

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 2020 or other tax year beginning 01-01-2020 and ending 12-31-2020  
▶ **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  
**2020**  
**Open to Public  
Inspection for 501(c)(3)  
Organizations Only**

**A** ☐ Check box if address changed.

**B** Exempt under section  
☒ 501(c3)  
☐ 408(e) ☐ 220(e)  
☐ 408A ☐ 530(a)  
☐ 529(a) ☐ 529A

**Print or Type**

Name of organization ( ☐ Check box if name changed and see instructions.)  
Memorial Sloan-Kettering Cancer Center

Number, street, and room or suite no. If a P.O. box, see instructions.  
1275 YORK AVENUE

City or town, state or province, and ZIP or foreign postal code  
NEW YORK, NY 100656007

**C** Book value of all assets at end of year . . . . ▶ 6,797,163,000

**D** Employer identification number  
13-1924236

**E** Group exemption number  
(see instructions)  
3475

**F** ☐ Check box if an amended return.

**G** Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ Applicable reinsurance entity

**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 ▶ MARK SVENNINGSON  
633 THIRD AVENUE  
New York, NY 10017  
Telephone number ▶ (646) 227-3414

Part I

Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) . . . . .	1	-9,647,486
2	Reserved . . . . .	2	
3	Add lines 1 and 2 . . . . .	3	-9,647,486
4	Charitable contributions (see instructions for limitation rules) . . . . .	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 . . . . .	5	-9,647,486
6	Deduction for net operating loss. See instructions . . . . .	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 . . . . .	7	-9,647,486
8	Specific deduction (generally \$1,000, but see instructions for exceptions) . . . . .	8	
9	Trusts. Section 199A deduction. See instructions . . . . .	9	
10	Total deductions. Add lines 8 and 9 . . . . .	10	
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero . . . . .	11	0

Part II

Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) . . . . . ▶	1	0
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) . . . . . ▶	2	
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	0

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11291J

Form **990-T** (2020)

**Part III Tax and Payments**

<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>		
<b>b</b> Other credits (see instructions)	<b>1b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions)	<b>1c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e</b> <b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>		
<b>2</b> Subtract line 1e from Part II, line 7	<b>2</b>		0
<b>3</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>		
<b>4</b> <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter the tax amount here	<b>4</b>		0
<b>5</b> 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	<b>5</b>		
<b>6a</b> Payments: A 2019 overpayment credited to 2020	<b>6a</b>		
<b>b</b> 2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>		
<b>c</b> Tax deposited with Form 8868	<b>6c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>		
<b>e</b> Backup withholding (see instructions)	<b>6e</b>	99	19,000
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>		
<b>g</b> Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>6g</b>		
<b>7</b> <b>Total payments.</b> Add lines 6a through 6g	<b>7</b>		19,000
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>		
<b>9</b> <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>		
<b>10</b> <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>		19,000
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> <b>Refunded</b>	<b>11</b>		19,000

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

<b>1</b> At any time during the 2020 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	<b>Yes</b>	<b>No</b>
		<b>No</b>
<b>2</b> 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.		<b>No</b>
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year		
<b>4a</b> Did the organization change its method of accounting? (see instructions)		<b>No</b>
<b>4b</b> If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also provide any other additional information. See instructions.

<b>Sign Here</b>	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.			
	<b>CRAIG THOMPSON MD</b> Signature of officer	<b>2021-11-08</b> Date	<b>SVP FIN &amp; CONTROLLER</b> Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MICHAEL SALES</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN <b>P01770943</b>
	Firm's name <b>▶ ERNST &amp; YOUNG US LLP</b>			Firm's EIN <b>▶ 34-6565596</b>
	Firm's address <b>▶ 99 WOODS AVENUE SOUTH ISELIN, NJ 08830</b>			Phone no. (317) 681-7000

