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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 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010		
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization Memorial Sloan-Kettering Cancer Center	D Employer identification number 91-2154267
	Doing Business As	E Telephone number (646) 227-3092
	Number and street (or P O box if mail is not delivered to street address) 1275 York Avenue	Room/suite
	G Gross receipts \$ 3,401,160,395	
	City or town, state or country, and ZIP + 4 New York, NY 10065	
	F Name and address of principal officer CRAIG THOMPSON 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) ☐ 501(c) ()  (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
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Part I	Summary
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Activities & Governance	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																								
	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>99</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>91</td></tr><tr><td>5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)</td><td>5</td><td>13,595</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>942</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>-125,644</td></tr><tr><td>b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	99	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	91	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	13,595	6 Total number of volunteers (estimate if necessary)	6	942	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-125,644	b Net unrelated business taxable income from Form 990-T, line 34	7b	0						
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Part II	Signature Block
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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	2011-10-12			
	 MICHAEL P GUTNICK SENIOR VICE PRESIDENT, FINANCE	Date			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	Firm's name  ERNST & YOUNG US LLP				Firm's EIN 
	Firm's address  111 MONUMENT CIRCLE SUITE 2600 INDIANAPOLIS, IN 46204				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

Check if Schedule O contains a response to any question in this Part III

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?

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?

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 \$ 1,868,097,000 including grants of \$ 29,881,000) (Revenue \$ 1,862,101,000)

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 \$ 426,161,000 including grants of \$ 21,146,000) (Revenue \$ 23,323,000)

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 \$ 2,446,000 including grants of \$ 900,000) (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

\$ 2,296,704,000

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
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		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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b	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.	Yes	
c	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.		No
d	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.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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, Parts I and IV	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, Parts II and IV . . .		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, Parts III and IV . . .		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 (see instructions)	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	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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		No

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ☒ Yes ☐ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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				
Check if Schedule O contains a response to any question in this Part V ☐				
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	1,236	
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	13,595	
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 (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 instructions for 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?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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				
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?				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				
14a				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		No

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.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	99	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	91	
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	Yes	
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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 15a or 15b, 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	Yes	
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	Yes	

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, LA, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, ND, OH, OK, 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 P GUTNICK 633 3RD AVENUE NEW YORK, NY 10017 (646) 227-3413

Check if Schedule O contains a response to any question in this Part VII ☒

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2010)

Part VII

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								30,028,177	0	1,955,153

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 2,091

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
JGN CONSTRUCTION CORP 66-40 69TH STREET MIDDLE VILLAGE, NY 11379	GENERAL CONSTRUCT	17,024,753
TURNER CONSTRUCTION 375 HUDSON STREET NEW YORK, NY 10014	GENERAL CONSTRUCT	13,428,350
MICHAEL ANTHONY CONSTRUCTION CORP 161 RAILROAD AVENUE GARDEN CITY, NY 11040	GENERAL CONSTRUCT	4,078,023
SKIDMORE OWINGS MERRILL LLP 14 WALL STREET NEW YORK, NY 10005	ARCHITECT/ENGINEER	2,838,777
CHANGING OUR WORLD INC 220 EAST 42 STREET NEW YORK, NY 10017	MEDIA CONSULTANT	2,780,902
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 ▶122		

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	1,940,000				
	d Related organizations 1d					
	e Government grants (contributions) 1e	155,036,000				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	242,685,000				
	g Noncash contributions included in lines 1a-1f \$	8,608,688				
	h Total. Add lines 1a-1f	399,661,000				
Program Service Revenue	Business Code					
	2a MEDICAL CARE	622310	1,862,101,000	1,862,101,000		
	b RESEARCH	541711	23,323,000	23,323,000		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	1,885,424,000				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)					
			36,440,000	-125,644	36,565,644	
	4 Income from investment of tax-exempt bond proceeds . . .		17,000		17,000	
	5 Royalties		68,663,000		68,663,000	
	(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	972,557,395				
	b Less cost or other basis and sales expenses	936,634,395				
	c Gain or (loss)	35,923,000				
	d Net gain or (loss)	35,923,000			35,923,000	
	8a Gross income from fundraising events (not including \$ 1,940,000 of contributions reported on line 1c) See Part IV, line 18 a		1,181,060			
	b Less direct expenses b		786,000			
	c Net income or (loss) from fundraising events . . .		395,060			395,060
	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		722212	27,057,000		27,057,000	
b CAFETERIA		722212	4,346,000		4,346,000	
c VENDOR DISCOUNTS		561439	774,000		774,000	
d All other revenue			5,039,940		5,039,940	
e Total. Add lines 11a-11d		37,216,940				
12 Total revenue. See Instructions		2,463,740,000	1,885,424,000	-125,644	178,780,644	

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	1,900,000	1,900,000		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	50,027,000	50,027,000		
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	24,450,000	20,036,000	1,765,000	2,649,000
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	991,780,062	975,322,826	5,821,236	10,636,000
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	75,845,000	74,994,387	284,613	566,000
9	Other employee benefits	162,025,235	158,453,041	973,194	2,599,000
10	Payroll taxes	60,597,000	59,396,154	367,846	833,000
a	Fees for services (non-employees) Management	0			
b	Legal	5,849,787	4,666,462	788,325	395,000
c	Accounting	655,000	572,757	73,243	9,000
d	Lobbying	518,506	518,506		
e	Professional fundraising services See Part IV, line 17	805,000			805,000
f	Investment management fees	3,781,910		3,781,910	
g	Other	48,555,442	36,921,472	8,351,970	3,282,000
12	Advertising and promotion	5,207,000	12,218	4,345,782	849,000
13	Office expenses	299,736,473	278,008,821	3,093,968	18,633,684
14	Information technology	13,210,000	13,119,509	14,491	76,000
15	Royalties	0			
16	Occupancy	85,679,000	82,641,058	2,200,942	837,000
17	Travel	6,583,000	6,008,181	177,819	397,000
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	8,734,707	7,752,281	370,426	612,000
20	Interest	47,931,000	45,875,718	2,055,282	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	175,493,000	173,637,544	1,205,456	650,000
23	Insurance	16,758,000	16,373,503	338,497	46,000
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PROV BAD DEBT-REG ASSMT	11,045,878	10,998,562		47,316
b	PHARMACEUTICALS	279,467,000	279,467,000		
c	FUNDRAISING EVENTS	-786,000			-786,000
d	ALL OTHER EXPENSES	5,000	1,000		4,000
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,375,854,000	2,296,704,000	36,010,000	43,140,000
26	Joint costs. Check here ☒ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	19,999,607	9,975,582		10,024,025

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			48,690,000	1	35,396,000
	2	Savings and temporary cash investments			278,894,000	2	360,462,000
	3	Pledges and grants receivable, net			319,006,000	3	386,723,000
	4	Accounts receivable, net			326,379,000	4	344,136,000
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			600,000	5	500,000
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net			26,672,000	7	27,437,000
	8	Inventories for sale or use			30,503,000	8	33,804,000
	9	Prepaid expenses and deferred charges			67,284,000	9	68,892,000
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	4,082,670,000	2,084,775,000	10c	2,113,849,000
	b	Less: accumulated depreciation	10b	1,968,821,000			
	11	Investments—publicly traded securities			2,317,205,000	11	2,397,914,000
	12	Investments—other securities. See Part IV, line 11			568,699,000	12	678,302,000
	13	Investments—program-related. See Part IV, line 11			0	13	1,000,000
	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)			6,068,707,000	16	6,448,415,000	
Liabilities	17	Accounts payable and accrued expenses			540,399,000	17	488,236,000
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			1,267,240,000	20	1,304,600,000
	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			659,496,000	25	758,053,000
	26	Total liabilities. Add lines 17 through 25			2,467,135,000	26	2,550,889,000
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			2,882,220,000	27	3,084,530,000
	28	Temporarily restricted net assets			338,939,000	28	412,660,000
	29	Permanently restricted net assets			380,413,000	29	400,336,000
	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			3,601,572,000	33	3,897,526,000
34	Total liabilities and net assets/fund balances			6,068,707,000	34	6,448,415,000	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,463,740,000
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,375,854,000
3	Revenue less expenses Subtract line 2 from line 1	3	87,886,000
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,601,572,000
5	Other changes in net assets or fund balances (explain in Schedule O)	5	208,068,000
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,897,526,000

