

Form **990-T****Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No 1545-0687

**2018**Department of the Treasury  
Internal Revenue Service

For calendar year 2018 or other tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_.

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

Open to Public Inspection for  
501(c)(3) Organizations OnlyA ☐ Check box if  
address changedName of organization ( ☐ Check box if name changed and see instructions )

B Exempt under section

☒ 501(c) (3)   
☐ 408(e) ☐ 220(e)   
☐ 408A ☐ 530(a)   
☐ 529(a)
Print  
or  
Type

ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI

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

ONE GUSTAVE L LEVY PLACE

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

NEW YORK, NY 10029

C Book value of all assets  
at end of year

2453629607.

F Group exemption number (See instructions) ▶

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

H Enter the number of the organization's unrelated trades or businesses ▶ 1 Describe the only (or first) unrelated trade or business here ▶ ATCH 1 If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I 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 ▶ ATCH 2 MOUN 46-4248304

J The books are in care of ▶ STEPHEN HARVEYTelephone number ▶ 646-605-4002**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 (Schedule A, line 7)	2		
3 Gross profit Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8	3,543,709.	2,504,884.
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions, attach schedule)	12	2,575,412.	ATCH 3
13 Total. Combine lines 3 through 12	13	6,119,121.	2,504,884.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	592,020.
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	159.
19 Taxes and licenses	19	67,250.
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	134,001.
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	1,239,130.
29 Total deductions. Add lines 14 through 28	29	2,032,560.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	1,581,677.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income Subtract line 31 from line 30	32	1,581,677.

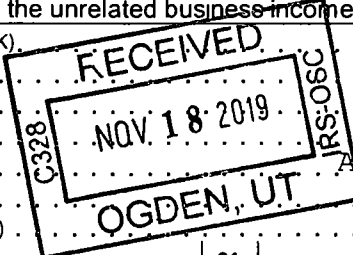
For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2018)8X2740 1.000 JSA  
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**Part III Total Unrelated Business Taxable Income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	33	1,581,677.
34	Amounts paid for disallowed fringes	34	6,878,643.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions).	35	
36	Total of unrelated business taxable income before specific deduction Subtract line 35 from the sum of lines 33 and 34.	36	8,460,320.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36.	38	8,459,320.

**Part IV Tax Computation**

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).	39	1,776,457.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only).	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	1,776,457.

**Part V Tax and Payments**

45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116).	45a		45e	246,925.
b	Other credits (see instructions).	45b			
c	General business credit. Attach Form 3800 (see instructions).	45c	246,925.		
d	Credit for prior year minimum tax (attach Form 8801 or 8827).	45d			
e	Total credits. Add lines 45a through 45d	45e	246,925.		
46	Subtract line 45e from line 44.	46	1,529,532.		
47	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 schedule).	47			
48	Total tax. Add lines 46 and 47 (see instructions).	48	1,529,532.		
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2.	49			
50a	Payments. A 2017 overpayment credited to 2018	50a		51	1,856,635.
b	2018 estimated tax payments	50b	144,000.		
c	Tax deposited with Form 8868.	50c	1,712,635.		
d	Foreign organizations. Tax paid or withheld at source (see instructions)	50d			
e	Backup withholding (see instructions)	50e			
f	Credit for small employer health insurance premiums (attach Form 8941)	50f			
g	Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g			
51	Total payments. Add lines 50a through 50g.	51	1,856,635.		
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached. <input checked="" type="checkbox"/>	52	406.		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed.	53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.	54	326,697.		
55	Enter the amount of line 54 you want Credited to 2019 estimated tax Refunded	55			

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

56	At any time during the 2018 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.	Yes	No
			X
57	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.	Yes	No
			X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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

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

Paid Preparer Use Only

Print/Type preparer's name

LAURA KIELCZEWSKI

Preparer's signature

Laura Kielczewski

Date

11-7-19

Check ☐ if self-employed

PTIN

P00740769

Firm's name ▶ ERNST &amp; YOUNG U.S. LLP

Firm's EIN ▶ 34-6565596

Firm's address ▶ 5 TIMES SQUARE, NEW YORK, NY 10036-6530

Phone no 212-773-3000

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ►

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

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

## 1. Description of property

(1)	
(2)	
(3)	
(4)	

## 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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

## (b) Total deductions.

Enter here and on page 1, Part I, line 6, column (B) ►

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ►

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		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 schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8				

**Schedule F—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) ATCH 6					
(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)				
<b>Totals</b>			6,119,121.	

**Schedule G—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 schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

**Schedule J—Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>						

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> . . . . . ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶						

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			

Form 990-T (2018)

ATTACHMENT 1PENALTY COMPUTATION DETAIL - FORM 2220

DATE PD	UNDERPAYMENT	BEG. DATE	END DATE	DAYS	%	PENALTY
<u>QUARTER 1, RATE PERIOD 1 (04/17/2018 - 12/31/2018)</u>						
06/14/2018	5,876.	04/17/2018	06/14/2018	58	5	<u>47.</u>
TOTAL TO FORM 2220, LINE 22, COLUMN A						<u>47.</u>
<u>QUARTER 2, RATE PERIOD 1 (06/15/2018 - 12/31/2018)</u>						
09/14/2018	11,752.	06/15/2018	09/14/2018	91	5	<u>146.</u>
TOTAL TO FORM 2220, LINE 22, COLUMN B						<u>146.</u>
<u>QUARTER 3, RATE PERIOD 1 (09/17/2018 - 12/31/2018)</u>						
12/14/2018	17,628.	09/17/2018	12/14/2018	88	5	<u>213.</u>
TOTAL TO FORM 2220, LINE 22, COLUMN C						<u>213.</u>
TOTAL UNDERPAYMENT PENALTY						<u>406.</u>

ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

TRANSITIONAL SERVICE AGREEMENT AND INTEREST PAYMENTS FROM  
CONTROLLED ORGANIZATION.

ATTACHMENT 2

NAME AND FEIN OF PARENT CORPORATION

MOUNT SINAI HEALTH SYSTEM, INC  
46-4248304



ATTACHMENT 3

PART I - LINE 12 - OTHER INCOME

FINANCE SERVICES	176,681.
HR SERVICES	103,495.
INSURANCE SERVICES	252,067.
IT SERVICES	1,731,753.
COMPLIANCE SERVICES	143,833.
REAL ESTATE MGMT SVCS	167,583.

PART I - LINE 12 - OTHER INCOME

2,575,412.

| |

ATTACHMENT 4

FORM 990T - PART II - LINE 18 - INTEREST

INTEREST

159.

PART II - LINE 18 - INTEREST

159.

ATTACHMENT 5FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

MANAGEMENT SERVICES	8,183.
ACCOUNTING FEES	3,570.
INSURANCE	246,029.
OFFICE EXPENSES	44,475.
IT SERVICES	23,652.
OCCUPANCY	664,372.
TRAVEL	910.
CONFERENCES	139.
MEDICAL & LAB SUPPLIES	153.
PERIODICALS & PUBLISHING	5.
CONSULTANTS	5,000.
LEGAL	159,252.
OTHER	83,390.

PART II - LINE 28 - OTHER DEDUCTIONS	<u>1,239,130.</u>
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SCHEDULE F - INTEREST, ANNUITIES, ROYALTIES, AND RENTS FROM CONTROLLED ORGANIZATIONS

ATTACHMENT 6

EXEMPT CONTROLLED ORGANIZATION

NONEXEMPT CONTROLLED ORGANIZATION

1 NAME OF CONTROLLED ORGANIZATION	2 EMPLOYER IDENTIFICATION NUMBER	5 PART OF COLUMN (4) THAT IS INCLUDED IN THE CONTROLLING ORGANIZATION'S GROSS INCOME				10 PART OF COLUMN (9) THAT IS INCLUDED IN THE CONTROLLING ORGANIZATION'S GROSS INCOME				11. DEDUCTIONS DIRECTLY CONNECTED WITH INCOME IN COLUMN (10)
		4 TOTAL OF SPECIFIED PAYMENTS MADE	3 NET UNRELATED INCOME (LOSS)	7 TAXABLE INCOME	8 NET UNRELATED INCOME (LOSS)	9 TOTAL OF SPECIFIED PAYMENTS MADE	6 DEDUCTIONS DIRECTLY CONNECTED WITH INCOME IN COLUMN (5)	10 PART OF COLUMN (9) THAT IS INCLUDED IN THE CONTROLLING ORGANIZATION'S GROSS INCOME		
MOUNT SINAI GENOMICS INC	47-5349024			6,119,121	6,119,121	6,119,121	6,119,121	6,119,121		
TOTALS										6,119,121
TOTAL OF COLUMN 5 & COLUMN 10										TOTAL OF COLUMN 6 & COLUMN 11

# General Business Credit

OMB No 1545-0895

**2018**  
Attachment  
Sequence No **22**

► 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

Identifying number

ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI

13-6171197

## 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	NONE
2	Passive activity credits from line 2 of all Parts III with box B checked <b>2</b> NONE		
3	Enter the applicable passive activity credits allowed for 2018. See instructions	3	NONE
4	Carryforward of general business credit to 2018. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	4	246,925
5	Carryback of general business credit from 2019. Enter the amount from line 2 of Part III with box D checked. See instructions	5	NONE
6	Add lines 1, 3, 4, and 5	6	246,925

## Part II Allowable Credit

7	Regular tax before credits: • Individuals. Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2 (Form 1040), line 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 • Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return • 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	7	1,776,457
8	Alternative minimum tax. • Individuals. Enter the amount from Form 6251, line 11 • Corporations. Enter -0- • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56	8	NONE
9	Add lines 7 and 8	9	1,776,457
10a	Foreign tax credit	10a	NONE
b	Certain allowable credits (see instructions)	10b	NONE
c	Add lines 10a and 10b	10c	NONE
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	1,776,457
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	1,776,457
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions	13	437,864
14	Tentative minimum tax: • Individuals. Enter the amount from Form 6251, line 9 • Corporations. Enter -0- • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54	14	NONE
15	Enter the greater of line 13 or line 14	15	437,864
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	1,338,593
17	Enter the smaller 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	246,925

**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>	NONE
<b>19</b>	Enter the greater of line 13 or line 18 . . . . .	<b>19</b>	437,864
<b>20</b>	Subtract line 19 from line 11. If zero or less, enter -0- . . . . .	<b>20</b>	1,338,593
<b>21</b>	Subtract line 17 from line 20. If zero or less, enter -0- . . . . .	<b>21</b>	1,091,668
<b>22</b>	Combine the amounts from line 3 of all Parts III with box A, C, or D checked . . . . .	<b>22</b>	NONE
<b>23</b>	Passive activity credit from line 3 of all Parts III with box B checked <b>23</b> NONE		
<b>24</b>	Enter the applicable passive activity credit allowed for 2018. See instructions . . . . .	<b>24</b>	NONE
<b>25</b>	Add lines 22 and 24 . . . . .	<b>25</b>	NONE
<b>26</b>	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25 . . . . .	<b>26</b>	NONE
<b>27</b>	Subtract line 13 from line 11. If zero or less, enter -0- . . . . .	<b>27</b>	1,338,593
<b>28</b>	Add lines 17 and 26 . . . . .	<b>28</b>	246,925
<b>29</b>	Subtract line 28 from line 27. If zero or less, enter -0- . . . . .	<b>29</b>	1,091,668
<b>30</b>	Enter the general business credit from line 5 of all Parts III with box A checked . . . . .	<b>30</b>	NONE
<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> NONE		
<b>33</b>	Enter the applicable passive activity credits allowed for 2018. See instructions . . . . .	<b>33</b>	246,925
<b>34</b>	Carryforward of business credit to 2018. 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 . . . . .	<b>34</b>	NONE
<b>35</b>	Carryback of business credit from 2019. Enter the amount from line 5 of Part III with box D checked. See instructions . . . . .	<b>35</b>	NONE
<b>36</b>	Add lines 30, 33, 34, and 35 . . . . .	<b>36</b>	246,925
<b>37</b>	Enter the <b>smaller</b> of line 29 or line 36 . . . . .	<b>37</b>	246,925
<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. • Individuals. Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51 . . . . . • Corporations. Form 1120, Schedule J, Part I, line 5c . . . . . • Estates and trusts. Form 1041, Schedule G, line 2b . . . . .	<b>38</b>	246,925

Name(s) shown on return

Identifying number

ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI

13-6171197

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

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

- A** ☐ General Business Credit From a Non-Passive Activity      **E** ☒ Reserved  
**B** ☐ General Business Credit From a Passive Activity      **F** ☒ Reserved  
**C** ☒ General Business Credit Carryforwards      **G** ☐ Eligible Small Business Credit Carryforwards  
**D** ☐ General Business Credit Carrybacks      **H** ☒ 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) If claiming the credit from a pass-through entity, enter the EIN	(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> 45-2827030	246,925
<b>e</b> Disabled access (Form 8826) (see instructions for limitation)	<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 (Form 8881) (see instructions for limitation)	<b>1j</b>	
<b>k</b> Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	<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 (Form 8830)	<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 (Schedule K-1 (Form 1065-B))	<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>	246,925
<b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II	<b>3</b>	NONE
<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>	NONE
<b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	<b>6</b>	246,925