See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493291001570

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Memorial Sloan-Kettering Cancer Center

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1275 York Avenue

City or town, state or country, and ZIP + 4
New York, NY 10065

D Employer identification number
91-2154267

E Telephone number
(646) 227-3092

G Gross receipts $ 5,232,535,087

F Name and address of principal officer
HAROLD VARMUS MD
1275 York Avenue
New York, NY 10065

H(a) Is this a group return for affiliates? ☑ Yes ☐ No

H(b) Are all affiliates included? ☑ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 3475

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www mskcc org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation | **M** State of legal domicile

Part I Summary

1 Briefly describe the organization's mission or most significant activities
LEADERSHIP IN THE PREVENTION, TREATMENT, AND CURE OF CANCER THROUGH EXCELLENCE, VISION, AND COST-EFFECTIVENESS IN PATIENT CARE, OUTREACH PROGRAMS, RESEARCH, AND EDUCATION

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5	Total number of employees (Part V, line 2a)	5	13,096
6	Total number of volunteers (estimate if necessary)	6	917
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	-551,562
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	422,909,000	310,268,890
9	Program service revenue (Part VIII, line 2g)	1,762,197,000	1,752,662,000
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,542,000	-56,062,913
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-364,000	98,712,959
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,188,284,000	2,105,580,936
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	38,875,000	45,491,000
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,126,939,000	1,255,495,347
16a	Professional fundraising fees (Part IX, column (A), line 11e)	429,000	444,000
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 39,645,849		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	928,419,000	999,602,589
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,094,662,000	2,301,032,936
19	Revenue less expenses Subtract line 18 from line 12	93,622,000	-195,452,000

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	5,578,522,000	6,068,707,000
21	Total liabilities (Part X, line 26)	2,354,618,000	2,467,135,000
22	Net assets or fund balances Subtract line 21 from line 20	3,223,904,000	3,601,572,000

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date: 2010-10-13

MICHAEL GUTNICK SENIOR VP, FINANCE
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	ERNST & YOUNG US LLP PO BOX 44972 INDIANAPOLIS, IN 462440972		EIN ▶ Phone no ▶ (317) 681-7000

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

MEMORIAL SLOAN-KETTERING CANCER CENTER IS DEDICATED TO THIS MISSION LEADERSHIP IN THE PREVENTION, TREATMENT, AND CURE OF CANCER THROUGH EXCELLENCE, VISION, AND COST-EFFECTIVENESS IN PATIENT CARE, OUTREACH PROGRAMS, RESEARCH, AND EDUCATION LEADERSHIP IN PATIENT CARE WE PLACE THE HIGHEST PRIORITY ON ADVANCING THE CARE OF CANCER PATIENTS THROUGH EARLY DETECTION, ACCURATE DIAGNOSIS, AND OPTIMAL TREATMENT THESE THREE ELEMENTS LEAD TO THE MOST EFFECTIVE CANCER CARE POSSIBLE, WHICH IS ALSO THE MOST COST-EFFECTIVE CARE POSSIBLE WE STRIVE FOR EXCELLENCE IN ALL EXISTING AND EMERGING THERAPIES WITHOUT NEGLECTING THE NEED FOR ADVANCED APPROACHES TO PALLIATION WE DELIVER THESE THERAPIES IN A CARING ENVIRONMENT THAT ENCOMPASSES PATIENTS AS WELL AS THEIR LOVED ONES EXCELLENCE IN PATIENT CARE IS EXEMPLIFIED BY OUR MULTIDISCIPLINARY APPROACH, A CORE COMPETENCE OF OUR CENTER WE ARE COMMITTED TO DEVELOPING OUTREACH PROGRAMS TO BRING EXCELLENCE IN CANCER CARE TO THE COMMUNITY LEADERSHIP IN RESEARC

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,772,464,000 including grants of $ 24,603,000) (Revenue $ 1,730,185,000)

PATIENT CARE MEMORIAL SLOAN-KETTERING CANCER CENTER EXPERTS HAVE ESTABLISHED STANDARDS OF CARE AND TREATMENT PROTOCOLS FOR EACH TYPE AND STAGE OF CANCER OUR PHYSICIANS HAVE AN EXTRAORDINARY DEPTH AND BREADTH OF EXPERIENCE IN DIAGNOSING AND TREATING ALL FORMS OF THE DISEASE, FROM THE MOST COMMON TO THE VERY RARE EACH YEAR, THEY TREAT MORE THAN 400 DIFFERENT SUBTYPES OF CANCER THIS LEVEL OF SPECIALIZATION CAN HAVE AN OFTEN-DRAMATIC EFFECT ON A PATIENT'S CHANCES FOR A CURE OR CONTROL OF THEIR CANCER WHILE WE ARE KNOWN FOR OUR ADVANCED, INNOVATIVE THERAPIES, OUR PHYSICIANS ARE EQUALLY WELL REGARDED FOR THEIR COMPASSION AND CONCERN OUR DISEASE MANAGEMENT PROGRAM FEATURES 16 MULTIDISCIPLINARY CANCER TEAMS PATIENTS ARE TREATED BY AS MANY DIFFERENT SPECIALISTS AS ARE NEEDED FOR THEIR PARTICULAR TYPE OF DISEASE, INCLUDING SURGEONS, MEDICAL ONCOLOGISTS, RADIATION ONCOLOGISTS, RADIOLOGISTS, PATHOLOGISTS, PSYCHIATRISTS, AND NURSES OUR PATHOLOGISTS HAVE UNSURPASSED EXPERTISE IN USING ADVANCED METHODS TO ACCURATELY DIAGNOSE CANCER MEMORIAL SLOAN-KETTERING'S SURGEONS PERFORM MORE CANCER OPERATIONS THAN AT ANY OTHER HOSPITAL IN THE NATION, AND BECAUSE OF THEIR SOLE FOCUS ON CANCER, THEY CAN OFTEN USE SURGICAL TECHNIQUES THAT PRESERVE FORM AND FUNCTION OUR RADIATION ONCOLOGISTS ARE DEVELOPING AND PUTTING INTO CLINICAL PRACTICE LEADING-EDGE TECHNOLOGIES AND TECHNIQUES IN RADIATION THERAPY IN ADDITION, THE CENTER OFFERS A FULL RANGE OF PROGRAMS TO HELP PATIENTS AND FAMILIES THROUGHOUT ALL PHASES OF TREATMENT, INCLUDING SUPPORT GROUPS, GENETIC COUNSELING, HELP MANAGING CANCER PAIN AND SYMPTOMS, REHABILITATION, INTEGRATIVE MEDICINE SERVICES, AND ASSISTANCE IN NAVIGATING LIFE AFTER TREATMENT

4b (Code) (Expenses $ 400,502,000 including grants of $ 20,080,000) (Revenue $ 22,477,000)

RESEARCH MEMORIAL SLOAN-KETTERING CANCER CENTER MAINTAINS ONE OF THE WORLD'S MOST DYNAMIC PROGRAMS OF CANCER RESEARCH THE EXTRAORDINARY PATIENT CARE WE PROVIDE BENEFITS FROM OUR INNOVATIVE PROGRAMS IN BASIC, TRANSLATIONAL, AND CLINICAL RESEARCH RESEARCH AT SLOAN-KETTERING INSTITUTE IS DEDICATED TO UNDERSTANDING THE BIOLOGY OF CANCER THROUGH PROGRAMS IN CELL BIOLOGY, GENETICS, BIOCHEMISTRY, MOLECULAR BIOLOGY, STRUCTURAL BIOLOGY, COMPUTATIONAL BIOLOGY, IMMUNOLOGY, AND THERAPEUTICS INVESTIGATORS AT SLOAN-KETTERING INSTITUTE COLLABORATE WITH MEMORIAL HOSPITAL PHYSICIAN-SCIENTISTS, A PARTNERSHIP THAT HELPS SPEED IMPORTANT RESEARCH FINDINGS FROM THE LABORATORY TO THE BEDSIDE, IN A PROCESS KNOWN AS TRANSLATIONAL RESEARCH MEMORIAL SLOAN-KETTERING CANCER CENTER ALSO ACTIVELY INITIATES AND PARTICIPATES IN CLINICAL TRIALS TO IDENTIFY MORE EFFECTIVE CANCER THERAPIES, AND OUR PHYSICIANS ARE CURRENTLY LEADING MORE THAN 400 CLINICAL TRIALS FOR PEDIATRIC AND ADULT CANCERS ESTABLISHED IN 2005, THE HUMAN ONCOLOGY AND PATHOGENESIS PROGRAM (HOPP) IS A FURTHER EFFORT TO INCREASE INSTITUTIONAL RESEARCH STRENGTH IN AREAS IMPORTANT IN CONTEMPORARY TRANSLATIONAL RESEARCH HOPP IS DESIGNED TO MELD EVEN MORE THOROUGHLY THE CULTURES OF BASIC BIOLOGIC SCIENCE AND CLINICAL ONCOLOGY, AUGMENTING THE WORK CONDUCTED IN THE LABORATORIES OF MEMORIAL SLOAN-KETTERING CANCER CENTER'S PHYSICIAN-SCIENTISTS

4c (Code) (Expenses $ 2,508,000 including grants of $ 808,000) (Revenue $)

GRADUATE SCHOOL OF BIOMEDICAL SCIENCE EDUCATION IS A VITAL PART OF MEMORIAL SLOAN-KETTERING CANCER CENTER'S MISSION OUR TRAINING PROGRAMS PREPARE PHYSICIANS AND SCIENTISTS FOR CAREERS IN THE BIOMEDICAL SCIENCES OUR COLLABORATIONS WITH THE ROCKEFELLER UNIVERSITY, CORNELL UNIVERSITY, AND WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY OFFER PHD PROGRAMS IN CHEMICAL BIOLOGY, COMPUTATIONAL BIOLOGY AND MEDICINE, AND THE MEDICAL SCIENCES THE CENTER ALSO PARTNERS WITH WEILL MEDICAL COLLEGE AND THE ROCKEFELLER UNIVERSITY TO OFFER A MD/PHD DEGREE FOR ASPIRING PHYSICIAN-SCIENTISTS IN 2004, THE CENTER ESTABLISHED A PHD PROGRAM IN CANCER BIOLOGY THROUGH ITS NEW LOUIS V GERSTNER, JR GRADUATE SCHOOL OF BIOMEDICAL SCIENCES THIS NOVEL PROGRAM, WHICH ENROLLED ITS FIRST CLASS IN 2006, TRAINS BASIC LABORATORY SCIENTISTS TO WORK IN RESEARCH AREAS DIRECTLY RELEVANT TO CANCER AND OTHER HUMAN DISEASES WE ALSO OFFER POSTGRADUATE CLINICAL FELLOWSHIPS TO TRAIN PHYSICIANS WHO SEEK SPECIAL EXPERTISE IN A PARTICULAR TYPE OF CANCER AND POSTGRADUATE RESEARCH FELLOWSHIPS THAT PROVIDE PHYSICIANS AND SCIENTISTS WITH ADVANCED LABORATORY RESEARCH TRAINING WITH FACULTY APPOINTMENTS AT THE WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY, OUR CLINICAL STAFF ALSO TRAIN RESIDENTS AND MEDICAL STUDENTS

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ $ 2,175,474,000

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	1,118		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	13,096		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶BD See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	27		
b	Enter the number of voting members that are independent	1b	23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AK , AZ , AR , FL , GA , IL , KS , KY , LA , MD , MA , MI , MN , MS , MO , NV , NH , NJ , NM , NY , ND , OH , OK , OR , PA , RI , SC , TN , TX , UT , WA , WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

MICHAEL GUTNICK
633 3RD AVENUE
NEW YORK, NY 10017
(646) 227-3413

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	34,594,089	0	2,041,562

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1,909

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
TURNER CONSTRUCTION 375 HUDSON STREET NEW YORK, NY 10014	GEN CONT/CONSTRUCT	50,169,000
JGN CONSTRUCTION CORPORATION 66-40 69TH STREET MIDDLE VILLAGE, NY 11379	GEN CONT/CONSTRUCT	26,070,000
MICHAEL ANTHONY CONTRACTING CORPORA 161 RAILROAD AVENUE GARDEN CITY, NY 11040	GEN CONT/CONSTRUCT	4,337,000
GRANARY ASSOCIATES 1500 SPRING GARDENS PHILADELPHIA, PA 19130	CONST PROJECT MGMT	4,263,000
HUNTER ROBERTS CONSTRUCTION GROUP 2 WORLD FINANCIAL CENTER NEW YORK, NY 10281	CONSTRUCTION	2,976,000
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 95		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,490,000			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	137,123,000			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	171,655,890			
	g	Noncash contributions included in lines 1a-1f $ 22,273,092					
	h	**Total.** Add lines 1a-1f		310,268,890			
Program Service Revenue			Business Code				
	2a	MEDICAL CARE	622,310	1,730,185,000	1,730,185,000		
	b	RESEARCH	541,711	22,477,000	22,477,000		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		1,752,662,000			
	3	Investment income (including dividends, interest and other similar amounts)		26,704,087		-551,562	27,255,649
	4	Income from investment of tax-exempt bond proceeds		574,000			574,000
	5	Royalties		62,232,000			62,232,000
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	3,042,939,000				
	b	Less cost or other basis and sales expenses	3,126,280,000				
	c	Gain or (loss)	-83,341,000				
	d	Net gain or (loss)		-83,341,000			-83,341,000
Other Revenue	8a	Gross income from fundraising events (not including $ 1,490,000 of contributions reported on line 1c) See Part IV, line 18	a 995,110				
	b	Less direct expenses	b 674,151				
	c	Net income or (loss) from fundraising events		320,959			320,959
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	PARKING & STAFF HOUSING	722,212	27,187,000			27,187,000
	b	CAFETERIA	722,212	4,000,000			4,000,000
	c	VENDOR DISCOUNTS	561,439	732,000			732,000
	d	All other revenue		4,241,000			4,241,000
	e	**Total.** Add lines 11a–11d		36,160,000			
	12	**Total revenue.** See Instructions		2,105,580,936	1,752,662,000	-551,562	43,201,608