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		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?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 separate basis, consolidated 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?	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	Yes	

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

2010

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 described in **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?
(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?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH	131624182	09	Yes		Yes		Yes		0
(B) MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	131924236	03	Yes		Yes		Yes		0
Total									0

Part II

Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
SUPPORT FROM MEMORIAL SLOAN-KETTERING CANCER CENTER AND S K I REALTY, INC RELATE PRINCIPALLY TO THE SHARING OF CERTAIN FACILITIES, EQUIPMENT, PERSONNEL COSTS, REQUISITIONED SERVICES (SUCH AS CONFERENCE PLANNING, MOTION MEDIA, MEDICAL GRAPHICS AND FACILITIES MANAGEMENT) AND ALLOCATIONS AMOUNTS DUE TO OR FROM AFFILIATES RESULTING FROM THESE SERVICES DO NOT BEAR INTEREST

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

2010

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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, Part V, line 35a (Proxy Tax), then

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

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

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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														
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-															
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) 2007	(b) 2008	(c) 2009	(d) 2010	(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)		(b)
		Yes	No	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		451,066
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		188,293
j	Total lines 1c through 1i			639,359
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
LOBBYING COSTS	FORM 990, SCHEDULE C, PART 11-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 LOBBYING 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. PART II-B LINE 1I OTHER ACTIVIES LOBBYING PORTION OF DUES PAID.

SCHEDULE D
(Form 990)

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

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	
d Additions during the year	
e Distributions during the year	
f Ending balance	

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	767,701,000	776,235,000	853,397,000		
b Contributions	13,421,000	5,531,000	1,778,000		
c Investment earnings or losses	9,453,000	23,093,000	-45,818,000		
d Grants or scholarships					
e Other expenditures for facilities and programs	41,578,000	37,158,000	33,122,000		
f Administrative expenses					
g End of year balance	748,997,000	767,701,000	776,235,000		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 46 550 %

b

Permanent endowment ▶ 53 450 %

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		179,342,000		179,342,000
b Buildings		2,425,368,000	852,843,000	1,572,525,000
c Leasehold improvements		63,005,000	49,660,000	13,345,000
d Equipment		1,414,955,000	1,066,318,000	348,637,000
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				2,113,849,000

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	2,463,740,000
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,375,854,000
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	87,886,000
4	Net unrealized gains (losses) on investments	4	283,230,000
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-75,162,000
9	Total adjustments (net) Add lines 4 - 8	9	208,068,000
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	295,954,000

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	2,739,587,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	283,230,000
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	283,230,000
3	Subtract line 2e from line 1	3	2,456,357,000
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	8,169,000
b	Other (Describe in Part XIV)	4b	-786,000
c	Add lines 4a and 4b	4c	7,383,000
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,463,740,000

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,368,471,000
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	786,000
e	Add lines 2a through 2d	2e	786,000
3	Subtract line 2e from line 1	3	2,367,685,000
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	
b	Other (Describe in Part XIV)	4b	8,169,000
c	Add lines 4a and 4b	4c	8,169,000
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,375,854,000

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
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.
OTHER	PART XI LINE 8	CHANGE IN POSTRETIREMENT AND OTHER NON-OPERATING EXPENSE.
OTHER	PART XII LINE 4b AND PART XIII LINE 2d	OTHER \$786,000 ARE DIRECT EXPENSES RELATING TO FUNDRAISING EVENTS. COSTS ARE REMOVED FROM THE STATEMENT OF FUNCTIONAL EXPENSES (LINE 24D) AND NETTED ON THE STATEMENT OF REVENUE (LINE 8B).

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

2010

Open to Public
Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number

91-2154267

Part I

- 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?
- 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?
- 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 If you need more space use Part II

- 4 Does the organization maintain the following?
- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered "No" to any of the above, please explain If you need more space, use Part II

- 5 Does the organization discriminate by race in any way with respect to
- a Students' rights or privileges?

b Admissions policies?

c Employment of faculty or administrative staff?

d Scholarships or other financial assistance?

e Educational policies?

f Use of facilities?

g Athletic programs?

h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain If you need more space, use Part II

6a Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Part II

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 Part II

	YES	NO
1	Yes	
2	Yes	
3	Yes	
4a	Yes	
4b	Yes	
4c	Yes	
4d	Yes	
5a		No
5b		No
5c		No
5d		No
5e		No
5f		No
5g		No
5h		No
6a		No
6b		No
7	Yes	

Part III Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

Identifier	Return Reference	Explanation
NONDISCRIMINATORY POLICY	SCHEDULE E, PART I	THE SCHOOL'S NONDISCRIMINATORY POLICY IS PUBLICIZED ON ITS 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, RELIGION, 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, THEE REHABILITATION ACT, THE AGE DISCRIMINATION ACT, AND THE AMERICANS WITH DISABILITIES ACT.

1

(i) Method of valuation (book, FMV, appraisal, other)

3 Enter total number of other organizations or entities ►

Part III

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes ☒ No

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

Schedule F (Form 990) 2010

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

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.

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.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and e-mail solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 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 services? ☒ 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 and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
TARGET MARKETTEAM	DIRECT MAIL CONSULTING		No	22,805,000	325,000	22,480,000
DONOR SERVICES	TELEMARKETING CONSULTING		No	589,000	480,000	109,000
Total ▶				23,394,000	805,000	22,589,000

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	(b) Event #2	(c) Other Events	(d) Total Events
		SPRING BALL (event type)	ANTIQUE (event type)	4 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	1,437,465	664,883	1,018,832
	2	Less Charitable contributions	1,010,265	513,243	416,612
	3	Gross income (line 1 minus line 2)	427,200	151,640	602,220
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	147,610	134,570	282,180
	7	Food and beverages	78,156	45,066	123,222
	8	Entertainment	122,898	2,000	5,629
	9	Other direct expenses	119,028	21,949	109,094
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			
					395,060

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 and 7 in column (d) ▶			

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? ☐ Yes ☐ No

b

If "No," Explain _____

10a

Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b

If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

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?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide 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?

☐ Yes ☐ No

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?

☐ Yes ☐ No

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 \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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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

2010

Open to Public
Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
91-2154267

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
b	If "Yes," is it a written policy?	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☒ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals		
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☒ Other <u>500. %</u> b Does the organization use FPG to determine eligibility for providing <i>discounted</i> 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 <u>500. %</u> 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 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		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 eligible for free or discounted care?		
6a	Does the organization prepare a community benefit report during the tax year?	Yes	
6b	If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H	Yes	

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance 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 Financial Assistance at cost (from Worksheets 1 and 2)			13,882,229	3,840,880	10,041,349	0 420 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			86,349,265	48,737,057	37,612,208	1 580 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs			100,231,494	52,577,937	47,653,557	2 000 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			11,539,695	15,000	11,524,695	0 490 %
f Health professions education (from Worksheet 5)			94,379,876	9,992,241	84,387,635	3 550 %
g Subsidized health services (from Worksheet 6)			1,173,660	0	1,173,660	0 050 %
h Research (from Worksheet 7)			310,478,000	9,838,000	300,640,000	13 000 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			7,510	0	7,510	0 %
j Total Other Benefits			417,578,741	19,845,241	397,733,500	17 090 %
k Total. Add lines 7d and 7j			517,810,235	72,423,178	445,387,057	19 090 %