TY 2020 IncomeLossPartnershipSCorpSch

Name: Memorial Sloan-Kettering Cancer Center  
EIN: 13-1924236

Total gross receipts

Partnership or S Corporation name	Share of gross income	Share of deductions	Gain or loss
ACCEL-KKR CAPITAL PARTNERS IV STRATEGIC FUND LP	555		555
ACCEL-KKR CREDIT PARTNERS LP - SERIES 1	1,479,410		1,479,410
ACCEL-KKR GROWTH CAPITAL PARTNERS III LP	42,390	47,731	-5,341
ANDREESSEN HOROWITZ FUND III (AIV) LP	-4,975		-4,975
AXIOM ASIA CO-INVESTMENT FUND I LP	2	167	-165
AXIOM ASIA IV LP	1	70	-69
AXIOM ASIA V LP	-910	6	-916
BAUPOST VALUE PARTNERS LP IV	3,799	201,905	-198,106
BAYNORTH REALITY FUND VII LP	-72,486		-72,486
BEP LEGACY A LLC (ENERVEST ENERGY INST FUND XII-A)	9,918	10,145	-227
BERKSHIRE FUND IX LP	-16,428		-16,428
BERKSHIRE FUND VIII LP	-42,978	98	-43,076
BLACKSTONE REAL ESTATE PARTNERS IX-TE AIV LP	1,421	2,478	-1,057
BLACKSTONE REAL ESTATE PARTNERS VTE2 LP	-7,978		-7,978
BLACKSTONE REAL ESTATE PARTNERS VITE2 LP	-900		-900
BLACKSTONE REAL ESTATE PARTNERS VITE2-NQ LP	18,926		18,926
BLACKSTONE RGIS CAPITAL PARTNERS V LP	44,081		44,081
BRIGHTSTAR CAPITAL PARTNERS FUND I AIV LP	28,883	20,097	8,786
BRIGHTSTAR CAPITAL PARTNERS FUND I AIV-2 LP	-63,194	119,158	-182,352
BRIGHTSTAR CAPITAL PARTNERS FUND I AIV-3 LP	-810,369		-810,369
BRIGHTSTAR CAPITAL PARTNERS FUND I AIV-4 LP	355,170		355,170
BRIGHTSTAR CAPITAL PARTNERS FUND I AIV-5 LP	151,146		151,146
BTS LIQUIDATING LLC FKA GEOFFREY BEENE LLC	2,005		2,005
CARNELIAN ENERGY CAPITAL II LP	532,552	449,489	83,063
CARNELIAN ENERGY CAPITAL III LP	-77,211	10,226	-87,437
CCP II AIV II LP	473,781	4,231	469,550
CCP II PWD-TFK AIV LP	-68,559	12,000	-80,559
CCP III AIV II LP	756		756
CCP III AIV IX LP	35,393	39,200	-3,807
CCP III AIV VII LP	-1,057,286		-1,057,286
CCP III AIV VIIILP	-12,440	13,212	-25,652
CENTERBRIDGE SPECIAL CREDIT PARTNERS III	62,460	26,411	36,049
CENTERBRIDGE SPECIAL CREDIT PARTNERS III-FLEX LP	-4,025		-4,025
DEERFIELD HEALTHCARE INNOVATIONS FUND II LP	-155,246		-155,246
DEERFIELD HEALTHCARE INNOVATIONS FUND LP	-707,885		-707,885
DEERFIELD PARTNERS LP	-238		-238
DEERFIELD PH HOLDINGS IV LP	-143,943		-143,943
DEERFIELD PRIVATE DESIGN FUND IV LP	-596,941		-596,941
DEERFIELD RCA HOLDINGS IV LP	8,274		8,274
DEERFIELD RE HOLDINGS IV LP	-1,497		-1,497
DENHAM COMMODITY PARTNERS FUND VI LP	168,435	36,790	131,645
ENCAP ENERGY CAPITAL FUND IX LP	529,551	610,891	-81,340
ENCAP ENERGY CAPITAL FUND VIII LP	324,086	286,127	37,959
ENCAP ENERGY CAPITAL FUND X LP	3,593,028	1,865,357	1,727,671
ENCAP ENERGY CAPITAL FUND XI LP	25,397	542,285	-516,888
ENCAP FLATROCK MIDSTREAM FUND III LP	-1,201,662	127,383	-1,329,045
ENCAP FLATROCK MIDSTREAM FUND IV LP	-741,893	152,108	-894,001
ENERGY TRANSFER LP	-165,719		-165,719
ENERVEST ENERGY INSTITUTIONAL FUND X-B LP	-208		-208
ENERVEST ENERGY INSTITUTIONAL FUND XIII-ALP	700,731		700,731
FIRST RESERVE FUND XI LP	-136,020		-136,020
FORTRESS CREDIT OPPORTUNITIES FUND (B) LP	7,752	1,303	6,449
FORTRESS SECURED LENDING FUND I A LP	1,905		1,905
GAIP 2013 AIV A LP	-17,812	47	-17,859
GAIP 2017 (BERMUDA) AIV LP	7,993	8,336	-343
GAIP 2017 AIV B LPCO GRAL ATLANT TAX DEPT	1,470	15	1,455
GENERAL ATLANTIC INVESTMENT PARTNERS 2013 LP	10,000		10,000
GENERAL CATALYST GROUP V - SUPPLEMENTAL LP	62		62
GENERAL CATALYST GROUP V LP	86		86
GENESIS ENERGY LP	-514,697		-514,697
LAV BIOSCIENCES FUND V LP	1,004	2,478	-1,474
LIME ROCK PARTNERS IV AF LP	163,550	145,216	18,334
ORBIMED ROYALTY OPPORTUNITIES II LP	166,114		166,114
PANAKEIA ENERGY FUND LP	-122	23	-145
POST OAK ENERGY PARTNERS III LP	211,101	729,922	-518,821
POST OAK ENERGY PARTNERS IV LP	-722,872	64,494	-787,366
RESERVOIR CAPITAL INVESTMENT PARTNERS CAYMAN LP	9,736	17,493	-7,757
RHO VENTURES VI-MSM (B) LP	-2,878		-2,878
SENTINEL CAPITAL PARTNERS VI LP	48,273	159,260	-110,987
SEQUOIA CAPITAL GROWTH FUND III LP	-22,081		-22,081
SSC - SAF I LP	-109,857		-109,857
SSC VI LP	-327,290		-327,290
STONELAKE OPPORTUNITY PARTNERS V LP	-54,345	48,875	-103,220
STONELAKE OPPORTUNITY PARTNERS VI LP	-114,756	125,580	-240,336
TRG FORESTRY FUND 8-B LP	-2,549		-2,549

Total share of gross income: -4,717,137  
Total share of deductions: 5,958,084  
Total gain or loss: -4,717,137

TY 2020 OtherDeductionSchedule

**Name:** Memorial Sloan-Kettering Cancer Center

**EIN:** 13-1924236

**Form 4562 amount:**

**Form 8873 amount:**

**Management fees (non-employees):**

**Legal fee amount:**

**Accounting amount:**

**Lobbying amount:**

**Investment management amount:**

**Advertising and promotion amount:**

**Insurance amount:**

**Occupancy amount:**

**Travel amount:**

**Information technology amount:**

**Office expenses amount:**

Other type of deduction	Other type deduction amount
INVESTMENT MANAGEMENT FEES	3,133,001
ACCOUNTING FEES	165,513

SCHEDULE A  
(Form 990-T)

Department of the Treasury  
Internal Revenue Service

Unrelated Business Taxable Income  
From an Unrelated Trade or Business

OMB No. 1545-0047

2020

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

▶ Go to [www.irs.gov/Form990T](https://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).

A Name of the organization  
Memorial Sloan-Kettering Cancer Center

B Employer identification number  
13-1924236

C Unrelated business activity code (see instructions) ▶ 901101

D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ 0

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)			
3	Gross Profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)			
4a				
4b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	-1,590,298		-1,590,298
4c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)	-4,717,137		-4,717,137
6	Rent income (Part IV)			
7	Unrelated debt-financed income (Part V)			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)			
10	Exploited exempt activity income (Part VIII)			
11	Advertising income (Part IX)			
12	Other income (see instructions; attach statement)			
13	Total. Combine lines 3 through 12	-6,307,435	0	-6,307,435

Part II	Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income		
1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement) (see instructions)	5	
6	Taxes and licenses	6	41,537
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)	14	3,298,514
15	Total deductions. Add lines 1 through 14	15	3,340,051
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-9,647,486
17	Deduction for net operating loss (see instructions)	17	
18	Unrelated business taxable income. Subtract line 17 from line 16	18	-9,647,486

**Part III Cost of Goods Sold** Enter method of inventory valuation ►

<b>1</b>	Inventory at beginning of year . . . . .	<b>1</b>	
<b>2</b>	Purchases . . . . .	<b>2</b>	
<b>3</b>	Cost of labor . . . . .	<b>3</b>	
<b>4</b>	Additional section 263A costs (attach statement) . . . . .	<b>4</b>	
<b>5</b>	Other costs (attach statement) . . . . .	<b>5</b>	
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .	<b>6</b>	
<b>7</b>	Inventory at end of year . . . . .	<b>7</b>	
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .	<b>8</b>	
<b>9</b>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

<b>1</b>	Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions) <b>A</b> <input type="checkbox"/> _____ <b>B</b> <input type="checkbox"/> _____ <b>C</b> <input type="checkbox"/> _____ <b>D</b> <input type="checkbox"/> _____				
<b>2</b>	Rent received or accrued	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>a</b>	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . .				
<b>b</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) . . . . .				
<b>c</b>	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . . . .				
<b>3</b>	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) . . . . . ► _____				
<b>4</b>	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) . . . . .				
<b>5</b>	<b>Total deductions.</b> 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)