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	500,000	500,000		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	44,991,000	44,991,000		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	25,101,000	21,218,000	2,076,000	1,807,000
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	934,839,869	912,151,000	11,729,869	10,959,000
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	77,977,000	77,562,000	210,000	205,000
9 Other employee benefits	160,143,478	145,586,000	10,639,478	3,918,000
10 Payroll taxes	57,434,000	57,064,000	186,000	184,000
11 Fees for services (non-employees)				
a Management	0			
b Legal	4,595,000	4,038,000	215,000	342,000
c Accounting	427,000	357,000	54,000	16,000
d Lobbying	595,000		595,000	
e Professional fundraising *See Part IV, line 17*	444,000			444,000
f Investment management fees	5,725,022		5,725,022	
g Other	73,471,000	44,962,000	27,173,000	1,336,000
12 Advertising and promotion	5,967,000	11,000	4,784,000	1,172,000
13 Office expenses	261,184,718	235,736,000	8,212,718	17,236,000
14 Information technology	12,316,000	12,183,000	58,000	75,000
15 Royalties	12,560,000	1,856,000	10,704,000	
16 Occupancy	79,482,000	65,136,000	13,321,000	1,025,000
17 Travel	5,719,000	5,199,000	172,000	348,000
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	7,389,000	6,526,000	436,000	427,000
20 Interest	64,996,000	29,649,000	35,347,000	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	171,806,000	159,953,000	11,311,000	542,000
23 Insurance	20,884,000	29,611,000	-8,769,000	42,000
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Provision for bad debt	6,651,000	6,651,000		
b REGULATORY ASSESMENTS	4,230,000	4,230,000		
c Pharmaceuticals	262,279,000	262,279,000		
d FUNDRAISING EVENTS	-674,151			-674,151
e ALLOCATION OF INDIRECT COST		48,025,000	-48,267,000	242,000
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	2,301,032,936	2,175,474,000	85,913,087	39,645,849
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		27,746,000	1	48,690,000
	2	Savings and temporary cash investments		280,049,000	2	278,894,000
	3	Pledges and grants receivable, net		372,096,000	3	306,507,000
	4	Accounts receivable, net		352,181,000	4	326,379,000
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		2,350,000	5	600,000
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		40,604,000	7	39,171,000
	8	Inventories for sale or use		23,800,000	8	30,503,000
	9	Prepaid expenses and deferred charges		61,849,000	9	67,284,000
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 3,880,337,000			
	b	Less accumulated depreciation	10b 1,795,562,000	2,001,236,000	10c	2,084,775,000
	11	Investments—publicly traded securities		2,013,138,000	11	2,430,663,000
	12	Investments—other securities See Part IV, line 11		403,473,000	12	455,241,000
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		5,578,522,000	16	6,068,707,000
Liabilities	17	Accounts payable and accrued expenses		477,880,000	17	540,399,000
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		1,225,780,000	20	1,267,240,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		650,958,000	25	659,496,000
	26	**Total liabilities.** Add lines 17 through 25		2,354,618,000	26	2,467,135,000
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,470,291,000	27	2,882,220,000
	28	Temporarily restricted net assets		396,075,000	28	338,939,000
	29	Permanently restricted net assets		357,538,000	29	380,413,000
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		3,223,904,000	33	3,601,572,000
	34	Total liabilities and net assets/fund balances		5,578,522,000	34	6,068,707,000

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493291001570

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
91-2154267

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☑ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Sloan-Kettering Institute for Cancer Research	131624182	09	Yes		Yes		Yes		0
Memorial Sloan-Kettering Cancer Center	131924236	03	Yes		Yes		Yes		0
Total									0

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493291001570

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
Memorial Sloan-Kettering Cancer Center	91-2154267

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		534,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		61,000
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			595,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	FORM 990, SCHEDULE C, PART II-B	MSKCC ENGAGES IN BOTH FEDERAL AND STATE LOBBYING THE CENTER'S FEDERAL LOBBYING EFFORT FOCUSES ON PATIENT CARE AND REIMBURSEMENT ISSUES PATIENT CARE ADVOCACY INCLUDES ENSURING PATIENTS ARE ABLE TO ACCESS CLINICAL TRIALS AND CANCER HOSPITALS ARE ABLE TO EFFECTIVELY RESEARCH POTENTIAL TREATMENTS FOR CANCER AS WELL AS PREVENTIVE AND PALLIATIVE MEASURES THE CENTER ALSO SEEKS TO RECEIVE EQUITABLE REIMBURSEMENT FOR SERVICES RENDERED TO PATIENTS ENROLLED IN ENTITLEMENT PROGRAMS FROM TIME TO TIME THE CENTER WEIGHS IN ON OTHER FEDERAL LEGISLATION THAT IMPACTS CANCER CARE AND HOSPITALS IN GENERAL THE CENTER'S STATE LOBBING EFFORT CONCENTRATES ON LEGISLATION THAT IMPACTS PROVIDERS' ABILITIES TO EFFECTIVELY CARE FOR PATIENTS, SUCH AS LEGISLATION THAT AMENDS CONSTRUCTION REVIEW PROCEDURES, PROVIDES FUNDING FOR BLOOD DONATION DRIVES, OR ENCOURAGES COLLABORATION BETWEEN CARE PROVIDERS AT HOSPITAL FACILITIES STATE EFFORTS ALSO FOCUS ON ADVOCATING FOR HEALTH CARE ISSUES DURING STATE BUDGET NEGOTIATIONS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493291001570

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
91-2154267

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically importantly land area
☐ Preservation of a certified historic structure

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	776,235,000	853,397,000			
b Contributions	5,531,000	1,778,000			
c Investment earnings or losses	23,093,000	-45,818,000			
d Grants or scholarships					
e Other expenditures for facilities and programs	37,158,000	33,122,000			
f Administrative expenses					
g End of year balance	767,701,000	776,235,000			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 50 450 % %
- b Permanent endowment ▶ 49 550 % %
- c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		111,664,000		111,664,000
b Buildings		2,465,596,000	763,352,000	1,702,244,000
c Leasehold improvements		60,097,000	46,585,000	13,512,000
d Equipment		1,242,980,000	985,625,000	257,355,000
e Other		0		
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				2,084,775,000

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other HEDGE FUND AND LP INVESTMENTS	455,241,000	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	455,241,000	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
PENSION AND POSTRETIREMENT	336,375,000
INSURANCE RESERVES	196,530,000
DEFERRED COMPENSATION	47,007,000
ASSET RETIREMENT OBLIGATIONS	23,727,000
DEFERRED GIFT ANNUITY	32,191,000
OTHER LIABILITIES	23,666,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	659,496,000

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,105,580,936
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,301,032,936
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-195,452,000
4	Net unrealized gains (losses) on investments	4	520,392,000
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	52,728,000
9	Total adjustments (net) Add lines 4 - 8	9	573,120,000
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	377,668,000

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	2,617,023,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	520,392,000		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	520,392,000
3	Subtract line **2e** from line **1**			3	2,096,631,000
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,624,087		
b	Other (Describe in Part XIV)	4b	-674,151		
c	Add lines **4a** and **4b**			4c	8,949,936
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	2,105,580,936

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	2,292,083,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	674,151		
e	Add lines **2a** through **2d**			2e	674,151
3	Subtract line **2e** from line **1**			3	2,291,408,849
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,624,087		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	9,624,087
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	2,301,032,936

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		USE OF ENDOWMENT FUNDS SCHEDULE D, PART V PERMANENT ENDOWMENT FUNDS ARE HELD BY THE ORGANIZATION IN PERPETUITY INCOME EARNED ON THE FUND BALANCE IS USED TO SUPPORT THE OPERATIONS OF MEMORIAL SLOAN-KETTERING CANCER CENTER AND ITS AFFILIATED ORGANIZATIONS FIN 48 FOOTNOTE DISCLOSURES SCHEDULE D, PART X, LINE 2 A FIN 48 FOOTNOTE DISCLOSURE, RELATING TO THE ACCOUNTING FOR INCOME TAXES, WAS NOT REQUIRED BECAUSE THERE WAS NO MATERIAL IMPACT ON THE INSTITUTION'S FINANCIAL STATEMENTS OTHER SCHEDULE D, PART XI, LINE 8 CHANGE IN POST RETIREMENT OBLIGATION DIRECT EXPENSES SCHEDULE D, PART XII, LINE 4B AND PART XIII, LINE 2D OTHER $674,151 ARE DIRECT EXPENSES RELATING TO FUNDRAISING EVENTS COSTS ARE REMOVED FROM THE STATEMENT OF FUNCTIONAL EXPENSES (LINE 24D) AND NETTED ON STATEMENT OF REVENUE (LINE 8B)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493291001570

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
91-2154267

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain	3	Yes	
	THE SCHOOL'S NON DISCRIMINATORY POLICY IS PUBLICIZED ON IT'S WEB SITE HTTP //WWW SLOANKETTERING,EDU/GERSTNER/HTML/54499 CFM ALL APPLICANTS TO THE LOUIS V GERSTNER JR , GRADUATE SCHOOL OF BIOMEDICAL SCIENCES ARE CONSIDERED ON THE BASIS OF MERIT THE SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF GENDER, RACE, COLOR, CREED, RELIGON, AGE, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS, MARITAL STATUS, SEXUAL ORIENTATION, OR CITIZENSHIP STATUS IN ACCORDANCE WITH INSTITUTIONAL POLICY AND IN COMPLIANCE WITH THE REQUIREMENTS OF THE CIVIL RIGHTS ACT, THE EDUCATION ADMENDMENTS, THE REHABILITATION ACT, THE AGE DISCRIMINATION ACT, AND THE AMERICANS WITH DISABILITIES ACT			
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		No
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	7	Yes	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493291001570

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
91-2154267

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees or agents in region	**(d)** Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for region
Central America and the Caribbean	1		Program Services	INVESTMENTS	
Totals . . . . . ▶	1				

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493291001570

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
91-2154267

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**(iii)** **No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
TARGET MARKETEAM	DIRECT MAIL CONSULTING		No	21,838,000	300,000	21,538,000
DONOR SERVICES	TELEMARKET CONSULTING		No	536,451	368,101	168,350
Total . . . . . ▶				22,374,451	668,101	21,706,350

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

AL,AK,AZ,AR,CA,CO,CT,DE,DC,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 SPRING BALL (event type)	(b) Event #2 ANTIQUE SHOW (event type)	(c) Other Events 4 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	967,670	702,635	815,301	2,485,606
	2 Less Charitable contributions	595,110	575,965	319,421	1,490,496
	3 Gross income (line 1 minus line 2)	372,560	126,670	495,880	995,110
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	102,398		107,201	209,599
	7 Food and beverages		59,863	45,649	105,512
	8 Entertainment	23,454	1,850	7,362	32,666
	9 Other direct expenses	139,080	37,054	150,240	326,374
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				674,151
	11 Net income summary Combine lines 3, column d, and line 10 ▶				320,959

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493291001570

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
91-2154267

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☑ Other 500 %	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 500 %	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			16,809,144	6,255,600	10,553,544	0 460 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			83,121,238	53,791,694	29,329,544	1 280 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			99,930,382	60,047,294	39,883,088	1 740 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			12,468,611	68,470	12,400,141	0 540 %
f Health professions education (from Worksheet 5)			94,389,626	16,852,745	77,536,881	3 380 %
g Subsidized health services (from Worksheet 6)			1,354,354		1,354,354	0 060 %
h Research (from Worksheet 7)			400,502,000	9,922,932	390,579,068	17 020 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			2,802,464		2,802,464	0 120 %
j **Total** Other Benefits			511,517,055	26,844,147	484,672,908	21 120 %
k **Total.** Add lines 7d and 7j			611,447,437	86,891,441	524,555,996	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support			1,255		1,255	
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy			17,603	1,000	16,603	
8	Workforce development			202,338	350	201,988	0 010 %
9	Other			7,042		7,042	
10	**Total**			228,238	1,350	226,888	0 010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	2,771,998		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	334,812		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	439,524,689		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	557,403,803		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-117,879,114		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?		9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)

See Additional Data Table

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

BAD DEBT EXPENSE OF $6,651,000 WAS EXCLUDED FROM TOTAL FUNCTIONAL EXPENSES IN DETERMINING THE PERCENTAGES PRESENTED IN COLUMN 7f

The provision for bad debt, as reported in 990 Part IX - Statement of Functional Expenses, line 24(a) for $6,651,000 is based on an analysis of historical bad debt write-off trends and the aging of patient accounts receivable This analysis is updated quarterly This provision which includes inpatient, outpatient and physician medical practice receivables is based on gross charges The amount shown on Line 2 is derived by taking the gross charges associated with the provision for debts and multiplying by a ratio of historical expenses to charges as derived from the Hospital's New York State Institutional Cost Report A separate ratio is calculated for each type of patient care activity inpatient, outpatient and physician The amount of bad debt expense at cost attributable to patients eligible under the organization's charity care policy was determined by reviewing the bad debt write-offs from 2009 for any patients who began the application process to obtain financial assistance or Medicaid in 2008 or 2009 but chose not to complete the process The charges associated with the write-offs for these patients were converted to cost using the same methodology as previously described for all bad debt expense

THE MEDICARE LOSS REFLECTS LOSSES FROM BOTH HOSPITAL AND PHYSICANS' ACTIVITY PHYSICAN REVENUE IS SHOWN AS OTHER REVENUE ON THE MEDICARE COST REPORT COSTS DISALLOWED BY THE MEDICARE PROGRAM, BUT WHICH ARE INCURRED IN PROVIDING CARE TO MEDICARE BENEFICIARIES, HAVE BEEN INCLUDED