Part II

Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(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		29,830	0	29,830	0 %
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building		11,994	0	11,994	0 %
7	Community health improvement advocacy					
8	Workforce development		78,569	0	78,569	0 %
9	Other					
10	Total		120,393	0	120,393	0 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense (at cost)	2	9,598,150
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	432,447
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 a portion of bad debt amounts as community benefit		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	425,814,902
6	Enter Medicare allowable costs of care relating to payments on line 5	6	637,782,601
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-211,967,699
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
b	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				

Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year? 1

1	MEMORIAL HOSP FOR CANCER & ALLIED DIS 1275 York Avenue New York, NY 10065
---	---

Other (Describe)

[illegible]

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 15

Name and address	Type of Facility (Describe)
1 See Additional Data Table	

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 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 financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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)
- 6
- Affiliated health care system.** 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 communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
SUPPLEMENTAL INFORMATION REQUIRED FOR THE FOLLOWING		PART I LINE 3C A PATIENT WITH INCOME LESS THAN OR EQUAL TO 500% OF THE FPL IS ELIGIBLE FOR THE INSTITUTION'S FINANCIAL ASSISTANCE PROGRAM FOR INSTANCE, THE INSTITUTION MAY REDUCE THE FEES INCURRED BY THE PATIENT OR ACCEPT AS FULL PAYMENT AMOUNTS PAID BY THE INSURANCE CARRIER ON THE PATIENT'S BEHALF A PATIENT MAY ALSO QUALIFY FOR ASSISTANCE EVEN IF HIS/HER INCOME IS GREATER THAN THE THRESHOLD LIMIT THIS IS BECAUSE THE INSTITUTION ADJUSTS PATIENTS' INCOME FOR ROUTINE MONTHLY EXPENSES, INCLUDING TAXES, TO DETERMINE DISPOSABLE INCOME MSKCC ALSO DEDUCTS A SPECIFIC AMOUNT (DEBT BURDEN) AS A MONTHLY CLOTHES AND FOOD ALLOWANCE BASED ON A PATIENT'S FAMILY SIZE IN EVALUATING THE TYPE AND AMOUNT OF ASSISTANCE NEEDED THE TABLES BELOW ILLUSTRATE THE INCOME GUIDELINES USED IN EVALUATING A PATIENT'S FINANCIAL STATUS MSKCC 2010 INCOME GUIDELINES FAMILY ALLOWED RESOURCE FOOD & CLOTHING SIZE INCOME LEVELS ALLOWANCE 1 \$54,150 \$16,548 \$1,147 2 \$72,850 \$20,367 \$1,431 3 \$91,550 \$24,186 \$1,641 4 \$110,250 \$28,006 \$1,859 5 \$128,950 \$31,928 \$2,062 6 \$147,650 \$33,734 \$2,279 PART I, LINE 6A THE INSTITUTION PUBLISHES AN ANNUAL REPORT, THE "COMMUNITY SERVICE PLAN", WHICH PROVIDES SUMMARY INFORMATION ON ITS PUBLIC HEALTH PROGRAMS AND FINANCIAL ASSISTANCE SERVICES IT IS AVAILABLE ON OUR WEB SITE, WWW.MSKCC.ORG, AND BY MAIL UPON REQUEST IT IS MAILED TO LOCAL ELECTED OFFICIALS AND ORGANIZATIONS AND IS PUBLICIZED THROUGH OUR COMMUNITY NEWSLETTER PART I, LINE 7G MEMORIAL SLOAN-KETTERING HAS CONSISTENTLY SET THE STANDARD OF CARE FOR PEOPLE WITH CANCER BY EMPHASIZING EARLY DETECTION, PRECISE DIAGNOSIS, AND INDIVIDUALLY TAILORED TREATMENT THE HOSPITAL SUBSIDIZES CANCER SCREENING, TREATMENT, AND SUPPORT SERVICES TO FULFILL ITS MISSION AND TO HELP REDUCE CANCER HEALTH DISPARITIES AMONG MINORITY AND MEDICALLY UNDERSERVED POPULATIONS - MSKCC'S BREAST EXAMINATION CENTER OF HARLEM (BECH) PROVIDES BREAST AND CERVICAL CANCER SCREENING, COUNSELING AND PATIENT FOLLOW-UP, AS WELL AS EDUCATIONAL PROGRAMS TO UNINSURED PATIENTS THROUGHOUT THE NEW YORK CITY AREA BECH HAS A DEDICATED STAFF, INCLUDING A HEALTH EDUCATOR WHOSE ROLE IS TO INITIATE AND IMPLEMENT OUTREACH ACTIVITIES IN HARLEM AND THE SURROUNDING COMMUNITIES SINCE ITS INCEPTION IN 1979, BECH HAS HAD MORE THAN 229,179 VISITS, WITH 5,854 OF THOSE VISITS TAKING PLACE IN 2010 ALL SERVICES WERE PROVIDED AT NO OUT-OF-POCKET EXPENSE TO THE WOMEN WHO RECEIVED CANCER SCREENING AND FOLLOW-UP SERVICES - LOCATED IN HARLEM, THE RALPH LAUREN CENTER FOR CANCER CARE AND PREVENTION (RLCCCP) OFFERS CANCER SCREENING AND TREATMENT SERVICES TO ITS MEDICALLY UNDERSERVED COMMUNITY THE RLCCCP, MADE POSSIBLE IN PART THROUGH A GIFT FROM THE POLO RALPH LAUREN CORPORATION, IS A PARTNERSHIP WITH MSKCC - SINCE ITS INCEPTION RLCCCP HAS HAD MORE THAN 69,000 VISITS, OF WHICH 12,022 VISITS WERE IN 2010 APPROXIMATELY 30% OF THESE VISITS WERE PROVIDED TO UNINSURED PATIENTS AND 45% OF THESE VISITS WERE FOR PATIENTS ON MEDICAID - IN 2010, RLCCCP HELD ITS ANNUAL HARLEM MEN'S CANCER SCREENING CAMPAIGN WHICH ENCOURAGES MEN FROM HARLEM AND THROUGHOUT NEW YORK CITY TO BE SCREENED FOR PROSTATE AND COLON CANCER THE CAMPAIGN CULMINATES WITH A RECEPTION IN WHICH PARTICIPANTS HAVE AN OPPORTUNITY TO MEET NATIONAL BASKETBALL ASSOCIATION LEGENDS AND CURRENT PLAYERS 619 MEN WERE SCREENED AS A RESULT OF THE CAMPAIGN - IN 2010, RLCCCP CONTINUED TO PROVIDE COLON CANCER SCREENING IN THE ENDOSCOPY SUITE A TOTAL OF 1,587 COLONOSCOPIES WERE PERFORMED APPROXIMATELY TWO-THIRDS OF THESE COLONOSCOPIES WERE PROVIDED TO UNINSURED PATIENTS VIA GRANT FUNDING THERE WERE A TOTAL OF 8 PATIENTS DISCOVERED WITH COLON CANCER IN 2010 AS A RESULT OF THIS PROGRAM - MEMORIAL SLOAN-KETTERING'S PSYCHIATRY & BEHAVIORAL SERVICES DEPARTMENT OFFERS INPATIENT AND OUTPATIENT PSYCHOLOGICAL AND SOCIAL SUPPORT SERVICES TO PATIENTS, THEIR FAMILIES, AND CAREGIVERS ALL MEDICAID OUTPATIENT VISITS AND INPATIENT ENCOUNTERS ARE SUBSIDIZED BY MEMORIAL SLOAN-KETTERING, AS ARE UNREIMBURSED TIME AND EFFORT BY NURSES TO STAFF A SMOKING CESSATION CLINIC APPROXIMATELY 1,100 PATIENTS WERE TREATED BY THE NURSING STAFF DURING 2010 PHILANTHROPIC FUNDS ARE USED TO SUPPORT A SIGNIFICANT NUMBER OF THE DEPARTMENT'S OVERALL CLINICAL AND TRAINING ACTIVITIES - THE INTEGRATIVE MEDICINE SERVICE PROVIDES FREE CLINICAL CARE FOR INPATIENTS DURING 2010, THE SERVICE PROVIDED 11,953 TREATMENTS THE CLINICAL SERVICES PROVIDED INCLUDE MUSIC THERAPY, TOUCH THERAPY, ACUPUNCTURE, YOGA, MEDITATION AND GUIDED IMAGERY, AND DANCE THERAPY A TOUCH THERAPY FOR CAREGIVERS COURSE IS OFFERED FREE OF CHARGE TO ANY INPATIENT AND THEIR FAMILY MEMBERS ONCE PER MONTH PART I, LINE 7, COLUMN (F) THE AMOUNT OF BAD DEBT EXPENSE REMOVED FROM THE 2010 CALCULATION IS \$2,020,000 PART I, LINE 7 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 SERVICES PROVIDED AS CHARITY CARE ARE NOT REPORTED AS REVENUE THE COSTS REPORTED IN THE TABLE WERE BASED ON VARIOUS SOURCES CHARITY CARE AND UNREIMBURSED MEDICAID AND MEDICARE COMMUNITY BENEFITS COST WERE BASED ON A COST TO CHARGE RATIO CALCULATION THE TOTAL CHARGES ASSOCIATED WITH THESE PROGRAMS ARE MULTIPLIED BY A RATIO OF HISTORICAL EXPENSES TO CHARGES AS DERIVED FROM THE HOSPITAL'S NEW YORK STATE INSTITUTIONAL COST REPORT THE COSTS ASSOCIATED WITH A PORTION OF THE HEALTH PROFESSIONAL EDUCATION COMMUNITY BENEFIT ARE ALSO OBTAINED FROM THE STEPDOWN OF COSTS PREPARED AS PART OF THE NYS INSTITUTIONAL COST REPORT THE OTHER COMMUNITY BENEFIT COSTS ARE ACTUAL EXPENSES INCURRED BY THE RESPECTIVE PROGRAMS COSTS OF PROVIDING CHARITY CARE AS CALCULATED PER THE ABOVE IS NET OF AMOUNTS RECEIVED FROM THE NYS BAD DEBT AND CHARITY CARE POOLS TO ARRIVE AT THE AMOUNTS REPORTED ON THE TABLE, ADDITIONAL STEPS AS OUTLINED BELOW WERE TAKEN UNPAID COST OF GOVERNMENT SPONSORED HEALTH CARE REPRESENTS THE ESTIMATED DIFFERENCE BETWEEN THE PAYMENTS MADE UNDER THE MEDICARE AND MEDICAID PROGRAMS AND THE INSTITUTION'S COST OF PROVIDING THESE SERVICES AS CALCULATED ABOVE THE INSTITUTION SUBTRACTS ALL REVENUES RECEIVED FROM THE MEDICARE AND MEDICAID PROGRAMS TO DETERMINE THE COMMUNITY BENEFIT PROVIDED RESEARCH COMMUNITY BENEFIT COSTS REPRESENT THE INSTITUTION'S COSTS FOR BASIC TRANSLATIONAL AND CLINICAL RESEARCH THAT IS NOT FULLY REIMBURSED BY GOVERNMENTAL OR VOLUNTARY AGENCIES THEREFORE, RESEARCH COMMUNITY BENEFIT COSTS ARE EQUAL TO THE TOTAL ANNUAL AMOUNT SPENT ON RESEARCH LESS AMOUNTS RECEIVED FROM EXTERNAL SOURCES THESE AMOUNTS ARE REGARDED AS GRANT AND CONTRACT REVENUE THE INSTITUTION IS A PREEMINENT PROVIDER OF HEALTH TRAINING TO HEALTH PROFESSIONALS WHO DESIRE TRAINING IN THE SKILLS NECESSARY TO TREAT CANCER PATIENTS THE INSTITUTION TRAINS PHYSICIANS, SCIENTISTS, MEDICAL STUDENTS, RADIOLOGY STUDENTS, NURSING STUDENTS, SOCIAL WORK STUDENTS AND INDIVIDUALS LOOKING TO CREATE A CAREER IN THE FIELD OF CANCER BIOLOGY THE AMOUNTS REPORTED AS HEALTH TRAINING REPRESENT COSTS IN EXCESS OF AMOUNTS REIMBURSED BY THIRD PARTY PAYERS SUCH AS TRAINING GRANT REVENUES AND DIRECT MEDICAL EDUCATION PAYMENTS FROM THE MEDICARE PROGRAM PART II MSKCC 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 PART III, LINE 4 THE INSTITUTION FOLLOWS GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP), IN REPORTING BAD DEBT EXPENSES THEREFORE, A DETAILED DESCRIPTION OF THE BAD DEBT AND CHARITY CARE POLICY IS NOT REQUIRED IN THE FOOTNOTES TO THE FINANCIAL STATEMENTS PATIENTS HAVE THE OPPORTUNITY TO PURSUE VARIOUS CHARITY CARE PROGRAMS THROUGH MSKCC'S FINANCIAL ASSISTANCE PROGRAM IF A PATIENT IS FOUND TO HAVE THE APPROPRIATE RESOURCES TO PAY FOR HEALTH SERVICES AND DOES NOT OR CHOOSES NOT TO PARTICIPATE IN AVAILABLE HEALTH BENEFIT PROGRAMS, THE COLLECTION PROCESS WILL BE PURSUED IN ACCORDANCE WITH THE INSTITUTION'S POLICY ONCE DEEMED UNCOLLECTABLE, THE CHARGES ARE CLASSIFIED AS BAD DEBTS AND ARE CHARGED OFF AS SUCH THE AMOUNTS IN THE
STATE FILING OF COMMUNITY BENEFIT REPORT	990 SCHEDULE H, PART VI	NY,