<b>1</b>	Description of debt-financed property (property street address, city, state, ZIP code). Check if a dual-use (see instructions) <b>A</b> <input type="checkbox"/> _____ <b>B</b> <input type="checkbox"/> _____ <b>C</b> <input type="checkbox"/> _____ <b>D</b> <input type="checkbox"/> _____				
<b>2</b>	Gross income from or allocable to debt-financed property . . . . .	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>3</b>	Deductions directly connected with or allocable to debt-financed property				
<b>a</b>	Straight line depreciation (attach statement)				
<b>b</b>	Other deductions (attach statement) . . . . .				
<b>c</b>	Total deductions (add lines 3a and 3b, columns A through D) . . . . .				
<b>4</b>	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .				
<b>5</b>	Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .				
<b>6</b>	Divide line 4 by line 5 . . . . .	%	%	%	%
<b>7</b>	Gross income reportable. Multiply line 2 by line 6				
<b>8</b>	<b>Total gross income.</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . . ► _____				
<b>9</b>	Allocable deductions. Multiply line 3c by line 6				
<b>10</b>	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . . ► _____				
<b>11</b>	<b>Total dividends-received deductions</b> included in line 10 . . . . . ► _____				

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		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)				
			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)

**Totals** . . . . . ►**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)				
		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)

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

**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) . . . . . ▶

- |          |   |  |  |  |  |
|----------|---|--|--|--|--|
| <b>4</b> | 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 . . . . . |  |  |  |  |
| <b>5</b> | Readership costs . . . . .  |  |  |  |  |
| <b>6</b> | Circulation income . . . . .  |  |  |  |  |
| <b>7</b> | 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 . . . . .  |  |  |  |  |
| <b>8</b> | 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 columns total or zero here and on Part II, line 13 . . . ►

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)



efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93393314015321

SCHEDULE D  
(Form 1120)  
  
Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0123  
  
**2020**

Name  
Memorial Sloan-Kettering Cancer Center

Employer identification number  
13-1924236

Did the corporation 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.

Part I Short-Term Capital Gains and Losses -- Generally Assets Held One 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 1, 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 <b>Box A</b> checked				
2 Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked				
3 Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked	303,912	2,443		301,469
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			5	
6 Unused capital loss carryover (attach computation) . . . . .			6	(301,469)
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . . . . .			7	

Part II Long-Term Capital Gains and Losses -- Generally Assets Held More Than One 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 <b>Box D</b> checked				
9 Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked				
10 Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked	148,993	279,108		-130,115
11 Enter gain from Form 4797, line 7 or 9 . . . . .			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			13	
14 Capital gain distributions (see instructions) . . . . .			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h . . . . .			15	-130,115

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) . . . . .	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) . . . . .	17	
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns . . . . .	18	

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

For Paperwork Reduction Act Notice, see the Instructions for Form 1120. | Cat. No. 11460M | Schedule D (Form 1120) 2020

Form **8949**  
Department of the Treasury  
Internal Revenue Service

**Sales and Other Dispositions of Capital Assets**  
  
▶ Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074  
**2020**  
Attachment  
Sequence No. **12A**

Name(s) shown on return  
Memorial Sloan-Kettering Cancer Center

Social security number or taxpayer identification number  
13-1924236

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short term (see instructions). For long-term transactions, see page 2.  
**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ **(C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ACCEL-KKR CAPITAL PARTNERS IV STRATEGIC FUND, LP			0	(626)			-626
	BAUPOST VALUE PARTNERS LP IV			6,847	(0)			6,847
	RESERVOIR CAPITAL INVESTMENT PARTNERS CAYMAN LP			1,593	(0)			1,593
	GENERAL ATLANTIC INV.PARTNERS 2017, L.P.			30,476	(0)			30,476
	LAV BIOSCIENCES FUND V, L.P.			73,241	(0)			73,241
	CENTERBRIDGE SPECIAL CREDIT PARTNERS III-FLEX, L.P			156,226	(0)			156,226
	BLACKSTONE REAL ESTATE PARTNERS IX-TE AIV L.P.			29,235	(0)			29,235
	CCP III AIV VIII,L.P.			0	(144)			-144
	ORBIMED ROYALTY OPPORTUNITIES II, L.P			0	(1,673)			-1,673
	RESERVOIR CAPITAL INVESTMENT PARTNERS CAYMAN LP			71	(0)			71
	SEQUOIA CAPITAL GROWTH FUND III, L.P.			6,223	(0)			6,223
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked). . . . . ▶				303,912	(2,443)			301,469

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side Memorial Sloan-Kettering Cancer Center	Social security number or taxpayer identification number 13-1924236
--	--

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long term (see instructions). For short-term transactions, see page 1.  
**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	BAUPOST VALUE PARTNERS LP IV			148	(0)			148
	BERKSHIRE FUND VIII, L.P.			0	(3)			-3
	FORTRESS CREDIT OPPORTUNITIES FUND (B) LP			10,649	(0)			10,649
	CENTERBRIDGE SPECIAL CREDIT PARTNERS III			0	(167,366)			-167,366
	GENERAL ATLANTIC INVESTMENT PARTNERS 2013 LP			126,552	(0)			126,552
	POST OAK ENERGY PARTNERS III, LP			432	(0)			432
	SENTINEL CAPITAL PARTNERS VI, L.P.			1,097	(0)			1,097
	BLACKSTONE REAL ESTATE PARTNERS IX-TE AIV L.P.			674	(0)			674
	ORBIMED ROYALTY OPPORTUNITIES II, L.P.			0	(111,739)			-111,739
	RESERVOIR CAPITAL INVESTMENT PARTNERS CAYMAN LP			107	(0)			107
	SEQUOIA CAPITAL GROWTH FUND III, L.P.			9,334	(0)			9,334
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) . . . . . ▶				148,993	(279,108)			-130,115

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

MEMORIAL SLOAN-KETTERING CANCER CENTER  
 EIN: 13-1924236  
 YEAR ENDED 12/31/2020

**FORM 990-T, NET OPERATING LOSS CARRYFORWARD – Pre 12/31/2017 Losses**

YEAR ENDING	AMOUNT GENERATED	AMOUNT UTILIZED IN PRIOR YEARS	AMOUNT UTILIZED IN 2020	CARRYFORWARD
12/31/2006	2,248,681	1,757,093	0	491,588
12/31/2007	0	0	0	0
12/31/2008	0	0	0	0
12/31/2009	722,247	0	0	722,247
12/31/2010	125,644	0	0	125,644
12/31/2011	0	0	0	0
12/31/2012	2,701,779	0	0	2,701,779
12/31/2013	4,306,911	0	0	4,306,911
12/31/2014	5,850,060	0	0	5,850,060
12/31/2015	3,819,579	0	0	3,819,579
12/31/2016	0	0	0	0
12/31/2017	4,625,285	0	0	4,625,285
NOL CARRYFORWARD TO 12/31/2021			0	22,643,093

