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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 2021 or other tax year beginning 01-01-2021 and ending 12-31-2021

▶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

2021

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 . . . . . ▶ 8,128,780,000

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

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	4,734,610
2	Reserved	2	
3	Add lines 1 and 2	3	4,734,610
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	4,734,610
6	Deduction for net operating loss. See instructions	6	4,734,610
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	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: ☐ Tax rate schedule or ☐ 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

Part III Tax and Payments

Line	Description	Box	Amount	Line	Amount
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c	0		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	0
2	Subtract line 1e from Part II, line 7			2	0
3	Other amounts due. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach statement)			3	
4	**Total tax.** Add lines 2 and 3 (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter the tax amount here			4	0
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5	
6a	Payments: A 2020 overpayment credited to 2021	6a			
b	2021 estimated tax payments. Check if section 643(g) election applies ▶ ☐	6b			
c	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e	Backup withholding (see instructions)	6e	665		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	6g			
7	**Total payments.** Add lines 6a through 6g			7	665
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed ▶			9	
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid ▶			10	665
11	Enter the amount of line 10 you want: **Credited to 2022 estimated tax▶** **Refunded▶**			11	665

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

Line	Question	Yes	No
1	At any time during the 2021 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 ▶		No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		No
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		
4	Enter available pre-2018 NOL carryovers here. ▶ $ 22,643,093. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		

Business activity code	Available post-2017 NOL carryover
901101	$ 33,711,383
	$
	$
	$

Line	Question	Yes	No
6a	Did the organization change its method of accounting? (see instructions)		No
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

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

Sign Here

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

Signature of officer	Date	Title
CRAIG THOMPSON MD	2022-11-11	SVP FIN & CONTROLLER

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JENNIFER D RHODERICK		2022-11-08		P00395735

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶ 34-6565596

Firm's address ▶ 111 MONUMENT CIRCLE SUITE 4000 INDIANAPOLIS, IN 46204 — Phone no. (317) 681-7000

TY 2021 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 V LP	2,055	7,352	-5,297
ACCEL-KKR CAPITAL PARTNERS VI LP	40,341	41,979	-1,638
ACCEL-KKR CREDIT PARTNERS LP - SERIES 1	1,027,020		1,027,020
ACCEL-KKR GROWTH CAPITAL PARTNERS II LP	8,552		8,552
ACCEL-KKR GROWTH CAPITAL PARTNERS III LP	41,810	28,920	12,890
ANDREESSEN HOROWITZ FUND III (AIV) LP	-817		-817
AXIOM ASIA IV LP	-5,424		-5,424
AXIOM ASIA V LP	-909		-909
BAUPOST VALUE PARTNERS LP IV	1,032,872	278,973	753,899
BAYNORTH REALITY FUND VII LP	-291,914	158	-292,072
BEP LEGACY A LLC (ENERVEST ENERGY INST FUND XII-A)	11,052	13,721	-2,669
BERKSHIRE FUND IX LP	-23,075		-23,075
BERKSHIRE FUND VIII LP	-15,746	193	-15,939
BLACKSTONE REAL ESTATE PARTNERS VTE2 LP	-5,785		-5,785
BLACKSTONE REAL ESTATE PARTNERS VITE2 LP	-1,972		-1,972

Total gross receipts

Partnership or S Corporation name	Share of gross income	Share of deductions	Gain or loss
BLACKSTONE REAL ESTATE PARTNERS VITE2-NQ LP	18,526		18,526
BLACKSTONE SGP CAPITAL PARTNERS (CAYMAN) IV LP	-17,916		-17,916
BRIGHTSTAR CAPITAL PARTNERS FUND I AIV LP	7,694		7,694
BRIGHTSTAR CAPITAL PARTNERS FUND I AIV-2 LP	14,609	130,488	-115,879
BRIGHTSTAR CAPITAL PARTNERS FUND I AIV-3 LP	-264,471		-264,471
BRIGHTSTAR CAPITAL PARTNERS FUND I AIV-4 LP	360,414	7,306	353,108
BRIGHTSTAR CAPITAL PARTNERS FUND I AIV-5 LP	-27,848		-27,848
BRIGHTSTAR CAPITAL PARTNERS FUND II LP	34,386		34,386
CARNELIAN ENERGY CAPITAL II LP	579,166	849,615	-270,449
CCP II AIV II LP	-10,321		-10,321
CCP II PWD-TFK AIV LP	-5,840	11,854	-17,694
CCP III AIV II LP	3,387		3,387
CCP III AIV IV LP	146	162	-16
CCP III AIV IX LP	1,144	168,067	-166,923
CCP III AIV VI LP	-257,821		-257,821

