address of foreign partnership Wellington Global Research Equity 98-1608230 Extended LP 2(b) Reference ID number 89 Nexus Way Camana Bay, Cayman Islands KY1-9009 3 Country under whose laws organized Cayman Islands 4 Date of organization 7 Principal business activity 5 of business Principal business Functional Exchange rate (see instructions) 8a currency 6 activity code number 01/22/2021 Cayman Islands 525990 Investments USD 1.000000 H Provide the following information for the foreign partnership's tax year: 1 Name, address, and identification number of agent (if any) in the United States 2 Check if the foreign partnership must file: Wellington Management Company LLP X Form 1065 Form 1042 Form 8804 280 Congress St Service Center where Form 1065 is filed; **E-file** Boston, MA 02210 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different 3 Name and address of foreign partnership's agent in country of organization, if any State Street Bank and Trust Company PO Box 5501 Boston, MA 02206-5501 5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not X No allowed under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions 6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? X No Yes X No Were any special allocations made by the foreign partnership? Ves Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions Partnership 9 How is this partnership classified under the law of the country in which it's organized? 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b Yes b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? 11 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. No If "Yes," don't complete Schedules L, M-1, and M-2. For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 8865 (2023)

orm 8865 (2	2023) ]	ndowme	nt For H	ealth	, Inc.	1 10 104-013	- 10-	0	2-0512	290	Page 2		
resp b Ente	ect to any or the amou	transaction witl int of gross rec	n the foreign parti eipts derived fron	nership? If " n all sales of	ingible income (FDII) Yes," complete lines 1 general property to t gible income (FDDEI)	2b, 12c, and 12c he foreign partne	. See instruction	ns er	Yes	X	No No		
		int of gross rec			intangible property to	•							
			eipts derived fron	n all services	s provided to the forei	gn partnership t	nat the filer inclu		P 1 1				
			•		(c)(8) as a result of to	-	•						
					ership				_	-			
					the partnership and it				Yes	X	No		
Sign Here Only if You're Filing This Form Separately and Not With Your	correct, ar	nd complete. Decla	ration of preparer (ot	her than gener	turn, including accompan- al partner or limited liabilit					nowledge.			
Tax Return.	_	preparer's name	artner or limited liab		ren's signature		Date	- In a	, PTIN	Date			
Paid		property of marrie						Self-employ	if   /ed				
Preparer	Firm's na	ıme				Firm's EIN							
Use Only	Firm's ac		i i		Phone no.					-1 -			
			u constructive		ee instructions.		ns a constructive	interest	sher fit and	Check if foreign	Check if		
		Name			A00	1008		positii valteri (valt	iboi (ii ariy)	person	partner		
Schedule	A-1	Certain Pa	artners of For	eign Parl	t <b>nership</b> (see in	structions)							
	7	Name		1 -	Add	rees		Identificatio	n number (if any)	100	Check if foreign person		
				-									
Schedule	. 4.2	Foreign D	artners of Se	otion 721	(c) Partnership	(ego inetrue)	ione)			_			
		Foreign	al thers or Se	Cuon 721	Country of	(see instruct	i. taxpayer	Check if related to	Perce	ntage inter	est		
Name of fore partner	eign		Address		organization (if any)	identifi	cation number (if any)	U.S. transferor	Capital	1	Profits		
										%	%		
							TO			%	%		
Does the part		Affiliation		ist all part	nerships (foreign	or domestic)	in which the	foreign partn	Yes ership own	s	No		
		a direct int	erest or indire	ectly owns	a 10% interest.	ress		EIN (if any)		ordinary e or loss	Check i foreign partner ship		
								- 30.	11 =2 &				

Form 8865 (2023)

### SCHEDULE O (Form 8865)

(Rev. October 2021)
Department of the Treasury

## Transfer of Property to a Foreign Partnership (Under Section 6038B)

► Attach to Form 8865. See the Instructions for Form 8865.