**FORM 990-T, NET OPERATING LOSS CARRYFORWARD – Post 12/31/2017 Losses**

YEAR ENDING	AMOUNT GENERATED	AMOUNT UTILIZED IN PRIOR YEARS	AMOUNT UTILIZED IN 2020	CARRYFORWARD
12/31/2018	10,406,208	0	0	10,406,208
12/31/2019	13,657,689	0	0	13,657,689
12/31/2020	9,647,486	0	0	9,647,486
NOL CARRYFORWARD TO 12/31/2021			0	33,711,383

MEMORIAL SLOAN-KETTERING CANCER CENTER  
 EIN: 13-1924236  
 YEAR ENDED 12/31/2020

**FORM 990-T, PART I, LINE 4a - CAPITAL LOSS CARRYFORWARD**

YEAR ENDING	EXPIRATION DATE	AMOUNT GENERATED	AMOUNT UTILIZED IN PRIOR YEARS	AMOUNT UTILIZED IN 2020	CARRYFORWARD
12/31/2019	12/31/2024	1,256,241	0	301,469	954,772
12/31/2020	12/31/2025	130,115	0	0	130,115
CAPITAL LOSS CARRYFORWARD TO 12/31/2021				301,469	1,084,887

MEMORIAL SLOAN-KETTERING CANCER CENTER  
 EIN: 13-1924236  
 YEAR ENDED 12/31/2020

**FORM 990-T, LINE 20, CHARITABLE CONTRIBUTION CARRYFORWARD**

YEAR ENDING	AMOUNT GENERATED	AMOUNT UTILIZED IN PRIOR YEAR	AMOUNT UTILIZED IN CURRENT YEAR	CARRYFORWARD	EXPIRATION DATE
12/31/2017	6,720	-	-	6,720	12/31/2022
12/31/2018	5,043	-	-	5,043	12/31/2023
12/31/2019	5,251	-	-	5,251	12/31/2024
12/31/2020	5,853	-	-	5,853	12/31/2025
Total	22,867	-	-	22,867	

MEMORIAL SLOAN-KETTERING CANCER CENTER

EIN:13-1924236

12/31/2020

FORM 990-T, SCHEDULE A, ITEM C, UNRELATED BUSINESS ACTIVITY CODE

ATTACHMENT 6

THE SECTION 1.512(A)-6 REGULATIONS WERE NOT APPLICABLE FOR THE FILING ORGANIZATION FOR THIS TAX YEAR. FOR THIS TAX YEAR PRIOR TO THE APPLICABILITY DATE, THE FILING ORGANIZATION HAS IDENTIFIED ITS INVESTMENT ACTIVITY AS A SINGLE TRADE OR BUSINESS USING 901101 AS A REASONABLE INTERPRETATION OF THE SECTION 512(A)(6) STATUTE.

Election to Relinquish Net Operating Loss Carryback Period

MEMORIAL SLOAN-KETTERING CANCER CENTER

EIN: 13-1924236

Form 990-T, Tax Year Ending 12/31/2020

The taxpayer hereby elects to relinquish the entire carryback period by applying Code Sec. 172(b)(3) under Rev. Proc. 2020-24 with respect to the net operating loss incurred in its tax year ending December 31, 2020.



**General Business Credit**

► Go to [www.irs.gov/Form3800](http://www.irs.gov/Form3800) for instructions and the latest information.  
► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Name(s) shown on return

MEMORIAL SLOAN-KETTERING CANCER CENTER

Identifying number

13-1924236

**Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)**  
(See instructions and complete Part(s) III before Parts I and II.)

1	General business credit from line 2 of all Parts III with box A checked . . . . .	1	
2	Passive activity credits from line 2 of all Parts III with box B checked . . . . .	2	2,393.00
3	Enter the applicable passive activity credits allowed for 2020. See instructions . . . . .	3	2,393.00
4	Carryforward of general business credit to 2020. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach. . . . .	4	202,577.00
	Check this box if the carryforward was changed or revised from the original reported amount . . . . .		<input type="checkbox"/>
5	Carryback of general business credit from 2021. Enter the amount from line 2 of Part III with box D checked. See instructions . . . . .	5	
6	Add lines 1, 3, 4, and 5 . . . . .	6	204,970.00

**Part II Allowable Credit**

7	Regular tax before credits: <ul style="list-style-type: none"> <li>Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2 . . . . .</li> <li>Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return . . . . .</li> <li>Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return . . . . .</li> </ul>	7	NONE
8	Alternative minimum tax: <ul style="list-style-type: none"> <li>Individuals. Enter the amount from Form 6251, line 11 . . . . .</li> <li>Corporations. Enter -0- . . . . .</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 . . . . .</li> </ul>	8	0.00
9	Add lines 7 and 8 . . . . .	9	0.00
10a	Foreign tax credit . . . . .	10a	
b	Certain allowable credits (see instructions). . . . .	10b	
c	Add lines 10a and 10b . . . . .	10c	
11	<b>Net income tax.</b> Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 . . . . .	11	0.00
12	<b>Net regular tax.</b> Subtract line 10c from line 7. If zero or less, enter -0- . . . . .	12	
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions . . . . .	13	
14	Tentative minimum tax: <ul style="list-style-type: none"> <li>Individuals. Enter the amount from Form 6251, line 9. . . . .</li> <li>Corporations. Enter -0- . . . . .</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52 . . . . .</li> </ul>	14	0.00
15	Enter the greater of line 13 or line 14 . . . . .	15	0.00
16	Subtract line 15 from line 11. If zero or less, enter -0- . . . . .	16	
17	Enter the <b>smaller</b> of line 6 or line 16 . . . . . <b>C corporations:</b> See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.	17	

For Paperwork Reduction Act Notice, see separate instructions.