For patients who may demonstrate financial hardship, Memorial Hospital provides a Financial Assistance Program to assist patients in resolution of patient self-pay balances Problematic and uncollectible accounts are referred to outside collection agencies, with the following stipulations - Contracted collection agencies must comply with the hospital's financial assistance policy - Contracted collection agencies must provide information to patients on how to apply for financial assistance - Memorial will not send an account to collection if the patient has submitted a completed application for financial assistance and the hospital's eligibility determination is pending

NEW YORK STATE

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

THE INSTITUTION'S STRATEGIC PLANNING PROCESS INCLUDES DEVELOPING SERVICES AND PROGRAMS IN RESPONSE TO CANCER MORBIDITY AND MORTALITY DATA, DEMOGRAPHIC DATA, PATIENT AND PROGRAM SATISFACTION SURVEYS, AND COMMUNITY INPUT THESE FINDINGS AND RESULTS ARE USED TO PLAN INITIATIVES AND PROGRAMS AIMED AT IMPROVING OUR COMMUNITY'S ACCESS TO CANCER INFORMATION, PREVENTION, CARE, AND TREATMENT ADVANCES IN ADDITION, THE CENTER'S STRATEGIC EFFORTS ARE FOCUSED ON REDUCING CANCER HEALTH DISPARITIES AMONG MINORITY AND MEDICALLY UNDERSERVED POPULATIONS, WHICH IS A CRITICAL ISSUE IN FEBRUARY 2009 THE INSTITUTION'S COMMUNITY OUTREACH COMMITTEE - COMPOSED OF REPRESENTATIVES FROM MORE THAN TEN DEPARTMENTS WITHIN THE HOSPITAL AND SELECTED AFFILIATED COMMUNITY ORGANIZATIONS - SURVEYED 143 COMMUNITY ORGANIZATIONS REGARDING THEIR CANCER OUTREACH, EDUCATION, AND SUPPORT SERVICES NEEDS THE RESULTS OF THE NEEDS ASSESSMENT SURVEY WERE INSTRUMENTAL IN IDENTIFYING LOCAL BARRIERS AND GAPS IN SERVICES AND OPPORTUNITIES FOR ADDITIONAL COMMUNITY PARTNERSHIPS THE INSTITUTION'S STAFF MEMBERS CONTINUE TO ENGAGE WITH MANY OF THE ORGANIZATIONS WHO PARTICIPATED IN THE SURVEY TO FOSTER OR DEEPEN COLLABORATIVE EFFORTS AND TO INCREASE CAPACITY FOR CULTURALLY SENSITIVE CANCER PROGRAMMING AND SERVICES

3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

SINCE 1987, THE INSTITUTION HAS HAD A FINANCIAL ASSISTANCE PROGRAM IN PLACE TO ASSIST UNDERINSURED AND UNINSURED PATIENTS WHO ARE EXPERIENCING DIFFICULTIES MEETING THEIR FINANCIAL RESPONSIBILITIES TO THE INSTITUTION AND ITS PHYSICIANS FINANCIAL COUNSELORS ARE AVAILABLE TO WORK WITH PATIENTS AND INSURANCE COMPANIES - INCLUDING MEDICARE AND MEDICAID - TO HELP THE PATIENTS TO ACCESS SERVICES FOR THOSE WHO DON'T QUALIFY FOR PUBLICLY AVAILABLE HEALTH INSURANCE OR WHO ARE UNABLE TO PAY THEIR PORTION OF FEES ABOVE INSURANCE REIMBURSEMENT, THE INSTITUTION CAN PROVIDE FINANCIAL HELP TO THOSE WHO ARE ELIGIBLE THROUGH ITS FINANCIAL ASSISTANCE PROGRAM THE PREMISE OF THIS PROGRAM IS THAT ALL PATIENTS ARE EXPECTED TO CONTRIBUTE TO THEIR CARE BASED ON THEIR ABILITY TO PAY THE FINANCIAL ASSISTANCE PROGRAM EMPLOYS SEVERAL STRATEGIES TO INCREASE PATIENT AWARENESS OF THE PROGRAM THESE EFFORTS INCLUDE PLACEMENT OF PROGRAM BROCHURES IN ALL PATIENT REGISTRATION AREAS, MAIL NOTIFICATION INSERTS IN EACH PATIENT'S BILL, AND COLLECTION NOTICES, AND ONGOING TRAINING FOR BILLING DEPARTMENT STAFF ON COMMUNICATING FINANCIAL ASSISTANCE SERVICES DURING THE REGISTRATION PROCESS, FINANCIAL INTERVIEWERS EDUCATE PATIENTS ON THE VARIOUS PROGRAMS THAT ARE AVAILABLE TO THEM, INCLUDING GOVERNMENTAL PROGRAMS AND THE INSTITUTION'S CHARITY CARE PROGRAMS INFORMATION ABOUT THE INSTITUTION'S FINANCIAL ASSISTANCE PROGRAM IS ALSO AVAILABLE ON ITS WEB SITE

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

THE INSTITUTION'S PRIMARY CATCHMENT AREA ENCOMPASSES 28 COUNTIES ACROSS LONG ISLAND, SOUTHERN NEW YORK STATE, NORTHERN NEW JERSEY, SOUTHWESTERN CONNECTICUT, AND THE FIVE BOROUGHS OF NEW YORK CITY EACH OF THESE COUNTIES WAS IDENTIFIED AS HAVING A MINIMUM OF 50 OR MORE MEMORIAL HOSPITAL PATIENTS RESIDING IN THE AREA ADDITIONALLY, OVER 10,000 PATIENTS FROM OTHER PARTS OF THE UNITED STATES AND 1,100 INTERNATIONAL PATIENTS WERE TREATED IN 2009, REPRESENTING APPROXIMATELY ELEVEN PERCENT OF THE INSTITUTION'S PATIENTS IN 2009, 23,469 PATIENTS WERE ADMITTED TO THE INSTITUTION'S HOSPITAL AND 406,204 OUTPATIENT PHYSICIAN VISITS WERE CONDUCTED AT LOCATIONS THROUGHOUT MANHATTAN AN ADDITIONAL 94,293 OUTPATIENT PHYSICIAN VISITS TOOK PLACE AT THE INSTITUTION'S REGIONAL SITES IN WESTCHESTER COUNTY, LONG ISLAND, AND NORTHERN NEW JERSEY

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

THE INSTITUTION ENGAGES IN AND SUPPORTS COALITION BUILDING ACTIVITIES THAT PROMOTE THE HEALTH OF THE COMMUNITIES THE INSTITUTION SERVES STAFF MEMBERS ARE ENCOURAGED TO SHARE THEIR CLINICAL EXPERTISE AND EXPERIENCE WITH PARTNERING HEALTHCARE FACILITIES AND COMMUNITY ORGANIZATIONS STAFF MEMBERS SERVE AND PARTICIPATE IN NUMEROUS COMMUNITY GROUPS INCLUDING THE AMERICAN CANCER SOCIETY, THE AMERICAN PUBLIC HEALTH ASSOCIATION, THE GREATER NEW YORK HOSPITAL ASSOCIATION, AND MANY HEALTH IMPROVEMENT ADVOCACY GROUPS FOR PARTICULAR TYPES OF CANCER ALTHOUGH THE SIGNIFICANT COST OF STAFF TIME DEVOTED TO THESE ACTIVITIES IS NOT QUANTIFIED BY THE CENTER, THE INSTITUTION CONSIDERS THESE EFFORTS TO COLLABORATE AND BUILD COMMUNITY RESOURCES TO BE OF SIZEABLE COMMUNITY BENEFIT EDUCATION AND TRAINING IS A KEY COMPONENT OF THE INSTITUTION'S MISSION, AND AN IMPORTANT EXAMPLE OF HOW THE INSTITUTION MAKES CONTRIBUTIONS TO THE CARE AND TREATMENT OF CANCER PATIENTS FAR BEYOND ITS OWN WALLS THROUGH WORKFORCE DEVELOPMENT OUR TRAINING, GRADUATE, AND CONTINUING EDUCATION PROGRAMS PREPARE PHYSICIANS, SCIENTISTS, NURSES, AND TECHNICIANS TO BE LEADERS IN THEIR CHOSEN FIELDS THESE HEALTHCARE PROVIDERS CAN THEN TAKE THE EXPERTISE GAINED FROM WORKING WITH OUR SPECIALISTS TO OTHER HEALTHCARE INSTITUTIONS AROUND THE COUNTRY AND THROUGHOUT THE WORLD THE INSTITUTION ALSO TRAINS GRADUATE STUDENTS AND POSTDOCTORAL RESEARCHERS WORKING IN MANY AREAS OF BASIC SCIENCE AND TRANSLATIONAL RESEARCH WHEN THESE YOUNG SCIENTISTS COMPLETE THEIR TRAINING, THEY BRING THE SKILLS OBTAINED IN OUR LABORATORIES INTO THE ACADEMIC COMMUNITY AT LARGE AS WELL AS THE PRIVATE SECTOR THE INSTITUTION'S OFFICE OF DIVERSITY PROGRAMS IN CLINICAL CARE, RESEARCH, AND TRAINING (ODP) PROVIDES FUNDING TO ENCOURAGE INTEREST IN PURSUING CAREERS IN THE FIELD OF ONCOLOGY FOR MEMBERS OF MINORITY GROUPS WHO ARE UNDERREPRESENTED IN MEDICINE AND WISH TO PARTICIPATE IN THE NATIONAL CANCER INSTITUTE'S MEDICAL STUDENTS SUMMER FELLOWSHIP PROGRAM THE ODP ALSO COORDINATES A SIX-WEEK SUMMER EXPOSURE PROGRAM TO EXPOSE UNDERREPRESENTED MINORITY HIGH SCHOOL STUDENTS TO CAREERS IN MEDICINE AND RESEARCH THE INSTITUTION UTILIZED $78M OF THE INSTITUTION'S RESOURCES DURING 2009 TO SUPPORT ITS EDUCATION AND TRAINING MISSION, WHICH WE SEE AS VITAL GIVEN OUR LEADERSHIP ROLE IN CANCER CARE TREATMENT AND RESEARCH AS A NONPROFIT ORGANIZATION, MEMORIAL SLOAN-KETTERING IS ABLE TO PROVIDE ASSISTANCE TO ORGANIZATIONS WHOSE MISSION AND GOALS SERVE THE NEEDS OF THE INSTITUTION'S PATIENTS, EMPLOYEES, AND LOCAL COMMUNITY MEMBERS A 2009 DONATION TO FRIENDS OF SAINT CATHERINE'S PARK CONTRIBUTED TO THE MAINTENANCE OF THE PARK (WHICH IS ADJACENT TO THE CENTER'S MAIN CAMPUS) TO PROMOTE PHYSICAL ACTIVITY BY PATIENTS, EMPLOYEES, AND COMMUNITY MEMBERS THE INSTITUTION ALSO ABSORBS OVERHEAD COSTS ASSOCIATED WITH EMPLOYEE-DRIVEN FUNDRAISING INITIATIVES FOR COMMUNITY ORGANIZATIONS IN 2009, THE INSTITUTION'S EMPLOYEES AS A GROUP CONTRIBUTED FUNDS TO SUSAN G KOMEN FOR THE CURE AND TO A HOMELESS SHELTER (LOCATED NEAR THE CENTER'S CANCER SCREENING SITE IN HARLEM), TO CREATE A 'BRIGHT SPACE' PLAY AREA FOR CHILDREN THESE FUNDRAISING EFFORTS OCCURRED DURING STAFF WORK TIME, UTILIZING THE INSTITUTION'S RESOURCES

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

THE INSTITUTION'S MISSION IS TO LEAD IN THE PREVENTION, DIAGNOSIS, TREATMENT, AND CURE OF CANCER AND ASSOCIATED DISEASES THROUGH PROGRAMS OF EXCELLENCE IN RESEARCH, EDUCATION, AND OUTREACH, AND COST-EFFECTIVE PATIENT CARE OUR CLINICAL RESEARCHERS HAVE DEVELOPED NUMEROUS CHEMOTHERAPY AND RADIATION THERAPY REGIMENS, SURGICAL METHODS, AND DIAGNOSTIC TECHNIQUES THAT ARE NOW CONSIDERED THE STANDARD OF CARE FOR PATIENTS AROUND THE WORLD OUR FOCUS ON MULTIDISCIPLINARY CARE, WHERE EXPERTS FROM MANY FIELDS OF MEDICINE COME TOGETHER TO DEVELOP THE BEST TREATMENTS FOR INDIVIDUAL PATIENTS AS WELL AS THE BEST TREATMENTS FOR PATIENTS AS A WHOLE WITH ANY PARTICULAR TYPE OF CANCER, HAS ALLOWED US TO BE AT THE FOREFRONT OF DEVELOPING TREATMENTS THAT ARE MORE EFFECTIVE AT TREATING CANCER WHILE AT THE SAME TIME SPARING MANY PATIENTS FROM THE MOST SERIOUS SIDE EFFECTS OF TREATMENT OUR BASIC AND TRANSLATIONAL RESEARCHERS HAVE MADE MANY SIGNIFICANT CONTRIBUTIONS TO THE SCIENTIFIC COMMUNITY'S UNDERSTANDING OF CANCER BIOLOGY AND CANCER GENETICS AS WELL AS TO RELATED FIELDS -- CELL BIOLOGY, MOLECULAR BIOLOGY, STRUCTURAL BIOLOGY, DEVELOPMENTAL BIOLOGY, MOLECULAR PHARMACOLOGY AND CHEMISTRY, IMMUNOLOGY, COMPUTATIONAL BIOLOGY, AND DRUG DEVELOPMENT GENES FIRST IDENTIFIED IN OUR LABORATORIES ARE NOW THE FOCUS OF INTENSE RESEARCH IN OTHER LABORATORIES AROUND THE WORLD DRUGS, MONOCLONAL ANTIBODIES, AND OTHER AGENTS FIRST DEVELOPED IN OUR LABORATORIES HAVE GONE ON TO GAIN REGULATORY APPROVAL FOR TREATING PATIENTS EVERYWHERE RECENT EXPANSION OF OUR LABORATORY SPACE HAS ALLOWED US TO GROW OUR RESEARCH EFFORTS SO THAT GOING FORWARD WE CAN CONTINUE TO MAKE DISCOVERIES THAT WILL CHANGE THE WAY THE WORLD UNDERSTANDS CANCER AND AID IN THE DEVELOPMENT OF BETTER TREATMENTS FOR CANCER PATIENTS EVERYWHERE THE INSTITUTION UTILIZED $236M OF THE INSTITUTION'S RESOURCES DURING 2009 IN SUPPORT OF OUR RESEARCH MISSION OUR LEADERSHIP ROLE IN CANCER RESEARCH NECESSITATES OUR COMMITMENT TO PROVIDING SIGNIFICANT COMMUNITY BENEFIT THROUGH OUR INVESTMENT IN RESEARCH