Additional Data

Software ID:

Software Version:

EIN: 91-2154267

Name: Memorial Sloan-Kettering Cancer Center

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, measured by total revenue per facility, from largest to smallest)	
How many non-hospital facilities did the organization operate during the tax year? <u>15</u>	
Name and address	Type of Facility (Describe)
LAURANCE S ROCKEFELLER OP PAVILION 160 EAST 53RD STREET NEW YORK, NY 10065	EXTENSION CLINIC
BREAST AND IMAGING CENTER 300 EAST 66TH STREET NEW YORK, NY 10065	EXTENSION CLINIC
MSKCC COMMACK 650 COMMACK ROAD COMMACK, NY 11725	EXTENSION CLINIC
MSKCC BASKING RIDGE-AMBULATORY CARE 136 MOUNTAIN VIEW BLVD BASKING RIDGE, NJ 07920	EXTENSION CLINIC
SIDNEY KIMMEL PROSTATE & UROLOGIC CENTER 353 EAST 68TH STREET NEW YORK, NY 10065	EXTENSION CLINIC
MSKCC SLEEPY HOLLOW 777 NORTH BROADWAY SLEEPY HOLLOW, NY 10591	EXTENSION CLINIC
MSKCC HAUPPAUGE 800 VETERANS MEMORIAL HIGHWAY HAUPPAUGE, NY 11787	EXTENSION CLINIC
GUTTMAN DIAGNOSTIC CENTER 55 FIFTH AVENUE NEW YORK, NY 10003	EXTENSION CLINIC
MSKCC ATLANTIC AVENUE CENTER 557 ATLANTIC AVENUE BROOKLYN, NY 11217	EXTENSION CLINIC
MSKCC COUNSELING CENTER 641 LEXINGTON AVENUE NEW YORK, NY 10065	EXTENSION CLINIC
MSKCC OP IMAGING AT EAST 55 STREET 301 EAST 55TH STREET NEW YORK, NY 10065	EXTENSION CLINIC
POST TREATMENT RESOURCES PROGRAM 215 EAST 68TH STREET NEW YORK, NY 10065	EXTENSION CLINIC
THE BENDHEIM INTEGRATIVE MEDICINE CENTER 1429 FIRST AVENUE NEW YORK, NY 10021	EXTENSION CLINIC
THE HARLEM BREAST EXAMINATION CENTER 163 WEST 125TH STREET NEW YORK, NY 10065	EXTENSION CLINIC
MSKCC - 64TH STREET 205 EAST 64TH STREET NEW YORK, NY 10065	EXTENSION CLINIC

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

2010

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

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. Part II can be duplicated if additional space is needed.

[illegible]

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
(1) STIPENDS	2092	50,027,000			

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
Form 990, Schedule I	Description of Organization's Procedures for Monitoring the Use of Grants	FOR THE YEAR 2010, THE AMOUNT IS FOR STIPENDS PAID TO 295 RESEARCH FELLOWS, 132 RESEARCH SCHOLARS, AND 40 GRADUATE SCHOOL STUDENTS STIPENDS WERE ALSO PAID TO A TOTAL OF 1,625 CLINICAL INTERNS, RESIDENTS AND FELLOWS THAT FILLED 447 POSITIONS DURING THE YEAR EDUCATION AND TRAINING INCLUDES CLASSROOM INSTRUCTION WITH HANDS-ON EXPERIENCE IN BOTH RESEARCH LABORATORIES AND CLINICAL CARE ACTIVITIES THE AFOREMENTIONED GRANTEEES 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 2010, MSKCC DONATED \$1,900,000 TO THE RALPH LAUREN CENTER TO OFFSET OPERATING EXPENSES DURING 2010, THE BOARD APPROVED A RESOLUTION TO SUPPORT THE RALPH LAUREN CENTER'S LOSSES UP TO \$1,000,000 PER YEAR FROM 2011-2013 THIS WAS FULLY RESERVED IN 2010 MSKCC REGULARLY MEETS WITH THE RALPH LAUREN CENTER'S BOARD OF DIRECTORS TO REVIEW THAT THEIR SPENDING IS IN CONFORMITY WITH THEIR MISSION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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.

Name of the organization

Memorial Sloan-Kettering Cancer Center

Employer identification number

91-2154267

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate 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 or provision 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 from the organization or a related organization?	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 accrued 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 duplicate copies if additional space is 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								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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 PARTICIPANTS RECEIVED PLAN PAYMENTS DURING 2010: Dr. Manjit S. Bains \$2,081,544; Dr. GRAZIANO CARLON \$255,552; Dr. ZVI FUCHS \$998,59; 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 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 2010 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.

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) (ii)	945,500 0	378,200 0	94,785 0	94,550 0	18,956 0	1,531,991 0	67,140 0
MICHAEL P GUTNICK	(i) (ii)	772,800 0	298,944 0	73,528 0	77,280 0	8,131 0	1,230,683 0	35,864 0
MARK SVENNINGSON	(i) (ii)	426,499 0	89,700 0	53,592 0	44,850 0	11,147 0	625,788 0	19,470 0
HAROLD VARMUS MD	(i) (ii)	715,530 0	445,600 0	102,732 0	71,553 0	2,632 0	1,338,047 0	83,472 0
CAROLYN BONHEUR	(i) (ii)	107,213 0	13,448 0	25,777 0	6,734 0	3,839 0	157,011 0	0 0
ERIC M COTTINGTON	(i) (ii)	418,000 0	133,760 0	39,336 0	41,750 0	10,433 0	643,279 0	16,014 0
DENNIS DOWDELL JR	(i) (ii)	400,000 0	128,000 0	27,656 0	40,000 0	10,135 0	605,791 0	14,269 0
MURRAY BRENNAN MD	(i) (ii)	837,750 0	0 0	65,760 0	0 0	14,607 0	918,117 0	0 0
THOMAS KELLY MD	(i) (ii)	782,200 0	321,700 0	84,109 0	80,420 0	7,247 0	1,275,676 0	53,446 0
MAUREEN KILLACKEY	(i) (ii)	468,900 0	0 0	17,611 0	46,890 0	6,798 0	540,199 0	21,468 0
JASON KLEIN	(i) (ii)	600,001 0	0 0	36,221 0	60,000 0	10,109 0	706,331 0	35,500 0
KATHY LEWIS	(i) (ii)	286,000 0	71,500 0	262 0	28,600 0	6,806 0	393,168 0	4,100 0
EDWARD MAHONEY	(i) (ii)	450,000 0	133,760 0	20,440 0	45,000 0	13,370 0	662,570 0	17,300 0
KENNETH MARIANS	(i) (ii)	455,430 0	0 0	12,517 0	45,543 0	17,118 0	530,608 0	20,150 0
KATHRYN MARTIN	(i) (ii)	772,800 0	298,944 0	102,279 0	77,280 0	11,106 0	1,262,409 0	35,864 0
ELLEN MILLER-SONET	(i) (ii)	251,700 0	62,925 0	929 0	670 0	13,271 0	329,495 0	670 0
RICHARD K NAUM	(i) (ii)	356,300 0	398,087 0	43,394 0	37,830 0	8,489 0	844,100 0	12,166 0
LARRY NORTON MD	(i) (ii)	528,100 0	115,054 0	33,020 0	27,018 0	10,022 0	713,214 0	15,061 0
ROGER PARKER	(i) (ii)	317,600 0	84,900 0	44,644 0	33,960 0	1,030 0	482,134 0	8,415 0
PATRICIA C SKARULIS	(i) (ii)	491,200 0	157,184 0	19,203 0	49,120 0	5,553 0	722,260 0	23,109 0
ROBERT WITTES	(i) (ii)	804,200 0	321,700 0	60,760 0	80,420 0	5,256 0	1,272,336 0	53,446 0
GEORGE BOSL MD	(i) (ii)	774,153 0	50,000 0	55,138 0	77,415 0	11,439 0	968,145 0	51,674 0
HEDVIG HRICAK MD	(i) (ii)	1,133,148 0	25,000 0	202,674 0	58,370 0	7,743 0	1,426,935 0	45,118 0
ANNE MCSWEENEY	(i) (ii)	369,409 0	1,000,000 0	84,540 0	20,083 0	8,556 0	1,482,588 0	7,439 0
SIMON NICHOLAS POWELL	(i) (ii)	1,211,750 0	0 0	58,061 0	61,200 0	9,491 0	1,340,502 0	47,750 0
PETER T SCARDINO MD	(i) (ii)	1,263,150 0	400,000 0	75,819 0	63,220 0	9,316 0	1,811,505 0	50,970 0
MANJIT S BAINS MD	(i) (ii)	614,248 0	0 0	37,543 0	31,275 0	13,303 0	696,369 0	17,250 0
JATIN SHAH MD	(i) (ii)	1,176,338 0	0 0	92,437 0	59,429 0	23,231 0	1,351,435 0	41,895 0
PETER G CORDEIRO MD	(i) (ii)	1,840,453 0	0 0	179,527 0	93,735 0	12,437 0	2,126,152 0	75,280 0
PHILIP GUTIN MD	(i) (ii)	1,837,750 0	0 0	98,810 0	92,500 0	4,630 0	2,033,690 0	80,250 0
JOSEPH DISA MD	(i) (ii)	1,591,644 0	0 0	67,818 0	80,145 0	12,383 0	1,751,990 0	62,968 0
CRAIG THOMPSON MD	(i) (ii)	188,462 0	0 0	621 0	18,846 0	883 0	208,812 0	0 0

Schedule K (Form 990)	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
		2010
		Open to Public Inspection

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

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	64983U FK1	05-14-2003	500,001,381	SEE PART V	X			X		X
B DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	64983Q S83	06-29-2006	102,783,274	SEE PART V		X		X		X
C DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	64983Q T25	06-29-2006	114,610,323	SEE PART V		X		X		X
D DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	649903 ZR5	05-13-2008	164,779,275	SEE PART V		X		X		X

Part II

Proceeds

		A	B	C	D
1	Amount of bonds retired	58,270,000	0	0	0
2	Amount of bonds legally defeased	113,777,161	0	0	0
3	Total proceeds of issue	502,987,588	112,974,138	114,617,527	164,780,185
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrow	0	0	113,777,161	0
7	Issuance costs from proceeds	6,762,359	1,525,106	1,762,909	2,204,275
8	Credit enhancement from proceeds	4,967,000	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	491,258,229	111,449,032	0	0
11	Other spent proceeds	0	0	0	162,575,910
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2007		2009	
		Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X
15	Were the bonds issued as part of an advance refunding issue?		X	X	
16	Has the final allocation of proceeds been made?	X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	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
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
			X		X		X		X
3a	Are there any management or service contracts that may result in private business use?		X		X		X		X
b	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			X
c	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
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 %	
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 %	
6	Total of lines 4 and 5	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	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
			X		X		X		X
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
2	Is the bond issue a variable rate issue?		X		X		X		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		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
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X

Part V

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Ident ifier	Return Reference	Explanation
DESCRIPTION OF PURPOSE	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 FINANCING OF MEDICAL EQUIPMENT PART I (G)(F) 2008 LEASE - LEASE FINANCING OF MEDICAL EQUIPMENT PART I (H)(F) 2009 LEASE - LEASE FINANCING OF MEDICAL AND RESEARCH LABORATORY EQUIPMENT PART I (I)(F) 2010 SERIES I- USED TO FINANCE THE PURCHASE OF REAL ESTATE

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

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?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1) Hedvig Hricak MD MORTGAGE		X	700,000	500,000		No	Yes		Yes	
Total										

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 IVBusiness 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
(1) FIRST LEXINGTON CORPORATION	SEE PART V	1,076,934	LEASE OF OFFICE SPACE		No
(2) PERKINS EASTMAN	SEE PART V	722,000	ARCHITECTUAL SERVICES		No
(3) GENERAL ELECTRIC	SEE PART V	18,941,000	SERVICE/PURCHASE OF EQUIPMENT		No
(4) MERCK	SEE PART V	3,708,000	PURCHASE OF PHARMACEUTICALS		No
(5) MR I GUTNICK	SEE PART V	70,249	FAMILY EMPLOYMENT		No

Part VSupplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	FORM 990, SCHEDULE L, PART IV	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 \$1,076,934 IN 2010 2 MR STEPHEN FRIEDMAN IS A BOARD MEMBER OF THE INSTITUTION THE INSTUTION PURCHASED ARCHITECTURAL SERVICES FROM THE FIRM OF PERKINS/EASTMAN THE TOTAL AMOUNT FOR 2010 WAS \$722,000 MR PERKINS AND MR FRIEDMAN ARE FAMILY MEMBERS 3 MR DOUGLAS A WARNER III IS CHAIRMAN OF THE BOARD OF THE INSTITUTION MR WARNER IS ALSO A DIRECTOR OF GENERAL ELECTRIC DURING THE YEAR THE INSTITUTION PURCHASED MEDICAL EQUIPMENT AND SERVICES FROM GE IN THE AMOUNT OF \$18,941,000 4 DR CRAIG THOMPSON IS PRESIDENT OF THE INSTITUTION, COMMENCING EMPLOYMENT IN 2010 DR THOMPSON IS ON THE BOARD OF DIRECTORS OF MERCK AND HAS BEEN SINCE 2008 FROM TIME TO TIME, THE INSTITUTION ENTERS INTO DIRECT CONTRACTS WITH MERCK DURING 2010, THE VALUE OF THESE CONTRACTS APPROXIMATED \$3,708,000 5 MR MICHAEL P GUTNICK IS THE SENIOR VICE PRESIDENT FINANCE HIS SON IS A FUND COORDINATOR IN THE DIVISION OF MEDICINE HIS SON'S TOTAL COMPENSATION FOR 2010 WAS \$70,249 THE INDIVIDUALS LISTED WERE NOT A PARTY TO THE TRANSACTIONS THERE IS NO SHARING OF THE INSTITUTION'S REVENUE THE PURCHASES OF GOODS OR SERVICES BY THE INSTITUTION WERE MADE IN THE ORDINARY COURSE OF BUSINESS, AT COMMERCIALY AVAILABLE RATES

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

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

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,274,159	market value
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded	X	183	7,344,529	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
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			0

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

2010

Open to Public
Inspection

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Name of the organization

Memorial Sloan-Kettering Cancer Center

Employer identification number

91-2154267

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 5		DURING 2010, MANAGEMENT DETECTED A DIVERSION OF OFFICE SUPPLIES THAT, UPON ANALYSIS, AMOUNTED TO \$4,000,000 OVER A MULTYEAR PERIOD. FULL RECOVERY FROM INSURANCE WAS RECEIVED IN 2011. THE RESPONSIBLE FORMER EMPLOYEE IS BEING PROSECUTED AND INTERNAL CONTROLS HAVE BEEN ENHANCED. 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, BEFORE THE RETURN IS FILED WITH THE IRS, COPIES ARE MADE AVAILABLE TO THE FULL BOARD OF MANAGERS. 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 FOR ADMINISTERING 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 COMMITTEE OF THE BOARD OF MANAGERS IF 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 HAS MEMBERS 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 ARM'S LENGTH BASIS BETWEEN MANAGEMENT OF THE INSTITUTION AND THE COMPANY. MSKCC's "Policy on Conflicts of Interests for Directors and Key Employees" applies to any Board of Managers member, principal officer, or member of a committee with Board-delegated powers. Individuals covered by this policy have a duty to disclose Financial Interests, as defined by the Policy, annually and as they arise. In the event a covered individual is involved in a Board or committee action (such as approval of a transaction or arrangement) and the individual has a Financial Interest related to the matter before the Board, the individual must disclose the Financial Interest and all material facts to the Board or committee. The individual must leave the meeting while the determination of a conflict of interest is discussed and voted upon, and the remaining, disinterested Board or committee members are responsible to decide if a conflict exists. If a determination is made that a conflict exists, the involved individual may make a presentation to the Board or committee but s/he must leave the meeting during the discussion of and the vote on the transaction or arrangement. The Board or committee is required to determine whether MSKCC can obtain a more advantageous transaction or arrangement with reasonable efforts from an unconflicted person or entity. As appropriate, the chairperson of the Board or Committee is responsible to appoint a disinterested person or committee to investigate alternatives to the pr

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 5		oposed transaction or arrangement

Identifier	Return Reference	Explanation
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 (IE, 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 (IE, 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, FOR 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. 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.

Identifier	Return Reference	Explanation
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), SKI REALTY, INC (SKR), LOUIS V GERSTNER JR GRADUATE SCHOOL OF BIOMEDICAL SCIENCES (SKG), AND MSK INSURANCE US, INC (MVI) Memorial Sloan-Kettering Cancer Center Board of Managers/Directors Richard I Beattie Vice-Chairman of the Board Stanley F Druckenmiller Richard N Foster Stephen Friedman Ellen V Futter Philip H Geier, Jr Louis V Gerstner, Jr Vice Chairman of the Board Jonathan N Grayer John R Gunn Employee, not independent board member Benjamin W Heineman, Jr David H Koch Marie-Josée Kravis Mrs Thomas V Leeds James G Niven Bruce C Ratner Board Member Clifton S Robbins Board Member & Treasurer James D Robinson III Honorary Chairman of the Board Benjamin M Rosen Jack Rudin Norman C Selby Stephen C Sherrill Scott M Stuart Craig B Thompson, MD Board Member, President and Chief Executive Officer Employee, not independent board member Lucy R Waletzky, MD Douglas A Warner III Chairman of the Board Deborah C Wright 26 TOTAL BOARD MEMBERS 24 INDEPENDENT BOARD MEMBERS Memorial Hospital Board of Managers/Directors Richard I Beattie Chairman of the Board Stanley F Druckenmiller Richard N Foster Stephen Friedman Ellen V Futter Philip H Geier, Jr Louis V Gerstner, Jr Jonathan N Grayer Benjamin W Heineman, Jr David H Koch Marie-Josée Kravis Mrs Thomas V Leeds James G Niven Bruce C Ratner Clifton S Robbins Board Member & Treasurer James D Robinson III Benjamin M Rosen Vice-Chairman of the Board Jack Rudin Norman C Selby Stephen C Sherrill Scott M Stuart Craig B Thompson, MD Board Member, President and Chief Executive Officer Employee, not independent board member Lucy R Waletzky, MD Douglas A Warner III Chairman of the Board Deborah C Wright Board Member 25 TOTAL BOARD MEMBERS 24 INDEPENDENT BOARD MEMBERS SLOAN-KETTERING INSTITUTE Board of Managers/Directors Richard I Beattie Stanley F Druckenmiller Richard N Foster Stephen Friedman Ellen V Futter Philip H Geier, Jr Louis V Gerstner, Jr Chairman of the Board Jonathan N Grayer Benjamin W Heineman, Jr David H Koch Marie-Josée Kravis Mrs Thomas V Leeds James G Niven Bruce C Ratner Clifton S Robbins Board Member & Treasurer James D Robinson III Benjamin M Rosen Jack Rudin Norman C Selby Stephen C Sherrill Scott M Stuart Craig B Thompson, MD Board Member, President and Chief Executive Officer Employee, not independent board member Lucy R Waletzky, MD Douglas A Warner III Chairman of the Board Deborah C Wright 25 TOTAL BOARD MEMBERS 24 INDEPENDENT BOARD MEMBERS SKI REALTY Board of Managers/Directors Richard I Beattie Louis V Gerstner, Jr James G Niven Clifton S Robbins James D Robinson III Douglas A Warner III Chairman of the Board 6 TOTAL BOARD MEMBERS 6 INDEPENDENT BOARD MEMBERS GERSTNER GRADUATE SCHOOL Board of Managers/Directors Richard I Beattie Richard N Foster Stephen Friedman Ellen V Futter Louis V Gerstner, Jr Chairman of the Board Jonathan N Grayer David H Koch Hutham S Olaya Benjamin M Rosen Norman C Selby Craig B Thompson, MD Board Member, President and Chief Executive Officer Employee, not independent board member Douglas A Warner III 12 TOTAL BOARD MEMBERS 11 INDEPENDENT BOARD MEMBERS MSK INSURANCE US Board of Managers/Directors John R Gunn Vice President and Secretary Employee, not independent board member Stephen C Sherrill Chairman of the Board Mark Svenningson Board Member and President Employee, not independent board member Jeffrey P Johnson Board Member and Vice President Michael P Gutnick Board Member and Treasurer Employee, not independent board member 5 TOTAL BOARD MEMBERS 2 INDEPENDENT BOARD MEMBERS OFFICERS, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES ROBERT E WITTES, MD - PHYSICIAN-IN-CHIEF, MEMORIAL HOSPITAL THOMAS J KELLY, MD - 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, MD - 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, MD - 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, MD - CHAIRMAN & AT

Identifier	Return Reference	Explanation
FORM 990, PART VII, SECTION A	TITLES	TENDING, DEPARTMENT OF SURGERY HEDVIG HRICAK, M D - CHAIRMAN & ATTENDING, DEPARTMENT OF R ADIOLOGY GEORGE BOSL, M D - CHAIRMAN & ATTENDING, DEPARTMENT OF MEDICINE SIMON NICHOLA S P OWELL, M D - CHAIRMAN & ATTENDING, DEPARTMENT OF RADIATION ONCOLOGY ANNE MCSWEENEY - CAMP AIGN DIRECTOR (DEVELOPMENT) MURRAY F BRENNAN, M D - VICE PRESIDENT, INTERNATIONAL PROGRA MS, DIRECTOR, INTERNATIONAL CENTER MANJIT S BAINS, M D - ATTENDING SURGERY , THORACIC SER VICE PETER G CORDEIRO M D - CHIEF ATTENDING SURGERY , PLASTIC & RECONSTRUCTIVE SERVICE PH ILIP H GUTIN, M D - CHAIRMAN & ATTENDING, NEUROSURGERY JOSEPH DISA, M D - ATTENDING SUR GERY , PLASTIC & RECONSTRUCTIVE SERVICE

Identifier	Return Reference	Explanation
FORM 990, PART VII, SECTION B		AMOUNTS PAID TO INDEPENDENT CONTRACTORS INCLUDE AMOUNTS PAID TO SUBCONTRACTORS AS WELL AS REIMBURSABLE EXPENSES PART XI OTHER CHANGES IN NET ASSETS UNREALIZED GAINS ON INVESTMENT TRANSACTIONS, \$283,230,000 LESS CHANGE IN POSTRETIREMENT \$72,162,000 AND \$3,000,000 OF SUP PORT FOR THE RALPH LAUREN CENTER'S LOSSES UP TO \$1,000,000 PER YEAR FROM 2011-2013 THIS W AS FULLY RESERVED IN 2010

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

2010

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	(g) Section 512(b)(13) controlled organization	
						Yes	No

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) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	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
(1) MSK INSURANCE LTD - MARSH INSURANCE 2 CHURCH STREET HAMILTON BD 13-1624082	INVESTMENTS	BD	NA	C	77,000	10,221,000	100 000 %

Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization 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

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

Yes

No

Yes

No

No

No

No

No

No

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	(d) Method of determining amount involved
(1)			
See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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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) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							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		100 000 %
MEMORIAL INFECTIOUS DISEASE 1275 YORK AVENUE NEW YORK, NY10065 13-3278582	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MEMORIAL MEDICAL CONSULTATION 1275 YORK AVENUE NEW YORK, NY10065 13-3278550	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MEMORIAL NUTRITION GROUP 1275 YORK AVENUE NEW YORK, NY10065 13-3278576	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MEMORIAL SOLID TUMOR GROUP 1275 YORK AVENUE NEW YORK, NY10065 13-3278578	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MEMORIAL PULMONARY FUNCTION 1275 YORK AVENUE NEW YORK, NY10065 13-3304834	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MEMORIAL CARDIOPULMONARY 1275 YORK AVENUE NEW YORK, NY10065 13-3278552	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MSKCC RADIOLOGY GROUP 1275 YORK AVENUE NEW YORK, NY10065 13-3375559	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %

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) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MEMORIAL NUCLEAR MEDICINE 1275 YORK AVENUE NEW YORK, NY10065 13-3278580	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MEMORIAL RADIATION ONCOLOGY 1275 YORK AVENUE NEW YORK, NY10065 13-3237927	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MEMORIAL PATHOLOGY GROUP 1275 YORK AVENUE NEW YORK, NY10065 13-3365998	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MEMORIAL ANESTHESIOLOGY GROUP 1275 YORK AVENUE NEW YORK, NY10065 13-3367135	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MEMORIAL PEDIATRICS GROUP 1275 YORK AVENUE NEW YORK, NY10065 13-3346908	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MEMORIAL NEUROLOGY GROUP 1275 YORK AVENUE NEW YORK, NY10065 13-3399377	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MEMORIAL PSYCHIATRY GROUP 1275 YORK AVENUE NEW YORK, NY10065 13-3430629	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MSKCC AT GUTTMAN 1275 YORK AVENUE NEW YORK, NY10065 13-3875002	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %

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) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MSKCC PHYSICANS AT PHELPS 1275 YORK AVENUE NEW YORK, NY10065 13-3897156	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MSKCC AT ST FRANCISMERCY 1275 YORK AVENUE NEW YORK, NY10065 13-3954858	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MSKCC PHYSICIANS AT ST CLARE'S 1275 YORK AVENUE NEW YORK, NY10065 13-3897154	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MSKCC REHABILITATION 1275 YORK AVENUE NEW YORK, NY10065 13-4010371	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MSKCC SURGERY GROUP 1275 YORK AVENUE NEW YORK, NY10065 13-4010372	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MSKCC SUFFOLK- HAUPPAUGE 1275 YORK AVENUE NEW YORK, NY10065 13-4059247	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MEMORIAL NEUROSURGERY GROUP 1275 YORK AVENUE NEW YORK, NY10065 13-3251621	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MSKCC INTERGRATIVE MEDICINE 1275 YORK AVENUE NEW YORK, NY10065 54-2092060	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %

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) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MSKCC SUFFOLK-COMMACK 1275 YORK AVENUE NEW YORK, NY10065 02-0594889	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MSKCC AT BASKING RIDGE NJ 1275 YORK AVENUE NEW YORK, NY10065 59-3801080	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MEMORIAL URGENT CARE GROUP 1275 YORK AVENUE NEW YORK, NY10065 65-1263291	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MEMORIAL CLINICAL GENETICS 1275 YORK AVENUE NEW YORK, NY10065 65-1263292	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MEMORIAL DEVELOPMENTAL CHEMO 1275 YORK AVENUE NEW YORK, NY10065 13-3278548	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MSKCC CLINICAL PRACTICE PLAN 1275 YORK AVENUE NEW YORK, NY10065 51-0616510	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MEMORIAL BREAST GROUP 1275 YORK AVENUE NEW YORK, NY10065 56-2568640	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MEMORIAL COLORECTAL GROUP 1275 YORK AVENUE NEW YORK, NY10065 56-2568642	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %

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) Dispropportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MEMORIAL DENTAL GROUP 1275 YORK AVENUE NEW YORK, NY10065 56-2568630	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100.000 %
MEMORIAL CLINICAL IMMUNOLOGY 1275 YORK AVENUE NEW YORK, NY10065 13-3278559	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100.000 %
MEMORIAL GASTRIC MIXED TUMOR GROUP 1275 YORK AVENUE NEW YORK, NY10065 56-2568650	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100.000 %
MEMORIAL GYNECOLOGY GROUP 1275 YORK AVENUE NEW YORK, NY10065 56-2568655	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100.000 %
MEMORIAL HEAD & NECK GROUP 1275 YORK AVENUE NEW YORK, NY10065 56-2568656	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100.000 %
MEMORIAL HEPATOBIILIARY GROUP 1275 YORK AVENUE NEW YORK, NY10065 56-2568667	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100.000 %
MEMORIAL NEUROSURGERY GROUP 1275 YORK AVENUE NEW YORK, NY10065 56-2568663	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100.000 %
MEMORIAL OPT ABRAMSON GROUP 1275 YORK AVENUE NEW YORK, NY10065 56-2568627	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100.000 %

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) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MEMORIAL OPHTHALMIC ONOC OLOGY 1275 YORK AVENUE NEW YORK, NY10065 56-2568675	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MEMORIAL OPHTHALMOLOGY GROUP 1275 YORK AVENUE NEW YORK, NY10065 56-2568669	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MEMORIAL ORTHOPEDIC GROUP 1275 YORK AVENUE NEW YORK, NY10065 56-2568680	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MEMORIAL PEDIATRIC SURGERY 1275 YORK AVENUE NEW YORK, NY10065 56-2568683	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MEMORIAL CLINICAL PHYSIOLOGY 1275 YORK AVENUE NEW YORK, NY10065 13-3278556	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MEMORIAL PLASTIC RECONSTRUCTION 1275 YORK AVENUE NEW YORK, NY10065 56-2568623	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MEMORIAL THORACIC GROUP 1275 YORK AVENUE NEW YORK, NY10065 56-2568677	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MEMORIAL UROLOGY GROUP 1275 YORK AVENUE NEW YORK, NY10065 56-2568638	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %

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) Dispropportionate allocations?		(i) Code V -UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MEMORIAL PAIN SERVICE GROUP 1275 YORK AVENUE NEW YORK, NY10065 65-1283822	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MEMORIAL DERMATOLOGY GROUP 1275 YORK AVENUE NEW YORK, NY10065 13-3278581	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MEMORIAL ENDOCRINE GROUP 1275 YORK AVENUE NEW YORK, NY10065 13-3278583	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MEMORIAL GASTROENTEROLOGY 1275 YORK AVENUE NEW YORK, NY10065 13-3278574	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %
MEMORIAL HEMATOLOGYLYMPHOMA 1275 YORK AVENUE NEW YORK, NY10065 13-3278575	HEALTH CARE	NY	NA	RELATED	0	0		No	0	Yes		100 000 %

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	MEMORIAL SLOAN-KETTERING CANCER CENTER	K	17,236,000	
(2)	MEMORIAL SLOAN-KETTERING CANCER CENTER	I	554,000	
(3)	MEMORIAL HOSPITAL FOR CANCER & ALLIED DISEASE	K	279,081,000	
(4)	MEMORIAL HOSPITAL FOR CANCER & ALLIED DISEASE	I	4,163,000	
(5)	SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH	K	91,937,000	
(6)	SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH	I	462,000	
(7)	SKI REALTY INC	K	1,749,000	
(8)	LOUIS V GERSTNER JR GRADUATE SCHOOL	K	6,130,000	

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 N GRAYER SEE SCHEDULE O	1 0	X						0	0	0
JOHN R GUNN SEE SCHEDULE O	50 0	X		X				1,418,485	0	113,506
MICHAEL P GUTNICK SEE SCHEDULE O	50 0	X		X				1,145,272	0	85,411
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
JEFFREY P 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			569,791	0	55,997	
HAROLD VARMUS MD SEE SCHEDULE O	50 0	X		X				1,263,862	0	74,185	
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				146,438	0	10,573	
ERIC M COTTINGTON SEE SCHEDULE O	50 0			X				591,096	0	52,183	
DENNIS DOWDELL JR SEE SCHEDULE O	50 0			X				555,656	0	50,135	
MURRAY BRENNAN MD SEE SCHEDULE O	50 0			X				903,510	0	14,607	
THOMAS KELLY MD SEE SCHEDULE O	50 0			X				1,188,009	0	87,667	
MAUREEN KILLACKEY SEE SCHEDULE O	50 0			X				486,511	0	53,688	
JASON KLEIN SEE SCHEDULE O	50 0			X				636,222	0	70,109	
KATHY LEWIS SEE SCHEDULE O	50 0			X				357,762	0	35,406	
EDWARD MAHONEY SEE SCHEDULE O	50 0			X				604,200	0	58,370	
KENNETH MARIANS SEE SCHEDULE O	50 0			X				467,947	0	62,661	
KATHRYN MARTIN SEE SCHEDULE O	50 0			X				1,174,023	0	88,386	
ELLEN MILLER-SONET SEE SCHEDULE O	50 0			X				315,554	0	13,941	
RICHARD K NAUM SEE SCHEDULE O	50 0			X				797,781	0	46,319	
LARRY NORTON MD SEE SCHEDULE O	50 0			X				676,174	0	37,040	
ROGER PARKER SEE SCHEDULE O	50 0			X				447,144	0	34,990	

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	X			667,587	0	54,673
ROBERT WITTES SEE SCHEDULE O	50 0			X	X			1,186,660	0	85,676
CRAIG THOMPSON MD SEE SCHEDULE O	50 0			X				189,083	0	19,729
GEORGE BOSL MD SEE SCHEDULE O	50 0				X			879,291	0	88,854
HEDVIG HRICAK MD SEE SCHEDULE O	50 0				X			1,360,822	0	66,113
ANNE MCSWEENEY SEE SCHEDULE O	50 0				X			1,453,949	0	28,639
SIMON NICHOLAS POWELL SEE SCHEDULE O	50 0				X			1,269,811	0	70,691
PETER T SCARDINO MD SEE SCHEDULE O	50 0				X	X		1,738,969	0	72,536
MANJIT S BAINS MD SEE SCHEDULE O	50 0					X		651,791	0	44,578
JATIN SHAH MD SEE SCHEDULE O	50 0					X		1,268,775	0	82,660
PETER G CORDEIRO MD SEE SCHEDULE O	50 0					X		2,019,980	0	106,172
PHILIP GUTIN MD SEE SCHEDULE O	50 0					X		1,936,560	0	97,130
JOSEPH DISA MD SEE SCHEDULE O	50 0					X		1,659,462	0	92,528