Form **3800** (2020)

**Part II** Allowable Credit (continued)**Note:** If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

<b>18</b>	Multiply line 14 by 75% (0.75). See instructions . . . . .	<b>18</b>	0.00
<b>19</b>	Enter the greater of line 13 or line 18 . . . . .	<b>19</b>	0.00
<b>20</b>	Subtract line 19 from line 11. If zero or less, enter -0- . . . . .	<b>20</b>	0.00
<b>21</b>	Subtract line 17 from line 20. If zero or less, enter -0- . . . . .	<b>21</b>	0.00
<b>22</b>	Combine the amounts from line 3 of all Parts III with box A, C, or D checked . . . . .	<b>22</b>	0.00
<b>23</b>	Passive activity credit from line 3 of all Parts III with box B checked . . . . . <b>23</b> 0.00		
<b>24</b>	Enter the applicable passive activity credit allowed for 2020. See instructions . . . . .	<b>24</b>	0.00
<b>25</b>	Add lines 22 and 24 . . . . .	<b>25</b>	
<b>26</b>	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25 . . . . .	<b>26</b>	
<b>27</b>	Subtract line 13 from line 11. If zero or less, enter -0- . . . . .	<b>27</b>	0.00
<b>28</b>	Add lines 17 and 26 . . . . .	<b>28</b>	
<b>29</b>	Subtract line 28 from line 27. If zero or less, enter -0- . . . . .	<b>29</b>	0.00
<b>30</b>	Enter the general business credit from line 5 of all Parts III with box A checked . . . . .	<b>30</b>	0.00
<b>31</b>	Reserved . . . . .	<b>31</b>	
<b>32</b>	Passive activity credits from line 5 of all Parts III with box B checked . . . . . <b>32</b> 0.00		
<b>33</b>	Enter the applicable passive activity credits allowed for 2020. See instructions . . . . .	<b>33</b>	0.00
<b>34</b>	Carryforward of business credit to 2020. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach . . . . . Check this box if the carryforward was changed or revised from the original reported amount. . . . . <input type="checkbox"/>	<b>34</b>	
<b>35</b>	Carryback of business credit from 2021. Enter the amount from line 5 of Part III with box D checked. See instructions . . . . .	<b>35</b>	
<b>36</b>	Add lines 30, 33, 34, and 35 . . . . .	<b>36</b>	
<b>37</b>	Enter the <b>smaller</b> of line 29 or line 36 . . . . .	<b>37</b>	0.00
<b>38</b>	<b>Credit allowed for the current year.</b> Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. <ul style="list-style-type: none"> <li>• Individuals. Schedule 3 (Form 1040), line 6 . . . . .</li> <li>• Corporations. Form 1120, Schedule J, Part I, line 5c . . . . .</li> <li>• Estates and trusts. Form 1041, Schedule G, line 2b . . . . .</li> </ul>	<b>38</b>	0.00

Name(s) shown on return

Identifying number

MEMORIAL SLOAN-KETTERING CANCER CENTER

13-1924236

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- |  |   |                                   |  |
|--|---|-----------------------------------|--|
| <b>A</b> <input type="checkbox"/>            | General Business Credit From a Non-Passive Activity | <b>E</b> <input type="checkbox"/> | Reserved                                     |
| <b>B</b> <input checked="" type="checkbox"/> | General Business Credit From a Passive Activity     | <b>F</b> <input type="checkbox"/> | Reserved                                     |
| <b>C</b> <input type="checkbox"/>            | General Business Credit Carryforwards               | <b>G</b> <input type="checkbox"/> | Eligible Small Business Credit Carryforwards |
| <b>D</b> <input type="checkbox"/>            | General Business Credit Carrybacks                  | <b>H</b> <input type="checkbox"/> | Reserved                                     |

**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☐

(a) Description of credit	(b) enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
<b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468) . . . . .	<b>1a</b>	
<b>b</b> Reserved . . . . .	<b>1b</b>	
<b>c</b> Increasing research activities (Form 6765) . . . . .	<b>1c</b>	
<b>d</b> Low-income housing (Form 8586, Part I only) . . . . .	<b>1d</b>	
<b>e</b> Disabled access (Form 8826)* . . . . .	<b>1e</b>	
<b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835) . . . . .	<b>1f</b>	
<b>g</b> Indian employment (Form 8845) . . . . .	<b>1g</b>	
<b>h</b> Orphan drug (Form 8820) . . . . .	<b>1h</b>	
<b>i</b> New markets (Form 8874) . . . . .	<b>1i</b>	
<b>j</b> Small employer pension plan startup costs and auto-enrollment (Form 8881) . . . . .	<b>1j</b>	
<b>k</b> Employer-provided child care facilities and services (Form 8882)* . . . . .	<b>1k</b>	
<b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864) . . . . .	<b>1l</b>	
<b>m</b> Low sulfur diesel fuel production (Form 8896) . . . . .	<b>1m</b>	
<b>n</b> Distilled spirits (Form 8906) . . . . .	<b>1n</b>	
<b>o</b> Nonconventional source fuel (carryforward only) . . . . .	<b>1o</b>	
<b>p</b> Energy efficient home (Form 8908) . . . . .	<b>1p</b>	
<b>q</b> Energy efficient appliance (carryforward only) . . . . .	<b>1q</b>	
<b>r</b> Alternative motor vehicle (Form 8910) . . . . .	<b>1r</b>	
<b>s</b> Alternative fuel vehicle refueling property (Form 8911) . . . . .	<b>1s</b>	
<b>t</b> Enhanced oil recovery credit (carryforward only) . . . . .	<b>1t</b>	
<b>u</b> Mine rescue team training (Form 8923) . . . . .	<b>1u</b>	
<b>v</b> Agricultural chemicals security (carryforward only) . . . . .	<b>1v</b>	
<b>w</b> Employer differential wage payments (Form 8932) . . . . .	<b>1w</b>	
<b>x</b> Carbon oxide sequestration (Form 8933) . . . . .	<b>1x</b>	
<b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936) . . . . .	<b>1y</b>	
<b>z</b> Qualified plug-in electric vehicle (carryforward only) . . . . .	<b>1z</b>	
<b>aa</b> Employee retention (Form 5884-A) . . . . .	<b>1aa</b>	
<b>bb</b> General credits from an electing large partnership (carryforward only) . . . . .	<b>1bb</b>	
<b>zz</b> Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) . . . . .	<b>1zz</b>	
<b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I . . . . .	<b>2</b>	
<b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II . . . . .	<b>3</b>	
<b>4a</b> Investment (Form 3468, Part III) (attach Form 3468) . . . . .	<b>4a</b>	
<b>b</b> Work opportunity (Form 5884) . . . . .	<b>4b</b>	
<b>c</b> Biofuel producer (Form 6478) . . . . .	<b>4c</b>	
<b>d</b> Low-income housing (Form 8586, Part II) . . . . .	<b>4d</b>	
<b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835) . . . . .	<b>4e</b>	
<b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846) . . . . .	<b>4f</b>	90-0857562 2,305.00
<b>g</b> Qualified railroad track maintenance (Form 8900) . . . . .	<b>4g</b>	
<b>h</b> Small employer health insurance premiums (Form 8941) . . . . .	<b>4h</b>	
<b>i</b> Increasing research activities (Form 6765) . . . . .	<b>4i</b>	
<b>j</b> Employer credit for paid family and medical leave (Form 8994) . . . . .	<b>4j</b>	
<b>z</b> Other . . . . .	<b>4z</b>	80-0860738 88.00
<b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II . . . . .	<b>5</b>	2,393.00
<b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II . . . . .	<b>6</b>	2,393.00

\* See instructions for limitation on this credit.