So to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Name of transfero							Filer's identi	fying number
	Endowm	ent F	or Health,	Inc.				512290
Name of foreign p			ton Global	Research	Equity	EIN (if any)		Reference ID number (see in
d - In the name		tende		undestana enestina d 7	1047-2 4752744320	98-160		Yes X No
			ership (as defined in Rep plied to avoid the recogn				ns	
	-		considered or anticipate					
			s defined in Regulations					Yes X No
	ransfers Reportab					***************************************		
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis		(e) ery period	(f) Section 704 allocation me	
Cash	09/30/24		4,000,000					
Stock, notes	03/30/22		2,000,000					
receivable								_
and payable, and other								
securities								
1		-						
Inventory								
				-	-			
Tangible								
property								
used in trade or business				1		=		
Intangible property								
described in								
section								
197(f)(9) Intangible								
property, other								
than intangible property					_			
described in				1	_			
section 197(1)(9)					<del>-  </del> -			
Other								
property						<del> </del>		
Totals			4,000,000		10-10/2002	E-FAXEGUA A	THE WAR	100
3 Enter the tr	ansferor's percent	age interest	in the partnership; (a) E		.0000	%	(b) After	the transfer . 0000
			orted (see instructions				, ,	
						<del>.</del>		
	ispositions Report	LDIE UNGER	T	1	Т			
(a) Type of property	(b) Date of original transfer		(c) (d) Date of Manner position disposition		d by	(f) epreciation recapture ecognized partnership	(g) Gain alloca to partn	D op. common
Part III Is	any transfer repor	ted on this :	schedule subject to gain	recognition under s	section 904(f)(3) (	or section 904(	f)(5)(F)?	Yes X N
LHA For Paperv	vork Reduction Ac	Notice, se	e the Instructions for F	orm 8865.			1	Schedule O (Form 8865) 10-20

Form 8865	Affiliation Schedule	Statement 33		
Name	Address	Identifying Number	Total Ordinary Income or (Loss)	Ck if For- eign P'sh
CD&R Ferdinand	375 Park Avenue, 18th Fl	98-1723749		
Holdings, L	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			X
	New York, NY 10152			
CD&R Verde Holdings,	375 Park Avenue, 18th Fl	98-1747024		
LP	·			∥ X
	New York, NY 10152			<del>-</del>

# 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

Part 1 U.S. Transferor information (see instructions)	
Name of transferor	Identifying number (see instructions)
Endowment For Health, Inc.	00 051000
	02-0512290
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?	Yes X No
2 If the transferor was a corporation, complete questions 2a through 2d.	
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by	
five or fewer domestic corporations?	
b Did the transferor remain in existence after the transfer?	X Yes No
If not, list the controlling shareholder(s) and their identifying number(s).	
Controlling shareholder	Identifying number
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corpora	ation? X Yes No
If not, list the name and employer identification number (EIN) of the parent corporation.	
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 such up	oder section 367)
complete questions 3a through 3d.	idel accion corp,
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 established	
Charles an artistical manufacture of the control of	Yes X No
Part II Transferee Foreign Corporation Information (see instructions)	
4 Name of transferee (foreign corporation)	5a Identifying number, if any
DKIP (Cayman) II L.P.	
6 Address (including country)	5b Reference ID number
190 Elgin Avenue George Town	
Grand Cayman, KY 1-9005 Cayman Islands	DKIPII
7 Country code of country of incorporation or organization	
CJ	
CJ 8 Foreign law characterization (see instructions)	
CJ	Yes X No

Form	926 (Rev. 11-2018) Endowment For Health, Inc.	02-0512290	Page 3
14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?	Yes	☐ No
	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		No
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No No
d	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) > \$		
15	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
Sup	plemental Part III Information Required To Be Reported (see instructions)		
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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) Before • 034 % (b) After • 034 %		
17			
18	Type of nonrecognition transaction (see instructions) IRC Section 351	_	
а	Type of nonrecognition transaction (see instructions) ► IRC Section 351 Indicate whether any transfer reported in Part III is subject to any of the following.  Gain recognition under section 904(f)(3)		X No
. –	Type of nonrecognition transaction (see instructions) IRC Section 351  Indicate whether any transfer reported in Part III is subject to any of the following.  Gain recognition under section 904(f)(3)  Gain recognition under section 904(f)(5)(F)	Yes	X No
a b c	Type of nonrecognition transaction (see instructions) IRC Section 351  Indicate whether any transfer reported in Part III is subject to any of the following.  Gain recognition under section 904(f)(3)  Gain recognition under section 904(f)(5)(F)  Recapture under section 1503(d)	Yes Yes	X No
a b c	Type of nonrecognition transaction (see instructions)  IRC Section 351  Indicate whether any transfer reported in Part III is subject to any of the following.  Gain recognition under section 904(f)(5)(F)  Recapture under section 1503(d)  Exchange gain under section 987	Yes Yes	X No X No X No
a b c d	Type of nonrecognition transaction (see instructions)  IRC Section 351  Indicate whether any transfer reported in Part III is subject to any of the following.  Gain recognition under section 904(f)(3)  Gain recognition under section 904(f)(5)(F)  Recapture under section 1503(d)  Exchange gain under section 987  Did this transfer result from a change in entity classification?	Yes Yes	X No X No X No X No
a b c d	Type of nonrecognition transaction (see instructions)  IRC Section 351  Indicate whether any transfer reported in Part III is subject to any of the following.  Gain recognition under section 904(f)(5)(F)  Recapture under section 1503(d)  Exchange gain under section 987	Yes Yes	X No X No X No
a b c d	Type of nonrecognition transaction (see instructions)  IRC Section 351  Indicate whether any transfer reported in Part III is subject to any of the following.  Gain recognition under section 904(f)(3)  Gain recognition under section 904(f)(5)(F)  Recapture under section 1503(d)  Exchange gain under section 987  Did this transfer result from a change in entity classification?	Yes Yes Yes	X No X No X No X No
a b c d 19 20 a	Type of nonrecognition transaction (see instructions) IRC Section 351  Indicate whether any transfer reported in Part III is subject to any of the following.  Gain recognition under section 904(f)(5)(F)  Recapture under section 1503(d)  Exchange gain under section 987  Did this transfer result from a change in entity classification?  Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes Yes Yes Yes Yes	X No X No X No X No
a b c d 19 20 a	Type of nonrecognition transaction (see instructions)  IRC Section 351  Indicate whether any transfer reported in Part III is subject to any of the following.  Gain recognition under section 904(f)(5)(F)  Recapture under section 1503(d)  Exchange gain under section 987  Did this transfer result from a change in entity classification?  Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  If "Yes," complete lines 20b and 20c.	Yes Yes Yes Yes Yes	X No X No X No X No
a b c d 19 20 a	Type of nonrecognition transaction (see instructions)  IRC Section 351  Indicate whether any transfer reported in Part III is subject to any of the following.  Gain recognition under section 904(f)(3)  Gain recognition under section 904(f)(5)(F)  Recapture under section 1503(d)  Exchange gain under section 987  Did this transfer result from a change in entity classification?  Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  If "Yes," complete lines 20b and 20c.  Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No
a b c d 19 20 a	Type of nonrecognition transaction (see instructions)  IRC Section 351  Indicate whether any transfer reported in Part III is subject to any of the following.  Gain recognition under section 904(f)(5)  Gain recognition under section 904(f)(5)(F)  Recapture under section 1503(d)  Exchange gain under section 987  Did this transfer result from a change in entity classification?  Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  If "Yes," complete lines 20b and 20c.  Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)  Did the domestic corporation not recognize gain or loss on the distribution of property because the	Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No X No