Form **990-T**

Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2022 or other tax year beginning ___________ , 2022, and ending ___________ , 20____

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).

OMB No. 1545-0047

2022

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

A ☒ Check box if address changed.

B Exempt under section
☒ 501(C)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
MONTANA HEALTHCARE FOUNDATION

Number, street, and room or suite no. If a P.O. box, see instructions.
C/O CAROL FARRIS 777 E MAIN ST #201

City or town, state or province, country, and ZIP or foreign postal code
BOZEMAN, MT 59715

C Book value of all assets at end of year 239314974

D Employer identification number 46-6854005

E Group exemption number (see instructions)

F ☐ Check box if an amended return.

G Check organization type ☐ 501(c) corporation ☒ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university

H Check if filing only to ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . ☐

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . ☐ **Yes** ☒ **No**
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of CAROL FARRIS 777 EAST MAIN ST., STE 201 BOZEMAN, MT 59715 Telephone number 406-451-7060

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	24,251.
2	Reserved	2	
3	Add lines 1 and 2	3	24,251.
4	Charitable contributions (see instructions for limitation rules) SEE STATEMENT 1	4	14,551.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	9,700.
6	Deduction for net operating loss. See instructions	6	NONE
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	9,700.
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000.
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000.
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	8,700.

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21)	1	
2	**Trusts taxable at trust rates.** 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	885.
3	**Proxy tax.** See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	885.

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	885.
3	Other amounts due. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach statement)			3	
4	**Total tax.** Add lines 2 and 3 (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here			4	885.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5	
6a	Payments: A 2021 overpayment credited to 2022	6a	31,463.		
b	2022 estimated tax payments. Check if section 643(g) election applies ☐	6b			
c	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Other credits, adjustments, and payments: ☐ Form 2439 ______ ☐ Form 4136 ______ ☐ Other ______ Total	6g			
7	**Total payments.** Add lines 6a through 6g			7	31,463.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9	
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid			10	30,578.
11	Enter the amount of line 10 you want: **Credited to 2023 estimated tax** 30,578. **Refunded**			11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ______		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year $ 1,166.		
4	Enter available pre-2018 NOL carryovers here $ NONE . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Business Activity Code	Available post-2017 NOL carryover
	$
	$
	$
	$

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here

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

Signature of officer	Date	Title
JUDITH LAPAN	11/15/2023	CHAIR

May the IRS discuss this return with the preparer shown below (see instructions)? X Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JENNIFER BECKER HARRIS	JENNIFER BECKER HARRIS	11/9/2023		P00183358

Firm's name CLARK NUBER P.S.

Firm's EIN 91-1194016

Firm's address 10900 NE 4TH, SUITE 1400, BELLEVUE, WA 98004

Phone no. 425-454-4919

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

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

OMB No. 1545-0047

2022

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

A Name of the organization: MONTANA HEALTHCARE FOUNDATION

B Employer identification number: 46-6854005

C Unrelated business activity code (see instructions) 901101

D Sequence: 1 of 1

E Describe the unrelated trade or business INVESTMENTS ACTIVITIES

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales ______				
b	Less returns and allowances ______ c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a	82,728.		82,728.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement) SEE STATEMENT 2	5	-10,614.		-10,614.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	**Total.** Combine lines 3 through 12	13	72,114.		72,114.

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 SEE STATEMENT 3		5	41,806.
6	Taxes and licenses		6	1,857.
7	Depreciation (attach Form 4562). See instructions	7		
8	Less depreciation claimed in Part III and elsewhere on return	8a	8b	
9	Depletion		9	
10	Contributions to deferred compensation plans		10	
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)		12	
13	Excess readership costs (Part IX)		13	
14	Other deductions (attach statement) STMT 4		14	4,200.
15	**Total deductions.** Add lines 1 through 14		15	47,863.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	24,251.
17	Deduction for net operating loss. See instructions		17	
18	**Unrelated business taxable income.** Subtract line 17 from line 16		18	24,251.

For Paperwork Reduction Act Notice, see instructions.

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ☐ **Yes** ☐ **No**

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)

		A	B	C	D
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				

5 **Total deductions.** Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Gross income from or allocable to debt-financed property				
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A).

9	Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

11 **Total dividends - received deductions** included in line 10

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	**2.** Employer identification number	**3.** Net unrelated income (loss) (see instructions)	**4.** Total of specified payments made	**5.** Part of column 4 that is included in the controlling organization's gross income	**6.** Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	**8.** Net unrelated income (loss) (see instructions)	**9.** Total of specified payments made	**10.** Part of column 9 that is included in the controlling organization's gross income	**11.** Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	**2.** Amount of income	**3.** Deductions directly connected (attach statement)	**4.** Set-asides (attach statement)	**5. Total deductions and set-asides** (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
Totals	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	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	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐

B ☐

C ☐

D ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A)				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	**2.** Title	**3.** Percentage of time devoted to business	**4.** Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			

Part XI Supplemental Information (see instructions)

SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to *www.irs.gov/F1041* for instructions and the latest information.

OMB No. 1545-0092

2022

Name of estate or trust: MONTANA HEALTHCARE FOUNDATION

Employer identification number: 46-6854005

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? . . . . ☐ **Yes** ☒ **No**

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Note: *Form 5227 filers need to complete **only** Parts I and II.*

Part I Short-Term Capital Gains and Losses - Generally Assets Held 1 Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	**(d)** Proceeds (sales price)	**(e)** Cost (or other basis)	**(g)** Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	**(h) Gain or (loss)** Subtract column (e) from 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 or (loss) from Forms 4684, 6252, 6781, and 8824	4	6,912.
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . STMT. 5.	5	-44,210.
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2021 Capital Loss Carryover Worksheet	6	( )
7 **Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). Enter here and on Part III, line 17, column (3)	7	-37,298.

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than 1 Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	**(d)** Proceeds (sales price)	**(e)** Cost (or other basis)	**(g)** Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	**(h) Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked				
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				

11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	11	10,368.
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts. . . STMT. 5.	12	-358.
13 Capital gain distributions.	13	
14 Gain from Form 4797, Part I.	14	110,016.
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2021 Capital Loss Carryover Worksheet	15	( )
16 **Net long-term capital gain or (loss).** Combine lines 8a through 15 in column (h). Enter here and on Part III, line 18a, column (3)	16	120,026.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Part III Summary of Parts I and II

Caution: *Read the instructions **before** completing this part.*

			(1) Beneficiaries' (see instr.)	**(2)** Estate's or trust's	**(3)** Total
17	**Net short-term gain or (loss)**	**17**		-37,298.	-37,298.
18	**Net long-term gain or (loss):**				
a	Total for year	**18a**		120,026.	120,026.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet)	**18b**			
c	28% rate gain	**18c**			
19	**Total net gain or (loss).** Combine lines 17 and 18a	**19**		82,728.	82,728.

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

Part IV Capital Loss Limitation

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

Note: *If the loss on line 19, column (3), is more than $3,000**, or** if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.*

Part V Tax Computation Using Maximum Capital Gains Rates

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

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

- *Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or*
- *Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, or*
- *There are amounts on lines 4e and 4g of Form 4952.*

Form 990-T trusts. Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, **and** Form 990-T, Part I, line 11, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col. (2), or line 18c, col. (2), is more than zero.

21	Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)			**21**	8,700.		
22	Enter the **smaller** of line 18a or 19 in column (2) but not less than zero	**22**	82,728.				
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	**23**					
24	Add lines 22 and 23	**24**	82,728.				
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	**25**					
26	Subtract line 25 from line 24. If zero or less, enter -0-			**26**	82,728.		
27	Subtract line 26 from line 21. If zero or less, enter -0-			**27**	NONE		
28	Enter the **smaller** of the amount on line 21 or $2,800			**28**	2,800.		
29	Enter the **smaller** of the amount on line 27 or line 28			**29**	NONE		
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0%					**30**	2,800.
31	Enter the **smaller** of line 21 or line 26			**31**	8,700.		
32	Subtract line 30 from line 26			**32**	79,928.		
33	Enter the **smaller** of line 21 or $13,700			**33**	8,700.		
34	Add lines 27 and 30			**34**	2,800.		
35	Subtract line 34 from line 33. If zero or less, enter -0-			**35**	5,900.		
36	Enter the **smaller** of line 32 or line 35			**36**	5,900.		
37	Multiply line 36 by 15% (0.15)					**37**	885.
38	Enter the amount from line 31			**38**	8,700.		
39	Add lines 30 and 36			**39**	8,700.		
40	Subtract line 39 from line 38. If zero or less, enter -0-			**40**			
41	Multiply line 40 by 20% (0.20)					**41**	
42	Figure the tax on the amount on line 27. Use the 2022 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the Instructions for Form 1041)			**42**			
43	Add lines 37, 41, and 42			**43**	885.		
44	Figure the tax on the amount on line 21. Use the 2022 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the Instructions for Form 1041)			**44**	1,703.		
45	**Tax on all taxable income.** Enter the **smaller** of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, Part II, line 2)					**45**	885.