Name(s) shown on return

Identifying number

MEMORIAL SLOAN-KETTERING CANCER CENTER

13-1924236

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- |  |   |                                   |  |
|--|---|-----------------------------------|--|
| <b>A</b> <input type="checkbox"/>            | General Business Credit From a Non-Passive Activity | <b>E</b> <input type="checkbox"/> | Reserved                                     |
| <b>B</b> <input type="checkbox"/>            | General Business Credit From a Passive Activity     | <b>F</b> <input type="checkbox"/> | Reserved                                     |
| <b>C</b> <input checked="" type="checkbox"/> | General Business Credit Carryforwards               | <b>G</b> <input type="checkbox"/> | Eligible Small Business Credit Carryforwards |
| <b>D</b> <input type="checkbox"/>            | General Business Credit Carrybacks                  | <b>H</b> <input type="checkbox"/> | Reserved                                     |

**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☐

(a) Description of credit	(b) enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
<b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468) . . . . .	<b>1a</b>	
<b>b</b> Reserved . . . . .	<b>1b</b>	
<b>c</b> Increasing research activities (Form 6765) . . . . .	<b>1c</b>	
<b>d</b> Low-income housing (Form 8586, Part I only) . . . . .	<b>1d</b>	
<b>e</b> Disabled access (Form 8826)* . . . . .	<b>1e</b>	
<b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835) . . . . .	<b>1f</b>	
<b>g</b> Indian employment (Form 8845) . . . . .	<b>1g</b>	
<b>h</b> Orphan drug (Form 8820) . . . . .	<b>1h</b>	
<b>i</b> New markets (Form 8874) . . . . .	<b>1i</b>	
<b>j</b> Small employer pension plan startup costs and auto-enrollment (Form 8881) . . . . .	<b>1j</b>	
<b>k</b> Employer-provided child care facilities and services (Form 8882)* . . . . .	<b>1k</b>	
<b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864) . . . . .	<b>1l</b>	
<b>m</b> Low sulfur diesel fuel production (Form 8896) . . . . .	<b>1m</b>	
<b>n</b> Distilled spirits (Form 8906) . . . . .	<b>1n</b>	
<b>o</b> Nonconventional source fuel (carryforward only) . . . . .	<b>1o</b>	
<b>p</b> Energy efficient home (Form 8908) . . . . .	<b>1p</b>	
<b>q</b> Energy efficient appliance (carryforward only) . . . . .	<b>1q</b>	
<b>r</b> Alternative motor vehicle (Form 8910) . . . . .	<b>1r</b>	
<b>s</b> Alternative fuel vehicle refueling property (Form 8911) . . . . .	<b>1s</b>	
<b>t</b> Enhanced oil recovery credit (carryforward only) . . . . .	<b>1t</b>	
<b>u</b> Mine rescue team training (Form 8923) . . . . .	<b>1u</b>	
<b>v</b> Agricultural chemicals security (carryforward only) . . . . .	<b>1v</b>	
<b>w</b> Employer differential wage payments (Form 8932) . . . . .	<b>1w</b>	
<b>x</b> Carbon oxide sequestration (Form 8933) . . . . .	<b>1x</b>	
<b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936) . . . . .	<b>1y</b>	
<b>z</b> Qualified plug-in electric vehicle (carryforward only) . . . . .	<b>1z</b>	
<b>aa</b> Employee retention (Form 5884-A) . . . . .	<b>1aa</b>	
<b>bb</b> General credits from an electing large partnership (carryforward only) . . . . .	<b>1bb</b>	
<b>zz</b> Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) . . . . .	<b>1zz</b>	698.00
<b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I . . . . .	<b>2</b>	698.00
<b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II . . . . .	<b>3</b>	
<b>4a</b> Investment (Form 3468, Part III) (attach Form 3468) . . . . .	<b>4a</b>	
<b>b</b> Work opportunity (Form 5884) . . . . .	<b>4b</b>	
<b>c</b> Biofuel producer (Form 6478) . . . . .	<b>4c</b>	
<b>d</b> Low-income housing (Form 8586, Part II) . . . . .	<b>4d</b>	
<b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835) . . . . .	<b>4e</b>	
<b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846) . . . . .	<b>4f</b>	
<b>g</b> Qualified railroad track maintenance (Form 8900) . . . . .	<b>4g</b>	
<b>h</b> Small employer health insurance premiums (Form 8941) . . . . .	<b>4h</b>	
<b>i</b> Increasing research activities (Form 6765) . . . . .	<b>4i</b>	
<b>j</b> Employer credit for paid family and medical leave (Form 8994) . . . . .	<b>4j</b>	
<b>z</b> Other . . . . .	<b>4z</b>	
<b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II . . . . .	<b>5</b>	
<b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II . . . . .	<b>6</b>	698.00

\* See instructions for limitation on this credit.

Name(s) shown on return

Identifying number

MEMORIAL SLOAN-KETTERING CANCER CENTER

13-1924236

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- |  |   |                                   |  |
|--|---|-----------------------------------|--|
| <b>A</b> <input type="checkbox"/>            | General Business Credit From a Non-Passive Activity | <b>E</b> <input type="checkbox"/> | Reserved                                     |
| <b>B</b> <input type="checkbox"/>            | General Business Credit From a Passive Activity     | <b>F</b> <input type="checkbox"/> | Reserved                                     |
| <b>C</b> <input checked="" type="checkbox"/> | General Business Credit Carryforwards               | <b>G</b> <input type="checkbox"/> | Eligible Small Business Credit Carryforwards |
| <b>D</b> <input type="checkbox"/>            | General Business Credit Carrybacks                  | <b>H</b> <input type="checkbox"/> | Reserved                                     |

