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# Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0687

## 2014

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

Department of the Treasury  
Internal Revenue Service

For calendar year 2014 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).

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

A ☐ Check box if address changedName of organization ( ☐ Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions)

83-0363317

B Exempt under section

Print  
or  
Type

MSK INSURANCE US, INC.

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

100 BANK STREET, SUITE 610

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

BURLINGTON, VT 05401-4697

524298

C Book value of all assets at end of year  
388,670,443.

F Group exemption number (See instructions.)

3475

G Check organization type

☒ 501(c) corporation☐ 501(c) trust☐ 401(a) trust☐ Other trustH Describe the organization's primary unrelated business activity. **INSURANCE- RELATED ACTIVITY**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

☒ Yes ☐ NoIf "Yes," enter the name and identifying number of the parent corporation. **SEE STATEMENT 3**J The books are in care of **MARSH MANAGEMENT SERVICES INC.**Telephone number **802-864-5599**

### Part I Unrelated Trade or Business Income

(A) Income

(B) Expenses

(C) Net

1a	Gross receipts or sales		1c			
b	Less returns and allowances		2			
2	Cost of goods sold (Schedule A, line 7)		3			
3	Gross profit. Subtract line 2 from line 1c		4a			
4a	Capital gain net income (attach Schedule D)		4b			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4c			
c	Capital loss deduction for trusts		5			
5	Income (loss) from partnerships and S corporations (attach statement)		6			
6	Rent income (Schedule C)		7			
7	Unrelated debt-financed income (Schedule E)		8			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)		9			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		10			
10	Exploited exempt activity income (Schedule I)		11			
11	Advertising income (Schedule J)		12	11,632,825.		11,632,825.
12	Other income (See instructions; attach schedule) <b>STATEMENT 1</b>		13	11,632,825.		11,632,825.
13	Total. Combine lines 3 through 12					

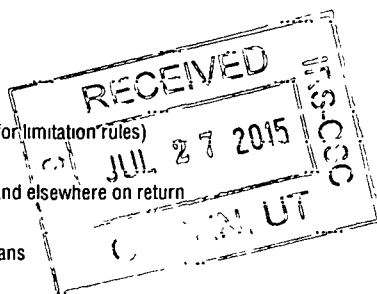
### Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

(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	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
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	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	16,102,755.
29	Total deductions. Add lines 14 through 28	29	16,102,755.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-4,469,930.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-4,469,930.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-4,469,930.

SEE STATEMENT 2

SCANNED JUL 29 2015



8

**Part III Tax Computation****35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☒ **See instructions and:****a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):(1) \$ 50,000. (2) \$ 25,000. (3) \$ 9,925,000.**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

**c** Income tax on the amount on line 34

35c 0.

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from.☐ Tax rate schedule or ☐ Schedule D (Form 1041)

36

**37 Proxy tax.** See instructions

37

**38 Alternative minimum tax**

38

**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies

39 0.

**Part IV Tax and Payments****40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)

40a

**b** Other credits (see instructions)

40b

**c** General business credit. Attach Form 3800

40c

**d** Credit for prior year minimum tax (attach Form 8801 or 8827)

40d

**e** Total credits. Add lines 40a through 40d

40e

**41** Subtract line 40e from line 39

41 0.

**42** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)

42

**43** Total tax. Add lines 41 and 42

43 0.

**44a** Payments: A 2013 overpayment credited to 2014

44a

**b** 2014 estimated tax payments

44b 702,995.

**c** Tax deposited with Form 8868

44c

**d** Foreign organizations: Tax paid or withheld at source (see instructions)

44d

**e** Backup withholding (see instructions)

44e

**f** Credit for small employer health insurance premiums (Attach Form 8941)

44f

**g** Other credits and payments:☐ Form 2439☐ Form 4136 ☐ Other

Total

44g

**45** Total payments. Add lines 44a through 44g

45 702,995.

**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐

46

**47** Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed

47

**48** Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid

48 702,995.

**49** Enter the amount of line 48 you want: Credited to 2015 estimated tax

Refunded

49 702,995.