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

SEE FORM 990, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Additional Data

Software ID:
Software Version:
EIN: 91-2154267
Name: Memorial Sloan-Kettering Cancer Center

Form 990 Schedule H, Part V - Facility Informaiton

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
MEMORIAL HOSP FOR CANCER & ALLIED DIS 1275 York Avenue New York, NY 10065	X			X					
MSKCC COMMACK 650 COMMACK ROAD COMMACK, NY 11725	X	X							
MSKCC OP IMAGING AT EAST 55 STREET 301 EAST 55TH STREET NEW YORK, NY 10065	X	X							
MSKCC COUNSELING CENTER 641 LEXINGTON AVENUE NEW YORK, NY 10065	X	X							
LAURANCE S ROCKEFELLER OP PAVILION 160 EAST 53RD STREET NEW YORK, NY 10065	X	X							
MSKCC BASKING RIDGE - AMBULATORY CARE 136 MOUNTAIN VIEW BLVD BASKING RIDGE, NJ 07920	X	X							
ARNOLD & MARIE SCHWARTZ PAVILION 1250 FIRST AVENUE NEW YORK, NY 10065	X					X			
HOWARD BUILDING - LABORATORY 410 EAST 68TH STREET NEW YORK, NY 10065	X	X							
FIRESTONE BUILDING-RADIATION THERAPY 411-419 EAST 67TH STREET NEW YORK, NY 10065	X	X							
POST TREATMENT RESOURCES PROGRAM 215 EAST 68TH STREET NEW YORK, NY 10065	X	X							
THE BENDHEIM INTEGRATIVE MEDICINE CENTER 1429 FIRST AVENUE NEW YORK, NY 10021	X	X							
BREAST AND IMAGING CENTER 300 EAST 66TH STREET NEW YORK, NY 10065	X	X							
ZUCKERMAN RESEARCH CENTER 415 EAST 68TH STREET NEW YORK, NY 10065						X			
MSKCC 64TH STREET 205 E 64TH STREET NEW YORK, NY 10065	X	X							
GUTTMAN DIAGNOSTIC CENTER 55 FIFTH AVENUE NEW YORK, NY 10003	X	X							
HARLEM BREAST EXAMINATION CENTER CLINIC 163 WEST 125TH STREET NEW YORK, NY 10065	X	X							
MSKCC SLEEPY HOLLOW 777 NORTH BROADWAY SLEEPY HOLLOW, NY 10591	X	X							
MSKCC ROCKVILLE CENTRE 1000 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11571	X	X							
MSKCC HAUPPAUGE 800 VETERANS MEMORIAL HIGHWAY HAUPPAUGE, NY 11787	X	X							
SIDNEY KIMMEL PROSTATE & UROLOGIC CTR 353 EAST 68TH STREET NEW YORK, NY 10065	X	X							

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493291001570

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
91-2154267

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RALPH LAUREN CENTER FOR CANCER CARE & PREVENTION1919 Madison Avenue NEW YORK, NY 10035	020597827	501(C)(3)	500,000				
RALPH LAUREN CENTER FOR CANCER CARE & PREVENTION1919 Madison Avenue NEW YORK, NY 10035	020597827	501(C)(3)		2,000,000	BOOK VALUE	LOAN FORGIVENESS	

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 1

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
STIPENDS	937	44,841,000			
PAUL MARKS AWARD	3	150,000			
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
SCHEDULE I	DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS	THE AMOUNT IS FOR STIPENDS PAID TO 303 RESEARCH FELLOWS, 121 RESEARCH SCHOLARS, 476 CLINICAL INTERNS, RESIDENTS & FELLOWS, AND 37 GRADUATE SCHOOL STUDENTS EDUCATION AND TRAINING INCLUDES CLASSROOM INSTRUCTION WITH HANDS-ON EXPERIENCE IN BOTH RESEARCH LABORATORIES AND CLINICAL CARE ACTIVITIES THE AFOREMENTIONED GRANTEES ARE REQUIRED TO BE IN COMPLIANCE WITH ACADEMIC REQUIREMENTS THIS INCLUDES DIRECT SUPERVISION AND DIRECTION BY PHYSICIANS AND RESEARCH INVESTIGATORS RALPH LAUREN CENTER FOR CANCER & PREVENTION DURING 2009, MSKCC DONATED $500,000 TO THE RALPH LAUREN CENTER ALSO DURING THE YEAR THE BOARD APPROVED TO FORGIVE A $2,000,000 LOAN TO THE RALPH LAUREN CENTER WHICH WAS FULLY RESERVED IN PRIOR YEARS MSKCC REGULARLY MEETS WITH THE RALPH LAUREN CENTER TO REVIEW THAT THEIR SPENDING IS IN CONFORMITY WITH THEIR MISSION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493291001570

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
91-2154267

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☑ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
Supplemental Compensation Information		SCHEDULE J, PART I, LINE 1A BUSINESS OR FIRST CLASS TRAVEL IS GENERALLY NOT ALLOWED FOR FLIGHTS LESS THAN 6 CONTINUOUS HOURS ALL TRAVEL MUST BE APPROVED BEFORE ANY ARRANGEMENTS ARE MADE SCHEDULE J, PART I, LINE 4B THE INSTITUTION MAINTAINS A NONQUALIFIED DEFERRED COMPENSATION PLAN WHICH IS USED FOR EMPLOYER CONTRIBUTIONS IN EXCESS OF THOSE ALLOWED BY THE RETIREMENT ANNUITY PLAN THE FOLLOWING PARTCIPANTS RECEIVED PLAN PAYMENTS DURING 2009 Dr Manjit S Bains $1,869,742 Dr GRAZIANO CARLON $255,552 Dr ZVI FUCHS $908,915 Dr PAUL MARKS $1,371,858 Dr JEROME POSNER $1,223,384 Dr JATIN SHAH $1,072,659 Dr MARK WEIBMAN $74,648 Dr Sidney J Winawer $148,770 Schedule J Part II Supplemental Compensation Information Pursuant to an employment contract, Harold Varmus received the full payout of a defined benefit pension plan during 2009 The payout included approximately $1 8 million that was taxed and reported in a prior period SCHEDULE J, PART III GRANDFATHERED MSKCC DEFERRED COMPENSATION PLANS Included in Other Reportable Compensation are certain distributions from deferred compensation plans that the Institution maintains for certain highly compensated management and professional employees These grandfathered plans were adopted in the early and mid-1980s and have been closed to new participants since August 16, 1986 The grandfathered plans allowed participants to irrevocably defer portions of their approved salary until certain conditions were met, typically retirement or disability In addition, the Institution made contributions to the plans to the extent contributions to the MSKCC Retirement Plan for such participants were limited by applicable contribution limits under the Internal Revenue Code The Institution provided participants with the opportunity to receive distributions as permitted under Section 409A of the Internal Revenue Code This opportunity was exercised by numerous participants These distributed amounts were reported in 2009 as W-2 compensation 100 percent of these amounts reflect the deferral of a portion of the participant's approved compensation package and related investment experience since the commencement of an individual's plan participation As contributions were made to these plans for previous periods, the contribution amounts were reported on Form 990 for the applicable period as contributions to deferred compensation plans with respect to officers, key employees, and other highest paid employees These amounts, as adjusted for investment experience, are reported again now on Form 990 as distributions from the plans

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 91-2154267
Name: Memorial Sloan-Kettering Cancer Center

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JOHN R GUNN	(I)	895,545	452,400	116,291	91,641	18,778	1,574,655	67,480
	(II)	0	0	0	0	0	0	0
MICHAEL P GUTNICK	(I)	603,637	357,600	91,808	60,364	14,486	1,127,895	36,600
	(II)	0	0	0	0	0	0	0
MARK SVENNINGSON	(I)	417,704	87,941	34,536	43,970	11,550	595,701	12,852
	(II)	0	0	0	0	0	0	0
HAROLD VARMUS MD	(I)	1,079,723	0	3,247,603	107,972	5,705	4,441,003	83,600
	(II)	0	0	0	0	0	0	0
CAROLYN BONHEUR	(I)	104,708	13,184	26,557	6,592	4,541	155,582	0
	(II)	0	0	0	0	0	0	0
ERIC M COTTINGTON	(I)	393,292	160,000	64,875	40,514	12,564	671,245	11,872
	(II)	0	0	0	0	0	0	0
DENNIS DOWDELL JR	(I)	387,692	150,000	23,889	38,769	13,398	613,748	14,500
	(II)	0	0	0	0	0	0	0
THOMAS J FAHEY MD	(I)	436,154	0	100,819	43,615	14,082	594,670	22,000
	(II)	0	0	0	0	0	0	0
THOMAS J KELLY MD	(I)	758,048	384,800	85,206	77,946	15,184	1,321,184	53,960
	(II)	0	0	0	0	0	0	0
MAUREEN KILLACKEY MD	(I)	439,140	0	43,454	45,968	8,073	536,635	21,200
	(II)	0	0	0	0	0	0	0
JASON KLEIN	(I)	600,000	560,000	5,021	60,000	9,942	1,234,963	8,154
	(II)	0	0	0	0	0	0	0
KATHY LEWIS	(I)	264,000	68,800	19,937	28,600	8,055	389,392	0
	(II)	0	0	0	0	0	0	0
EDWARD J MAHONEY	(I)	396,000	160,000	54,355	41,800	13,541	665,696	14,692
	(II)	0	0	0	0	0	0	0
KENNETH MARIANS	(I)	423,500	0	38,444	44,650	16,821	523,415	19,929
	(II)	0	0	0	0	0	0	0
KATHRYN MARTIN	(I)	603,637	357,600	60,086	60,364	12,984	1,094,671	36,600
	(II)	0	0	0	0	0	0	0
ELLEN MILLER SONET	(I)	229,700	60,500	38,226	25,170	14,135	367,731	1,200
	(II)	0	0	0	0	0	0	0
RICHARD K NAUM	(I)	344,660	181,000	40,631	36,666	11,747	614,704	13,200
	(II)	0	0	0	0	0	0	0
LARRY NORTON MD	(I)	483,975	215,054	32,369	27,311	15,927	774,636	14,530
	(II)	0	0	0	0	0	0	0
ROGER N PARKER	(I)	307,151	97,500	46,476	32,915	1,328	485,370	9,500
	(II)	0	0	0	0	0	0	0
PATRICIA C SKARULIS	(I)	454,086	188,000	44,716	47,609	6,674	741,085	24,000
	(II)	0	0	0	0	0	0	0
ROBERT E WITTES MD	(I)	758,048	384,800	83,383	77,946	5,793	1,309,970	53,960
	(II)	0	0	0	0	0	0	0
GEORGE BOSL MD	(I)	746,676	0	77,278	76,174	17,567	917,695	50,080
	(II)	0	0	0	0	0	0	0
HEDVIG HRICAK MD	(I)	1,113,114	0	205,350	57,368	14,190	1,390,022	43,830
	(II)	0	0	0	0	0	0	0
ANN E MCSWEENEY	(I)	361,534	157,515	52,245	19,689	6,012	596,995	7,341
	(II)	0	0	0	0	0	0	0
SIMON NICHOLAS POWELL MD	(I)	1,165,750	0	55,725	60,000	9,462	1,290,937	21,962
	(II)	0	0	0	0	0	0	0
PETER T SCARDINO MD	(I)	1,245,610	350,000	89,440	63,220	16,685	1,764,955	51,720
	(II)	0	0	0	0	0	0	0
MANJIT S BAINS MD	(I)	577,750	0	1,917,355	29,500	14,322	2,538,927	1,888,940
	(II)	0	0	0	0	0	0	0
PETER G CORDEIRO MD	(I)	1,716,343	0	148,938	153,777	14,744	2,033,802	79,217
	(II)	0	0	0	0	0	0	0
PHILIP H GUTIN MD	(I)	1,837,750	0	82,770	92,500	5,476	2,018,496	63,500
	(II)	0	0	0	0	0	0	0
GEORGE KROL MD	(I)	462,450	0	1,514,551	24,273	12,663	2,013,937	1,481,280
	(II)	0	0	0	0	0	0	0
JATIN SHAH MD	(I)	1,072,646	0	1,085,038	54,145	24,105	2,235,934	1,048,006
	(II)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493291001570

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
91-2154267

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	64983UFK1	05-14-2003	500,001,381	SEE ATTACHED SCHEDULE O	X			X
B	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	64983QS83	06-29-2006	102,783,274	SEE ATTACHED SCHEDULE O		X		X
C	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	64983QT25	06-29-2006	114,610,323	SEE ATTACHED SCHEDULE O		X		X
D	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	649903ZR5	05-13-2008	164,779,275	SEE ATTACHED SCHEDULE O		X		X
E	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	649903B91	05-13-2008	291,329,951	SEE ATTACHED SCHEDULE O		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	502,987,588	112,973,049	114,617,527	164,780,185	291,330,551
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows	113,545,045		113,545,045	162,575,000	287,425,000
4	Other unspent proceeds	5,065,338	5,065,338			
5	Issuance costs from proceeds	11,729,359	1,525,106	1,762,909	2,204,275	3,904,951
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	491,258,229	106,382,605			
8	Year of substantial completion	2007	2009			

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?		X		X		X	X		X	
10	Were the bonds issued as part of an advance refunding issue?		X		X	X			X		X
11	Has the final allocation of proceeds been made?	X		X		X		X		X	
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		X
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X		X		X
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X		X		X		X		X	
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		0 %		0 %
6	Total of lines 4 and 5		0 %		0 %		0 %		0 %		0 %
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?		X		X		X		X		X
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		X
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X		X		X		X
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X		X

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493291001570

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
91-2154267

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Hedvig Hricak MD MORTGAGE		X	700,000	600,000		No	Yes		Yes	
Total . . . . . ▶ $				600,000						

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
FIRST LEXINGTON	SEE SCHEDULE O	1,071,787	LEASE OF OFFICE SPACE AT FMV		No
VOCERA COMMUNICATIONS	SEE SCHEDULE O	150,016	PURCHASE OF COMM DEVICES		No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493291001570

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
91-2154267

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	171	19,273,000	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests	X	1	3,000,092	EXPERT OPINION
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29**

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	Yes	
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SCHEDULE M, LINE 32A	SALE OF NON CASH CONTRIBUTIONS	PUBLICLY-TRADED DONATED STOCK IS SOLD BY MERRILL LYNCH ON BEHALF OF MEMORIAL SLOAN-KETTERING CANCER CENTER AND ITS AFFILIATED ORGANIZATIONS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
91-2154267

Identifier	Return Reference	Explanation

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		FORM 990, PART VI, LINE 11A PROCESS USED TO REVIEW THE RETURN PRIOR TO FILING THE RETURN, FORM 990 IS REVIEWED BY THE CONTROLLER AND THE CHIEF FINANCIAL OFFICER ONCE THE 990 IS REVIEWED BY THE CHIEF FINANCIAL OFFICER, IT IS REVIEWED BY THE JOINT AUDIT COMMITTEE OF THE BOARD ONCE REVIEWED BY THE JOINT AUDIT COMMITTEE, MANAGEMENT DISTRIBUTES A COPY TO EACH MEMBER OF THE EXECUTIVE COMMITTEE OF THE BOARD ONCE APPROVED BY THE EXECUTIVE COMMITTEE, IT IS DISCUSSED AT THE FULL BOARD OF MANAGERS MEETING THAT COPIES OF FORM 990 ARE AVAILABLE ON REQUEST IN ADDITION, FORM 990 IS REVIEWED BY OUTSIDE COUNSEL AND IS PREPARED IN CONJUNCTION WITH ERNST AND YOUNG, LLP FORM 990, PART VI, LINE 12C PROCESS USED TO MONITOR COMPLIANCE THE COMPLIANCE OFFICER AND STAFF ARE RESPONSIBLE TO ADMINISTER THE CONFLICT OF INTEREST PROGRAM--INCLUDING THE IMPLEMENTATION OF THE POLICY--BY MAINTAINING PROCESSES FOR DISCLOSURE OF OUTSIDE ACTIVITIES AND FOR THE TIMELY REVIEW OF REPORTED INTERESTS, INCLUDING 1 MANAGEMENT OF THE ANNUAL DISCLOSURE CERTIFICATION PROCESS AND THE PROCESS BY WHICH COVERED PERSONS DISCLOSE AT TIME OF HIRE COVERED PERSONS RECEIVE AN ANNUAL QUESTIONNAIRE REQUESTING DISCLOSURE OF RELATIONSHIPS AND TRANSACTIONS THAT MIGHT INVOLVE A CONFLICT OF INTEREST QUESTIONNAIRE RESPONSES ARE REVIEWED BY THE COMPLIANCE OFFICER AND STAFF FOLLOW-UP INQUIRIES ARE MADE IF NEEDED MATTERS ARE SUBMITTED TO AN INTERNAL MANAGEMENT COMMITTEE AND A COMMITEE OF THE BOARD OF MANAGERS IF AN ADJUDICATION IS NEEDED 2 REVIEW AND ADJUDICATION OF OUTSIDE ACTIVITIES THAT REQUIRE PRE- APPROVAL OR DISCLOSURE, FACILITATION OF A REVIEW BY THE OFFICE OF INDUSTRIAL AFFAIRS OF ANY OUTSIDE ACTIVITIES THAT INVOLVE INTELLECTUAL PROPERTY OR OTHERWISE INVOLVE AN ACTIVITY IN WHICH THE CENTER'S RIGHTS MAY REQUIRE PROTECTION 3 ADMINISTRATION OF CONFLICT OF INTEREST ADVISORY COMMITTEE MEETINGS, INCLUDING DEVELOPMENT AND DISTRIBUTION OF AGENDAS AND SUPPORTING DOCUMENTS, DRAFTING AND DISTRIBUTION OF MINUTES, AND MAINTENANCE OF COMMITTEE RECORDS 4 DOCUMENTATION OF THE OUTCOME OF ALL REVIEWS OF REPORTED OUTSIDE ACTIVITIES COMMUNICATION TO THE COVERED PERSON OF THE OUTCOME OF ALL REVIEWS, INCLUDING DOCUMENTATION OF MANAGEMENT PLANS AS PART OF THE CLINICAL RESEARCH REVIEW PROCESS, QUESTIONS ON THE PROTOCOL SUBMISSION FORM ARE DESIGNED TO ELICIT INFORMATION ABOUT POTENTIAL CONFLICTS SITUATIONS IN WHICH A STAFF PARTICIPANT IN RESEARCH REPORTS A POTENTIAL CONFLICT ARE REFERRED TO THE CHAIR OF THE COIAC AND TO THE COMPLIANCE OFFICER FOR REVIEW THE BOARD OF MEMORIAL SLOAN-KETTERING CANCER CENTER CONTAINS LEADERS THAT ACTIVELY SERVE AS OFFICERS AND/OR BOARD MEMBERS OF PUBLICLY TRADED COMPANIES THE INSTITUTION MAY PROCURE GOODS AND/OR SERVICES FROM THESE PUBLICLY TRADED COMPANIES THROUGH THE ORDINARY COURSE OF THE COMPANIES' BUSINESS ON TERMS AND CONDITIONS WHICH ARE NOT INFLUENCED BY MEMBERS OF OUR BOARD OF MANAGERS AND WHICH WE ASSUME ARE THE SAME THAT SUCH COMPANIES CHARGE TO THE GENERAL PUBLIC THE INSTITUTION HAS A COMPREHENSIVE CONFLICT OF INTEREST POLICY REPORTED ON SCHEDULE L ARE DISCLOSURES MADE BY OUR BOARD OF MANAGERS THROUGH A CONFLICT OF INTEREST QUESTIONNAIRE THESE TRANSACTIONS WERE ALSO CONSUMMATED ON AN ARMS LENTH BASIS BETWEEN MANAGEMENT OF THE INSTITUTION AND THE COMPANY FORM 990, PART VI, LINE 15 PROCESS FOR DETERMINING COMPENSATION MEMORIAL SLOAN-KETTERING CANCER CENTER (MSKCC) IS COMMITTED TO ENSURING THAT ITS EXECUTIVE COMPENSATION PROGRAM ADHERES TO THE ESTABLISHED STANDARDS OF REGULATORY COMPLIANCE AND BEST CORPORATE GOVERNANCE THE MSKCC BOARD OF OVERSEERS AND MANAGERS HAS CHARGED THE JOINT HUMAN RESOURCES COMMITTEE (WHICH IS COMPOSED OF INDEPENDENT BOARD MEMBERS WITH NO CONFLICTS OF INTEREST IN REGARDS TO EXECUTIVE COMPENSATION) WITH MAKING ALL DECISIONS RELATED TO COMPENSATION FOR OFFICERS AND KEY EMPLOYEES THE COMMITTEE REVIEWS THE TOTAL COMPENSATION OF THE INDIVIDUALS, INCLUDING BOTH CURRENT AND DEFERRED COMPENSATION, AND ALL EMPLOYEE BENEFITS, ON AN ANNUAL BASIS TO ENSURE THAT THE TOTAL COMPENSATION OF EACH OFFICER AND KEY EMPLOYEE IS REASONABLE TO ASSIST IN THE COMPLETION OF ITS RESPONSIBILITIES, THE COMMITTEE ENGAGES THE SERVICES OF A NATIONALLY RECOGNIZED CONSULTING FIRM SPECIALIZING IN EXECUTIVE COMPENSATION FOR NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS EACH YEAR THE COMMITTEE REVIEWS A COMPREHENSIVE REPORT PREPARED BY THE FIRM THAT INCLUDES MARKET DATA FOR FUNCTIONALLY COMPARABLE ROLES IN COMPARABLE ORGANIZATIONS (I E , NOT-FOR-PROFIT ACADEMIC/RESEARCH MEDICAL CENTERS, ESPECIALLY THOSE SHARING A MISSION SIMILAR TO MSKCC, WITH OTHER HEALTHCARE SECTORS CONSIDERED ON A SELECTED BASIS) AND SUMMARIZES THE RELATIVE MARKET POSITION OF EACH EXECUTIVE'S TOTAL COMPENSATION ADDITIONALLY, A SENIOR MEMBER OF THE CONSULTING FIRM ATTENDS THE COMMITTEE'S MEETINGS TO PROVIDE INFORMATION AND TO RESPOND TO QUESTIONS BY THE MEMBERS OF THE COMMITTEE COMPENSATION LEVELS ARE ESTABLISHED CONSIDERING THE MARKET DATA, AN ASSESSMENT OF PERFORMANCE, AND OTHER BUSINESS JUDGMENT FACTORS, CONSISTENT WITH MSKCC'S EXECUTIVE COMPENSATION PHILOSOPHY THE COMMITTEE'S DECISIONS ARE MADE IN THE BEST INTERESTS OF MSKCC, AND ARE INTENDED TO ENSURE THE RECRUITMENT AND RETENTION OF KEY EXECUTIVE TALENT, CONSISTENT WITH THE MARKET PRACTICES OF OTHER NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS OF COMPARABLE SCOPE, MISSION AND COMPLEXITY ON AN ANNUAL BASIS, THE COMMITTEE PROVIDES THE FULL BOARD WITH AN OVERVIEW OF ITS DETERMINATIONS AND PROCESS THE COMMITTEE'S REVIEW PROCESS FOLLOWS THE INTERMEDIATE SANCTIONS GUIDELINES FOR QUALIFYING FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE OF 1986 - THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX EXEMPT ORGANIZATION (I E, THE COMMITTEE, WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST WITHIN THE MEANING OF THE REGULATIONS UNDER SECTION 4958) - THE AUTHORIZED BODY OBTAINS AND RELIES UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, WHICH COMPARABILITY DATA ARE PROVIDED AND ANALYZED BY SULLIVAN, COTTER AND ASSOCIATES, INC , A WELL-REGARDED EXPERT IN THE AREA OF HEALTHCARE COMPENSATION - THE COMMITTEE ADEQUATELY DOCUMENTS THE BASIS FOR ITS DETERMINATION CONCURRENTLY WITH MAKING THAT DETERMINATION, AGAIN AS REQUIRED IN THE REGULATIONS

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION, CONTINUED		FORM 990, PART VI, LINE 19 DOCUMENTS AVAILABLE TO THE PUBLIC THE INSTITUTION MAKES ITS AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST IN ADDITION THE FINANCIAL STATEMENTS CAN BE ACCESSED AT THE FOLLOWING WEB ADDRESS WWW DACBOND COM THE INSTITUTION HAS ENGAGED DAC BOND AS OUR INVESTOR RELATIONS AND DISCLOSURE/DISSEMINATION AGENT THE INFORMATION AVAILABLE ON THIS WEB SITE INCLUDES AUDITED FINANCIAL STATEMENTS, QUARTERLY UNAUDITED FINANCIAL STATEMENTS AND THE BOND OFFERING STATEMENTS FOR ALL OF OUR TAX-EXEMPT DEBT ISSUES IN ADDITION COPIES OF THE GROUP 990 AND PARENT 990T ARE ALSO AVAILABLE THE CONFLICT OF INTEREST POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST IT CAN BE FOUND AT THE FOLLOWING INSTITUTIONAL WEB SITE WWW MSKCC ORG GOVERNING DOCUMENTS SUCH AS THE ARTICLES OF INCORPORATION AND CORPORATE BY-LAWS ARE NOT CURRENTLY MADE AVAILABLE TO THE PUBLIC FORM 990, PART VII, SECTION A TITLES THIS IRS FORM 990 IS FILED UNDER GROUP EXEMPTION NUMBER 3475, EIN 91-2154267 THE ATTACHED LIST REPRESENTS MEMBERS FROM THE GOVERNING BOARDS OF THE FOLLOWING AFFILIATED INSTITUTIONS THAT MAKE UP OUR EXEMPT GROUP MEMORIAL SLOAN-KETTERING CANCER CENTER (MSK), MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES (MEM), SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH (SKI), S K I REALTY, INC (SKR), LOUIS V GERSTNER JR GRADUATE SCHOOL OF BIOMEDICAL SCIENCES (SKG), AND MSK INSURANCE US, INC (MVI) RICHARD I BEATTIE - CHAIRMAN MEM, MEMBER SKI, SKR, SKG, VICE-CHAIR MSK CAROLYN BONHEUR - SECRETARY SKR & SKG, ASST SECRETARY MSK, MEM, SKI PETER O CRISP - SECRETARY OF THE BOARD MSK, MEM, SKI, SKG (TO 3/31/2010) STANLEY F DRUCKENMILLER - BOARD MEMBER MSK, MEM, SKI RICHARD N FOSTER - BOARD MEMBER MSK, MEM, SKI, SKG STEPHEN FRIEDMAN - BOARD MEMBER MSK, MEM, SKI, SKG ELLEN V FUTTER - BOARD MEMBER MSK, MEM, SKI (SKG FROM 5/31/09) PHILIP H GEIER, JR - BOARD MEMBER MSK, MEM, SKI LOUIS V GERSTNER, JR - CHAIRMAN SKI & SKG, VICE CHAIRMAN MSK & MEM BOARD MEMBER SKR JONATHAN N GRAYER - BOARD MEMBER MSK, MEM, SKI, SKG JOHN R GUNN - EXECUTIVE VICE PRESIDENT, BOARD MEMBER MSK, TREASURER SKR & SKG, VP/SECRETARY MVI MICHAEL P GUTNICK - SR VICE PRESIDENT FINANCE, BOARD MEMBER & TREASURER MVI, ASST TREASURER MSK, MEM, SKI, SKR, SKG WILLIAM B HARRISON, JR - BOARD MEMBER MSK, MEM, SKI BENJAMIN W HEINEMAN, JR - BOARD MEMBER MSK, MEM, SKI JEFF JOHNSON - BOARD MEMBER MVI MRS PETER D JONES - BOARD MEMBER MSK, MEM, SKI (TO 6/22/09) DAVID H KOCH - BOARD MEMBER MSK, MEM, SKI, SKG MARIE-JOSEE KRAVIS - BOARD MEMBER MSK, MEM, SKI MRS THOMAS V LEEDS- BOARD MEMBER MSK,MEM,SKI (FROM 6/22/09) JAMES G NIVEN - BOARD MEMBER MSK, MEM, SKI, SKG, PRESIDENT SKR HUTHAM S OLAYAN- BOARD MEMBER SKG (FROM 5/13/09) BRUCE C RATNER - BOARD MEMBER MSK, MEM, SKI CLIFTON S ROBBINS - BOARD MEMBER & TREASURER MSK, MEM, SKI, MEMBER SKR JAMES D ROBINSON III - BOARD MEMBER MEM, SKI, SKR, HONORARY CHAIRMAN MSK BENJAMIN M ROSEN - BOARD MEMBER MSK, MEM, SKR, SKG, VICE-CHAIRMAN MEM, CHAIRMAN MVI JACK RUDIN - BOARD MEMBER MSK, MEM, SKI NORMAN C SELBY - SECRETARY MSK, MEM, SKI, BOARD MEMBER MSK, MEM, SKI, SKG STEPHEN C SHERRILL - BOARD MEMBER MSK, MEM, SKI WILLIAM C STEERE, JR - BOARD MEMBER MSK, MEM, SKI (TO 3/31/09) SCOTT M STUART-BOARD MEMBER MSK, MEM, SKI (FROM 4/2/09) MARK SVENNINGSON - CONTROLLER, PRESIDENT AND BOARD MEMBER MVI HAROLD VARMUS, M D - PRESIDENT & CEO, BOARD MEMBER MSK, MEM, SKI LUCY R WALETZKY, M D - BOARD MEMBER MSK, MEM, SKI DOUGLAS WARNER III - CHAIRMAN OF THE BOARD MSK, SKR, MEMBER MEM, SKI & SKG DEBORAH C WRIGHT - BOARD MEMBER MSK, MEM, SKI THOMAS FAHEY, M D - SR VICE PRESIDENT, CLINICAL PROGRAM DEVELOPMENT ROBERT E WITTES, M D - PHYSICIAN-IN-CHIEF, MEMORIAL HOSPITAL THOMAS J KELLY, M D - DIRECTOR, SLOAN-KETTERING INSTITUTE KATHRYN MARTIN - SR VICE PRESIDENT, HOSPITAL ADMINISTRATOR JASON KLEIN - VICE PRESIDENT & CHIEF INVESTMENT OFFICER PATRICIA C SKARULIS - VICE PRESIDENT & CHIEF INFORMATION OFFICER, INFORMATION SYSTEMS LARRY NORTON, M D - DEPUTY PHYSICIAN-IN-CHIEF DENNIS DOWDELL, JR - VICE PRESIDENT, HUMAN RESOURCES RICHARD K NAUM - VICE PRESIDENT, DEVELOPMENT EDWARD J MAHONEY - VICE PRESIDENT, FACILITIES MANAGEMENT ERIC M COTTINGTON - VICE PRESIDENT, RESEARCH & TECHNOLOGY MANAGEMENT MAUREEN KILLACKEY, M D - DEPUTY PHYSICIAN-IN-CHIEF, MEDICAL DIRECTOR REGIONAL CARE, MEMORIAL HOSPITAL ROGER N PARKER - SR VICE PRESIDENT, LEGAL AFFAIRS KENNETH MARIANS - SKI MEMBER, DEAN OF GERSTNER GRADUATE SCHOOL ELLEN MILLER SONET - VICE PRESIDENT, MARKETING KATHY LEWIS - VICE PRESIDENT, PUBLIC AFFAIRS PETER T SCARDINO, M D - CHAIRMAN & ATTENDING, DEPARTMENT OF SURGERY HEDVIG HRICAK, M D - CHAIRMAN & ATTENDING, DEPARTMENT OF RADIOLOGY GEORGE BOSL, M D - CHAIRMAN & ATTENDING, DEPARTMENT OF MEDICINE SIMON NICHOLAS POWELL, M D - CHAIRMAN & ATTENDING, DEPARTMENT OF RADIATION ONCOLOGY ANNE MCSWEENEY - CAMPAIGN DIRECTOR (DEVELOPMENT) MURRAY F BRENNAN, M D - ATTENDING SURGERY, GASTRIC & MIXED TUMOR SERVICE MANJIT S BAINS, M D - ATTENDING SURGERY, THORACIC SERVICE PETER G CORDEIRO M D - CHIEF ATTENDING SURGERY, PLASTIC & RECONSTRUCTIVE SERVICE PHILIP H GUTIN, M D - CHAIRMAN & ATTENDING, NEUROSURGERY JOSEPH DISA, M D - ASSOCIATE ATTENDING SURGERY, PLASTIC & RECONSTRUCTIVE SERVICE FORM 990, PART VII, SECTION B AMOUNTS PAID TO INDEPENDENT CONTRACTORS INCLUDE AMOUNTS PAID TO SUBCONTRACTORS AS WELL AS REIMBURSABLE EXPENSES

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION, CONTINUED		FORM 990, PART XI, LINE 2 THE FINANCIAL STATEMENTS OF MEMORIAL SLOAN-KETTERING CANCER CENTER AND ITS AFFILIATES ARE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM ON A COMBINED BASIS THE COMBINED STATEMENTS INCLUDE THE ACCOUNTS OF THE FOLLOWING TAX EXEMPT, SECTION 501(C)(3), INCORPORATED AFFILIATES MEMORIAL SLOAN-KETTERING CANCER CENTER (EIN 13-1924236), MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES (EIN 13-1624082), SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH (EIN 13-1624182), S K I REALTY, INC (EIN 13-3389586), LOUIS V GERSTNER JR , GRADUATE SCHOOL OF BIOMEDICAL SCIENCES (EIN 20-2212588), AND MSK INSURANCE US, INC (EIN 83-0363317) IN ADDITION, THE STATEMENTS INCLUDE MSK INSURANCE LTD , A WHOLLY-OWNED CAPTIVE INSURANCE COMPANY DOMICILED IN BERMUDA COMMUNITY BENEFIT INFORMATION STRATEGIC PLANNING MSKCC'S (THE INSTITUTION) STRATEGIC PLANNING PROCESS INCLUDES DEVELOPING SERVICES AND PROGRAMS IN RESPONSE TO CANCER MORBIDITY AND MORTALITY DATA, DEMOGRAPHIC DATA, PATIENT AND PROGRAM SATISFACTION SURVEYS, AND COMMUNITY INPUT THESE FINDINGS AND RESULTS ARE USED TO PLAN INITIATIVES AND PROGRAMS AIMED AT IMPROVING OUR COMMUNITY'S ACCESS TO CANCER INFORMATION, PREVENTION, CARE, AND TREATMENT ADVANCES IN ADDITION, THE INSTITUTION'S STRATEGIC EFFORTS ARE FOCUSED ON REDUCING CANCER HEALTHCARE DISPARITIES AMONG MINORITY AND MEDICALLY UNDERSERVED POPULATIONS, WHICH IS A CRITICAL ISSUE THE INSTITUTION'S PRIMARY CATCHMENT AREA ENCOMPASSES 28 COUNTIES IN LONG ISLAND, SOUTHERN NEW YORK STATE, NORTHERN NEW JERSEY, SOUTHWESTERN CONNECTICUT, AND THE FIVE BOROUGHS OF NEW YORK CITY THESE COUNTIES WERE IDENTIFIED AS EACH HAVING A MINIMUM OF FIFTY MEMORIAL HOSPITAL PATIENTS RESIDING IN THE AREA ADDITIONALLY, OVER 10,000 PATIENTS FROM OTHER PARTS OF THE UNITED STATES AND 1,100 INTERNATIONAL PATIENTS WERE TREATED IN 2009, REPRESENTING APPROXIMATELY ELEVEN PERCENT OF THE INSTITUTION'S PATIENTS SINCE 1987, THE INSTITUTION HAS HAD A FINANCIAL ASSISTANCE PROGRAM IN PLACE TO ASSIST UNDERINSURED AND UNINSURED PATIENTS WHO ARE EXPERIENCING DIFFICULTIES MEETING THEIR FINANCIAL RESPONSIBILITIES TO THE INSTITUTION AND ITS PHYSICIANS FINANCIAL COUNSELORS ARE AVAILABLE TO WORK WITH PATIENTS AND INSURANCE COMPANIES - INCLUDING MEDICARE AND MEDICAID - TO HELP PATIENTS TO ACCESS SERVICES FOR THOSE WHO DON'T QUALIFY FOR PUBLICLY AVAILABLE HEALTH INSURANCE OR WHO ARE UNABLE TO PAY THEIR PORTION OF FEES ABOVE INSURANCE REIMBURSEMENT, THE INSTITUTION CAN PROVIDE FINANCIAL HELP TO THOSE WHO ARE ELIGIBLE THROUGH ITS FINANCIAL ASSISTANCE PROGRAM THE PREMISE OF THIS PROGRAM IS THAT ALL PATIENTS ARE EXPECTED TO CONTRIBUTE TOWARDS THEIR CARE BUT ONLY TO THE EXTENT OF THEIR ABILITY TO PAY FINANCIAL ASSISTANCE AND CHARITY CARE THE FINANCIAL ASSISTANCE PROGRAM EMPLOYS SEVERAL STRATEGIES TO INCREASE PATIENT AWARENESS OF THE PROGRAM THESE EFFORTS INCLUDE PLACEMENT OF PROGRAM BROCHURES IN ALL PATIENT REGISTRATION AREAS, MAIL NOTIFICATION INSERTS IN EACH PATIENT'S BILL AND COLLECTION NOTICES, AND ONGOING TRAINING FOR BILLING DEPARTMENT STAFF ON COMMUNICATING FINANCIAL ASSISTANCE SERVICES DURING THE REGISTRATION PROCESS, FINANCIAL INTERVIEWERS EDUCATE PATIENTS ON THE VARIOUS PROGRAMS THAT ARE AVAILABLE TO THEM, INCLUDING GOVERNMENTAL PROGRAMS AND THE INSTITUTION'S CHARITY CARE PROGRAMS INFORMATION ABOUT THE INSTITUTION'S FINANCIAL ASSISTANCE PROGRAM IS ALSO AVAILABLE ON ITS WEB SITE SELF PAY PATIENTS OR PATIENTS WITH INSURANCE WHO HAVE INCOME LESS THAN OR EQUAL TO 500 PERCENT OF THE FEDERAL POVERTY LEVEL ARE ELIGIBLE FOR THE INSTITUTION'S FINANCIAL ASSISTANCE PROGRAM PROGRAM ELIGIBILITY MAY INCLUDE REDUCED OUT OF POCKET EXPENSES, A TIME PAYMENT PLAN, OR ZERO OUT-OF-POCKET EXPENSES A PATIENT MAY ALSO QUALIFY FOR ASSISTANCE EVEN IF HIS/HER INCOME IS GREATER THAN THE THRESHOLD LIMIT THIS IS BECAUSE THE INSTITUTION ADJUSTS PATIENT'S INCOME FOR ROUTINE MONTHLY EXPENSES, INCLUDING TAXES, TO DETERMINE DISPOSABLE INCOME THE INSTITUTION ALSO DEDUCTS A SPECIFIC AMOUNT BASED ON A PATIENT'S FAMILY SIZE AS A MONTHLY CLOTHES AND FOOD ALLOWANCE IF A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE WITH ZERO FEE PAYMENT, THEN THE INSTITUTION ACCEPTS AS FULL PAYMENT ANY AMOUNT PAID BY THE INSURANCE CARRIER ON THE PATIENT'S BEHALF ADDITIONALLY, IF A PATIENT QUALIFIES FOR A TIME PAYMENT PLAN, THEN ALL OTHER CHARGES APART FROM THE AGREED TIME PAYMENT PLAN AMOUNT IS WRITTEN OFF TO CHARITY CARE FOR EXAMPLE, IF THE AGREEMENT CALLS FOR THE PATIENT TO MAKE ANNUAL PAYMENTS OF $1,200 00 ($100 MONTHLY), THEN ALL OTHER CHARGES ACCRUING TO THE PATIENT ARE CANCELLED AND WRITTEN OFF AS CHARITY CARE ANNUALLY, THE PATIENT'S CASE IS RE-EVALUATED AND ADJUSTMENTS MADE BASED ON CHANGING CIRCUMSTANCES THE FOLLOWING ARE THE GUIDELINES USED DURING THE REPORTING PERIOD IN ASSESSING A PATIENT'S FINANCIAL SITUATION MSKCC'S 2009 INCOME GUIDELINES FAMILY SIZE MSKCC ALLOWED INCOME 1 $54,150 2 $72,850 3 $91,550 4 $110,250 5 $128,950 6 $147,650 MSKCC 2009 RESOURCE GUIDELINES FAMILY SIZE RESOURCE LEVELS 1 $16,548 2 $20,367 3 $24,186 4 $28,006 5 $31,928 6 $33,734 MSKCC 2009 DEBT BURDEN FAMILY SIZE FOOD & CLOTHES ALLOWANCE 1 $1,147 2 $1,431 3 $1,641 4 $1,859 5 $2,062 6 $2,279

SUPPLEMENTAL INFORMATION, CONTINUED CHARITY CARE REPRESENTS THE COST OF SERVICES PROVIDED TO PATIENTS WHO CANNOT AFFORD HEALTH CARE SERVICES DUE TO INADEQUATE RESOURCES AND/OR ARE UNINSURED OR UNDERINSURED A PATIENT IS CLASSIFIED AS A CHARITY CARE PATIENT IN ACCORDANCE WITH THE INSTITUTION'S ESTABLISHED POLICIES AND WHERE INSUFFICIENT PAYMENT FOR SUCH SERVICES IS ANTICIPATED THE INSTITUTION CONSIDERS PATIENTS FOR CHARITY CARE IF HOUSEHOLD INCOME IS LESS THAN 500% OF THE FEDERAL POVERTY GUIDELINES THE INSTITUTION ENCOURAGES AND SUPPORTS THE INVOLVEMENT OF ITS STAFF IN COMMUNITY BUILDING ACTIVITIES THAT PROMOTE THE HEALTH OF THE COMMUNITIES IT SERVES STAFF MEMBERS SERVE AND PARTICIPATE IN NUMEROUS COMMUNITY GROUPS INCLUDING THE AMERICAN CANCER SOCIETY, THE AMERICAN PUBLIC HEALTH ASSOCIATION, THE GREATER NEW YORK HOSPITAL ASSOCIATION, AND MANY ADVOCACY GROUPS FOR PARTICULAR TYPES OF CANCER STAFF MEMBERS ARE ALLOWED TO PARTICIPATE IN THESE ACTIVITIES DURING NORMAL WORKING HOURS IN FEBRUARY 2009 THE INSTITUTION'S COMMUNITY OUTREACH COMMITTEE - COMPOSED OF REPRESENTATIVES FROM MORE THAN TEN DEPARTMENTS WITHIN THE INSTITUTION AND SELECTED AFFILIATED COMMUNITY ORGANIZATIONS - SURVEYED 143 COMMUNITY ORGANIZATIONS REGARDING THEIR CANCER OUTREACH, EDUCATION, AND SUPPORT SERVICES NEEDS THE RESULTS OF THE SURVEY WERE INSTRUMENTAL IN IDENTIFYING LOCAL BARRIERS AND GAPS IN SERVICES, SEVERAL OF WHICH WILL BE ADDRESSED IN PART BY PROGRAMS AND ACTIVITIES SPONSORED BY THE INSTITUTION THE SURVEY ALSO PROMPTED NEW PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS THAT EXTEND THE REACH OF THE INSTITUTION'S SERVICES TO DIVERSE POPULATIONS AS A NONPROFIT ORGANIZATION, THE INSTITUTION PROVIDES ASSISTANCE TO ORGANIZATIONS WHOSE MISSION AND GOALS SERVE THE NEEDS OF THE INSTITUTION'S PATIENTS, EMPLOYEES, AND LOCAL COMMUNITY MEMBERS THE INSTITUTION ALSO ABSORBS THE OVERHEAD COSTS ASSOCIATED WITH EMPLOYEE-DRIVEN FUNDRAISING INITIATIVES FOR COMMUNITY ORGANIZATIONS EDUCATION TRAINING AND RESEARCH EDUCATION AND TRAINING IS A KEY COMPONENT OF THE INSTITUTION'S MISSION, AND AN IMPORTANT EXAMPLE OF HOW THE INSTITUTION MAKES CONTRIBUTIONS TO THE CARE AND TREATMENT OF CANCER PATIENTS FAR BEYOND ITS OWN WALLS THE INSTITUTION'S TRAINING, GRADUATE, AND CONTINUING EDUCATION PROGRAMS PREPARE PHYSICIANS, SCIENTISTS, NURSES, AND TECHNICIANS TO BE LEADERS IN THEIR CHOSEN FIELDS THESE HEALTHCARE PROVIDERS CAN THEN TAKE THE EXPERTISE GAINED FROM WORKING WITH OUR SPECIALISTS TO OTHER HEALTHCARE INSTITUTIONS AROUND THE COUNTRY AND THROUGHOUT THE WORLD THE INSTITUTION ALSO TRAINS GRADUATE STUDENTS AND POSTDOCTORAL RESEARCHERS WORKING IN MANY AREAS OF BASIC SCIENCE AND TRANSLATIONAL RESEARCH WHEN THESE YOUNG SCIENTISTS COMPLETE THEIR TRAINING, THEY BRING THE SKILLS OBTAINED IN OUR LABORATORIES INTO THE ACADEMIC COMMUNITY AT LARGE AS WELL AS THE PRIVATE SECTOR MEMORIAL SLOAN-KETTERING CANCER CENTER UTILIZED $78 MILLION OF THE INSTITUTION'S RESOURCES DURING 2009 TO SUPPORT THE EDUCATION AND TRAINING MISSION, WHICH WE SEE AS VITAL GIVEN OUR LEADERSHIP ROLE IN CANCER CARE TREATMENT AND RESEARCH OUR CLINICAL RESEARCHERS HAVE DEVELOPED NUMEROUS CHEMOTHERAPY AND RADIATION THERAPY REGIMENS, SURGICAL METHODS, AND DIAGNOSTIC TECHNIQUES THAT ARE NOW CONSIDERED THE STANDARD OF CARE FOR PATIENTS AROUND THE WORLD OUR FOCUS ON MULTIDISCIPLINARY CARE, WHERE EXPERTS FROM MANY FIELDS OF MEDICINE COME TOGETHER TO DEVELOP THE BEST TREATMENTS FOR INDIVIDUAL PATIENTS AS WELL AS THE BEST TREATMENTS FOR PATIENTS AS A WHOLE WITH ANY PARTICULAR TYPE OF CANCER, HAS ALLOWED US TO BE AT THE FOREFRONT OF DEVELOPING TREATMENTS THAT ARE MORE EFFECTIVE AT TREATING CANCER WHILE AT THE SAME TIME SPARING MANY PATIENTS FROM THE MOST SERIOUS SIDE EFFECTS OF TREATMENT OUR BASIC AND TRANSLATIONAL RESEARCHERS HAVE MADE MANY SIGNIFICANT CONTRIBUTIONS TO THE SCIENTIFIC COMMUNITY'S UNDERSTANDING OF CANCER BIOLOGY AND CANCER GENETICS AS WELL AS TO RELATED FIELDS -- CELL BIOLOGY, MOLECULAR BIOLOGY, STRUCTURAL BIOLOGY, DEVELOPMENTAL BIOLOGY, MOLECULAR PHARMACOLOGY AND CHEMISTRY, IMMUNOLOGY, COMPUTATIONAL BIOLOGY, AND DRUG DEVELOPMENT GENES FIRST IDENTIFIED IN OUR LABORATORIES ARE NOW THE FOCUS OF INTENSE RESEARCH IN OTHER LABORATORIES AROUND THE WORLD DRUGS, MONOCLONAL ANTIBODIES, AND OTHER AGENTS FIRST DEVELOPED IN OUR LABORATORIES HAVE GONE ON TO GAIN REGULATORY APPROVAL FOR TREATING PATIENTS EVERYWHERE RECENT EXPANSION OF OUR LABORATORY SPACE HAS ALLOWED US TO GROW OUR RESEARCH EFFORTS SO THAT GOING FORWARD WE CAN CONTINUE TO MAKE DISCOVERIES THAT WILL CHANGE THE WAY THE WORLD UNDERSTANDS CANCER AND AID IN THE DEVELOPMENT OF BETTER TREATMENTS FOR CANCER PATIENTS EVERYWHERE MEMORIAL SLOAN-KETTERING CANCER CENTER UTILIZED $236 MILLION OF THE INSTITUTION'S RESOURCES DURING 2009 IN SUPPORT OF OUR RESEARCH MISSION OUR LEADERSHIP ROLE IN CANCER RESEARCH NECESSITATES OUR COMMITMENT TO PROVIDING SIGNIFICANT COMMUNITY BENEFIT THROUGH OUR INVESTMENT IN RESEARCH
SUPPLEMENTAL INFORMATION, CONTINUED FORM 990, SCHEDULE K PART I A (F) SERIES 2003 BONDS - USED TO FINANCE OR REFINANCE ALL OR A PORTION OF THE COSTS OF THE FOLLOWING PROJECTS (1) BEGAN CONSTRUCTION ON A NEW 23-FLOOR RESEARCH BUILDING (2) ACQUIRED 256 UNITS OF RESIDENTIAL APARTMENTS FOR STAFF OF THE INSTITUTION (3) IMPROVED A TWO-STORY LABORATORY ANIMAL FACILITY (4) PURCHASED A 28-UNIT RESIDENTIAL APARTMENT COMPLEX FOR STAFF OF THE INSTITUTION PART I B (F) 2006 SERIES 1 - USED TO FINANCE OR REFINANCE ALL OR A PORTION OF THE COST OF THE FOLLOWING PROJECTS (1) BEGAN CONSTRUCTION ON A NEW EIGHT-STORY RESEARCH FACILITY (2) COMPLETION OF THE 23-STORY RESEARCH BUILDING (3) PURCHASED 96 RESIDENTIAL CONDOMINIUM APARTMENTS FOR STAFF OF THE INSTITUTION (4) IMPROVED ON A 13-STORY RESEARCH FACILITY PART I C (F) 2006 SERIES 2 - USED TO ADVANCE REFUND A PORTION OF THE SERIES 2003 BONDS ISSUED MAY 14, 2003 PART I D (F) 2008 SERIES 1 - USED TO REFUND A PORTION OF THE SERIES 2002A BONDS ISSUED JANUARY 24, 2002 PART I E (F) 2008 SERIES 2 - USED TO REFUND A PORTION OF THE SERIES 2002A BONDS ISSUED JANUARY 24, 2002 PART I F (F) 2007 LEASE - LEASE FINANCE OF MEDICAL EQUIPMENT PART I G (F) 2008 LEASE - LEASE FINANCE OF MEDICAL EQUIPMENT PART I H (F) 2009 LEASE - LEASE FINANCE OF MEDICAL AND RESEARCH LABORATORY EQUIPMENT FORM 990, SCHEDULE L, PART IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS 1 MR JACK RUDIN IS A BOARD MEMBER OF THE INSTITUTION HE IS A STAKEHOLDER IN FIRST LEXINGTON CORPORATION THE INSTITUTION LEASES OFFICE SPACE FROM FIRST LEXINGTON AT FAIR MARKET VALUE THE COST OF THE LEASE WAS $1,071,787 IN 2009 THERE IS NO SHARING OF THE INSTITUTION'S REVENUE 2 MR JAMES D ROBINSON III IS A BOARD MEMBER OF THE INSTITUTION THE INSTITUTION PURCHASED COMMUNICATION EQUIPMENT FROM VOCERA WHICH IS A PORTFOLIO INVESTMENT OF RRE VENTURE'S FUND II MSSRS JAMES D ROBINSON III AND JAMES D ROBINSON IV ARE GENERAL PARTNERS MR JAMES D ROBINSON IV WAS ON THE BOARD OF VOCERA UNTIL NOVEMBER 2009 ALL TRANSACTIONS WERE AT FAIR MARKET VALUE THE COST OF THE DEVICES TOTALED $150,016 THERE IS NO SHARING OF THE INSTITUTION'S REVENUE FORM 990, SCHEDULE R, PART III NAME AND EIN MEMORIAL CRITICAL CARE 13-3348785 MEMORIAL INFECTIOUS DISEASE 13-3278582 MEMORIAL MEDICAL CONSULTATION 13-3278550 MEMORIAL NUTRITION GROUP 13-3278576 MEMORIAL SOLID TUMOR GROUP 13-3278578 MEMORIAL PULMONARY FUNCTION 13-3304834 MEMORIAL CARDIOPULMONARY 13-3278552 MSKCC RADIOLOGY GROUP 13-3375559 MEMORIAL NUCLEAR MEDICINE 13-3278580 MEMORIAL RADIATION ONCOLOGY 13-3237927 MEMORIAL PATHOLOGY GROUP 13-3365998 MEMORIAL ANESTHESIOLOGY GROUP 13-3367135 MEMORIAL PEDIATRICS GROUP 13-3346908 MEMORIAL NEUROLOGY GROUP 13-3399377 MEMORIAL PSYCHIATRY GROUP 13-3430629 MSKCC AT GUTTMAN 13-3875002 MSKCC PHYSICANS AT PHELPS 13-3897156 MSKCC AT ST FRANCIS/MERCY 13-3954858 MSKCC PHYSICIANS AT ST CLARE'S 13-3897154 MSKCC REHABILITATION 13-4010371 MSKCC SURGERY GROUP 13-4010372 MSKCC SUFFOLK-HAUPPAUGE 13-4059247 MEMORIAL NEUROSURGERY GROUP 13-3251621 MSKCC INTERGRATIVE MEDICINE 54-2092060 MSKCC SUFFOLK-COMMACK 02-0594889 MSKCC AT BASKING RIDGE NJ 59-3801080 MEMORIAL URGENT CARE GROUP 65-1263291 MEMORIAL CLINICAL GENETICS 65-1263292 MEMORIAL DEVELOPMENTAL CHEMO 13-3278548 MSKCC CLINICAL PRACTICE PLAN 51-0616510 MEMORIAL BREAST GROUP 56-2568640 MEMORIAL COLORECTAL GROUP 56-2568642 MEMORIAL DENTAL GROUP 56-2568630 MEMORIAL CLINICAL IMMUNOLOGY 13-3278559 MEMORIAL GASTRIC MIXED TUMOR GROUP 56-2568650 MEMORIAL GYNECOLOGY GROUP 56-2568655 MEMORIAL HEAD & NECK GROUP 56-2568656 MEMORIAL HEPATOBILIARY GROUP 56-2568667 MEMORIAL NEUROSURGERY GROUP 56-2568663 MEMORIAL OPT ABRAMSON GROUP 56-2568627 MEMORIAL OPTHALMIC ONOCOLOGY 56-2568675 MEMORIAL OPTHALMOLOGY GROUP 56-2568669 MEMORIAL ORTHOPEDIC GROUP 56-2568680 MEMORIAL PEDIATRIC SURGERY 56-2568683 MEMORIAL CLINICAL PHYSIOLOGY 13-3278556 MEMORIAL PLASTIC RECONSTRUCTION 56-2568623 MEMORIAL THORACIC GROUP 56-2568677 MEMORIAL UROLOGY GROUP 56-2568638 MEMORIAL PAIN SERVICE GROUP 65-1283822 MEMORIAL DERMATOLOGY GROUP 13-3278581 MEMORIAL ENDOCRINE GROUP 13-3278583 MEMORIAL GASTROENTEROLOGY 13-3278574 MEMORIAL HEMATOLOGY/LYMPHOMA 13-3278575

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493291001570

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
91-2154267

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
See Additional Data Table											

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
MSK INSURANCE LTD - MARSH INSURANCE 2 CHURCH STREET HAMILTON BD 13-1624082	INVESTMENTS	BD	NA	C	-1,016,826	10,879,589	100 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	MSK INSURANCE LTD - MARSH INSURANCE	Q	38,348,512

(1) See Additional Data Table

(2)

(3)

(4)

(5)

(6)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 91-2154267
Name: Memorial Sloan-Kettering Cancer Center

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?	
							Yes	No		Yes	No
MEMORIAL CRITICAL CARE 1275 YORK AVENUE NEW YORK, NY10065 13-3348785	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL INFECTIOUS DISEASE 1275 YORK AVENUE NEW YORK, NY10065 13-3278582	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL MEDICAL CONSULTATION 1275 YORK AVENUE NEW YORK, NY10065 13-3278550	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL NUTRITION GROUP 1275 YORK AVENUE NEW YORK, NY10065 13-3278576	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL SOLID TUMOR GROUP 1275 YORK AVENUE NEW YORK, NY10065 13-3278578	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL PULMONARY FUNCTION 1275 YORK AVENUE NEW YORK, NY10065 13-3304834	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL CARDIOPULMONARY 1275 YORK AVENUE NEW YORK, NY10065 13-3278552	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MSKCC RADIOLOGY GROUP 1275 YORK AVENUE NEW YORK, NY10065 13-3375559	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL NUCLEAR MEDICINE 1275 YORK AVENUE NEW YORK, NY10065 13-3278580	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL RADIATION ONCOLOGY 1275 YORK AVENUE NEW YORK, NY10065 13-3237927	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL PATHOLOGY GROUP 1275 YORK AVENUE NEW YORK, NY10065 13-3365998	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL ANESTHESIOLOGY GROUP 1275 YORK AVENUE NEW YORK, NY10065 13-3367135	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL PEDIATRICS GROUP 1275 YORK AVENUE NEW YORK, NY10065 13-3346908	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL NEUROLOGY GROUP 1275 YORK AVENUE NEW YORK, NY10065 13-3399377	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL PSYCHIATRY GROUP 1275 YORK AVENUE NEW YORK, NY10065 13-3430629	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MSKCC AT GUTTMAN 1275 YORK AVENUE NEW YORK, NY10065 13-3875002	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MSKCC PHYSICANS AT PHELPS 1275 YORK AVENUE NEW YORK, NY10065 13-3897156	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MSKCC AT ST FRANCISMERCY 1275 YORK AVENUE NEW YORK, NY10065 13-3954858	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MSKCC PHYSICIANS AT ST CLARE'S 1275 YORK AVENUE NEW YORK, NY10065 13-3897154	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MSKCC REHABILITATION 1275 YORK AVENUE NEW YORK, NY10065 13-4010371	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MSKCC SURGERY GROUP 1275 YORK AVENUE NEW YORK, NY10065 13-4010372	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MSKCC SUFFOLK-HAUPPAUGE 1275 YORK AVENUE NEW YORK, NY10065 13-4059247	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL NEUROSURGERY GROUP 1275 YORK AVENUE NEW YORK, NY10065 13-3251621	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MSKCC INTERGRATIVE MEDICINE 1275 YORK AVENUE NEW YORK, NY10065 54-2092060	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MSKCC SUFFOLK-COMMACK 1275 YORK AVENUE NEW YORK, NY10065 02-0594889	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MSKCC AT BASKING RIDGE NJ 1275 YORK AVENUE NEW YORK, NY10065 59-3801080	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL URGENT CARE GROUP 1275 YORK AVENUE NEW YORK, NY10065 65-1263291	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL CLINICAL GENETICS 1275 YORK AVENUE NEW YORK, NY10065 65-1263292	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL DEVELOPMENTAL CHEMO 1275 YORK AVENUE NEW YORK, NY10065 13-3278548	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MSKCC CLINICAL PRACTICE PLAN 1275 YORK AVENUE NEW YORK, NY10065 51-0616510	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner? Yes	(j) No
MEMORIAL BREAST GROUP 1275 YORK AVENUE NEW YORK, NY10065 56-2568640	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL COLORECTAL GROUP 1275 YORK AVENUE NEW YORK, NY10065 56-2568642	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL DENTAL GROUP 1275 YORK AVENUE NEW YORK, NY10065 56-2568630	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL CLINICAL IMMUNOLOGY 1275 YORK AVENUE NEW YORK, NY10065 13-3278559	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL GASTRIC MIXED TUMOR GROUP 1275 YORK AVENUE NEW YORK, NY10065 56-2568650	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL GYNECOLOGY GROUP 1275 YORK AVENUE NEW YORK, NY10065 56-2568655	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL HEAD & NECK GROUP 1275 YORK AVENUE NEW YORK, NY10065 56-2568656	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL HEPATOBILIARY GROUP 1275 YORK AVENUE NEW YORK, NY10065 56-2568667	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL NEUROSURGERY GROUP 1275 YORK AVENUE NEW YORK, NY10065 56-2568663	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL OPT ABRAMSON GROUP 1275 YORK AVENUE NEW YORK, NY10065 56-2568627	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL OPTHALMIC ONOCOLOGY 1275 YORK AVENUE NEW YORK, NY10065 56-2568675	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL OPTHALMOLOGY GROUP 1275 YORK AVENUE NEW YORK, NY10065 56-2568669	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL ORTHOPEDIC GROUP 1275 YORK AVENUE NEW YORK, NY10065 56-2568680	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL PEDIATRIC SURGERY 1275 YORK AVENUE NEW YORK, NY10065 56-2568683	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL CLINICAL PHYSIOLOGY 1275 YORK AVENUE NEW YORK, NY10065 13-3278556	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL PLASTIC RECONSTRUCTION 1275 YORK AVENUE NEW YORK, NY10065 56-2568623	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL THORACIC GROUP 1275 YORK AVENUE NEW YORK, NY10065 56-2568677	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL UROLOGY GROUP 1275 YORK AVENUE NEW YORK, NY10065 56-2568638	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL PAIN SERVICE GROUP 1275 YORK AVENUE NEW YORK, NY10065 65-1283822	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL DERMATOLOGY GROUP 1275 YORK AVENUE NEW YORK, NY10065 13-3278581	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL ENDOCRINE GROUP 1275 YORK AVENUE NEW YORK, NY10065 13-3278583	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL GASTROENTEROLOGY 1275 YORK AVENUE NEW YORK, NY10065 13-3278574	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	
MEMORIAL HEMATOLOGYLYMPHOMA 1275 YORK AVENUE NEW YORK, NY10065 13-3278575	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes	

Additional Data

Software ID:
Software Version:
EIN: 91-2154267
Name: Memorial Sloan-Kettering Cancer Center

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD I BEATTIE SEE SCHEDULE O	2.0	X						0	0	0
PETER O CRISP SEE SCHEDULE O	2.0	X						0	0	0
STANLEY F DRUCKENMILLER SEE SCHEDULE O	1.0	X						0	0	0
RICHARD N FOSTER SEE SCHEDULE O	2.0	X						0	0	0
STEPHEN FRIEDMAN SEE SCHEDULE O	2.0	X						0	0	0
ELLEN V FUTTER SEE SCHEDULE O	1.0	X						0	0	0
PHILIP H GEIER JR SEE SCHEDULE O	1.0	X						0	0	0
LOUIS V GERSTNER JR SEE SCHEDULE O	2.0	X						0	0	0
JONATHAN H GRAYER SEE SCHEDULE O	1.0	X						0	0	0
JOHN R GUNN SEE SCHEDULE O	50.0	X		X				1,464,236	0	110,419
MICHAEL P GUTNICK SEE SCHEDULE O	50.0	X		X				1,053,045	0	74,850
WILLIAM B HARRISON JR SEE SCHEDULE O	2.0	X						0	0	0
BENJAMIN W HEINEMAN JR SEE SCHEDULE O	2.0	X						0	0	0
JEFF JOHNSON SEE SCHEDULE O	1.0	X						0	0	0
MRS PETER JONES SEE SCHEDULE O	1.0	X						0	0	0
DAVID H KOCH SEE SCHEDULE O	1.0	X						0	0	0
MARIE-JOSEE KRAVIS SEE SCHEDULE O	1.0	X						0	0	0
MRS THOMAS V LEEDS SEE SCHEDULE O	1.0	X						0	0	0
DONALD B MARRON SEE SCHEDULE O	1.0	X						0	0	0
JAMES G NIVEN SEE SCHEDULE O	1.0	X						0	0	0
HUTHAM S OLAYAN SEE SCHEDULE O	1.0	X						0	0	0
BRUCE C RATNER SEE SCHEDULE O	1.0	X						0	0	0
CLIFTON S ROBBINS SEE SCHEDULE O	2.0	X						0	0	0
JAMES D ROBINSON III SEE SCHEDULE O	1.0	X						0	0	0
BENJAMIN M ROSEN SEE SCHEDULE O	1.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JACK RUDIN SEE SCHEDULE O	1 0	X						0	0	0
NORMAN C SELBY SEE SCHEDULE O	2 0	X						0	0	0
STEPHEN C SHERRILL SEE SCHEDULE O	1 0	X						0	0	0
WILLIAM C STEERE JR SEE SCHEDULE O	1 0	X						0	0	0
SCOTT M STUART SEE SCHEDULE O	1 0	X						0	0	0
MARK SVENNINGSON SEE SCHEDULE O	50 0	X		X	X			540,181	0	55,520
HAROLD VARMUS MD SEE SCHEDULE O	50 0	X		X				4,327,326	0	113,677
LUCY R WALETZKY MD SEE SCHEDULE O	1 0	X						0	0	0
DOUGLAS WARNER III SEE SCHEDULE O	4 0	X						0	0	0
DEBORAH C WRIGHT SEE SCHEDULE O	2 0	X						0	0	0
CAROLYN BONHEUR SEE SCHEDULE O	50 0			X				144,449	0	11,133
ERIC M COTTINGTON SEE SCHEDULE O	50 0			X				618,167	0	53,078
DENNIS DOWDELL JR SEE SCHEDULE O	50 0			X				561,581	0	52,167
THOMAS J FAHEY MD SEE SCHEDULE O	50 0			X				536,973	0	57,697
THOMAS J KELLY MD SEE SCHEDULE O	50 0			X				1,228,054	0	93,130
MAUREEN KILLACKEY MD SEE SCHEDULE O	50 0			X				482,594	0	54,041
JASON KLEIN SEE SCHEDULE O	50 0			X				1,165,021	0	69,942
KATHY LEWIS SEE SCHEDULE O	50 0			X				352,737	0	36,655
EDWARD J MAHONEY SEE SCHEDULE O	50 0			X				610,355	0	55,341
KENNETH MARIANS SEE SCHEDULE O	50 0			X				461,944	0	61,471
KATHRYN MARTIN SEE SCHEDULE O	50 0			X				1,021,323	0	73,348
ELLEN MILLER SONET SEE SCHEDULE O	50 0			X				328,426	0	39,305
RICHARD K NAUM SEE SCHEDULE O	50 0			X				566,291	0	48,413
LARRY NORTON MD SEE SCHEDULE O	50 0			X				731,398	0	43,238
ROGER N PARKER SEE SCHEDULE O	50 0			X				451,127	0	34,243

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA C SKARULIS SEE SCHEDULE O	50 0			X				686,802	0	54,283
ROBERT E WITTES MD SEE SCHEDULE O	50 0			X				1,226,231	0	83,739
GEORGE BOSL MD SEE SCHEDULE O	50 0				X			823,954	0	93,741
HEDVIG HRICAK MD SEE SCHEDULE O	50 0				X			1,318,464	0	71,558
ANN E MCSWEENEY SEE SCHEDULE O	50 0				X			571,294	0	25,701
SIMON NICHOLAS POWELL MD SEE SCHEDULE O	50 0				X			1,221,475	0	69,462
PETER T SCARDINO MD SEE SCHEDULE O	50 0				X			1,685,050	0	79,905
MANJIT S BAINS MD SEE SCHEDULE O	50 0					X		2,495,105	0	43,822
PETER G CORDEIRO MD SEE SCHEDULE O	50 0					X		1,865,281	0	168,521
PHILIP H GUTIN MD SEE SCHEDULE O	50 0					X		1,920,520	0	97,976
GEORGE KROL MD SEE SCHEDULE O	50 0					X		1,977,001	0	36,936
JATIN SHAH MD SEE SCHEDULE O	50 0					X		2,157,684	0	78,250

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Provision for bad debt	6,651,000	6,651,000		
REGULATORY ASSESMENTS	4,230,000	4,230,000		
Pharmaceuticals	262,279,000	262,279,000		
FUNDRAISING EVENTS	-674,151			-674,151
ALLOCATION OF INDIRECT COST		48,025,000	-48,267,000	242,000