Total gross receipts

Partnership or S Corporation name	Share of gross income	Share of deductions	Gain or loss
CCP III AIV VII LP	-437,145	124,129	-561,274
CCP III AIV VIIILP	-62,386	22,604	-84,990
CENTERBRIDGE CAPITAL PARTNERS III (CAYMAN) LP	32,856		32,856
CENTERBRIDGE SPECIAL CREDIT PARTNERS III-FLEX AIV	11,007		11,007
CENTERBRIDGE SPECIAL CREDIT PARTNERS III-FLEX LP	85,304		85,304
CNK FUND I LP	71,637		71,637
CNK FUND II LP	171,262		171,262
CNK FUND III LP	35,774		35,774
DCP MIDSTREAM LP	-175,530		-175,530
DEERFIELD HEALTHCARE INNOVATIONS FUND II LP	-390,708		-390,708
DEERFIELD HEALTHCARE INNOVATIONS FUND LP	-657,017		-657,017
DEERFIELD PARTNERS LP	-3,858	62	-3,920
DEERFIELD PH HOLDINGS IV LP	-87,418		-87,418
DEERFIELD PRIVATE DESIGN FUND IV LP	-476,915		-476,915
DEERFIELD RCA HOLDINGS IV LP	357,418		357,418

Total gross receipts

Partnership or S Corporation name	Share of gross income	Share of deductions	Gain or loss
DEERFIELD RE HOLDINGS IV LP	1,709		1,709
DENHAM COMMODITY PARTNERS FUND VI LP	-33,579	3,294	-36,873
DENHAM MINING FUND LP	-9,001		-9,001
ENCAP ENERGY CAPITAL FUND IX LP	1,866,763	1,138,949	727,814
ENCAP ENERGY CAPITAL FUND VIII LP	600,689	334,017	266,672
ENCAP ENERGY CAPITAL FUND X LP	2,903,925	2,545,184	358,741
ENCAP ENERGY CAPITAL FUND XI LP	-190,235	1,648,444	-1,838,679
ENCAP FLATROCK MIDSTREAM FUND III LP	767,906	117,631	650,275
ENCAP FLATROCK MIDSTREAM FUND IV LP	815,765	151,017	664,748
ENERGY TRANSFER LP	126,355		126,355
ENERVEST ENERGY INSTITUTIONAL FUND X-B LP	2,949		2,949
ENERVEST ENERGY INSTITUTIONAL FUND XIII-ALP	-1,374		-1,374
ENTERPRISE PRODUCTS PARTNERS LP	-21,312		-21,312
FIRST RESERVE FUND XI LP	598,474		598,474
FORTRESS CREDIT OPPORTUNITIES FUND (B) LP	1,347	241	1,106

Total gross receipts

Partnership or S Corporation name	Share of gross income	Share of deductions	Gain or loss
FORTRESS SECURED LENDING FUND I A LP	1,136		1,136
GAIP 2013 AIV A LP	-22,606	25	-22,631
GAIP 2017 (BERMUDA) AIV LP	12,421	18,037	-5,616
GENERAL CATALYST GROUP V - SUPPLEMENTAL LP	148		148
GENERAL CATALYST GROUP V LP	175		175
GENESIS ENERGY LP	-832,315		-832,315
LAV BIOSCIENCES FUND V LP	36	1,024	-988
LIME ROCK PARTNERS IV AF LP	440,932	232,611	208,321
ORBIMED ROYALTY OPPORTUNITIES II LP	15,541		15,541
PANAKEIA ENERGY FUND LP	-1,418		-1,418
POST OAK ENERGY PARTNERS III LP	1,077,300	604,752	472,548
POST OAK ENERGY PARTNERS IV LP	-1,210,011	11,691	-1,221,702
PT2 SPV LP	303,512		303,512
PT2 LP	6,585		6,585
RESERVOIR CAPITAL INVESTMENT PARTNERS CAYMAN LP	46,141	86,777	-40,636

Total gross receipts

Partnership or S Corporation name	Share of gross income	Share of deductions	Gain or loss
RESOURCE CAPITAL FUND VI LP	47		47
RHO VENTURES VI LP	-15,219		-15,219
SENTINEL CAPITAL PARTNERS VI LP	376,707		376,707
SEQUOIA CAPITAL GROWTH FUND III LP	-27,093		-27,093
SSC - SAF I LP	-137,972		-137,972
SSC VI LP	-195,475		-195,475
STONELAKE OPPORTUNITY PARTNERS V LP	-109,682	136,797	-246,479
STONELAKE OPPORTUNITY PARTNERS VI LP	-129,250	113,818	-243,068
VMG TAXABLE V LP	-52,918		-52,918

Total share of gross income:	7,704,699
Total share of deductions:	9,419,203
Total gain or loss:	-1,714,504

TY 2021 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	2,169,791
ACCOUNTING FEES	191,760

TY 2021 Post2017NOLSchedule

Name: Memorial Sloan-Kettering Cancer Center

EIN: 13-1924236

Activity code	Schedule A reference number for this instance	Total number of Schedule As included	Post-2017 NOL carried forward from prior year	Total Post-2017 NOL Activities Included on Schedule A	Post-2017 Carried Over to Subsequent Tax Years
901101	1	1	33,711,383	0	33,711,383

TY 2021 Pre2018NOLSchedule

Name: Memorial Sloan-Kettering Cancer Center

EIN: 13-1924236

Pre-2018 NOL carried forward from prior year: 22,643,093

Pre-2018 NOL Included in NOL deduction: 4,734,610

Pre-2018 NOL Activities Included on Schedule A

Activity code	Post-2017 Carried Over to Subsequent Tax Years

Total Pre-2018 NOL Activities Included on Schedule A:

Total Pre-2018 NOLs Applied: 4,734,610

Balance remaining after total Pre-2018 applied: 4,734,610

Pre-2018 NOL Expiring Current Year: 0

Pre-2018 Carried Over to Subsequent Tax Years: 17,908,483

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SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

▶Go to *www.irs.gov/Form990T* for instructions and the latest information.
▶Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2021

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

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)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a	2,882,773		2,882,773
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b	5,979,227		5,979,227
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5	-1,714,504		-1,714,504
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 **Total.** Combine lines 3 through 12	13	7,147,496	0	7,147,496

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	51,335
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	2,361,551
15 **Total deductions.** Add lines 1 through 14			15	2,412,886
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	4,734,610
17 Deduction for net operating loss (see instructions)			17	0
18 **Unrelated business taxable income.** Subtract line 17 from line 16			18	4,734,610

Part III Cost of Goods Sold — Enter method of inventory valuation ▶

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

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

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

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

A ☐
B ☐
C ☐
D ☐

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

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

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

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

Part V Unrelated Debt-Financed Income (see instructions)

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

A ☐
B ☐
C ☐
D ☐

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

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

	A	B	C	D
9 Allocable deductions. Multiply line 3c by line 6				

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

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

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

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

Nonexempt Controlled Organizations

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

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

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

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

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) . . .	**2**	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	**3**	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	**4**	
5	Gross income from activity that is not unrelated business income	**5**	
6	Expenses attributable to income entered on line 5	**6**	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	**7**	

Part IX Advertising Income

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

A ☐

B ☐

C ☐

D ☐

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

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

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

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

Part XI Supplemental Information (see instructions)

SCHEDULE D (Form 1120)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to *www.irs.gov/Form1120* for instructions and the latest information.

OMB No. 1545-0123

2021

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 **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked	362,675	44,540		318,135

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**	(318,135)
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 **Box D** checked				
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked	2,903,560	20,787		2,882,773

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**	2,882,773

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**	2,882,773
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	**18**	2,882,773

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

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Form **3800**

Department of the Treasury
Internal Revenue Service (99)

General Business Credit

▶ Go to *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.

OMB No. 1545-0895

2021

Attachment Sequence No. **22**

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	15,461		
3	Enter the applicable passive activity credits allowed for 2021. See instructions			3	15,461
4	Carryforward of general business credit to 2021. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach			4	204,970
	Check this box if the carryforward was changed or revised from the original reported amount ▶ ☐				
5	Carryback of general business credit from 2022. 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	220,431

Part II **Allowable Credit**

7	Regular tax before credits: • Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2 • 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, plus any Form 8978 amount included on line 1d; or the amount from the applicable line of your return			7	0
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 54			8	0
9	Add lines 7 and 8			9	0
10a	Foreign tax credit	10a			
b	Certain allowable credits (see instructions)	10b			
c	Add lines 10a and 10b			10c	
11	**Net income tax.** Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16			11	0
12	**Net regular tax.** Subtract line 10c from line 7. If zero or less, enter -0-	12	0		
13	Enter 25% (0.25) of the excess, if any, of line 12 over $25,000. See instructions	13			
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 52	14			
15	Enter the greater of line 13 or line 14			15	
16	Subtract line 15 from line 11. If zero or less, enter -0-			16	0
17	Enter the **smaller** of line 6 or line 16			17	0
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.				

Part II **Allowable Credit** *(Continued)*

Note: If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (0.75). See instructions	**18**	
19	Enter the greater of line 13 or line 18	**19**	
20	Subtract line 19 from line 11. If zero or less, enter -0-	**20**	0
21	Subtract line 17 from line 20. If zero or less, enter -0-	**21**	0
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	**22**	
23	Passive activity credit from line 3 of all Parts III with box B checked **23**		
24	Enter the applicable passive activity credit allowed for 2021. See instructions	**24**	
25	Add lines 22 and 24	**25**	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	**26**	
27	Subtract line 13 from line 11. If zero or less, enter -0-	**27**	0
28	Add lines 17 and 26	**28**	0
29	Subtract line 28 from line 27. If zero or less, enter -0-	**29**	0
30	Enter the general business credit from line 5 of all Parts III with box A checked	**30**	
31	Reserved	**31**	
32	Passive activity credits from line 5 of all Parts III with box B checked **32** 15,461		
33	Enter the applicable passive activity credits allowed for 2021. See instructions	**33**	
34	Carryforward of business credit to 2021. 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	**34**	
	Check this box if the carryforward was changed or revised from the original reported amount ▶ ☐		
35	Carryback of business credit from 2022. Enter the amount from line 5 of Part III with box D checked See instructions	**35**	
36	Add lines 30, 33, 34, and 35	**36**	
37	Enter the **smaller** of line 29 or line 36	**37**	
38	**Credit allowed for the current year.** 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 6 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b	**38**	0

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

Identifying number
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).

- A ☐ General Business Credit From a Non-Passive Activity
- B ☑ General Business Credit From a Passive Activity
- C ☐ General Business Credit Carryforwards
- D ☐ General Business Credit Carrybacks
- E ☐ Reserved
- F ☐ Reserved
- G ☐ Eligible Small Business Credit Carryforwards
- 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 **Note:** On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b Reserved	1b		
c Increasing research activities (Form 6765)	1c		
d Low-income housing (carryforward only) (see instructions)	1d		
e Disabled access (Form 8826) (see instructions for limitation)	1e		
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g Indian employment (Form 8845)	1g		
h Orphan drug (Form 8820)	1h		
i New markets (Form 8874)	1i		
j Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation)	1j		
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m Low sulfur diesel fuel production (Form 8896)	1m		
n Distilled spirits (Form 8906)	1n		
o Nonconventional source fuel (carryforward only)	1o		
p Energy efficient home (Form 8908)	1p		
q Energy efficient appliance (carryforward only)	1q		
r Alternative motor vehicle (Form 8910)	1r		
s Alternative fuel vehicle refueling property (Form 8911)	1s		
t Enhanced oil recovery credit (carryforward only)	1t		
u Mine rescue team training (Form 8923)	1u		
v Agricultural chemicals security (carryforward only)	1v		
w Employer differential wage payments (Form 8932)	1w		
x Carbon dioxide sequestration (Form 8933)	1x		
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z Qualified plug-in electric vehicle (carryforward only)	1z		
aa Employee retention (Form 5884-A)	1aa		
bb General credits from an electing large partnership (carryforward only)	1bb		
zz Other. Oil and gas production from marginal wells (Forms 8904) and certain other credits (see instructions)	1zz		
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a Investment (Form 3468, Part III) (attach Form 3468)	4a		
b Work opportunity (Form 5884)	4b	85-2656822	7,123
c Biofuel producer (Form 6478)	4c		
d Low-income housing (Form 8586)	4d		
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	90-0857562	3,213
g Qualified railroad track maintenance (Form 8900)	4g		
h Small employer health insurance premiums (Form 8941)	4h		
i Increasing research activities (Form 6765)	4i	26-0742666	3,436
j Employer credit for paid family and medical leave (Form 8994)	4j		
z Other	4z	47-2732735	1,689
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5		15,461
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		15,461