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)**1** At any time during the 2014 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 Form FinCEN Form 114, Report of Foreign Bank and Financial

Yes No

Accounts. If YES, enter the name of the foreign country here

X

**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file

X

**3** Enter the amount of tax-exempt interest received or accrued during the tax year \$**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A****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

7

**3** Cost of labor

3

from line 5. Enter here and in Part I, line 2

**4a** Additional section 263A costs (attach schedule)

4a

**8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

Yes No

**b** Other costs (attach schedule)

4b

**5** Total. Add lines 1 through 4b

5

X

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

MATT T. GRAVELIN, CPA

Preparer's signature

Matt Gravelin CPA

Date

7/6/15

Check ☐ if self-employed

PTIN

P00962423

Firm's name **JOHNSON LAMBERT LLP**Firm's EIN **52-1446779**

P.O. BOX 525

Firm's address **BURLINGTON, VT 05402**Phone no. **(802) 383-4800**

**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 0.	Total 0.	

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

0. 0.

**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)		%		

Enter here and on page 1, Part I, line 7, column (A)

Enter here and on page 1, Part I, line 7, column (B)

**Totals**

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	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 page 1, Part I, line 8, column (A)Add columns 6 and 11  
Enter here and on page 1, Part I, line 8, column (B)**Totals**

0. 0.

**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)				
	Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page 1, Part I, line 9, column (B)
<b>Totals</b>	<b>0.</b>			<b>0.</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)						
	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
<b>Totals</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>

**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>	<b>0.</b>	<b>0.</b>				<b>0.</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>	<b>0.</b>	<b>0.</b>				<b>0.</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>	<b>0.</b>	<b>0.</b>				<b>0.</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. Enter here and on page 1, Part II, line 14</b>			<b>0.</b>

## Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at [www.irs.gov/form4626](http://www.irs.gov/form4626).

OMB No 1545-0123

**2014**

Name

**MSK INSURANCE US, INC.**

Employer identification number

**83-0363317**

**Note:** See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

<b>1</b>	Taxable income or (loss) before net operating loss deduction	<b>1</b>	<b>-4,469,930.</b>
<b>2</b>	<b>Adjustments and preferences:</b>		
<b>a</b>	Depreciation of post-1986 property	<b>2a</b>	
<b>b</b>	Amortization of certified pollution control facilities	<b>2b</b>	
<b>c</b>	Amortization of mining exploration and development costs	<b>2c</b>	
<b>d</b>	Amortization of circulation expenditures (personal holding companies only)	<b>2d</b>	
<b>e</b>	Adjusted gain or loss	<b>2e</b>	
<b>f</b>	Long-term contracts	<b>2f</b>	
<b>g</b>	Merchant marine capital construction funds	<b>2g</b>	
<b>h</b>	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	<b>2h</b>	
<b>i</b>	Tax shelter farm activities (personal service corporations only)	<b>2i</b>	
<b>j</b>	Passive activities (closely held corporations and personal service corporations only)	<b>2j</b>	
<b>k</b>	Loss limitations	<b>2k</b>	
<b>l</b>	Depletion	<b>2l</b>	
<b>m</b>	Tax-exempt interest income from specified private activity bonds	<b>2m</b>	
<b>n</b>	Intangible drilling costs	<b>2n</b>	
<b>o</b>	Other adjustments and preferences	<b>2o</b>	
<b>3</b>	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	<b>3</b>	<b>-4,469,930.</b>
<b>4</b>	<b>Adjusted current earnings (ACE) adjustment:</b>		
<b>a</b>	ACE from line 10 of the ACE worksheet in the instructions	<b>4a</b>	<b>-4,469,930.</b>
<b>b</b>	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	<b>4b</b>	<b>0.</b>
<b>c</b>	Multiply line 4b by 75% (.75). Enter the result as a positive amount	<b>4c</b>	
<b>d</b>	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). <b>Note:</b> You must enter an amount on line 4d (even if line 4b is positive)	<b>4d</b>	
<b>e</b>	ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	<b>4e</b>	<b>0.</b>
<b>5</b>	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	<b>5</b>	<b>-4,469,930.</b>
<b>6</b>	Alternative tax net operating loss deduction (see instructions)	<b>6</b>	
<b>7</b>	<b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	<b>7</b>	
<b>8</b>	<b>Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
<b>a</b>	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	<b>8a</b>	
<b>b</b>	Multiply line 8a by 25% (.25)	<b>8b</b>	
<b>c</b>	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	<b>8c</b>	
<b>9</b>	Subtract line 8c from line 7. If zero or less, enter -0-	<b>9</b>	
<b>10</b>	Multiply line 9 by 20% (.20)	<b>10</b>	
<b>11</b>	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	<b>11</b>	
<b>12</b>	Tentative minimum tax. Subtract line 11 from line 10	<b>12</b>	
<b>13</b>	Regular tax liability before applying all credits except the foreign tax credit	<b>13</b>	
<b>14</b>	<b>Alternative minimum tax.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	<b>14</b>	

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2014)

**Adjusted Current Earnings (ACE) Worksheet**

▶ See ACE Worksheet Instructions.