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to *www.irs.gov/ScheduleE* for instructions and the latest information.

OMB No. 1545-0074
2022
Attachment Sequence No. **13**

Name(s) shown on return: MONTANA HEALTHCARE FOUNDATION

Your social security number: 46-6854005

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C.** See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . . . . ☐ **Yes** ☒ **No**

B If "Yes," did you or will you file required Form(s) 1099? . . . . ☐ **Yes** ☐ **No**

1a	Physical address of each property (street, city, state, ZIP code)
A	LANDMARK REAL ESTATE PARTNERS VIII, LP
B	VARDE FUND XIII
C	NEWBURY EQUITY PARTNERS V (CAYMAN) LP

1b	Type of Property (from list below)	**2** For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.		**Fair Rental Days**	**Personal Use Days**	**QJV**
A			**A**			☐
B			**B**			☐
C			**C**			☐

Type of Property:

1 Single Family Residence	3 Vacation/Short-Term Rental	5 Land	7 Self-Rental
2 Multi-Family Residence	4 Commercial	6 Royalties	8 Other (describe)

			Properties:		
Income:			**A**	**B**	**C**
3	Rents received	**3**			
4	Royalties received	**4**	7.	659.	1.
Expenses:					
5	Advertising	**5**			
6	Auto and travel (see instructions)	**6**			
7	Cleaning and maintenance	**7**			
8	Commissions	**8**			
9	Insurance	**9**			
10	Legal and other professional fees	**10**			
11	Management fees	**11**			
12	Mortgage interest paid to banks, etc. (see instructions) . . .	**12**			
13	Other interest	**13**			
14	Repairs	**14**			
15	Supplies	**15**			
16	Taxes	**16**			
17	Utilities	**17**			
18	Depreciation expense or depletion	**18**			
19	Other (list)	**19**		139.	
20	Total expenses. Add lines 5 through 19	**20**		139.	
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198**	**21**	7.	520.	1.
22	Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions)	**22**	( )	( )	( )

23a	Total of all amounts reported on line 3 for all rental properties	**23a**	
b	Total of all amounts reported on line 4 for all royalty properties	**23b**	667.
c	Total of all amounts reported on line 12 for all properties	**23c**	
d	Total of all amounts reported on line 18 for all properties	**23d**	
e	Total of all amounts reported on line 20 for all properties	**23e**	139.
24	**Income.** Add positive amounts shown on line 21. **Do not** include any losses	**24**	528.
25	**Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .	**25**	( )
26	**Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	**26**	528.

For Paperwork Reduction Act Notice, see the separate instructions.

Name(s) shown on return. Do not enter name and social security number if shown on other side.	**Your social security number**
MONTANA HEALTHCARE FOUNDATION	46-6854005

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column **(e)** on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column **(f)** on line 28 and attach Form **6198** . See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section . . . ☒ **Yes** ☐ **No**

28	**(a)** Name	**(b)** Enter **P** for partnership; **S** for S corporation	**(c)** Check if foreign partnership	**(d)** Employer identification number	**(e)** Check if basis computation is required	**(f)** Check if any amount is not at risk
A	SEE STATEMENT 6					
B						
C						
D						

STMT 7

	Passive Income and Loss		**Nonpassive Income and Loss**		
	(g) Passive loss allowed (attach **Form 8582** if required)	**(h)** Passive income from **Schedule K-1**	**(i)** Nonpassive loss allowed (see **Schedule K-1**)	**(j)** Section 179 expense deduction from **Form 4562**	**(k)** Nonpassive income from **Schedule K-1**
A					
B					
C					
D					
29 a Totals		52,478.			6,694.
b Totals	162,494.				

30	Add columns (h) and (k) of line 29a . . .	**30**	59,172.
31	Add columns (g), (i), and (j) of line 29b . . .	**31**	(162,494.)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31 . . .	**32**	-103,322.

Part III Income or Loss From Estates and Trusts

33	**(a)** Name	**(b)** Employer identification number
A		
B		

	Passive Income and Loss		**Nonpassive Income and Loss**	
	(c) Passive deduction or loss allowed (attach **Form 8582** if required)	**(d)** Passive income from **Schedule K-1**	**(e)** Deduction or loss from **Schedule K-1**	**(f)** Other income from **Schedule K-1**
A				
B				
34 a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a . . .	**35**	
36	Add columns (c) and (e) of line 34b . . .	**36**	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36 . . .	**37**	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38 **(a)** Name	**(b)** Employer identification number	**(c)** Excess inclusion from **Schedules Q,** line 2c (see instructions)	**(d)** Taxable income (net loss) from **Schedules Q,** line 1b	**(e)** Income from **Schedules Q,** line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	**39**	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below . . .	**40**	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5 . . .	**41**	-102,794.

42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions . .	**42**	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules. . . .	**43**	

SCHEDULE I
(Form 1041)

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax - Estates and Trusts

Attach to Form 1041.
Go to *www.irs.gov/Form1041* for instructions and the latest information.

OMB No. 1545-0092

2022

Name of estate or trust: MONTANA HEALTHCARE FOUNDATION

Employer identification number: 46-6854005

Part I Estate's or Trust's Share of Alternative Minimum Taxable Income

1	Adjusted total income or (loss) (from Form 1041, line 17). **ESBTs,** see instructions			1	9,700.
2	Interest			2	
3	Taxes			3	
4	Refund of taxes			4	( )
5	Depletion (difference between regular tax and AMT)			5	
6	Net operating loss deduction. Enter as a positive amount			6	
7	Interest from specified private activity bonds exempt from the regular tax			7	
8	Qualified small business stock (see instructions)			8	
9	Exercise of incentive stock options (excess of AMT income over regular tax income)			9	
10	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)			10	
11	Disposition of property (difference between AMT and regular tax gain or loss)			11	
12	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)			12	
13	Passive activities (difference between AMT and regular tax income or loss) STMT 10			13	-1.
14	Loss limitations (difference between AMT and regular tax income or loss)			14	
15	Circulation costs (difference between regular tax and AMT)			15	
16	Long-term contracts (difference between AMT and regular tax income)			16	
17	Mining costs (difference between regular tax and AMT)			17	
18	Research and experimental costs (difference between regular tax and AMT)			18	
19	Income from certain installment sales before January 1, 1987			19	( )
20	Intangible drilling costs preference			20	
21	Other adjustments, including income-based related adjustments			21	
22	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)			22	( )
23	Adjusted alternative minimum taxable income. Combine lines 1 through 22			23	9,699.
	Note: Complete Part II below before going to line 24.				
24	Income distribution deduction from Part II, line 42	24			
25	Estate tax deduction (from Form 1041, line 19)	25			
26	Add lines 24 and 25			26	
27	Estate's or trust's share of alternative minimum taxable income. Subtract line 26 from line 23			27	9,699.

If line 27 is:

- $26,500 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the alternative minimum tax.
- Over $26,500, but less than $194,300, go to line 43.
- $194,300 or more, enter the amount from line 27 on line 49 and go to line 50.
- **ESBTs,** see instructions.

Part II Income Distribution Deduction on a Minimum Tax Basis

28	Adjusted alternative minimum taxable income (see instructions)	28	9,699.
29	Adjusted tax-exempt interest (other than amounts included on line 7)	29	NONE
30	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-	30	
31	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4)	31	
32	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	32	
33	Capital gains computed on a minimum tax basis included on line 23	33	(82,728.)
34	Capital losses computed on a minimum tax basis included on line 23. Enter as a positive amount	34	
35	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 28 through 34. If zero or less, enter -0-	35	
36	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	36	
37	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	37	
38	Total distributions. Add lines 36 and 37	38	
39	Tax-exempt income included on line 38 (other than amounts included on line 7)	39	NONE
40	Tentative income distribution deduction on a minimum tax basis. Subtract line 39 from line 38	40	

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Part II Income Distribution Deduction on a Minimum Tax Basis *(continued)*

41	Tentative income distribution deduction on a minimum tax basis. Subtract line 29 from line 35. If zero or less, enter -0-			41	
42	**Income distribution deduction on a minimum tax basis.** Enter the smaller of line 40 or line 41. Enter here and on line 24			42	

Part III Alternative Minimum Tax

43	Exemption amount			43	$26,500
44	Enter the amount from line 27	44			
45	Phase-out of exemption amount	45	$88,300		
46	Subtract line 45 from line 44. If zero or less, enter -0-	46			
47	Multiply line 46 by 25% (0.25)			47	
48	Subtract line 47 from line 43. If zero or less, enter -0-			48	
49	Subtract line 48 from line 44			49	
50	Go to Part IV of Schedule I to figure line 50 if the estate or trust has qualified dividends or has a gain on lines 18a and 19 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 49 is: • $206,100 or less, multiply line 49 by 26% (0.26). • Over $206,100, multiply line 49 by 28% (0.28) and subtract $4,122 from the result			50	
51	Alternative minimum foreign tax credit (see instructions)			51	
52	Tentative minimum tax. Subtract line 51 from line 50			52	
53	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a)			53	
54	**Alternative minimum tax.** Subtract line 53 from line 52. If zero or less, enter -0-. Enter here and on Form 1041, Schedule G, line 1c			54	

Part IV Line 50 Computation Using Maximum Capital Gains Rates

Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instructions before completing this part.

55	Enter the amount from line 49			55	
56	Enter the amount from line 26 of Schedule D (Form 1041), line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as refigured for the AMT, if necessary)	56			
57	Enter the amount from Schedule D (Form 1041), line 18b, column (2) (as refigured for the AMT, if necessary). If you didn't complete Schedule D for the regular tax or the AMT, enter -0-	57			
58	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 56. Otherwise, add lines 56 and 57 and enter the **smaller** of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary)	58			
59	Enter the **smaller** of line 55 or line 58			59	
60	Subtract line 59 from line 55			60	
61	If line 60 is $206,100 or less, multiply line 60 by 26% (0.26). Otherwise, multiply line 60 by 28% (0.28) and subtract $4,122 from the result			61	
62	Maximum amount subject to the 0% rate	62	$2,800		
63	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 23; if zero or less, enter -0-	63			
64	Subtract line 63 from line 62. If zero or less, enter -0-	64			
65	Enter the **smaller** of line 55 or line 56	65			
66	Enter the **smaller** of line 64 or line 65. This amount is taxed at 0%	66			
67	Subtract line 66 from line 65	67			

Part IV Line 50 Computation Using Maximum Capital Gains Rates *(continued)*

68	Maximum amount subject to rates below 20%	**68**	$13,700		
69	Enter the amount from line 64	**69**			
70	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 23; if zero or less, enter -0-	**70**			
71	Add line 69 and line 70	**71**			
72	Subtract line 71 from line 68. If zero or less, enter -0-	**72**			
73	Enter the **smaller** of line 67 or line 72	**73**			
74	Multiply line 73 by 15% (0.15)			**74**	
75	Add lines 66 and 73	**75**			
	If lines 75 and 55 are the same, skip lines 76 through 80 and go to line 81. Otherwise, go to line 76.				
76	Subtract line 75 from line 65	**76**			
77	Multiply line 76 by 20% (0.20)			**77**	
	If line 57 is zero or blank, skip lines 78 through 80 and go to line 81. Otherwise, go to line 78.				
78	Add lines 60, 75, and 76	**78**			
79	Subtract line 78 from line 55	**79**			
80	Multiply line 79 by 25% (0.25)			**80**	
81	Add lines 61, 74, 77, and 80			**81**	
82	If line 55 is $206,100 or less, multiply line 55 by 26% (0.26). Otherwise, multiply line 55 by 28% (0.28) and subtract $4,122 from the result			**82**	
83	Enter the **smaller** of line 81 or line 82 here and on line 50			**83**	

Form **4797**

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
2022
Attachment Sequence No. **27**

Name(s) shown on return: MONTANA HEALTHCARE FOUNDATION

Identifying number: 46-6854005

1a	Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions	1a	
b	Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b	
c	Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c	

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

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
						110,016.

3	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	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	7	110,016.

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	8	
9	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	9	

Part II Ordinary Gains and Losses (see instructions)

10 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	11	( )
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	14	
15	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	16	
17	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 (Form 1040), Part I, line 4	18b	

For Paperwork Reduction Act Notice, see separate instructions.

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

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** *See line 1 before completing.*)	20				
21 Cost or other basis plus expense of sale	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis. Subtract line 22 from line 21	23				
24 Total gain. Subtract line 23 from line 20	24				
25 **If section 1245 property:**					
a Depreciation allowed or allowable from line 22	25a				
b 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.					
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				
27 **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				
b Line 27a multiplied by applicable percentage. See instructions	27b				
c Enter the **smaller** of line 24 or 27b	27c				
28 **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				
29 **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				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
(see instructions)

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

MONTANA HEALTHCARE FOUNDATION 46-6854005

Supplement to Form 4797 Part I Detail

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
LANDMARK REAL ESTATE PARTNERS VIII, LP						101,580.
VARDE FUND XIII						8,177.
NEWBURY EQUITY PARTNERS V (CAYMAN) LP						259.
Totals						110,016.

Form **4952**

Department of the Treasury
Internal Revenue Service

Investment Interest Expense Deduction

Go to *www.irs.gov/Form4952* for the latest information.

Attach to your tax return.

OMB No. 1545-0191

2022

Attachment Sequence No. **51**

Name(s) shown on return: MONTANA HEALTHCARE FOUNDATION

Identifying number: 46-6854005

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2022 (see instructions)			1	41,806.
2	Disallowed investment interest expense from 2021 Form 4952, line 7			2	
3	**Total investment interest expense.** Add lines 1 and 2			3	41,806.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	99,402.		
b	Qualified dividends included on line 4a	4b	NONE		
c	Subtract line 4b from line 4a			4c	99,402.
d	Net gain from the disposition of property held for investment	4d	NONE		
e	Enter the **smaller** of line 4d or your net capital gain from the disposition of property held for investment. See instructions	4e			
f	Subtract line 4e from line 4d			4f	NONE
g	Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions			4g	
h	Investment income. Add lines 4c, 4f, and 4g			4h	99,402.
5	Investment expenses (see instructions)			5	NONE
6	**Net investment income.** Subtract line 5 from line 4h. If zero or less, enter -0-			6	99,402.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2023. Subtract line 6 from line 3. If zero or less, enter -0-			7	NONE
8	**Investment interest expense deduction.** Enter the **smaller** of line 3 or line 6. See instructions			8	41,806.

For Paperwork Reduction Act Notice, see page 4.

SEE STATEMENT 11

Form **4952**

Department of the Treasury
Internal Revenue Service

Investment Interest Expense Deduction

Go to *www.irs.gov/Form4952* for the latest information.

Attach to your tax return.

OMB No. 1545-0191

2022

Attachment
Sequence No. **51**

Name(s) shown on return: MONTANA HEALTHCARE FOUNDATION

Identifying number: 46-6854005

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2022 (see instructions)			1	41,806.
2	Disallowed investment interest expense from 2021 Form 4952, line 7			2	
3	**Total investment interest expense.** Add lines 1 and 2			3	41,806.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	99,402.		
b	Qualified dividends included on line 4a	4b	NONE		
c	Subtract line 4b from line 4a			4c	99,402.
d	Net gain from the disposition of property held for investment	4d	NONE		
e	Enter the **smaller** of line 4d or your net capital gain from the disposition of property held for investment. See instructions	4e	NONE		
f	Subtract line 4e from line 4d			4f	NONE
g	Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions			4g	
h	Investment income. Add lines 4c, 4f, and 4g			4h	99,402.
5	Investment expenses (see instructions)			5	
6	**Net investment income.** Subtract line 5 from line 4h. If zero or less, enter -0-			6	99,402.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2023. Subtract line 6 from line 3. If zero or less, enter -0-	7	
8	**Investment interest expense deduction.** Enter the **smaller** of line 3 or line 6. See instructions	8	41,806.

For Paperwork Reduction Act Notice, see page 4. SEE STATEMENT 12 Form **4952** (2022)

** ALTERNATIVE MINIMUM TAX **

Form **6781**

Department of the Treasury
Internal Revenue Service

Gains and Losses From Section 1256 Contracts and Straddles

Go to *www.irs.gov/Form6781* for the latest information.
Attach to your tax return.

OMB No. 1545-0644

2022

Attachment Sequence No. **82**

Name(s) shown on tax return: MONTANA HEALTHCARE FOUNDATION

Identifying number: 46-6854005

Check all applicable boxes. See instructions.

- A ☐ Mixed straddle election
- B ☐ Straddle-by-straddle identification election
- C ☐ Mixed straddle account election
- D ☐ Net section 1256 contracts loss election

Part I Section 1256 Contracts Marked to Market

	(a) Identification of account	(b) (Loss)	(c) Gain
1	SEE STATEMENT 13		17,280.
2	Add the amounts on line 1 in columns (b) and (c)	( )	17,280.

3	Net gain or (loss). Combine line 2, columns (b) and (c)	3	17,280.
4	Form 1099-B adjustments. See instructions and attach statement	4	
5	Combine lines 3 and 4	5	17,280.
	Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions.		
6	If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried back. Enter the loss as a positive number. If you didn't check box D, enter -0-	6	
7	Combine lines 5 and 6	7	17,280.
8	**Short-term capital gain or (loss).** Multiply line 7 by 40% (0.40). Enter here and include on line 4 of Schedule D or on Form 8949. See instructions	8	6,912.
9	**Long-term capital gain or (loss).** Multiply line 7 by 60% (0.60). Enter here and include on line 11 of Schedule D or on Form 8949. See instructions	9	10,368.

Part II Gains and Losses From Straddles. Attach a separate statement listing each straddle and its components.

Section A - Losses From Straddles

	(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Loss. If column (e) is more than (d), enter difference. Otherwise, enter -0-.	(g) Unrecognized gain on offsetting positions	(h) Recognized loss. If column (f) is more than (g), enter difference. Otherwise, enter -0-.
10								

11a	Enter the short-term portion of losses from line 10, column (h), here and include on line 4 of Schedule D or on Form 8949. See instructions	11a	( )
b	Enter the long-term portion of losses from line 10, column (h), here and include on line 11 of Schedule D or on Form 8949. See instructions	11b	( )

Section B - Gains From Straddles

	(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0-.
12						

13a	Enter the short-term portion of gains from line 12, column (f), here and include on line 4 of Schedule D or on Form 8949. See instructions	13a	
b	Enter the long-term portion of gains from line 12, column (f), here and include on line 11 of Schedule D or on Form 8949. See instructions	13b	

Part III Unrecognized Gains From Positions Held on Last Day of Tax Year. Memo entry only (see instructions)

	(a) Description of property	(b) Date acquired	(c) Fair market value on last business day of tax year	(d) Cost or other basis as adjusted	(e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0-.
14					

For Paperwork Reduction Act Notice, see instructions.

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Form **8582**

Department of the Treasury
Internal Revenue Service

Passive Activity Loss Limitations

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.
Go to *www.irs.gov/Form8582* for instructions and the latest information.

OMB No. 1545-1008
2022
Attachment
Sequence No. **858**

Name(s) shown on return: MONTANA HEALTHCARE FOUNDATION

Identifying number: 46-6854005

Part I 2022 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see ***Special Allowance for Rental Real Estate Activities*** in the instructions.)

1a	Activities with net income (enter the amount from Part IV, column (a))	**1a**			
b	Activities with net loss (enter the amount from Part IV, column (b))	**1b**	( )		
c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	**1c**	( )		
d	Combine lines 1a, 1b, and 1c			**1d**	

All Other Passive Activities

2a	Activities with net income (enter the amount from Part V, column (a))	**2a**	112,094.		
b	Activities with net loss (enter the amount from Part V, column (b))	**2b**	(154,021.)		
c	Prior years' unallowed losses (enter the amount from Part V, column (c))	**2c**	(42,615.)		
d	Combine lines 2a, 2b, and 2c			**2d**	-84,542.
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used			**3**	-84,542.

If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4	Enter the **smaller** of the loss on line 1d or the loss on line 3			**4**	
5	Enter $150,000. If married filing separately, see instructions	**5**			
6	Enter modified adjusted gross income, but not less than zero. See instructions	**6**			
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.				
7	Subtract line 6 from line 5	**7**			
8	Multiply line 7 by 50% (0.50). **Do not** enter more than $25,000. If married filing separately, see instructions			**8**	
9	Enter the **smaller** of line 4 or line 8			**9**	

Part III Total Losses Allowed

10	Add the income, if any, on lines 1a and 2a and enter the total	**10**	112,094.
11	**Total losses allowed from all passive activities for 2022.** Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	**11**	112,094.

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	**(b)** Net loss (line 1b)	**(c)** Unallowed loss (line 1c)	**(d)** Gain	**(e)** Loss
Total. Enter on Part I, lines 1a, 1b, and 1c					

Part V **Complete This Part Before Part I, Lines 2a, 2b, and 2c.** See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
SEE STATEMENT 14	**(a)** Net income (line 2a)	**(b)** Net loss (line 2b)	**(c)** Unallowed loss (line 2c)	**(d)** Gain	**(e)** Loss
Total. Enter on Part I, lines 2a, 2b, and 2c.	112,094.	-154,021.	-42,615.		

Part VI **Use This Part if an Amount Is Shown on Part II, Line 9.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	**(a)** Loss	**(b)** Ratio	**(c)** Special allowance	**(d)** Subtract column (c) from column (a)
Total			1.00		

Part VII **Allocation of Unallowed Losses.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	**(a)** Loss	**(b)** Ratio	**(c)** Unallowed loss
LANDMARK REAL ESTATE P	SCHED E	10,728.	0.1238513	10,471.
MIDOCEAN PARTNERS V, L	SCHED E	42,423.	0.4897599	41,405.
VARDE FUND XIII	SCHED E	31,186.	0.3600323	30,438.
AXIOM ASIA V, LP	SCHED E	192.	0.0022166	187.
NEWBURY EQUITY PARTNER	SCHED E	2,091.	0.0241399	2,041.
Total		86,620.	1.00	84,542.

Part VIII **Allowed Losses.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	**(a)** Loss	**(b)** Unallowed loss	**(c)** Allowed loss
LANDMARK REAL ESTATE P	SCHED E	112,308.	10,471.	101,837.
MIDOCEAN PARTNERS V, L	SCHED E	42,423.	41,405.	1,018.
VARDE FUND XIII	SCHED E	39,363.	30,438.	8,925.
AXIOM ASIA V, LP	SCHED E	192.	187.	5.
NEWBURY EQUITY PARTNER	SCHED E	2,350.	2,041.	309.
Total		196,636.	84,542.	112,094.

Part IX **Activities With Losses Reported on Two or More Forms or Schedules.** See instructions.

Name of activity:	**(a)**	**(b)**	**(c)** Ratio	**(d)** Unallowed loss	**(e)** Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total			1.00		

ALTERNATIVE MINIMUM TAX

Form **8582**

Department of the Treasury
Internal Revenue Service

Passive Activity Loss Limitations

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.
Go to *www.irs.gov/Form8582* for instructions and the latest information.

OMB No. 1545-1008

2022

Attachment
Sequence No. **858**

Name(s) shown on return: MONTANA HEALTHCARE FOUNDATION

Identifying number: 46-6854005

Part I 2022 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see ***Special Allowance for Rental Real Estate Activities*** in the instructions.)

1a	Activities with net income (enter the amount from Part IV, column (a))	1a			
b	Activities with net loss (enter the amount from Part IV, column (b))	1b	( )		
c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	( )		
d	Combine lines 1a, 1b, and 1c			1d	

All Other Passive Activities

2a	Activities with net income (enter the amount from Part V, column (a))	2a	112,094.		
b	Activities with net loss (enter the amount from Part V, column (b))	2b	(154,021.)		
c	Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	(55,573.)		
d	Combine lines 2a, 2b, and 2c			2d	-97,500.
3	Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used			3	-97,500.

If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4	Enter the **smaller** of the loss on line 1d or the loss on line 3			4	
5	Enter $150,000. If married filing separately, see instructions	5			
6	Enter modified adjusted gross income, but not less than zero. See instructions **Note:** If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6			
7	Subtract line 6 from line 5	7			
8	Multiply line 7 by 50% (0.50). **Do not** enter more than $25,000. If married filing separately, see instructions			8	
9	Enter the **smaller** of line 4 or line 8			9	

Part III Total Losses Allowed

10	Add the income, if any, on lines 1a and 2a and enter the total	10	112,094.
11	**Total losses allowed from all passive activities for 2022.** Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	112,094.

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	**(b)** Net loss (line 1b)	**(c)** Unallowed loss (line 1c)	**(d)** Gain	**(e)** Loss
Total. Enter on Part I, lines 1a, 1b, and 1c					

For Paperwork Reduction Act Notice, see instructions.

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Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

SEE STATEMENT 15 Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	**(b)** Net loss (line 2b)	**(c)** Unallowed loss (line 2c)	**(d)** Gain	**(e)** Loss
Total. Enter on Part I, lines 2a, 2b, and 2c.	112,094.	-154,021.	-55,573.		

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	**(a)** Loss	**(b)** Ratio	**(c)** Special allowance	**(d)** Subtract column (c) from column (a)
Total			**1.00**		

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	**(a)** Loss	**(b)** Ratio	**(c)** Unallowed loss
LANDMARK REAL ESTATE P	SCHED E	10,728.	0.1077346	10,504.
MIDOCEAN PARTNERS V, L	SCHED E	55,324.	0.5555846	54,169.
VARDE FUND XIII	SCHED E	31,186.	0.3131816	30,535.
AXIOM ASIA V, LP	SCHED E	249.	0.0025006	244.
NEWBURY EQUITY PARTNER	SCHED E	2,091.	0.0209986	2,047.
Total		99,578.	**1.00**	97,499.

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	**(a)** Loss	**(b)** Unallowed loss	**(c)** Allowed loss
LANDMARK REAL ESTATE P	SCHED E	112,308.	10,504.	101,804.
MIDOCEAN PARTNERS V, L	SCHED E	55,324.	54,169.	1,155.
VARDE FUND XIII	SCHED E	39,363.	30,535.	8,828.
AXIOM ASIA V, LP	SCHED E	249.	244.	5.
NEWBURY EQUITY PARTNER	SCHED E	2,350.	2,047.	303.
Total		209,594.	97,499.	112,095.

MONTANA HEALTHCARE FOUNDATION 46-6854005

ALTERNATIVE MINIMUM TAX

Part IX **Activities With Losses Reported on Two or More Forms or Schedules.** See instructions.

Name of activity:	**(a)**	**(b)**	**(c)** Ratio	**(d)** Unallowed loss	**(e)** Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total			**1.00**		

Form **8990**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

Limitation on Business Interest Expense Under Section 163(j)

Attach to your tax return.
Go to *www.irs.gov/Form8990* for instructions and the latest information.

OMB No. 1545-0123

Taxpayer name(s) shown on tax return	**Identification number**
MONTANA HEALTHCARE FOUNDATION	46-6854005

A If Form 8990 relates to an information return for a foreign entity (for example, Form 5471), enter:

Name of foreign entity

Employer identification number, if any

Reference ID number

B Is the foreign entity a CFC group member? See instructions . . . . . ☐ **Yes** ☒ **No**

C Is this Form 8990 filed by the specified group parent for an entire CFC group? See instructions . . . . . ☐ **Yes** ☒ **No**

D Has a CFC or a CFC group made a safe harbor election? If yes, see instructions for which lines of Form 8990 to complete . . . . . ☐ **Yes** ☒ **No**

Part I Computation of Allowable Business Interest Expense

Part I is completed by all taxpayers subject to section 163(j). Schedule A and Schedule B need to be completed before Part I when the taxpayer is a partner or shareholder of a pass-through entity subject to section 163(j).

Section I - Business Interest Expense

1	Current year business interest expense (not including floor plan financing interest expense), before the section 163(j) limitation	**1**			
2	Disallowed business interest expense carryforwards from prior years. (Does not apply to a partnership)	**2**			
3	Partner's excess business interest expense treated as paid or accrued in current year (Schedule A, line 44, column (h)).	**3**			
4	Floor plan financing interest expense. See instructions	**4**			
5	**Total business interest expense.** Add lines 1 through 4			**5**	

Section II - Adjusted Taxable Income

Tentative Taxable Income

6	**Tentative taxable income.** See instructions			**6**	NONE

Additions (adjustments to be made if amounts are taken into account on line 6)

7	Any item of loss or deduction that is not properly allocable to a trade or business of the taxpayer. See instructions	**7**			
8	Any business interest expense not from a pass-through entity. See instructions	**8**			
9	Amount of any net operating loss deduction under section 172	**9**			
10	Amount of any qualified business income deduction allowed under section 199A	**10**			
11	Reserved for future use	**11**			
12	Amount of any loss or deduction items from a pass-through entity. See instructions	**12**			
13	Other additions. See instructions	**13**			
14	Total current year partner's excess taxable income (Schedule A, line 44, column (f))	**14**			
15	Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c))	**15**			
16	**Total.** Add lines 7 through 15			**16**	

Reductions (adjustments to be made if amounts are taken into account on line 6)

17	Any item of income or gain that is not properly allocable to a trade or business of the taxpayer. See instructions	**17**	( )		
18	Any business interest income not from a pass-through entity. See instructions	**18**	( )		
19	Amount of any income or gain items from a pass-through entity. See instructions	**19**	( )		
20	Other reductions. See instructions	**20**	( )		
21	**Total.** Combine lines 17 through 20			**21**	( )
22	**Adjusted taxable income.** Combine lines 6, 16, and 21. See instructions			**22**	NONE

For Paperwork Reduction Act Notice, see the instructions.

Section III - Business Interest Income

23	Current year business interest income. See instructions	23			
24	Excess business interest income from pass-through entities (total of Schedule A, line 44, column (g), and Schedule B, line 46, column (d))	24			
25	**Total.** Add lines 23 and 24			25	

Section IV - 163(j) Limitation Calculations

Limitation on Business Interest Expense

26	Multiply the adjusted taxable income from line 22 by the applicable percentage. See instructions	26	NONE		
27	Business interest income (line 25)	27			
28	Floor plan financing interest expense (line 4)	28			
29	**Total.** Add lines 26, 27, and 28			29	NONE

Allowable Business Interest Expense

30	**Total current year business interest expense deduction.** See instructions	30	

Carryforward

31	**Disallowed business interest expense.** Subtract line 29 from line 5. (If zero or less, enter -0-.)	31	

Part II Partnership Pass-Through Items

Part II is only completed by a partnership that is subject to section 163(j). The partnership items below are allocated to the partners and are not carried forward by the partnership. See the instructions for more information.

Excess Business Interest Expense

32	**Excess business interest expense.** Enter amount from line 31	32	

Excess Taxable Income (If you entered an amount on line 32, skip lines 33 through 37.)

33	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.)	33	
34	Subtract line 33 from line 26. (If zero or less, enter -0-.)	34	
35	Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.)	35	
36	**Excess taxable income.** Multiply line 35 by line 22.	36	

Excess Business Interest Income

37	**Excess business interest income.** Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.)	37	

Part III S Corporation Pass-Through Items

Part III is only completed by S corporations that are subject to section 163(j). The S corporation items below are allocated to the shareholders. See the instructions for more information.

Excess Taxable Income

38	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.)	38	
39	Subtract line 38 from line 26. (If zero or less, enter -0-.)	39	
40	Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.)	40	
41	**Excess taxable income.** Multiply line 40 by line 22.	41	

Excess Business Interest Income

42	**Excess business interest income.** Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.)	42	

SCHEDULE A Summary of Partner's Section 163(j) Excess Items

Any taxpayer that owns an interest in a partnership subject to section 163(j) should complete Schedule A before completing Part I.

	(a) Name of partnership	**(b)** EIN	Excess Business Interest Expense			**(f)** Current year excess taxable income	**(g)** Current year excess business interest income	**(h)** Excess business interest expense treated as paid or accrued (see instructions)	**(i)** Current year excess business interest expense carryforward (see instructions)
			(c) Current year (see instructions)	**(d)** Prior year carryforward (see instructions)	**(e)** Total ((c) plus (d))				
43	LANDMARK REAL E	81-4168710	4,677.	8,754.	13,431.				13,431.
44	**Total**								

SCHEDULE B Summary of S Corporation Shareholder's Excess Taxable Income and Excess Business Interest Income

Any taxpayer that is required to complete Part I and is a shareholder in an S corporation that has excess taxable income or excess business interest income should complete Schedule B before completing Part I.

	(a) Name of S corporation	**(b)** EIN	**(c)** Current year excess taxable income	**(d)** Current year excess business interest income
45				
46	**Total**			

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to *www.irs.gov/Form8995* for instructions and the latest information.

OMB No. 1545-2294

2022

Attachment Sequence No. **55**

Name(s) shown on return	**Your taxpayer identification number**
MONTANA HEALTHCARE FOUNDATION	46-6854005

Note. *You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.*

Use this form if your taxable income, before your qualified business income deduction, is at or below $170,050 ($340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	**(a)** Trade, business, or aggregation name	**(b)** Taxpayer identification number	**(c)** Qualified business income or (loss)
i	LANDMARK REAL ESTATE PARTNERS VIII,	81-4168710	-99,723.
ii	VARDE FUND XIII	98-1430633	-10,684.
iii	NEWBURY EQUITY PARTNERS V (CAYMAN)	98-1492833	-293.
iv	CPREF II AIV I, L.P.	86-2988113	
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	**2**	-110,700.		
3	Qualified business net (loss) carryforward from the prior year	**3**	(27,655.)		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	**4**			
5	Qualified business income component. Multiply line 4 by 20% (0.20)			**5**	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) SEE STATEMENT 16	**6**	2,349.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	**7**	( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	**8**	2,349.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			**9**	470.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			**10**	470.
11	Taxable income before qualified business income deduction (see instructions)	**11**	8,700.		
12	Net capital gain (see instructions)	**12**	82,728.		
13	Subtract line 12 from line 11. If zero or less, enter -0-	**13**			
14	Income limitation. Multiply line 13 by 20% (0.20)			**14**	
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)			**15**	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			**16**	(138,355.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			**17**	( )

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

LANDMARK REAL ESTATE PARTNERS VIII,

Keep for Your Records

QBI Loss Tracking Worksheet Code SEC 469 PASSIVE ACTIVITY LOSS ORDINARY LOSS

Use this worksheet to track suspended losses or deductions attributable to QBI using FIFO method for sections 1366, 704, 465, 469, 172, or 461(l).

Part I Suspended & Allowed Losses

		A. Total suspended losses in year of disallowance	B. QBI fixed percentage Column I / A		C. Prior year suspended losses allowed	D. Allowed losses limited by other Code sections	Net Carryover
1.	Pre-2018		0.00 %				Beginning of Year
2.	2018		%				
3.	2019		%				
4.	2020		%				
5.	2021		%				
6.	2022	10,471.	1.000000%				
7.	2023		%				End of Year
8.	Total	10,471.					10,471.

Part II Non-QBI Suspended and Allowed Losses - Allocable to Non-QBI

		E. Suspended losses	F. Allocated prior year suspended losses allowed	G(i). Utilized 2018	G(ii). Utilized 2019	G(iii). Utilized 2020	G(iv). Utilized 2021	G(v). Utilized 2022	G(vi). Utilized 2023	H. Remaining suspended losses
1.	Pre-2018									
2.	2018									
3.	2019									
4.	2020									
5.	2021									
6.	2022									
7.	2023									
8.	Total									
9.	Allocation of allowed losses limited by other Code sections . .									

Part III QBI Suspended and Allowed Losses - Allocable to QBI

		I. Suspended losses	J. Allocated prior year suspended losses allowed	K(i). Utilized 2018	K(ii). Utilized 2019	K(iii). Utilized 2020	K(iv). Utilized 2021	K(v). Utilized 2022	K(vi). Utilized 2023	L. Remaining suspended losses
1.	Pre-2018									
2.	2018									
3.	2019									
4.	2020									
5.	2021									
6.	2022	10,471.								10,471.
7.	2023									
8.	Total	10,471.								10,471.
9.	Allocation of allowed losses limited by other Code sections . .									
10.	Total prior year suspended losses allowed that must be included in QBI.									

LANDMARK REAL ESTATE PARTNERS VIII,

Keep for Your Records

QBI Loss Tracking Worksheet Code DEPLETION - PASSIVE

Use this worksheet to track suspended losses or deductions attributable to QBI using FIFO method for sections 1366, 704, 465, 469, 172, or 461(l).

Part I Suspended & Allowed Losses

		A. Total suspended losses in year of disallowance	B. QBI fixed percentage Column I / A		C. Prior year suspended losses allowed	D. Allowed losses limited by other Code sections	Net Carryover
1.	Pre-2018	2,385.	1.000000 %				Beginning of Year
2.	2018		%				2,385.
3.	2019		%				
4.	2020		%				
5.	2021		%				
6.	2022		%				
7.	2023		%				End of Year
8.	Total	2,385.					

Part II Non-QBI Suspended and Allowed Losses - Allocable to Non-QBI

		E. Suspended losses	F. Allocated prior year suspended losses allowed	G(i). Utilized 2018	G(ii). Utilized 2019	G(iii). Utilized 2020	G(iv). Utilized 2021	G(v). Utilized 2022	G(vi). Utilized 2023	H. Remaining suspended losses
1.	Pre-2018									
2.	2018									
3.	2019									
4.	2020									
5.	2021									
6.	2022									
7.	2023									
8.	Total									
9.	Allocation of allowed losses limited by other Code sections . .									

Part III QBI Suspended and Allowed Losses - Allocable to QBI

		I. Suspended losses	J. Allocated prior year suspended losses allowed	K(i). Utilized 2018	K(ii). Utilized 2019	K(iii). Utilized 2020	K(iv). Utilized 2021	K(v). Utilized 2022	K(vi). Utilized 2023	L. Remaining suspended losses
1.	Pre-2018	2,385.								2,385.
2.	2018									
3.	2019									
4.	2020									
5.	2021									
6.	2022									
7.	2023									
8.	Total	2,385.								2,385.
9.	Allocation of allowed losses limited by other Code sections . .									
10.	Total prior year suspended losses allowed that must be included in QBI.									

LANDMARK REAL ESTATE PARTNERS VIII,

Keep for Your Records

QBI Loss Tracking Worksheet Code SEC 163(J) EXCESS BUSINESS INTEREST EXPENSE - PASSIVE

Use this worksheet to track suspended losses or deductions attributable to QBI using FIFO method for sections 1366, 704, 465, 469, 172, or 461(l).

Part I Suspended & Allowed Losses

		A. Total suspended losses in year of disallowance	B. QBI fixed percentage Column I / A		C. Prior year suspended losses allowed	D. Allowed losses limited by other Code sections	Net Carryover
1.	Pre-2018	2,385.	1.000000%				Beginning of Year
2.	2018		%				2,385.
3.	2019		%				
4.	2020		%				
5.	2021		%				
6.	2022	4,677.	1.000000%				
7.	2023		%				End of Year
8.	Total	7,062.					

Part II Non-QBI Suspended and Allowed Losses - Allocable to Non-QBI

		E. Suspended losses	F. Allocated prior year suspended losses allowed	G(i). Utilized 2018	G(ii). Utilized 2019	G(iii). Utilized 2020	G(iv). Utilized 2021	G(v). Utilized 2022	G(vi). Utilized 2023	H. Remaining suspended losses
1.	Pre-2018									
2.	2018									
3.	2019									
4.	2020									
5.	2021									
6.	2022									
7.	2023									
8.	Total									
9.	Allocation of allowed losses limited by other Code sections . .									

Part III QBI Suspended and Allowed Losses - Allocable to QBI

		I. Suspended losses	J. Allocated prior year suspended losses allowed	K(i). Utilized 2018	K(ii). Utilized 2019	K(iii). Utilized 2020	K(iv). Utilized 2021	K(v). Utilized 2022	K(vi). Utilized 2023	L. Remaining suspended losses
1.	Pre-2018	2,385.								2,385.
2.	2018									
3.	2019									
4.	2020									
5.	2021									
6.	2022	4,677.								4,677.
7.	2023									
8.	Total	7,062.								7,062.
9.	Allocation of allowed losses limited by other Code sections . .									
10.	Total prior year suspended losses allowed that must be included in QBI.									

VARDE FUND XIII

Keep for Your Records

QBI Loss Tracking Worksheet Code SEC 469 PASSIVE ACTIVITY LOSS ORDINARY LOSS

Use this worksheet to track suspended losses or deductions attributable to QBI using FIFO method for sections 1366, 704, 465, 469, 172, or 461(l).

Part I Suspended & Allowed Losses

		A. Total suspended losses in year of disallowance	B. QBI fixed percentage Column I / A		C. Prior year suspended losses allowed	D. Allowed losses limited by other Code sections	Net Carryover
1.	Pre-2018		0.00 %				Beginning of Year
2.	2018		%				
3.	2019		%				
4.	2020		%				
5.	2021		%				
6.	2022	30,438.	1.000000%				
7.	2023		%				End of Year
8.	Total	30,438.					30,438.

Part II Non-QBI Suspended and Allowed Losses - Allocable to Non-QBI

		E. Suspended losses	F. Allocated prior year suspended losses allowed	G(i). Utilized 2018	G(ii). Utilized 2019	G(iii). Utilized 2020	G(iv). Utilized 2021	G(v). Utilized 2022	G(vi). Utilized 2023	H. Remaining suspended losses
1.	Pre-2018									
2.	2018									
3.	2019									
4.	2020									
5.	2021									
6.	2022									
7.	2023									
8.	Total									
9.	Allocation of allowed losses limited by other Code sections . .									

Part III QBI Suspended and Allowed Losses - Allocable to QBI

		I. Suspended losses	J. Allocated prior year suspended losses allowed	K(i). Utilized 2018	K(ii). Utilized 2019	K(iii). Utilized 2020	K(iv). Utilized 2021	K(v). Utilized 2022	K(vi). Utilized 2023	L. Remaining suspended losses
1.	Pre-2018									
2.	2018									
3.	2019									
4.	2020									
5.	2021									
6.	2022	30,438.								30,438.
7.	2023									
8.	Total	30,438.								30,438.
9.	Allocation of allowed losses limited by other Code sections . .									
10.	Total prior year suspended losses allowed that must be included in QBI.									

NEWBURY EQUITY PARTNERS V (CAYMAN)

Keep for Your Records

QBI Loss Tracking Worksheet Code SEC 469 PASSIVE ACTIVITY LOSS ORDINARY LOSS

Use this worksheet to track suspended losses or deductions attributable to QBI using FIFO method for sections 1366, 704, 465, 469, 172, or 461(l).

Part I Suspended & Allowed Losses

	A. Total suspended losses in year of disallowance	B. QBI fixed percentage Column I / A		C. Prior year suspended losses allowed	D. Allowed losses limited by other Code sections	Net Carryover
1. Pre-2018		0.00 %				Beginning of Year
2. 2018		%				
3. 2019		%				
4. 2020		%				
5. 2021		%				
6. 2022	2,041.	1.000000%				
7. 2023		%				End of Year
8. Total	2,041.					2,041.

Part II Non-QBI Suspended and Allowed Losses - Allocable to Non-QBI

	E. Suspended losses	F. Allocated prior year suspended losses allowed	G(i). Utilized 2018	G(ii). Utilized 2019	G(iii). Utilized 2020	G(iv). Utilized 2021	G(v). Utilized 2022	G(vi). Utilized 2023	H. Remaining suspended losses
1. Pre-2018									
2. 2018									
3. 2019									
4. 2020									
5. 2021									
6. 2022									
7. 2023									
8. Total									
9. Allocation of allowed losses limited by other Code sections . .									