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to *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

2021

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 **Note** below and see *Column (e)* 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. (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss).** Subtract column (e) from column (d) and combine the result with column (g)
RESOURCE CAPITAL FUND VI L.P.			0	(32,881)			-32,881
BAUPOST VALUE PARTNERS LP IV			6,241	(0)			6,241
RESERVOIR CAPITAL INVESTMENT PARTNERS CAYMAN LP			77	(0)			77
DEERFIELD PARTNERS, L.P.			1	(0)			1
ACCEL-KKR GROWTH CAPITAL PARTNERS III, LP			74,155	(0)			74,155
LAV BIOSCIENCES FUND V, L.P.			0	(1,670)			-1,670
CENTERBRIDGE SPECIAL CREDIT PARTNERS III-FLEX, L.P			271,345	(0)			271,345
CCP III AIV IV, L.P.			5,810	(0)			5,810
SEQUOIA CAPITAL GROWTH FUND III, L.P.			5,046	(0)			5,046
ORBIMED ROYALTY OPPORTUNITIES II, L.P.			0	(9,989)			-9,989
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked). . . . . ▶			362,675	(44,540)			318,135

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	Social security number or taxpayer identification number
Memorial Sloan-Kettering Cancer Center	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 **Note** below and see *Column (e)* 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.** **(f)** Code(s) from instructions	**(g)** Amount of adjustment	**(h)** **Gain or (loss).** Subtract column (e) from column (d) and combine the result with column (g)
See Additional Data Table				( )			
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) . . . . ▶			2,903,560	(20,787)			2,882,773

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.

Additional Data

Software ID:
Software Version:
EIN: 13-1924236
Name: Memorial Sloan-Kettering Cancer Center

Form 8949 Part II, Long Term - Box F

3 (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 **Note** below and see *Column (e)* 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. (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss).** Subtract column (e) from column (d) and combine the result with column (g)
ACCEL-KKR GROWTH CAPITAL PARTNERS II, LP			606,142	(0)			606,142
ENCAP FLATROCK MIDSTREAM FUND III, L.P.			61,011	(0)			61,011
BAUPOST VALUE PARTNERS LP IV			38,795	(0)			38,795
BERKSHIRE FUND VIII, L.P.			88,238	(0)			88,238
FORTRESS CREDIT OPPORTUNITIES FUND (B) LP			469	(0)			469
RESERVOIR CAPITAL INVESTMENT PARTNERS CAYMAN LP			0	(1,038)			-1,038
SEQUOIA CAPITAL GROWTH FUND III, L.P.			0	(19,749)			-19,749
POST OAK ENERGY PARTNERS III, LP			1,212	(0)			1,212
SEQUOIA CAPITAL U.S. SCOUT SEED FUND III			621	(0)			621
ENCAP FLATROCK MIDSTREAM FUND IV, L.P.			62,466	(0)			62,466
SENTINEL CAPITAL PARTNERS VI, L.P.			5,198	(0)			5,198
DEERFIELD PARTNERS, L.P.			1	(0)			1
GAIP 2017 (BERMUDA) AIV, L.P.			236,895	(0)			236,895
ACCEL-KKR GROWTH CAPITAL PARTNERS III, LP			1,840	(0)			1,840
AXIOM ASIA CO-INVESTMENT FUND I, LP			674	(0)			674
CENTERBRIDGE SPECIAL CREDIT PARTNERS III-FLEX, L.P			75,564	(0)			75,564
TIGER GLOBAL PRIVATE INVESTMENT PARTNERS XIV, L.P.			57,312	(0)			57,312
PT2 SPV, L.P.			1,285,490	(0)			1,285,490
PT2, LP			155,237	(0)			155,237
SEQUOIA CAPITAL GROWTH FUND III, L.P.			7,570	(0)			7,570

Form 8949 Part II, Long Term - Box F

3 (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 **Note** below and see *Column (e)* 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.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss).** Subtract column (e) from column (d) and combine the result with column (g)
ORBIMED ROYALTY OPPORTUNITIES II, L.P.			218,825	(0)			218,825