**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ▶ ☐

(a) Description of credit	(b) enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
<b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468) . . . . .	<b>1a</b>	
<b>b</b> Reserved . . . . .	<b>1b</b>	
<b>c</b> Increasing research activities (Form 6765) . . . . .	<b>1c</b>	
<b>d</b> Low-income housing (Form 8586, Part I only) . . . . .	<b>1d</b>	
<b>e</b> Disabled access (Form 8826)* . . . . .	<b>1e</b>	
<b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835) . . . . .	<b>1f</b>	
<b>g</b> Indian employment (Form 8845) . . . . .	<b>1g</b>	
<b>h</b> Orphan drug (Form 8820) . . . . .	<b>1h</b>	
<b>i</b> New markets (Form 8874) . . . . .	<b>1i</b>	
<b>j</b> Small employer pension plan startup costs and auto-enrollment (Form 8881) . . . . .	<b>1j</b>	
<b>k</b> Employer-provided child care facilities and services (Form 8882)* . . . . .	<b>1k</b>	
<b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864) . . . . .	<b>1l</b>	
<b>m</b> Low sulfur diesel fuel production (Form 8896) . . . . .	<b>1m</b>	
<b>n</b> Distilled spirits (Form 8906) . . . . .	<b>1n</b>	
<b>o</b> Nonconventional source fuel (carryforward only) . . . . .	<b>1o</b>	
<b>p</b> Energy efficient home (Form 8908) . . . . .	<b>1p</b>	
<b>q</b> Energy efficient appliance (carryforward only) . . . . .	<b>1q</b>	
<b>r</b> Alternative motor vehicle (Form 8910) . . . . .	<b>1r</b>	
<b>s</b> Alternative fuel vehicle refueling property (Form 8911) . . . . .	<b>1s</b>	
<b>t</b> Enhanced oil recovery credit (carryforward only) . . . . .	<b>1t</b>	
<b>u</b> Mine rescue team training (Form 8923) . . . . .	<b>1u</b>	
<b>v</b> Agricultural chemicals security (carryforward only) . . . . .	<b>1v</b>	
<b>w</b> Employer differential wage payments (Form 8932) . . . . .	<b>1w</b>	
<b>x</b> Carbon oxide sequestration (Form 8933) . . . . .	<b>1x</b>	
<b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936) . . . . .	<b>1y</b>	
<b>z</b> Qualified plug-in electric vehicle (carryforward only) . . . . .	<b>1z</b>	
<b>aa</b> Employee retention (Form 5884-A) . . . . .	<b>1aa</b>	
<b>bb</b> General credits from an electing large partnership (carryforward only) . . . . .	<b>1bb</b>	
<b>zz</b> Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) . . . . .	<b>1zz</b>	201,742.00
<b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I . . . . .	<b>2</b>	201,742.00
<b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II . . . . .	<b>3</b>	
<b>4a</b> Investment (Form 3468, Part III) (attach Form 3468) . . . . .	<b>4a</b>	
<b>b</b> Work opportunity (Form 5884) . . . . .	<b>4b</b>	
<b>c</b> Biofuel producer (Form 6478) . . . . .	<b>4c</b>	
<b>d</b> Low-income housing (Form 8586, Part II) . . . . .	<b>4d</b>	
<b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835) . . . . .	<b>4e</b>	
<b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846) . . . . .	<b>4f</b>	
<b>g</b> Qualified railroad track maintenance (Form 8900) . . . . .	<b>4g</b>	
<b>h</b> Small employer health insurance premiums (Form 8941) . . . . .	<b>4h</b>	
<b>i</b> Increasing research activities (Form 6765) . . . . .	<b>4i</b>	
<b>j</b> Employer credit for paid family and medical leave (Form 8994) . . . . .	<b>4j</b>	
<b>z</b> Other . . . . .	<b>4z</b>	
<b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II . . . . .	<b>5</b>	
<b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II . . . . .	<b>6</b>	201,742.00

\* See instructions for limitation on this credit.

Form **3800** (2020)

Name(s) shown on return

Identifying number

MEMORIAL SLOAN-KETTERING CANCER CENTER

13-1924236

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- |  |   |                                   |  |
|--|---|-----------------------------------|--|
| <b>A</b> <input type="checkbox"/>            | General Business Credit From a Non-Passive Activity | <b>E</b> <input type="checkbox"/> | Reserved                                     |
| <b>B</b> <input type="checkbox"/>            | General Business Credit From a Passive Activity     | <b>F</b> <input type="checkbox"/> | Reserved                                     |
| <b>C</b> <input checked="" type="checkbox"/> | General Business Credit Carryforwards               | <b>G</b> <input type="checkbox"/> | Eligible Small Business Credit Carryforwards |
| <b>D</b> <input type="checkbox"/>            | General Business Credit Carrybacks                  | <b>H</b> <input type="checkbox"/> | Reserved                                     |

**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ▶ ☐

(a) Description of credit	(b) enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
<b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468) . . . . .	<b>1a</b>	
<b>b</b> Reserved . . . . .	<b>1b</b>	
<b>c</b> Increasing research activities (Form 6765) . . . . .	<b>1c</b>	
<b>d</b> Low-income housing (Form 8586, Part I only) . . . . .	<b>1d</b>	
<b>e</b> Disabled access (Form 8826)* . . . . .	<b>1e</b>	
<b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835) . . . . .	<b>1f</b>	
<b>g</b> Indian employment (Form 8845) . . . . .	<b>1g</b>	
<b>h</b> Orphan drug (Form 8820) . . . . .	<b>1h</b>	
<b>i</b> New markets (Form 8874) . . . . .	<b>1i</b>	
<b>j</b> Small employer pension plan startup costs and auto-enrollment (Form 8881) . . . . .	<b>1j</b>	
<b>k</b> Employer-provided child care facilities and services (Form 8882)* . . . . .	<b>1k</b>	
<b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864) . . . . .	<b>1l</b>	
<b>m</b> Low sulfur diesel fuel production (Form 8896) . . . . .	<b>1m</b>	
<b>n</b> Distilled spirits (Form 8906) . . . . .	<b>1n</b>	
<b>o</b> Nonconventional source fuel (carryforward only) . . . . .	<b>1o</b>	
<b>p</b> Energy efficient home (Form 8908) . . . . .	<b>1p</b>	
<b>q</b> Energy efficient appliance (carryforward only) . . . . .	<b>1q</b>	
<b>r</b> Alternative motor vehicle (Form 8910) . . . . .	<b>1r</b>	
<b>s</b> Alternative fuel vehicle refueling property (Form 8911) . . . . .	<b>1s</b>	
<b>t</b> Enhanced oil recovery credit (carryforward only) . . . . .	<b>1t</b>	
<b>u</b> Mine rescue team training (Form 8923) . . . . .	<b>1u</b>	
<b>v</b> Agricultural chemicals security (carryforward only) . . . . .	<b>1v</b>	
<b>w</b> Employer differential wage payments (Form 8932) . . . . .	<b>1w</b>	
<b>x</b> Carbon oxide sequestration (Form 8933) . . . . .	<b>1x</b>	
<b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936) . . . . .	<b>1y</b>	
<b>z</b> Qualified plug-in electric vehicle (carryforward only) . . . . .	<b>1z</b>	
<b>aa</b> Employee retention (Form 5884-A) . . . . .	<b>1aa</b>	
<b>bb</b> General credits from an electing large partnership (carryforward only) . . . . .	<b>1bb</b>	
<b>zz</b> Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) . . . . .	<b>1zz</b>	106.00
<b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I . . . . .	<b>2</b>	106.00
<b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II . . . . .	<b>3</b>	
<b>4a</b> Investment (Form 3468, Part III) (attach Form 3468) . . . . .	<b>4a</b>	
<b>b</b> Work opportunity (Form 5884) . . . . .	<b>4b</b>	
<b>c</b> Biofuel producer (Form 6478) . . . . .	<b>4c</b>	
<b>d</b> Low-income housing (Form 8586, Part II) . . . . .	<b>4d</b>	
<b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835) . . . . .	<b>4e</b>	
<b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846) . . . . .	<b>4f</b>	
<b>g</b> Qualified railroad track maintenance (Form 8900) . . . . .	<b>4g</b>	
<b>h</b> Small employer health insurance premiums (Form 8941) . . . . .	<b>4h</b>	
<b>i</b> Increasing research activities (Form 6765) . . . . .	<b>4i</b>	
<b>j</b> Employer credit for paid family and medical leave (Form 8994) . . . . .	<b>4j</b>	
<b>z</b> Other . . . . .	<b>4z</b>	
<b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II . . . . .	<b>5</b>	
<b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II . . . . .	<b>6</b>	106.00