Part III QBI Suspended and Allowed Losses - Allocable to QBI

	I. Suspended losses	J. Allocated prior year suspended losses allowed	K(i). Utilized 2018	K(ii). Utilized 2019	K(iii). Utilized 2020	K(iv). Utilized 2021	K(v). Utilized 2022	K(vi). Utilized 2023	L. Remaining suspended losses
1. Pre-2018									
2. 2018									
3. 2019									
4. 2020									
5. 2021									
6. 2022	2,041.								2,041.
7. 2023									
8. Total	2,041.								2,041.
9. Allocation of allowed losses limited by other Code sections . .									
10. Total prior year suspended losses allowed that must be included in QBI.									

FORM 990-T, PART I, LINE 4 - CHARITABLE CONTRIBUTIONS

CHARITABLE CONTRIBUTIONS

LANDMARK REAL ESTATE PARTNERS	81-4168710	59.
VARDE FUND XIII	98-1430633	2.
NEWBURY EQUITY PARTNERS V (CAY	98-1492833	101.
CHARITABLE CONTRIBUTION		5,416,817.

CONTRIBUTIONS CARRYOVER

12/31/2017	4,107,011.
12/31/2018	4,045,620.
12/31/2019	4,706,026.
12/31/2020	4,930,294.
12/31/2021	5,722,096.
TOTAL CHARITABLE CONTRIBUTIONS	28,928,026.

TAXABLE INCOME FOR CHARITABLE CONTRIBUTION LIMITATION	24,251.
CHARITABLE CONTRIBUTION DEDUCTION LIMIT	24,251.
CHARITABLE CONTRIBUTION DEDUCTION	14,551.

SCHEDULE A: QUALIFIED PARTNERSHIP

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

	SHARE OF GROSS INCOME	SHARE OF DEDUCTIONS	GAIN OR (LOSS)
LANDMARK REAL ESTATE PARTNERS VIII, LP	-89,271.		-89,271.
MIDOCEAN PARTNERS V, LP	-1,018.		-1,018.
VARDE FUND XIII	76,089.		76,089.
AXIOM ASIA V, LP	-5.		-5.
LEGACY VENTURE IX, LLC	2,161.		2,161.
NEWBURY EQUITY PARTNERS V (CAYMAN) LP	739.		739.
TIGER INFRASTRUCTURE PARTNERS FUND III	691.		691.
TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS			-10,614.

SCHEDULE A: QUALIFIED PARTNERSHIP
PART II - LINE 5 - INTEREST

INVESTMENT INTEREST EXPENSE (FORM 4952, LINE 8)	41,806.
PART II - LINE 5 - INTEREST	41,806.

SCHEDULE A: QUALIFIED PARTNERSHIP
PART II - LINE 14 - OTHER DEDUCTIONS

TAX PREPARATION FEES	4,200.
TOTAL OTHER DEDUCTIONS	4,200.

GAINS AND LOSSES FROM PASS-THRU ENTITIES

NET SHORT-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPORATIONS AND OTHER FIDUCIARIES

PARTNERSHIPS, TRUSTS, S CORPORATIONS:

LANDMARK REAL ESTATE PARTNERS VII	81-4168710	-1.	
VARDE FUND XIII	98-1430633	-47,741.	
NEWBURY EQUITY PARTNERS V (CAYMAN	98-1492833	1,310.	
TIGER INFRASTRUCTURE PARTNERS FUN	85-0689256	2,222.	
SHORT-TERM GAIN OR LOSS			-44,210.
TOTAL NET SHORT-TERM GAIN OR LOSS (ROUNDED)			-44,210.

NET LONG-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPORATIONS AND OTHER FIDUCIARIES

20% MAX RATE LONG-TERM CAPITAL GAIN (LOSS)

PARTNERSHIPS, TRUSTS, S CORPORATIONS:

LANDMARK REAL ESTATE PARTNERS V	81-4168710	25,791.	
VARDE FUND XIII	98-1430633	-37,773.	
NEWBURY EQUITY PARTNERS V (CAYM	98-1492833	11,453.	
TIGER INFRASTRUCTURE PARTNERS F	85-0689256	171.	
TOTAL 20% MAX RATE CAPITAL GAIN (LOSS)			-358.
TOTAL NET LONG-TERM GAIN OR LOSS (ROUNDED)			-358.

SUPPLEMENT TO SCHEDULE E

PART II - INCOME OR LOSS FROM PARTNERSHIPS AND S CORPORATIONS

(A) NAME	(B) P/ S	(C) F P	(D) EIN	(E) BASIS REQD	(F) NOT AT -RISK	(G) PASSIVE LOSS	(H) PASSIVE INCOME	(I) NONPASSIVE LOSS	(J) NONPASSIVE SEC 179	(K) NONPASSIVE INCOME
LANDMARK REAL ESTATE PARTNERS VIII, LP	P		81-4168710			82,661.				
LANDMARK REAL ESTATE PARTNERS VIII, LP-RENTAL REAL ESTATE I/L	P		81-4168710			35,292.				
LANDMARK REAL ESTATE PARTNERS VIII, LP-OTHER RENTAL INCOME/LOSS	P		81-4168710				1.			
LANDMARK REAL ESTATE PARTNERS VIII, LP-OTHER PORTFOLIO INCOME	P		81-4168710							2,114.
LANDMARK REAL ESTATE PARTNERS VIII, LP-OTHER INCOME/LOSS	P		81-4168710				6,022.			
LANDMARK REAL ESTATE PARTNERS VIII, LP-OTHER DEDUCTIONS	P		81-4168710			378.				
LANDMARK REAL ESTATE PARTNERS VIII, LP-PASSIVE ADJUSTMENT	P		81-4168710				10,471.			
MIDOCEAN PARTNERS V, LP-PYA PASSIVE	P		82-2505955			1,018.				
VARDE FUND XIII	P		98-1430633			6,865.				
VARDE FUND XIII-RENTAL REAL ESTATE I/L	P		98-1430633			1,950.				
VARDE FUND XIII-OTHER PORTFOLIO INCOME	P		98-1430633							4,564.
VARDE FUND XIII-OTHER INCOME/LOSS	P		98-1430633				1,131.			
VARDE FUND XIII-OIL AND GAS DEPLETION	P		98-1430633			6,323.				
VARDE FUND XIII-OTHER DEDUCTIONS	P		98-1430633			25,356.				
VARDE FUND XIII-PASSIVE ADJUSTMENT	P		98-1430633				30,438.			
AXIOM ASIA V, LP-PYA PASSIVE	P		98-1420327			5.				
LEGACY VENTURE IX, LLC-OTHER INCOME/LOSS	P		83-0960978				2,121.			
LEGACY VENTURE IX, LLC-OTHER DEDUCTIONS	P		83-0960978			43.				
NEWBURY EQUITY PARTNERS V (CAYMAN) LP	P		98-1492833			2,555.				
NEWBURY EQUITY PARTNERS V (CAYMAN) LP-RENTAL REAL ESTATE I/L	P		98-1492833			25.				
NEWBURY EQUITY PARTNERS V (CAYMAN) LP-OTHER PORTFOLIO INCOME	P		98-1492833							16.
NEWBURY EQUITY PARTNERS V (CAYMAN) LP-OTHER INCOME/LOSS	P		98-1492833				253.			
NEWBURY EQUITY PARTNERS V (CAYMAN) LP-OTHER DEDUCTIONS	P		98-1492833			23.				
NEWBURY EQUITY PARTNERS V (CAYMAN) LP-PASSIVE ADJUSTMENT	P		98-1492833				2,041.			
TOTALS						162,494.	52,478.			6,694.

PART II, INCOME OR LOSS FROM PARTNERSHIPS AND S CORPORATIONS

COLUMNS (G), (H), (I), (J) & (K) PASSIVE AND NONPASSIVE INCOME/LOSS

K-1 NAME: LANDMARK REAL ESTATE PARTNERS VIII,
ID NUMBER: 81-4168710

DESCRIPTION	PASSIVE	NONPASSIVE
ORDINARY INCOME OR LOSS	-82,661.	
RENTAL REAL ESTATE INCOME OR LOSS	-35,292.	
OTHER RENTAL INCOME OR LOSS	1.	
PLUS		
OTHER INCOME(LOSS)		157.
SUBPART F INCOME INCLUSION		1,851.
CANCELLATION OF DEBT		106.
OTHER INCOME(LOSS)	6,022.	
LESS:		
EXCESS BUSINESS INTEREST EXP	4,677.	
OTHER DEDUCTIONS	378.	
NET INCOME/LOSS BEFORE LIMITATIONS	-116,985.	2,114.
LESS: FORM 8990 BUS INT EXP PRIOR YEAR CARRYOVER	8,754.	
PLUS: FORM 8990 BUS INT EXP CARRYOVER TO NEXT YEAR	13,431.	
PLUS: PASSIVE LOSS CARRYOVER TO NEXT YEAR	10,471.	
ALLOWABLE INCOME/LOSS	-101,837.	2,114.

K-1 NAME: MIDOCEAN PARTNERS V, LP
ID NUMBER: 82-2505955

DESCRIPTION	PASSIVE	NONPASSIVE
LESS: PASSIVE PRIOR YEAR CARRYOVER	42,423.	
PLUS: PASSIVE LOSS CARRYOVER TO NEXT YEAR	41,405.	
ALLOWABLE INCOME/LOSS	-1,018.	

PART II, INCOME OR LOSS FROM PARTNERSHIPS AND S CORPORATIONS (CONT'D)

COLUMNS (G), (H), (I), (J) & (K) PASSIVE AND NONPASSIVE INCOME/LOSS

K-1 NAME: VARDE FUND XIII
ID NUMBER: 98-1430633

DESCRIPTION	PASSIVE	NONPASSIVE
ORDINARY INCOME OR LOSS	-6,865.	
RENTAL REAL ESTATE INCOME OR LOSS	-1,950.	
PLUS		
SUBPART F INCOME INCLUSION		4,564.
OTHER INCOME(LOSS)	1,131.	
LESS:		
DEPLETION EXPENSE	6,323.	
OTHER DEDUCTIONS	5,959.	
OTHER DEDUCTIONS	19,397.	
NET INCOME/LOSS BEFORE LIMITATIONS	-39,363.	4,564.
PLUS: PASSIVE LOSS CARRYOVER TO NEXT YEAR	30,438.	
ALLOWABLE INCOME/LOSS	-8,925.	4,564.

K-1 NAME: AXIOM ASIA V, LP
ID NUMBER: 98-1420327

DESCRIPTION	PASSIVE	NONPASSIVE
LESS: PASSIVE PRIOR YEAR CARRYOVER	192.	
PLUS: PASSIVE LOSS CARRYOVER TO NEXT YEAR	187.	
ALLOWABLE INCOME/LOSS	-5.	

PART II, INCOME OR LOSS FROM PARTNERSHIPS AND S CORPORATIONS (CONT'D)

COLUMNS (G), (H), (I), (J) & (K) PASSIVE AND NONPASSIVE INCOME/LOSS

K-1 NAME: LEGACY VENTURE IX, LLC
ID NUMBER: 83-0960978

DESCRIPTION	PASSIVE	NONPASSIVE
OTHER INCOME(LOSS)	2,121.	
LESS:		
OTHER DEDUCTIONS	43.	
NET INCOME/LOSS BEFORE LIMITATIONS	2,078.	
ALLOWABLE INCOME/LOSS	2,078.	

K-1 NAME: NEWBURY EQUITY PARTNERS V (CAYMAN)
ID NUMBER: 98-1492833

DESCRIPTION	PASSIVE	NONPASSIVE
ORDINARY INCOME OR LOSS	-2,555.	
RENTAL REAL ESTATE INCOME OR LOSS	-25.	
PLUS		
OTHER INCOME(LOSS)		15.
CANCELLATION OF DEBT		1.
OTHER INCOME(LOSS)	253.	
LESS:		
SECTION 59(E)(2) EXPENDITURE	22.	
OTHER DEDUCTIONS	1.	
NET INCOME/LOSS BEFORE LIMITATIONS	-2,350.	16.
PLUS: PASSIVE LOSS CARRYOVER TO NEXT YEAR	2,041.	
ALLOWABLE INCOME/LOSS	-309.	16.

SCHEDULE I, LINE 13

ACTIVITY NAME:	INCOME<LOSS> REGULAR TAX	INCOME<LOSS> ALT. MIN. TAX
LANDMARK REAL ESTATE PARTNERS VIII, LP	-257.	-224.
MIDOCEAN PARTNERS V, LP	-1,018.	-1,155.
VARDE FUND XIII	-748.	-651.
NEWBURY EQUITY PARTNERS V (CAYMAN) LP	-50.	-44.
	-2,073.	-2,074.
TOTAL NET ADJUSTMENTS (PASSIVE & PTP'S)		-1.

FORM 4952 - INVESTMENT INTEREST EXPENSE

	CURRENT YEAR	PRIOR YR CARRYOVER	TOTAL CURRENT YR	DISALLOWED CURRENT YR	DEDUCTIBLE CURRENT YR
SCHEDULE K-1, BOX A					
LANDMARK REAL ESTATE PARTNERS VIII,	5,655.		5,655.		5,655.
VARDE FUND XIII	10,332.		10,332.		10,332.
LEGACY VENTURE IX, LLC	83.		83.		83.
NEWBURY EQUITY PARTNERS V (CAYMAN)	24,489.		24,489.		24,489.
CPREF II AIV I, L.P.	1,247.		1,247.		1,247.
TOTAL - SCHEDULE K-1, BOX A	41,806.		41,806.		41,806.
GRAND TOTALS	41,806.		41,806.	NONE	41,806.
TOTAL SCH A EQUIV - FORM 1041, PG 1, LN 10					41,806.

FORM 4952 - INVESTMENT INTEREST EXPENSE (** AMT **)

	CURRENT YEAR	PRIOR YR CARRYOVER	TOTAL CURRENT YR	DISALLOWED CURRENT YR	DEDUCTIBLE CURRENT YR
SCHEDULE K-1, BOX A					
LANDMARK REAL ESTATE PARTNERS VIII,	5,655.		5,655.		5,655.
VARDE FUND XIII	10,332.		10,332.		10,332.
LEGACY VENTURE IX, LLC	83.		83.		83.
NEWBURY EQUITY PARTNERS V (CAYMAN)	24,489.		24,489.		24,489.
CPREF II AIV I, L.P.	1,247.		1,247.		1,247.
TOTAL - SCHEDULE K-1, BOX A	41,806.		41,806.		41,806.
GRAND TOTALS	41,806.		41,806.		41,806.

TOTAL SCH A EQUIV - FORM 1041, PG 1, LN 10 (AMT AMOUNT) 41,806.

FORM 6781, PART I -- SECTION 1256 CONTRACTS MARKED TO MARKET

DESCRIPTION	DATE ACQUIRED	DATE SOLD	GROSS SALES PRICE	COST OR BASIS	GAIN/ (LOSS)
LANDMARK REAL ESTATE PARTNERS VIII,					248.
NEWBURY EQUITY PARTNERS V (CAYMAN)					235.
VARDE FUND XIII					16,797.
TOTAL GAINS AND LOSSES					17,280.

SUPPLEMENT TO 8582 PART V

PART V - FOR FORM 8582, LINE 2A, 2B, AND 2C

	CURRENT YEAR		PRIOR YEARS	OVERALL GAIN OR LOSS	
	(A) NET INCOME	(B) NET LOSS	(C) UNALLOWED LOSS	(D) GAIN	(E) LOSS
LANDMARK REAL ESTAT	101,580.	-112,308.			-10,728.
MIDOCEAN PARTNERS V			-42,423.		-42,423.
VARDE FUND XIII	8,177.	-39,363.			-31,186.
AXIOM ASIA V, LP			-192.		-192.
LEGACY VENTURE IX,	2,078.			2,078.	
NEWBURY EQUITY PART	259.	-2,350.			-2,091.
TOTAL	112,094.	-154,021.	-42,615.	2,078.	-86,620.

SUPPLEMENT TO 8582 PART V - AMT

PART V - FOR FORM 8582, LINE 2A, 2B, AND 2C

	CURRENT YEAR		PRIOR YEARS	OVERALL GAIN OR LOSS	
	(A)NET INCOME	(B)NET LOSS	(C)UNALLOWED LOSS	(D)GAIN	(E)LOSS
LANDMARK REAL ESTAT	101,580.	-112,308.			-10,728.
MIDOCEAN PARTNERS V			-55,324.		-55,324.
VARDE FUND XIII	8,177.	-39,363.			-31,186.
AXIOM ASIA V, LP			-249.		-249.
LEGACY VENTURE IX,	2,078.			2,078.	
NEWBURY EQUITY PART	259.	-2,350.			-2,091.
TOTAL	112,094.	-154,021.	-55,573.	2,078.	-99,578.

SUPPLEMENT TO FORM 8995

QUALIFIED REIT DIVIDENDS

QUALIFIED REIT DIVIDENDS FROM SCHEDULE K-1

LANDMARK REAL ESTATE PARTNERS VIII,	2,338.
CPREF II AIV I, L.P.	11.
SUBTOTAL	2,349.
TOTAL QUALIFIED REIT DIVIDENDS	2,349.

TOTAL QUALIFIED REIT DIVIDENDS AND/OR PTP INC/LOSS	2,349.