<b>1</b>	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626	<b>1</b>	-4,469,930.
<b>2</b>	ACE depreciation adjustment:		
<b>a</b>	AMT depreciation	<b>2a</b>	
<b>b</b>	ACE depreciation:		
(1)	Post-1993 property	<b>2b(1)</b>	
(2)	Post-1989, pre-1994 property	<b>2b(2)</b>	
(3)	Pre-1990 MACRS property	<b>2b(3)</b>	
(4)	Pre-1990 original ACRS property	<b>2b(4)</b>	
(5)	Property described in sections 168(f)(1) through (4)	<b>2b(5)</b>	
(6)	Other property	<b>2b(6)</b>	
(7)	Total ACE depreciation. Add lines 2b(1) through 2b(6)	<b>2b(7)</b>	
<b>c</b>	ACE depreciation adjustment. Subtract line 2b(7) from line 2a	<b>2c</b>	
<b>3</b>	Inclusion in ACE of items included in earnings and profits (E&P):		
<b>a</b>	Tax-exempt interest income	<b>3a</b>	
<b>b</b>	Death benefits from life insurance contracts	<b>3b</b>	
<b>c</b>	All other distributions from life insurance contracts (including surrenders)	<b>3c</b>	
<b>d</b>	Inside buildup of undistributed income in life insurance contracts	<b>3d</b>	
<b>e</b>	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	<b>3e</b>	
<b>f</b>	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e	<b>3f</b>	
<b>4</b>	Disallowance of items not deductible from E&P:		
<b>a</b>	Certain dividends received	<b>4a</b>	
<b>b</b>	Dividends paid on certain preferred stock of public utilities that are deductible under section 247	<b>4b</b>	
<b>c</b>	Dividends paid to an ESOP that are deductible under section 404(k)	<b>4c</b>	
<b>d</b>	Nonpatronage dividends that are paid and deductible under section 1382(c)	<b>4d</b>	
<b>e</b>	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	<b>4e</b>	
<b>f</b>	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e	<b>4f</b>	
<b>5</b>	Other adjustments based on rules for figuring E&P:		
<b>a</b>	Intangible drilling costs	<b>5a</b>	
<b>b</b>	Circulation expenditures	<b>5b</b>	
<b>c</b>	Organizational expenditures	<b>5c</b>	
<b>d</b>	LIFO inventory adjustments	<b>5d</b>	
<b>e</b>	Installment sales	<b>5e</b>	
<b>f</b>	Total other E&P adjustments. Combine lines 5a through 5e	<b>5f</b>	
<b>6</b>	Disallowance of loss on exchange of debt pools	<b>6</b>	
<b>7</b>	Acquisition expenses of life insurance companies for qualified foreign contracts	<b>7</b>	
<b>8</b>	Depletion	<b>8</b>	
<b>9</b>	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property	<b>9</b>	
<b>10</b>	<b>Adjusted current earnings.</b> Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626	<b>10</b>	-4,469,930.

MSK INSURANCE US, INC.

83-0363317

FORM 990-T	OTHER INCOME	STATEMENT	1
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DESCRIPTION	AMOUNT
PREMIUM REVENUE	11,632,825.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	11,632,825.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
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DESCRIPTION	AMOUNT
LOSSES AND LOSS ADJUSTMENT EXPENSES	13,118,530.
OTHER UNDERWRITING EXPENSE	2,844,550.
ADMINISTRATIVE EXPENSES	139,675.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	16,102,755.

FORM 990-T	PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER	STATEMENT	3
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CORPORATION'S NAME	IDENTIFYING NO
MEMORIAL SLOAN-KETTERING CANCER CENTER	13-1924236



# Corporation Application for Tentative Refund

- Information about Form 1139 and its separate instructions is at [www.irs.gov/form1139](http://www.irs.gov/form1139).  
► Do not file with the corporation's income tax return—file separately.  
► Keep a copy of this application for your records.