\* See instructions for limitation on this credit.

Name(s) shown on return

Identifying number

MEMORIAL SLOAN-KETTERING CANCER CENTER

13-1924236

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- |  |   |                                   |  |
|--|---|-----------------------------------|--|
| <b>A</b> <input type="checkbox"/>            | General Business Credit From a Non-Passive Activity | <b>E</b> <input type="checkbox"/> | Reserved                                     |
| <b>B</b> <input type="checkbox"/>            | General Business Credit From a Passive Activity     | <b>F</b> <input type="checkbox"/> | Reserved                                     |
| <b>C</b> <input checked="" type="checkbox"/> | General Business Credit Carryforwards               | <b>G</b> <input type="checkbox"/> | Eligible Small Business Credit Carryforwards |
| <b>D</b> <input type="checkbox"/>            | General Business Credit Carrybacks                  | <b>H</b> <input type="checkbox"/> | Reserved                                     |

**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ▶ ☐

(a) Description of credit	(b) enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
<b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468) . . . . .	<b>1a</b>	
<b>b</b> Reserved . . . . .	<b>1b</b>	
<b>c</b> Increasing research activities (Form 6765) . . . . .	<b>1c</b>	
<b>d</b> Low-income housing (Form 8586, Part I only) . . . . .	<b>1d</b>	
<b>e</b> Disabled access (Form 8826)* . . . . .	<b>1e</b>	
<b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835) . . . . .	<b>1f</b>	
<b>g</b> Indian employment (Form 8845) . . . . .	<b>1g</b>	
<b>h</b> Orphan drug (Form 8820) . . . . .	<b>1h</b>	
<b>i</b> New markets (Form 8874) . . . . .	<b>1i</b>	
<b>j</b> Small employer pension plan startup costs and auto-enrollment (Form 8881) . . . . .	<b>1j</b>	
<b>k</b> Employer-provided child care facilities and services (Form 8882)* . . . . .	<b>1k</b>	
<b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864) . . . . .	<b>1l</b>	
<b>m</b> Low sulfur diesel fuel production (Form 8896) . . . . .	<b>1m</b>	
<b>n</b> Distilled spirits (Form 8906) . . . . .	<b>1n</b>	
<b>o</b> Nonconventional source fuel (carryforward only) . . . . .	<b>1o</b>	
<b>p</b> Energy efficient home (Form 8908) . . . . .	<b>1p</b>	
<b>q</b> Energy efficient appliance (carryforward only) . . . . .	<b>1q</b>	
<b>r</b> Alternative motor vehicle (Form 8910) . . . . .	<b>1r</b>	
<b>s</b> Alternative fuel vehicle refueling property (Form 8911) . . . . .	<b>1s</b>	
<b>t</b> Enhanced oil recovery credit (carryforward only) . . . . .	<b>1t</b>	
<b>u</b> Mine rescue team training (Form 8923) . . . . .	<b>1u</b>	
<b>v</b> Agricultural chemicals security (carryforward only) . . . . .	<b>1v</b>	
<b>w</b> Employer differential wage payments (Form 8932) . . . . .	<b>1w</b>	
<b>x</b> Carbon oxide sequestration (Form 8933) . . . . .	<b>1x</b>	
<b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936) . . . . .	<b>1y</b>	
<b>z</b> Qualified plug-in electric vehicle (carryforward only) . . . . .	<b>1z</b>	
<b>aa</b> Employee retention (Form 5884-A) . . . . .	<b>1aa</b>	
<b>bb</b> General credits from an electing large partnership (carryforward only) . . . . .	<b>1bb</b>	
<b>zz</b> Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) . . . . .	<b>1zz</b>	31.00
<b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I . . . . .	<b>2</b>	31.00
<b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II . . . . .	<b>3</b>	
<b>4a</b> Investment (Form 3468, Part III) (attach Form 3468) . . . . .	<b>4a</b>	
<b>b</b> Work opportunity (Form 5884) . . . . .	<b>4b</b>	
<b>c</b> Biofuel producer (Form 6478) . . . . .	<b>4c</b>	
<b>d</b> Low-income housing (Form 8586, Part II) . . . . .	<b>4d</b>	
<b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835) . . . . .	<b>4e</b>	
<b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846) . . . . .	<b>4f</b>	
<b>g</b> Qualified railroad track maintenance (Form 8900) . . . . .	<b>4g</b>	
<b>h</b> Small employer health insurance premiums (Form 8941) . . . . .	<b>4h</b>	
<b>i</b> Increasing research activities (Form 6765) . . . . .	<b>4i</b>	
<b>j</b> Employer credit for paid family and medical leave (Form 8994) . . . . .	<b>4j</b>	
<b>z</b> Other . . . . .	<b>4z</b>	
<b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II . . . . .	<b>5</b>	
<b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II . . . . .	<b>6</b>	31.00

\* See instructions for limitation on this credit.

MEMORIAL SLOAN-KETTERING CANCER CENTER  
EIN: 13-1924236  
YEAR ENDED 12/31/2020

**FORM 3800, PART I, LINE 4 - GENERAL BUSINESS CREDIT CARRYFORWARD**

YEAR ENDING	AMOUNT GENERATED	AMOUNT UTILIZED IN	AMOUNT UTILIZED IN CURRENT YEAR	CARRYFORWA RD	EXPIRATION DATE
12/31/2011	201,742.00	-	-	201,742.00	12/31/2031
12/31/2016	106.00	-	-	106.00	12/31/2036
12/31/2017	31.00	-	-	31.00	12/31/2037
12/31/2018	698.00	-	-	698.00	12/31/2038
12/31/2020	2,393.00	-	-	2,393.00	12/31/2040
Total	204,970.00	-	-	204,970.00	