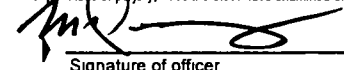
OMB No 1545-0123

Name <b>MSK Insurance US, Inc</b>			Employer identification number <b>83-0363317</b>		
Number, street, and room or suite no. If a P.O. box, see instructions <b>100 Bank Street, No. 610</b>			Date of incorporation <b>8/21/2003</b>		
City or town, state, and ZIP code <b>Burlington, VT 05401-4697</b>			Daytime phone number <b>(802) 864-5599</b>		
1 Reason(s) for filing See instructions— attach computation	a Net operating loss (NOL)	\$ <b>4,469,930</b>	c Unused general business credit	\$	
	b Net capital loss	\$	d Other	\$	
2 Return for year of loss, unused credit, or overpayment under section 1341(b)(1)	a Tax year ended <b>12/31/2014</b>	b Date tax return filed <b>7/6/2015</b>	c Service center where filed <b>Ogden, UT</b>		
3 If this application is for an unused credit created by another carryback, enter ending date for the tax year of the first carryback. ►					
4 Did a loss result in the release of a foreign tax credit, or is the corporation carrying back a general business credit that was released because of the release of a foreign tax credit (see instructions)? If "Yes," the corporation must file an amended return to carry back the released credits					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
5a Was a consolidated return filed for any carryback year or did the corporation join a consolidated group (see instructions)?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
b If "Yes," enter the tax year ending date and the name of the common parent and its EIN, if different from above (see instructions) ►					
6a If Form 1138 has been filed, was an extension of time granted for filing the return for the tax year of the NOL? .					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
b If "Yes," enter the date to which extension was granted ► c Enter the date Form 1138 was filed. ►					
d Unpaid tax for which Form 1138 is in effect . . . . . ► \$					
7 If the corporation changed its accounting period, enter the date permission to change was granted . . . . . ►					
8 If this is an application for a dissolved corporation, enter date of dissolution . . . . . ►					
9 Has the corporation filed a petition in Tax Court for the year or years to which the carryback is to be applied? . . . . .					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
10 Is any part of the decrease in tax due to a loss or credit resulting from a reportable transaction required to be disclosed? If Yes, attach Form 8886 . . . . .					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

Computation of Decrease in Tax See instructions	preceding tax year ended ► 2012		preceding tax year ended ►		preceding tax year ended ►	
	(a) Before carryback	(b) After carryback	(c) Before carryback	(d) After carryback	(e) Before carryback	(f) After carryback
<b>Note:</b> If only filing for an unused general business credit (line 1c), skip lines 11 through 15						
11 Taxable income from tax return	1,329,334	1,329,334				
12 Capital loss carryback (see instructions)						
13 Subtract line 12 from line 11		1,329,334		0		0
14 NOL deduction (see instructions)		1,329,334				
15 Taxable income Subtract line 14 from line 13		0		0		0
16 Income tax	451,974					
17 Alternative minimum tax						
18 Add lines 16 and 17	451,974	0	0	0	0	0
19 General business credit (see instructions)						
20 Other credits (see instructions)						
21 Total credits. Add lines 19 and 20	0	0	0	0	0	0
22 Subtract line 21 from line 18	451,974	0	0	0	0	0
23 Personal holding company tax (Sch. PH (Form 1120))						
24 Other taxes (see instructions)						
25 Total tax liability. Add lines 22 through 24	451,974	0	0	0	0	0
26 Enter amount from "After carryback" column on line 25 for each year						
27 Decrease in tax. Subtract line 26 from line 25	451,974	0	0	0	0	0
28 Overpayment of tax due to a claim of right adjustment under section 1341(b)(1) (attach computation)						

Sign  
Here

Under penalties of perjury, I declare that I have examined this application and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.



Signature of officer

Date

Title

**Paid  
Preparer  
Use Only**

Print/Type preparer's name

Matt T Gravelin, CPA

Preparer's signature



Date

7/6/15

Check ☐ if self-employed

PTIN

P00962423

Firm's name

► Johnson Lambert LLP

Firm's EIN

► 52-1446779

Firm's address

► P.O. Box 525, Burlington, VT 05402

Phone no

(802) 383-4800

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☐
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	MSK INSURANCE US, INC.	83-0363317
	Number, street, and room or suite no. If a P.O. box, see instructions	Social security number (SSN)
	100 BANK STREET, SUITE 610	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BURLINGTON, VT 05401-4697	

Enter the Return code for the return that this application is for (file a separate application for each return)

07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

### MARSH MANAGEMENT SERVICES INC.

- The books are in the care of ► 100 BANK STREET, SUITE 610 - BURLINGTON, VT 05401-4697

Telephone No ► 802-864-5599

Fax No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for ☒ calendar year **2014** or ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	702,995.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions