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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization
Memorial Sloan-Kettering Cancer Center

Doing Business As

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

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

D Employer identification number
91-2154267

E Telephone number
(646) 227-3092

G Gross receipts $ 3,690,007,107

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

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	110
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	90
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	12,008
6	Total number of volunteers (estimate if necessary)	**6**	1,058
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	4,599,838
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	4,312,354

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	399,661,000	465,007,000
9	Program service revenue (Part VIII, line 2g)	1,885,424,000	2,174,538,000
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	72,380,000	183,652,584
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	106,275,000	121,947,000
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,463,740,000	2,945,144,584
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	51,927,000	51,559,000
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,314,697,297	1,419,651,546
16a	Professional fundraising fees (Part IX, column (A), line 11e)	805,000	1,202,605
b	Total fundraising expenses (Part IX, column (D), line 25) ▶43,915,000		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,008,424,703	1,119,424,433
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,375,854,000	2,591,837,584
19	Revenue less expenses Subtract line 18 from line 12	87,886,000	353,307,000
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	6,448,415,000	6,790,005,000
21	Total liabilities (Part X, line 26)	2,550,889,000	2,848,843,000
22	Net assets or fund balances Subtract line 21 from line 20	3,897,526,000	3,941,162,000

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2012-11-12

MICHAEL P GUTNICK SENIOR VP, CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
ERNST & YOUNG US LLP
111 MONUMENT CIRCLE SUITE 2600
INDIANAPOLIS, IN 46204

EIN ▶

Phone no ▶ (317) 681-7000

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

Part III Statement of Program Service Accomplishments

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? . . . . . ☐ Yes ☑ No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 $ 2,036,959,000 including grants of $ 27,739,000) (Revenue $ 2,148,687,000)

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 $ 454,604,000 including grants of $ 22,979,000) (Revenue $ 25,851,000)

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 $ 2,342,000 including grants of $ 841,000) (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** ▶ $ 2,493,905,000

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	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*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	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.*	11b	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.*	11c		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.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	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.*	11f		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*	12a		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*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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**	1,585		
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**	12,008		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
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 or securities 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?			**12a**	
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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**	
b	Enter the aggregate 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 aggregate amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

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	110		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	90		
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		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made 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 made 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

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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)** . . . . . ▶								33,395,125	0	2,149,091

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 2,968

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
TURNER CONSTRUCTION 375 HUDSON STREET NEW YORK, NY 10014	GENERAL CONSTRUCT	38,856,065
JGN CONSTRUCTION CORP 66-40 69TH STREET MIDDLE VILLAGE, NY 11379	GENERAL CONSTRUCT	13,551,896
MICHAEL ANTHONY CONSTRUCTION CORP 161 RAILROAD AVENUE GARDEN CITY, NY 11040	GENERAL CONSTRUCT	9,029,916
PERKINS EASTMAN ARCHITECTS 115 FIFTH AVENUE NEW YORK, NY 10003	ARCHITECTURAL	5,937,416
STANTEC CONSULTING SERVICES INC 13980 COLLECTIONS CENTER DR CHICAGO, IL 60693	CONSTRUCTION CONSULT	3,548,782

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 112

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	1,838,000			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	156,718,000			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	306,451,000			
	g	Noncash contributions included in lines 1a-1f $ 3,043,437					
	h	**Total.** Add lines 1a-1f		465,007,000			
Program Service Revenue			Business Code				
	2a	MEDICAL CARE	622310	2,148,687,000	2,148,687,000		
	b	NON-GOVERNMENT SPONSORED RESEARCH	541711	25,851,000	25,851,000		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		2,174,538,000			
	3	Investment income (including dividends, interest and other similar amounts)		43,784,584		1,361,234	42,423,350
	4	Income from investment of tax-exempt bond proceeds		111,000			111,000
	5	Royalties		77,510,000			77,510,000
			(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	883,869,523				
	b	Less cost or other basis and sales expenses	744,112,523				
	c	Gain or (loss)	139,757,000				
	d	Net gain or (loss)			139,757,000			139,757,000
Other Revenue	8a	Gross income from fundraising events (not including $ 1,838,000 of contributions reported on line 1c) See Part IV, line 18	a 1,464,000				
	b	Less direct expenses	b 750,000				
	c	Net income or (loss) from fundraising events		714,000			714,000
	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	29,520,000			29,520,000
	b	CAFETERIA	722212	4,114,000			4,114,000
	c	INSURANCE RECOVERY	900099	2,916,000			2,916,000
	d	All other revenue		7,173,000		3,238,604	3,934,396
	e	**Total.** Add lines 11a–11d		43,723,000			
	12	**Total revenue.** See Instructions		2,945,144,584	2,174,538,000	4,599,838	300,999,746

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)

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

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 United States See Part IV, line 21	850,000	850,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	50,709,000	50,709,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	25,385,484	21,207,562	2,386,669	1,791,253
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	1,064,206,619	1,045,731,899	4,799,826	13,674,894
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	94,264,653	93,233,575	396,085	634,993
9	Other employee benefits	169,024,131	164,576,839	1,424,728	3,022,564
10	Payroll taxes	66,770,659	65,460,468	438,684	871,507
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	6,750,780	5,756,258	438,303	556,219
c	Accounting	1,022,066	958,895	45,311	17,860
d	Lobbying	583,870	583,870		
e	Professional fundraising *See Part IV, line 17* . .	1,202,605			1,202,605
f	Investment management fees	12,663,665		12,663,665	
g	Other	54,570,175	42,391,205	8,315,386	3,863,584
12	Advertising and promotion	6,003,660	20,271	4,231,706	1,751,683
13	Office expenses	185,115,405	161,995,248	8,520,481	14,599,676
14	Information technology	12,709,679	12,652,993	13,911	42,775
15	Royalties . .	0			
16	Occupancy	88,265,067	84,416,399	2,917,796	930,872
17	Travel	7,671,126	6,936,972	290,265	443,889
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	8,950,361	8,005,208	323,620	621,533
20	Interest	57,098,079	56,280,523	817,556	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	195,460,677	192,681,347	2,177,255	602,075
23	Insurance	25,920,479	22,074,306	3,811,507	34,666
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	PHARMACEUTICALS	301,941,694	301,941,694		
b	MEDICAL/SURGICAL SUPPLIES	140,905,406	140,905,406		
c	PROVISION BAD DEBT-REG ASSMT	14,535,062	14,535,062		
d	FUNDRAISING EVENTS	-750,000			-750,000
e					
f	All other expenses	7,182		4,830	2,352
25	**Total functional expenses.** Add lines 1 through 24f	2,591,837,584	2,493,905,000	54,017,584	43,915,000
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	19,889,693	9,509,457		10,380,236

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		35,396,000	1	183,161,000
	2	Savings and temporary cash investments		360,462,000	2	263,821,000
	3	Pledges and grants receivable, net		386,723,000	3	442,647,000
	4	Accounts receivable, net		344,136,000	4	405,693,000
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		500,000	5	400,000
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		27,437,000	7	27,040,000
	8	Inventories for sale or use		33,804,000	8	35,241,000
	9	Prepaid expenses and deferred charges		68,892,000	9	87,377,000
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 4,123,583,000			
	b	Less accumulated depreciation	10b 1,976,200,000	2,113,849,000	10c	2,147,383,000
	11	Investments—publicly traded securities		2,397,914,000	11	2,459,673,000
	12	Investments—other securities See Part IV, line 11		678,302,000	12	736,069,000
	13	Investments—program-related See Part IV, line 11		1,000,000	13	1,500,000
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		6,448,415,000	16	6,790,005,000
Liabilities	17	Accounts payable and accrued expenses		488,236,000	17	437,702,000
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		1,304,600,000	20	1,511,713,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		758,053,000	25	899,428,000
	26	**Total liabilities.** Add lines 17 through 25		2,550,889,000	26	2,848,843,000
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		3,084,530,000	27	3,033,956,000
	28	Temporarily restricted net assets		412,660,000	28	481,993,000
	29	Permanently restricted net assets		400,336,000	29	425,213,000
		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		3,897,526,000	33	3,941,162,000
	34	Total liabilities and net assets/fund balances		6,448,415,000	34	6,790,005,000

Part XI Reconcilliation 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	2,945,144,584
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,591,837,584
3	Revenue less expenses Subtract line 2 from line 1	3	353,307,000
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,897,526,000
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-309,671,000
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	3,941,162,000

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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a 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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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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

2011

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
91-2154267

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
(A) SLOAN-KETTERING INSTITUE FOR CANCER RESEARCH	131624182	04	Yes		Yes		Yes		0
(B) MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	131924236	03	Yes		Yes		Yes		0
(C) LOUIS V GERSTNER JR GRADUATE SCHOOL OF BIOMEDICAL SCIENCE	202212588	02	Yes		Yes		Yes		0
Total									0

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. 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 GRAPHIC AND FACILITIES MANAGEMENT) AND ALLOCATIONS AMOUNTS DUE TO OR FROM AFFILIATES RESULTING FROM THESE SERVICES DO NOT BEAR INTEREST

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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.**

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2011

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, line 35c (Proxy Tax), then

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		336,967
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		246,903
j	Total lines 1c through 1i			583,870
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 II-B	MSKCC ENGAGES IN BOTH FEDERAL AND STATE LOBBYING. THE CENTER'S FEDERAL LOBBYING EFFORT FOCUSES ON PATIENT CARE AND REIMBURSEMENT ISSUES. PATIENT CARE ADVOCACY INCLUDES ENSURING PATIENTS ARE ABLE TO ACCESS CLINICAL TRIALS AND CANCER HOSPITALS ARE ABLE TO EFFECTIVELY RESEARCH POTENTIAL TREATMENTS FOR CANCER AS WELL AS PREVENTIVE AND PALLIATIVE MEASURES. THE CENTER ALSO SEEKS TO RECEIVE EQUITABLE REIMBURSEMENT FOR SERVICES RENDERED TO PATIENTS ENROLLED IN ENTITLEMENT PROGRAMS. FROM TIME TO TIME THE CENTER WEIGHS IN ON OTHER FEDERAL LEGISLATION THAT IMPACTS CANCER CARE AND HOSPITALS IN GENERAL. THE CENTER'S STATE 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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
91-2154267

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ 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 ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	748,997,000	767,701,000	776,235,000	853,397,000	
b	Contributions	32,670,524	13,421,000	5,531,000	1,778,000	
c	Investment earnings or losses	-2,933,000	9,453,000	23,093,000	-45,818,000	
d	Grants or scholarships					
e	Other expenditures for facilities and programs	51,867,524	41,578,000	37,158,000	33,122,000	
f	Administrative expenses					
g	End of year balance	726,867,000	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 ▶ 41 500 %
- b Permanent endowment ▶ 58 500 %
- 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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		198,654,000		198,654,000
b Buildings		2,592,747,000	943,398,000	1,649,349,000
c Leasehold improvements		73,810,000	55,868,000	17,942,000
d Equipment		1,258,372,000	976,934,000	281,438,000
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				2,147,383,000

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	116,493,000	C
(3) Other (A) PRIVATE EQUITY & VENTURE CAP	493,000,000	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	736,069,000	

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
PENSION AND POSTRETIREMENT	552,846,000
INSURANCE RESERVES	222,150,000
DEFERRED COMPENSATION	45,046,000
ASSET RETIREMENT OBLIGATIONS	34,683,000
DEFERRED GIFT ANNUITY	25,400,000
OTHER LIABILITIES	19,303,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	899,428,000

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	2,945,144,584
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,591,837,584
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	353,307,000
4	Net unrealized gains (losses) on investments	4	-200,271,000
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-109,400,000
9	Total adjustments (net) Add lines 4 - 8	9	-309,671,000
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	43,636,000

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	2,727,018,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-200,271,000		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	750,000		
e	Add lines **2a** through **2d**			2e	-199,521,000
3	Subtract line **2e** from line **1**			3	2,926,539,000
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	18,605,584		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	18,605,584
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	2,945,144,584

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

1	Total expenses and losses per audited financial statements			1	2,573,132,000
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	-100,000		
e	Add lines **2a** through **2d**			2e	-100,000
3	Subtract line **2e** from line **1**			3	2,573,232,000
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	18,605,584		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	18,605,584
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	2,591,837,584

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 ($110,250,000) AND GRANT PAYMENT TO RALPH LAUREEN CENTER FROM RESERVED LIABILITY OF $850,000
OTHER	PART XII LINE 2d	OTHER $750,000 ARE DIRECT EXPENSES RELATING TO FUNDRAISING EVENTS COSTS ARE REMOVED FROM THE STATEMENT OF FUNCTIONAL EXPENSES AND NETTED ON THE STATEMENT OF REVENUE
OTHER	PART XIII	OTHER $750,000 ARE DIRECT EXPENSES RELATING TO FUNDRAISING EVENTS COSTS ARE REMOVED FROM THE STATEMENT OF FUNCTIONAL EXPENSES AND NETTED ON THE STATEMENT OF REVENUE OFFSET BY A GRANT PAYMENT TO RALPH LAUREEN CENTER FROM RESERVED LIABILITY OF ($850,000)
FIN 48 LIABILITY FOR UNCERTAIN TAX POSITIONS	PART X LINE2	A FIN 48 FOOTNOTE DISCLOSURE, RELATING TO THE ACCOUNTING FOR INCOME TAXES, WAS NOT REQUIRED BECAUSE THERE WAS NO MATERIAL IMPACT ON THE INSTITUTION'S FINANCIAL STATEMENTS

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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

2011

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
91-2154267

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		No
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on 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	7	Yes	

Part II 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, THE REHABILITATION ACT, THE AGE DISCRIMINATION ACT, AND THE AMERICANS WITH DISABILITIES ACT

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
91-2154267

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

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

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

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
Central America and the Caribbean			Investments		793,168,000
Europe (Including Iceland and Greenland)	0	0	Investments		25,049,000
North America	0	0	Investments		21,507,000
3a Sub-total	0	0			839,724,000
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	0	0			839,724,000

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

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

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

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

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

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

Part IV 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

Part V Supplemental Information

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

Identifier	ReturnReference	Explanation
ORGANIZATION'S PROCEDURES FOR THE USE OF FUNDS OUTSIDE THE US	SCHEDULE F, PART I, LINE 2	MEMORIAL SLOAN-KETTERING CANCER CENTER DOES NOT MAKE GRANTS OR USE GRANT MONEY OUTSIDE OF THE UNITED STATES

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
91-2154267

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising 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? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
TARGET MARKETEAM 1050 Crown Pointe Parkway 18th Floor Alanta, GA 30338	DIRECT MAIL CONSULTING		No	22,186,264	450,000	21,736,264
DONOR SERVICES 6715 Sunset Blvd Los Angeles, CA 90028	TELEMARKETI CONSULTING		No	437,071	429,760	7,311
Paradysz Matera Co 5 Hanover Square 6th Floor New York, NY 10004	Mail list consulting		No	22,190,000	322,845	21,867,155
Total . . . . . ▶				44,813,335	1,202,605	43,610,730

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

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

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

		(a) Event #1 SPRING BALL (event type)	(b) Event #2 ANTIQUE SHOW (event type)	(c) Other Events 4 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	1,523,625	670,287	1,108,337	3,302,249
	2 Less Charitable contributions	911,825	481,847	444,328	1,838,000
	3 Gross income (line 1 minus line 2)	611,800	188,440	664,009	1,464,249
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	110,709		153,789	264,498
	7 Food and beverages		79,136	69,628	148,764
	8 Entertainment	72,000	2,000	5,450	79,450
	9 Other direct expenses	125,486	38,764	93,038	257,288
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(750,000)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				714,249

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

2011

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
91-2154267

Part I Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)			13,048,455	2,807,174	10,241,281	0 400 %
b Medicaid (from Worksheet 3, column a)			94,820,999	83,091,580	11,729,419	0 460 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			107,869,454	85,898,754	21,970,700	0 860 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			15,733,247	77,325	15,655,922	0 610 %
f Health professions education (from Worksheet 5)			107,992,602	8,424,693	99,567,910	3 880 %
g Subsidized health services (from Worksheet 6)			845,729		845,729	0 030 %
h Research (from Worksheet 7)			335,244,957		335,244,957	13 070 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			870,693		870,693	0 030 %
j **Total** Other Benefits			460,687,228	8,502,018	452,185,211	17 620 %
k **Total.** Add lines 7d and 7j			568,556,682	94,400,772	474,155,911	18 480 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members			50,179		50,179	
6	Coalition building			171,252		171,252	0 010 %
7	Community health improvement advocacy			429,818		429,818	0 020 %
8	Workforce development			122,898		122,898	
9	Other						
10	**Total**			774,147		774,147	0 030 %

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 Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense	2	17,744,729		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	1,193,242		
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	596,933,959
6	Enter Medicare allowable costs of care relating to payments on line 5	6	706,909,122
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-109,975,163
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	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures (see instructions)

	(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					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

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

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	MEMORIAL HOSP FOR CANCER & ALLIED DIS 1275 York Avenue New York, NY 10065	X	X		X		X			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

MEMORIAL HOSP FOR CANCER & ALLIED DIS

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 500 %			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 500 %			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☐ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☑ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☑ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☑ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		No
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☑ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size 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	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions 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, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health 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		PART 1, LINE 3C A PATIENT WITH INCOME LESS THAN OR EQUAL TO 500% OF THE FPL IS ELIGIBLE FO R 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 PATIE NTS' 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 ALLOWANC E BASED ON A PATIENT'S FAMILY SIZE IN EVALUATING THE TYPE AND AMOUNT OF ASSISTANCE NEEDED THE TABLES BELOW ILLUSTRATE THE 2011 INCOME GUIDELINES USED IN EVALUATING A PATIENT'S FIN ANCIAL STATUS FOR A FAMILY SIZE OF 1, MSKCC ALLOWED INCOME OF $54,450, RESOURCE LEVELS OF $29,250 FOOD AND CLOTHES ALLOWANCE OF $1,147 FOR A FAMILY SIZE OF 2, MSKCC ALLOWED INCOME OF $73,550, RESOURCE LEVELS OF $35,850 FOOD AND CLOTHES ALLOWANCE OF $1,431 FOR A FAMILY SIZE OF 3, MSKCC ALLOWED INCOME OF $92,650, RESOURCE LEVELS OF $38,978 FOOD AND CLOTHES AL LOWANCE OF $1,641 FOR A FAMILY SIZE OF 4, MSKCC ALLOWED INCOME OF $111,750, RESOURCE LEVEL S OF $42,105 FOOD AND CLOTHES ALLOWANCE OF $1,859 FOR A FAMILY SIZE OF 5, MSKCC ALLOWED IN COME OF $130,850, RESOURCE LEVELS OF $45,233 FOOD AND CLOTHES ALLOWANCE OF $2,062 FOR A FA MILY SIZE OF 6, MSKCC ALLOWED INCOME OF $149,950 RESOURCE LEVELS OF $48,360 FOOD AND CLOTH ES ALLOWANCE OF $2,279 PART I, LINE 6A THE INSTITUTION PUBLISHES AN ANNUAL REPORT, THE "CO MMUNITY SERVICE PLAN", WHICH PROVIDES SUMMARY INFORMATION ON ITS PUBLIC HEALTH PROGRAMS AN D FINANCIAL ASSISTANCE SERVICES IT IS AVAILABLE ON OUR WEB SITE, WWW MSKCC ORG, AND BY MA IL UPON REQUEST IT IS MAILED TO LOCAL ELECTED OFFICIALS AND ORGANIZATIONS AND IS PUBLICIZ ED THROUGH OUR COMMUNITY NEWSLETTER PART I, LINE 7G MEMORIAL SLOAN-KETTERING HAS CONSISTE NTLY SET THE STANDARD OF CARE FOR PEOPLE WITH CANCER BY EMPHASIZING EARLY DETECTION, PRECI SE DIAGNOSIS, AND INDIVIDUALLY TAILORED TREATMENT THE HOSPITAL SUBSIDIZES CANCER SCREENIN G, TREATMENT, AND SUPPORT SERVICES TO FULFILL ITS MISSION AND TO HELP REDUCE CANCER HEALTH DISPARITIES AMONG MINORITY AND MEDICALLY UNDERSERVED POPULATIONS MSKCC'S BREAST EXAMINAT ION 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 NE W 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 SIN CE ITS INCEPTION IN 1979, BECH HAS HAD MORE THAN 234,329 VISITS, WITH 5,150 OF THOSE VISIT S TAKING PLACE IN 2011 ALL SERVICES WERE PROVIDED AT NO OUT-OF-POCKET EXPENSE TO THE WOME N WHO RECEIVED CANCER SCREENING AND FOLLOW-UP SERVICES LOCATED IN HARLEM, THE RALPH LAURE N CENTER FOR CANCER CARE AND PREVENTION (RLCCCP) OFFERS CANCER SCREENING AND TREATMENT SER VICES 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 INCEPT ION RLCCCP HAS CONDUCTED MORE THAN 81,000 VISITS, OF WHICH APPROXIMATELY 12,000 OCCURRED I N 2011 TWENTY-SIX PERCENT OF THESE VISITS PROVIDED CARE TO UNINSURED PATIENTS AND 45 PERC ENT TO PATIENTS ON MEDICAID IN 2011, RLCCCP CONTINUED TO PROVIDE COLON CANCER SCREENING I N THE ENDOSCOPY SUITE A TOTAL OF 2,056 COLONOSCOPIES WERE PERFORMED APPROXIMATELY 60 PER CENT OF THESE COLONOSCOPIES WERE PROVIDED TO UNINSURED PATIENTS VIA GRANT FUNDING OR CHARI TY CARE MEMORIAL SLOAN-KETTERING'S PSYCHIATRY & BEHAVIORAL SERVICES DEPARTMENT OFFERS INP ATIENT AND OUTPATIENT PSYCHOLOGICAL AND SOCIAL SUPPORT SERVICES TO PATIENTS, THEIR FAMILIE S, 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 SMOK ING CESSATION CLINIC APPROXIMATELY 1,200 PATIENTS WERE TREATED BY THE NURSING STAFF DURIN G 2011 PHILANTHROPIC FUNDS ARE USED TO SUPPORT A SIGNIFICANT NUMBER OF THE DEPARTMENT'S O VERALL CLINICAL AND TRAINING ACTIVITIES THE INTEGRATIVE MEDICINE SERVICE PROVIDES FREE CL INICAL CARE FOR INPATIENTS DURING 2011, THE SERVICE PROVIDED 7,766 TREATMENTS THE CLINIC AL SERVICES PROVIDED INCLUDE MUSIC THERAPY, TOUCH THERAPY, ACUPUNCTURE, YOGA, MEDITATION, GUIDED IMAGERY, AND DANCE THERAPY A TOUCH THERAPY FOR CAREGIVERS COURSE IS OFFERED FREE O F CHARGE TO ANY INPATIENT AND THEIR FAMILY MEMBERS ONCE PER MONTH PART I, LINE 7, COLUMN (F) THE AMOUNT OF THE BAD DEBT EXPENSE REMOVED FROM THE 2011 CALULATION IS $8,085,000 PART I, LINE 7 CHARITY CARE REPRESENTS THE COST OF SERVICES PROVIDED TO PATIENTS WHO CANNOT AF FORD HEALTH CARE SERVICES DUE TO INADEQUATE RESOURCES AND/OR ARE UNINSURED OR UNDERINSURED A PATIENT IS CLASSIFIED AS A CHARITY CARE PATIEN

Identifier	ReturnReference	Explanation
Supplemental Information		T 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 V ARIOUS SOURCES CHARITY CARE AND UNREIMBURSED MEDICAID AND MEDICARE COMMUNITY BENEFITS COS T WERE BASED ON A COST TO CHARGE RATIO CALCULATION THE TOTAL CHARGES ASSOCIATED WITH THES E 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 BENEF IT COSTS ARE ACTUAL EXPENSES INCURRED BY THE RESPECTIVE PROGRAMS COSTS OF PROVIDING CHARI TY CARE AS CALCULATED PER THE ABOVE IS NET OF AMOUNTS RECEIVED FROM THE NYS BAD DEBT AND C HARITY CARE POOLS TO ARRIVE AT THE AMOUNTS REPORTED ON THE TABLE ADDITIONAL STEPS AS OUTL INED BELOW WERE TAKEN UNPAID COST OF GOVERNMENT SPONSORED HEALTH CARE REPRESENTS THE ESTI MATED DIFFERENCE BETWEEN THE PAYMENTS MADE UNDER THE MEDICARE AND MEDICAID PROGRAMS AND TH E INSTITUTION'S COST OF PROVIDING THESE SERVICES AS CALCULATED ABOVE THE INSTITUTION SUBT RACTS ALL REVENUES RECEIVED FROM THE MEDICARE AND MEDICAID PROGRAMS TO DETERMINE THE COMMU NITY 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 AMOUNT S 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 TRE AT CANCER PATIENTS THE INSTITUTION TRAINS PHYSICIANS, SCIENTISTS, MEDICAL STUDENTS, RADIO LOGY 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 C OSTS 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 I N AND SUPPORTS COALITION BUILDING ACTIVITIES THAT PROMOTE THE HEALTH OF THE COMMUNITIES TH E INSTITUTION SERVES STAFF MEMBERS ARE ENCOURAGED TO SHARE THEIR CLINICAL EXPERTISE AND E XPERIENCE 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 MA NY HEALTH IMPROVEMENT ADVOCACY GROUPS FOR PARTICULAR TYPES OF CANCER ALTHOUGH THE SIGNIFI CANT COST OF STAFF TIME DEVOTED TO THESE ACTIVITIES IS NOT QUANTIFIED BY THE CENTER, THE I NSTITUTION CONSIDERS THESE EFFORTS TO COLLABORATE AND BUILD COMMUNITY RESOURCES TO BE OF S IZEABLE COMMUNITY BENEFIT PART III, LINE 4 THE INSTITUTION FOLLOWS GENERALLY ACCEPTED ACC OUNTING PRINCIPLES (GAAP), IN REPORTING BAD DEBT EXPENSES THEREFORE, A DETAILED DESCRIPTI ON OF THE BAD DEBT AND CHARITY CARE POLICY IS NOT REQUIRED IN THE FOOTNOTES TO THE FINANCI AL STATEMENTS PATIENTS HAVE THE OPPORTUNITY TO PURSUE VARIOUS CHARITY CARE PROGRAMS THROU GH MSKCC'S FINANCIAL ASSISTANCE PROGRAM IF A PATIENT IS FOUND TO HAVE THE APPROPRIATE RES OURCES 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 INS TITUTION'S POLICY ONCE DEEMED UNCOLLECTABLE, THE CHARGES ARE CLASSIFIED AS BAD DEBTS AND ARE CHARGED OFF AS SUCH THE AMOUNTS IN

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 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)
LAURANCE S ROCKEFELLER OP PAVILION 160 EAST 53RD STREET NEW YORK, NY 10065	EXTENSION CLINIC
LAURANCE S ROCKEFELLER OP PAVILION 160 EAST 53RD STREET NEW YORK, NY 10065	EXTENSION CLINIC
LAURANCE S ROCKEFELLER OP PAVILION 160 EAST 53RD STREET NEW YORK, NY 10065	EXTENSION CLINIC
LAURANCE S ROCKEFELLER OP PAVILION 160 EAST 53RD STREET NEW YORK, NY 10065	EXTENSION CLINIC
LAURANCE S ROCKEFELLER OP PAVILION 160 EAST 53RD STREET NEW YORK, NY 10065	EXTENSION CLINIC
LAURANCE S ROCKEFELLER OP PAVILION 160 EAST 53RD STREET NEW YORK, NY 10065	EXTENSION CLINIC
LAURANCE S ROCKEFELLER OP PAVILION 160 EAST 53RD STREET NEW YORK, NY 10065	EXTENSION CLINIC
LAURANCE S ROCKEFELLER OP PAVILION 160 EAST 53RD STREET NEW YORK, NY 10065	EXTENSION CLINIC
LAURANCE S ROCKEFELLER OP PAVILION 160 EAST 53RD STREET NEW YORK, NY 10065	EXTENSION CLINIC
LAURANCE S ROCKEFELLER OP PAVILION 160 EAST 53RD STREET NEW YORK, NY 10065	EXTENSION CLINIC
LAURANCE S ROCKEFELLER OP PAVILION 160 EAST 53RD STREET NEW YORK, NY 10065	EXTENSION CLINIC
LAURANCE S ROCKEFELLER OP PAVILION 160 EAST 53RD STREET NEW YORK, NY 10065	EXTENSION CLINIC
LAURANCE S ROCKEFELLER OP PAVILION 160 EAST 53RD STREET NEW YORK, NY 10065	EXTENSION CLINIC
LAURANCE S ROCKEFELLER OP PAVILION 160 EAST 53RD STREET NEW YORK, NY 10065	EXTENSION CLINIC
LAURANCE S ROCKEFELLER OP PAVILION 160 EAST 53RD STREET NEW YORK, NY 10065	EXTENSION CLINIC

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
91-2154267

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) RALPH LAUREN CENTER FOR CANCER & PREVENTION1919 MADISON AVENUE New York, NY 10035	02-0597827	501(C)(3)	850,000				SUPPORT OPERATING COSTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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	2142	50,709,000			

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 2011, THE AMOUNT IS FOR STIPENDS PAID TO 321 RESEARCH FELLOWS, 131 RESEARCH SCHOLARS, AND 14 GRADUATE SCHOOL STUDENTS STIPENDS WERE ALSO PAID TO A TOTAL OF 1,676 CLINICAL INTERNS, RESIDENTS AND FELLOWS THAT FILLED 440 POSITIONS DURING THE YEAR EDUCATION AND TRAINING INCLUDES CLASSROOM INSTRUCTION WITH HANDS-ON EXPERIENCE IN BOTH RESEARCH LABORATORIES AND CLINICAL CARE ACTIVITIES THE AFOREMENTIONED GRANTEES ARE REQUIRED TO BE IN COMPLIANCE WITH ACADEMIC REQUIREMENTS THIS INCLUDES DIRECT SUPERVISION AND DIRECTION BY PHYSICIANS AND RESEARCH INVESTIGATORS RALPH LAUREN CENTER FOR CANCER & PREVENTION DURING 2011, MSKCC PAID $850,000 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 REGULARY MEETS WITH THE RALPH LAUREN CENTER'S BOARD OF DIRECTORS TO REVIEW THAT THEIR SPENDING IS IN CONFORMITY WITH THEIR MISSION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
91-2154267

Part I Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

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

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Supplemental Compensation Information		SCHEDULE J, PART I, LINE 1A BUSINESS OR FIRST CLASS TRAVEL IS GENERALLY NOT ALLOWED FOR FLIGHTS LESS THAN 6 CONTINUOUS HOURS ALL TRAVEL MUST BE APPROVED BEFORE ANY ARRANGEMENTS ARE MADE AN EMPLOYMENT CONTRACT REQUIRES OUR PRESIDENT TO LIVE IN AN MSK OWNED APARTMENT THE RESIDENCE IS USED TO HOLD MEETINGS ON BEHALF OF THE INSTITUTION 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 DR SHAH RECEIVED $1,465,994 DISTRIBUTION FROM THE NONQUALIFIED DEFERRED COMPENSATION PLAN AND $47,179 OF EXCESS 403B BENEFITS THAT WERE REPORTED AS DEFERRED COMPENSATION IN A PRIOR YEAR AND ARE TAXABLE IN THE CURRENT YEAR 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 are reported as W-2 compensation 100 percent of these amounts reflect the deferral of a portion of the participant's approved compensation package and related investment experience since the commencement of an individual's plan participation As contributions were made to these plans for previous periods, the contribution amounts were reported on Form 990 for the applicable period as contributions to deferred compensation plans with respect to officers, key employees, and other highest paid employees These amounts, as adjusted for investment experience, are reported again now on Form 990 as distributions from the plans

Additional Data

Return to Form

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JOHN R GUNN	(I) (II)	969,522 0	661,850 0	102,666 0	97,386 0	19,158 0	1,850,582 0	70,050 0
MICHAEL P GUTNICK	(I) (II)	810,581 0	540,960 0	88,982 0	81,917 0	15,110 0	1,537,550 0	52,780 0
MARK SVENNINGSON	(I) (II)	458,977 0	129,316 0	61,898 0	47,092 0	14,437 0	711,720 0	20,350 0
ERIC M COTTINGTON	(I) (II)	420,213 0	167,200 0	42,034 0	43,054 0	12,606 0	685,107 0	17,300 0
DENNIS DOWDELL JR	(I) (II)	432,811 0	200,000 0	38,046 0	44,370 0	16,460 0	731,687 0	15,500 0
MURRAY BRENNAN MD	(I) (II)	875,625 0	0 0	63,278 0	43,775 0	27,425 0	1,010,103 0	30,250 0
THOMAS KELLY MD	(I) (II)	824,846 0	402,100 0	75,152 0	82,833 0	16,074 0	1,401,005 0	55,920 0
MAUREEN KILLACKEY	(I) (II)	479,298 0	5,000 0	26,491 0	48,298 0	6,274 0	565,361 0	22,390 0
JASON KLEIN	(I) (II)	690,047 0	800,000 0	46,090 0	70,000 0	10,717 0	1,616,854 0	35,500 0
KATHY LEWIS	(I) (II)	296,493 0	100,100 0	6,890 0	30,316 0	7,541 0	441,340 0	4,100 0
EDWARD MAHONEY	(I) (II)	452,104 0	225,000 0	42,912 0	46,350 0	13,898 0	780,264 0	20,500 0
KENNETH MARIANS	(I) (II)	451,819 0	0 0	35,519 0	46,909 0	19,761 0	554,008 0	21,043 0
KATHRYN MARTIN	(I) (II)	783,307 0	463,680 0	137,082 0	79,598 0	15,560 0	1,479,227 0	52,780 0
ELLEN MILLER-SONET	(I) (II)	252,864 0	88,095 0	17,150 0	26,680 0	14,904 0	399,693 0	670 0
RICHARD K NAUM	(I) (II)	378,475 0	435,917 0	29,694 0	38,965 0	15,145 0	898,196 0	13,330 0
LARRY NORTON MD	(I) (II)	553,278 0	115,054 0	30,212 0	28,501 0	21,089 0	748,134 0	14,768 0
ROGER PARKER	(I) (II)	385,076 0	118,860 0	19,210 0	38,035 0	1,066 0	562,247 0	0 0
PATRICIA C SKARULIS	(I) (II)	559,673 0	294,720 0	36,766 0	56,489 0	11,017 0	958,665 0	24,620 0

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				
ROBERT WITTES MD	(I)	835,866	402,100	55,920	82,833	5,054	1,381,773	55,920
	(II)	0	0	0	0	0	0	0
GEORGE BOSL MD	(I)	792,974	50,000	67,987	0	17,643	928,604	52,915
	(II)	0	0	0	0	0	0	0
HEDVIG HRICAK MD	(I)	1,197,394	0	179,401	60,091	13,803	1,450,689	46,120
	(II)	0	0	0	0	0	0	0
ANNE MCSWEENEY	(I)	418,978	240,998	7,833	20,685	8,818	697,312	7,833
	(II)	0	0	0	0	0	0	0
SIMON NICHOLAS POWELL MD	(I)	1,254,300	0	55,205	0	12,740	1,322,245	48,950
	(II)	0	0	0	0	0	0	0
PETER T SCARDINO MD	(I)	1,348,740	750,000	70,468	66,375	22,534	2,258,117	50,970
	(II)	0	0	0	0	0	0	0
MARK H BILSKY MD	(I)	1,496,255	0	92,684	75,000	6,717	1,670,656	48,750
	(II)	0	0	0	0	0	0	0
JATIN SHAH MD	(I)	1,092,496	0	107,772	55,932	36,661	1,292,861	1,513,173
	(II)	0	0	0	0	0	0	0
PETER G CORDEIRO MD	(I)	1,720,307	0	145,996	86,634	15,604	1,968,541	81,485
	(II)	0	0	0	0	0	0	0
PHILIP GUTIN MD	(I)	1,914,657	0	80,250	95,275	4,444	2,094,626	80,250
	(II)	0	0	0	0	0	0	0
JOSEPH DISA MD	(I)	1,584,751	0	71,405	78,588	13,049	1,747,793	67,895
	(II)	0	0	0	0	0	0	0
CRAIG THOMPSON MD	(I)	1,394,496	0	10,062	140,000	12,559	1,557,117	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
91-2154267

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(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	64983QT25	06-29-2006	114,610,323	SEE SCHEDULE O		X		X		X
B	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	649903ZR5	05-13-2008	164,779,275	SEE SCHEDULE O		X		X		X
C	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	64983UFK1	05-14-2003	500,001,381	SEE SCHEDULE O	X			X		X
D	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	64983QS83	06-29-2006	102,783,274	SEE SCHEDULE O		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0	79,300,000	0
2	Amount of bonds defeased	0	0	114,009,277	0
3	Total proceeds of issue	115,772,187	164,780,185	502,987,588	112,974,138
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrow	114,009,278	0	0	0
7	Issuance costs from proceeds	1,762,909	2,204,275	6,762,359	1,525,106
8	Credit enhancement from proceeds	0	0	4,967,000	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	0	491,258,229	111,449,032
11	Other spent proceeds	0	162,575,910	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2007	2004	2007	2009

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X			X		X
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		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
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X				X		X

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X				X		X
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?	X				X		X	
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		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 %
6	Total of lines 4 and 5		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	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
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	0		0		0			
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	0		0		0		0	
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 Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☑ Yes ☐ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
91-2154267

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(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	649903B91	05-13-2008	291,329,951	SEE SCHEDULE O		X		X		X
B	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293		02-08-2007	3,423,972	SEE SCHEDULE O		X		X		X
C	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293		11-03-2008	25,000,000	SEE SCHEDULE O		X		X		X
D	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293		08-13-2009	75,000,000	SEE SCHEDULE O		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	3,423,972	14,544,762	33,655,045
2	Amount of bonds defeased	0	0	0	0
3	Total proceeds of issue	291,330,551	3,423,972	25,047,201	75,002,338
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	0	0
7	Issuance costs from proceeds	3,904,951	24,000	0	0
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	3,399,972	25,047,201	74,992,797
11	Other spent proceeds	287,425,600	0	0	0
12	Other unspent proceeds	0	0	0	9,548
13	Year of substantial completion	2004	2007	2010	2010

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		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
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?				X		X		X
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?				X		X		X
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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 %
6	Total of lines 4 and 5				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	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
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	0		0		0			
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	0		0		0		0	
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 Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
91-2154267

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(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	6499053Z7	09-02-2010	80,000,000	SEE SCHEDULE O		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0			
2	Amount of bonds defeased	0			
3	Total proceeds of issue	80,007,034			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrow	0			
7	Issuance costs from proceeds	0			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	80,007,034			
11	Other spent proceeds	0			
12	Other unspent proceeds	0			
13	Year of substantial completion	2010			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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 %							
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 %							
6	Total of lines 4 and 5	0 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?		X						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider	0							
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider	0							
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						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2011

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	(c) Corrected? No

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
(1) Hedvig Hricak MD MORTGAGE		X	700,000	400,000		No	Yes		Yes	
Total . . . . . ▶ $				400,000						

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental 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 WAS A BOARD MEMBER OF THE INSTITUTION UNTIL MARCH 2011 HE IS A SHAREHOLDER IN FIRST LEXINGTON CORPORATION THE INSTITUTION LEASES OFFICE SPACE FROM FIRST LEXINGTON AT FAIR MARKET VALUE THE COST OF THE LEASE WAS $1,265,493 IN 2011 2 MR STEPHEN FRIEDMAN IS A BOARD MEMBER OF THE INSTITUTION THE INSTITUTION PURCHASED ARCHITECTURAL SERVICES FROM THE FIRM OF PERKINS/EASTMAN THE TOTAL AMOUNT PAID IN 2011 WAS $5,937,416 MR PERKINS AND MR FRIEDMAN ARE BROTHERS-IN-LAW 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 G E IN THE AMOUNT OF $14,411,795 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, MEMORIAL SLOAN-KETTERING, ENTERS INTO DIRECT CONTRACTS WITH MERCK DURING 2011, THE VALUE OF THESE CONTRACTS APPROXIMATED $2,424,000 5 DR THOMPSON'S SPOUSE IS A LABORATORY MEMBER IN SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH HER COMPENSATION WAS $147,487 6 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 2011 WAS $73,188 7 MS VIRGINIA M ROMETTY IS A BOARD MEMBER OF THE INSTITUTION MS ROMETTY WAS A SENIOR VICE PRESIDENT OF IBM DURING 2011 EFFECTIVE JANUARY 1, 2012, MS ROMETTY WAS APPOINTED PRESIDENT AND CEO OF IBM DURING 2011, THE INSTITUTION PURCHASED SERVICES AND EQUIPMENT FROM IBM TOTALING $3,293,482 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 COMMERCIALLY AVAILABLE RATES

Additional Data

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

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction $	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
FIRST LEXINGTON CORPORATION	SEE PART V	1,265,493	LEASE OF OFFICE SPACE		No
PERKINS EASTMAN	SEE PART V	5,937,416	ARCHITECTUAL SERVICES		No
GENERAL ELECTRIC	SEE PART V	14,411,795	SERVICE/PURCHASE OF EQUIPMENT		No
MERCK	SEE PART V	2,424,000	PURCHASE OF PHARMACEUTICALS		No
MS T LINDSTEN	SEE PART V	147,487	FAMILY EMPLOYMENT		No
MR I GUTNICK	SEE PART V	73,188	FAMILY EMPLOYMENT		No
IBM CORPORATION	SEE PART V	3,293,482	SERVICE/PURCHASE OF EQUIPMENT		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
91-2154267

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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		1,354,657	THRIFT VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	64	1,688,780	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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		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?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	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	CLOTHING AND HOUSEHOLD GOODS ARE DONATED AT OUR THRIFT SHOP THE SOCIETY OF MSKCC RUNS THE THRIFT SHOP FOR THE BENEFIT OF THE ORGANIZATION PUBLICLY TRADED DONATED STOCK IS SOLD BY MERRILL LYNCH ON BEHALF OF MEMORIAL SLOAN-KETTERING CANCER CENTER AND ITS AFFILIATED ORGANIZATIONS

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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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
91-2154267

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		FORM 990, PART VI, LINE 11B PROCESS USED TO REVIEW THE RETURN PRIOR TO FILING THE RETURN, A REVIEW OF THE 990 WAS CONDUCTED BY THE CONTROLLER AND THE CHIEF FINANCIAL OFFICER IT IS THEN REVIEWED BY THE JOINT AUDIT COMMITTEE OF THE BOARD THE JOINT AUDIT COMMITTEE REFERS THE FORM 990 TO THE FULL BOARD, AND A COPY IS PROVIDED TO EACH BOARD MEMBER FOR FURTHER R EVIEW MEMORIAL SLOAN-KETTERING'S 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 MONI TOR COMPLIANCE THE COMPLIANCE OFFICER AND STAFF ARE RESPONSIBLE FOR ADMINISTERING THE CONF LICT OF INTEREST PROGRAM--INCLUDING THE IMPLEMENTATION OF THE POLICY--BY MAINTAINING PROCE SSES 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 B Y WHICH COVERED PERSONS DISCLOSE AT TIME OF HIRE COVERED PERSONS RECEIVE AN ANNUAL QUESTI ONNAIRE REQUESTING DISCLOSURE OF RELATIONSHIPS AND TRANSACTIONS THAT MIGHT INVOLVE A CONFL ICT 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 C OMMITTEE 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 IN TELLECTUAL PROPERTY OR OTHERWISE INVOLVE AN ACTIVITY IN WHICH THE CENTER'S RIGHTS MAY REQU IRE PROTECTION 3 ADMINISTRATION OF CONFLICT OF INTEREST ADVISORY COMMITTEE MEETINGS, INC LUDING DEVELOPMENT AND DISTRIBUTION OF AGENDAS AND SUPPORTING DOCUMENTS, DRAFTING AND DIST RIBUTION 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 CLINI CAL RESEARCH REVIEW PROCESS, QUESTIONS ON THE PROTOCOL SUBMISSION FORM ARE DESIGNED TO ELI CIT INFORMATION ABOUT POTENTIAL CONFLICTS SITUATIONS IN WHICH A STAFF PARTICIPANT IN RESE ARCH REPORTS A POTENTIAL CONFLICT ARE REFERRED TO THE CHAIR OF THE COIAC AND TO THE COMPLI ANCE OFFICER FOR REVIEW THE BOARD OF MEMORIAL SLOAN-KETTERING CANCER CENTER HAS MEMBERS T HAT ACTIVELY SERVE AS OFFICERS AND/OR BOARD MEMBERS OF PUBLICLY-TRADED COMPANIES THE INST ITUTION MAY PROCURE GOODS AND/OR SERVICES FROM THESE PUBLICLY TRADED COMPANIES THROUGH THE ORDINARY COURSE OF THE COMPANIES' BUSINESS ON TERMS AND CONDITIONS WHICH WE ASSUME ARE TH E SAME THAT SUCH COMPANIES CHARGE TO THE GENERAL PUBLIC ANY OF OUR BOARD MEMBERS THAT HAV E AN AFFILIATION WITH SUCH COMPANIES ARE NOT INVOLVED WITH THE NEGOTIATIONS OR THE TERMS O F THE AGREEMENT THE INSTITUTION HAS A COMPREHENSIVE CONFLICT OF INTEREST POLICY TRANSACT IONS IDENTIFIED THROUGH OUR CONFLICT OF INTEREST QUESTIONNAIRE ARE DISCLOSED ON SCHEDULE L 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 A ND 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 T O DISCLOSE FINANCIAL INTERESTS, AS DEFINED BY THE POLICY, ANNUALLY AND AS THEY ARISE IN T HE 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 T HE MATTER BEFORE THE BOARD, THE INDIVIDUAL MUST DISCLOSE THE FINANCIAL INTEREST AND ALL MA TERIAL FACTS TO THE BOARD OR COMMITTEE THE INDIVIDUAL MUST LEAVE THE MEETING WHILE THE DE TERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON, AND THE REMAINING, DISI NTERESTED 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 PRESENTAT ION 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 DETERMI NE 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 BOA RD OR COMMITTEE IS RESPONSIBLE TO APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGA TE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT FORM 990, PART VI, LINE 15 PRO CESS FOR DETERMINING COMPENSATION MEMORIAL SLOAN-KETTERING CANCER CENTER (MSKCC) IS COMMIT TED TO ENSURING THAT ITS EXECUTIVE COMPENSATION PROGRAM ADHERES TO THE ESTABLISHED STANDAR DS OF REGULATORY COMPLIANCE AND BEST CORPORATE GOVERNANCE THE MSKCC BOARD OF OVERSEERS AN D MANAGERS HAS CHARGED THE JOINT HUMAN RESOURCES C

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		OMMITTEE (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 O FFICERS AND KEY EMPLOYEES THE COMMITTEE REVIEWS THE TOTAL COMPENSATION OF THE INDIVIDUALS , INCLUDING BOTH CURRENT AND DEFERRED COMPENSATION, AND ALL EMPLOYEE BENEFITS, ON AN ANNUA L BASIS TO ENSURE THAT THE TOTAL COMPENSATION OF EACH OFFICER AND KEY EMPLOYEE IS REASONAB LE. TO ASSIST IN THE COMPLETION OF ITS RESPONSIBILITIES, THE COMMITTEE ENGAGES THE SERVICE S OF A NATIONALLY RECOGNIZED CONSULTING FIRM SPECIALIZING IN EXECUTIVE COMPENSATION FOR NO T-FOR-PROFIT HEALTHCARE ORGANIZATIONS EACH YEAR THE COMMITTEE REVIEWS A COMPREHENSIVE REP ORT PREPARED BY THE FIRM THAT INCLUDES MARKET DATA FOR FUNCTIONALLY COMPARABLE ROLES IN CO MPARABLE ORGANIZATIONS (I E., NOT-FOR-PROFIT ACADEMIC/RESEARCH MEDICAL CENTERS, ESPECIALLY THOSE SHARING A MISSION SIMILAR TO MSKCC, WITH OTHER HEALTHCARE SECTORS CONSIDERED ON A S ELECTED BASIS) AND SUMMARIZES THE RELATIVE MARKET POSITION OF EACH EXECUTIVE'S TOTAL COMPE NSATION THE LAST REVIEW WAS NOVEMBER 2011 THIS REVIEW SETS THE COMPENSATION POLICY FOR T HE FOLLOWING YEAR ADDITIONALLY, A SENIOR MEMBER OF THE CONSULTING FIRM ATTENDS THE COMMIT TEE'S MEETINGS TO PROVIDE INFORMATION AND TO RESPOND TO QUESTIONS BY THE MEMBERS OF THE CO MMITTEE. COMPENSATION LEVELS ARE ESTABLISHED CONSIDERING THE MARKET DATA, AN ASSESSMENT OF PERFORMANCE, AND OTHER BUSINESS JUDGMENT FACTORS, CONSISTENT WITH MSKCC'S EXECUTIVE COMPE NSATION 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 S COPE, MISSION AND COMPLEXITY ON AN ANNUAL BASIS, THE COMMITTEE PROVIDES THE FULL BOARD WI TH AN OVERVIEW OF ITS DETERMINATIONS AND PROCESS THE COMMITTEE'S REVIEW PROCESS FOLLOWS T HE INTERMEDIATE SANCTIONS GUIDELINES FOR QUALIFYING FOR THE REBUTTABLE PRESUMPTION OF REAS ONABLENESS UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE OF 1986 - THE COMPENSATION ARR ANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX EXEMPT ORGAN IZATION (I E, THE COMMITTEE, WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A C ONFLICT OF INTEREST WITHIN THE MEANING OF THE REGULATIONS UNDER SECTION 4958) - THE AUTHO RIZED 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, COT TER AND ASSOCIATES, INC , A WELL-REGARDED EXPERT IN THE AREA OF HEALTHCARE COMPENSATION - THE COMMITTEE ADEQUATELY DOCUMENTS THE BASIS FOR ITS DETERMINATION CONCURRENTLY WITH MAKI NG THAT DETERMINATION, AGAIN AS REQUIRED IN THE REGULATIONS

Identifier	Return Reference	Explanation
FORM 990, PART VI LINE 19	DOCUMENTS AVAILABLE TO THE PUBLIC	THE INSTITUTION MAKES ITS AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUES T 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 DISCLOSUR E/DISSEMINATION AGENT THE INFORMATION AVAILABLE ON THIS WEB SITE INCLUDES AUDITED FINANCI AL STATEMENTS, QUARTERLY UNAUDITED FINANCIAL STATEMENTS AND THE BOND OFFERING STATEMENTS F OR ALL OF OUR TAX-EXEMPT DEBT ISSUES IN ADDITION, COPIES OF THE GROUP 990 AND FILED 990T ARE ALSO AVAILABLE THE CONFLICT OF INTEREST POLICY IS AVAILABLE TO THE PUBLIC UPON REQUES T IT CAN BE FOUND AT THE FOLLOWING INSTITUTIONAL WEB SITE WWW MSKCC ORG GOVERNING DOCUM ENTS SUCH AS THE ARTICLES OF INCORPORATION AND CORPORATE BY-LAWS ARE NOT CURRENTLY MADE AV AILABLE TO THE PUBLIC FORM 990, PART VII, SECTION A TITLES THIS IRS FORM 990 IS FILED UND ER 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 GROU P MEMORIAL SLOAN-KETTERING CANCER CENTER (MSK) EIN 13-1924236, MEMORIAL HOSPITAL FOR CANC ER AND ALLIED DISEASES (MEM) EIN 13-1624082, SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH (SKI) EIN 13-1624182, S K I REALTY, INC (SKR) EIN 13-3389586, LOUIS V GERSTNER JR GRA DUATE SCHOOL OF BIOMEDICAL SCIENCES (SKG) EIN 20-2212588, MSK INSURANCE US, INC (MVI) EIN 83-2212588, AND MSKCC PROTON INC , (MPI) EIN 83-0363317, A NEW START UP COMPANY THAT HAS N OT HAD ANY ACTIVITY MEMORIAL SLOAN-KETTERING CANCER CENTER BOARD OF MANAGERS/DIRECTORS RI CHARD I BEATTIE, VICE-CHAIRMAN OF THE BOARD STANLEY F DRUCKENMILLER ANTHONY B EVNIN RIC HARD 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, EXECUTIVE VICE PRESIDENT, EM PLOYEE, NOT INDEPENDENT BOARD MEMBER BENJAMIN W HEINEMAN, JR DAVID H KOCH MARIE-JOSEE K RAVIS JAMES G NIVEN BRUCE C RATNER ANNETTE U RICKEL, M D CLIFTON S ROBBINS, BOARD MEM BER & TREASURER JAMES D ROBINSON III,BOARD MEMBER & HONORARY CHAIRMAN OF THE BOARD VIRGIN IA M ROMETTY BENJAMIN M ROSEN NORMAN C SELBY, BOARD MEMBER & SECRETARY STEPHEN C SHERR ILL PETER J SOLOMON SCOTT M STUART CRAIG B THOMPSON, M D , BOARD MEMBER, PRESIDENT AND CHIEF EXECUTIVE OFFICER EMPLOYEE, NOT INDEPENDENT BOARD MEMBER LUCY R WALETZKY, M D DOUG LAS A WARNER III, CHAIRMAN OF THE BOARD PETER A WEINBERG DEBORAH C WRIGHT 29 TOTAL BOAR D MEMBERS 24 INDEPENDENT BOARD MEMBERS MEMORIAL HOSPITAL BOARD OF MANAGERS/DIRECTORS RICHA RD I BEATTIE, CHAIRMAN OF THE BOARD STANLEY F DRUCKENMILLER ANTHONY B EVNIN RICHARD N FOSTER STEPHEN FRIEDMAN ELLEN V FUTTER PHILIP H GEIER, JR LOUIS V GERSTNER, JR JONATH AN N GRAYER BENJAMIN W HEINEMAN, JR DAVID H KOCH MARIE-JOSEE KRAVIS JAMES G NIVEN BRU CE C RATNER ANNETTE U RICKEL, M D CLIFTON S ROBBINS, BOARD MEMBER & TREASURER JAMES D ROBINSON III VIRGINIA M ROMETTY BENJAMIN M ROSEN, VICE-CHAIRMAN OF THE BOARD NORMAN C SELBY, BOARD MEMBER & SECRETARY STEPHEN C SHERRILL PETER J SOLOMON SCOTT M STUART CRAIG B THOMPSON, M D , BOARD MEMBER, CHIEF EXECUTIVE OFFICER EMPLOYEE, NOT INDEPENDENT BOARD MEMBER LUCY R WALETZKY, M D DOUGLAS A WARNER III, CHAIRMAN OF THE BOARD PETER A WEINBE RG DEBORAH C WRIGHT 28 TOTAL BOARD MEMBERS 24 INDEPENDENT BOARD MEMBERS SLOAN-KETTERING I NSTITUTE BOARD OF MANAGERS/DIRECTORS RICHARD I BEATTIE STANLEY F DRUCKENMILLER ANTHONY B EVNIN RICHARD N FOSTER STEPHEN FRIEDMAN ELLEN V FUTTER PHILIP H GEIER, JR LOUIS V G ERSTNER, JR , CHAIRMAN OF THE BOARD JONATHAN N GRAYER BENJAMIN W HEINEMAN, JR DAVID H KOCH MARIE-JOSEE KRAVIS JAMES G NIVEN BRUCE C RATNER ANNETT U RICKEL, M D CLIFTON S R OBBINS BOARD, MEMBER & TREASURER JAMES D ROBINSON III VIRGINIA M ROMETTY BENJAMIN M ROS EN NORMAN C SELBY, BOARD MEMBER & SECRETARY STEPHEN C SHERRILL PETER J SOLOMON SCOTT M STUART CRAIG B THOMPSON, M D , BOARD MEMBER, CHIEF EXECUTIVE OFFICER EMPLOYEE, NOT INDEP ENDENT BOARD MEMBER LUCY R WALETZKY, M D DOUGLAS A WARNER III DEBORAH C WRIGHT 27 TOTA L BOARD MEMBERS 24 INDEPENDENT BOARD MEMBERS S K I REALTY BOARD OF MANAGERS/DIRECTORS RIC HARD I BEATTIE LOUIS V GERSTNER, JR JAMES G NIVEN, PRESIDENT CLIFTON S ROBBINS JAMES D ROBINSON III DOUGLAS A WARNER III, CHAIRMAN OF THE BOARD 6 TOTAL BOARD MEMBERS 5 INDEP ENDENT BOARD MEMBERS GERSTNER GRADUATE SCHOOL BOARD OF MANAGERS/DIRECTORS RICHARD I BEATT IE RICHARD N FOSTER STEPHEN FRIEDMAN ELLEN V FUTTER LOUIS V GERSTNER, JR , CHAIRMAN OF THE BOARD JONATHAN N GRAYER DAVID H KOCH HUTHAM S OLAYAN BENJAMIN M ROSEN NORMAN C SE LBY CRAIG B THOMPSON, M D BOARD MEMBER, PRESIDENT, EMPLOYEE, NOT INDEPENDENT BOARD MEMBE R DOUGLAS A WARNER III 12 TOTAL BOARD MEMBERS 11 INDEPENDENT BOARD MEMBERS MSK INSURANCE U S BOARD OF MANAGERS/DIRECTORS JOHN R GUNN, VICE PRESIDENT AND SECRETARY EMPLOYEE, NOT INDEPENDENT BOARD MEMBER STEPHEN C SHERRILL, CHAI

Identifier	Return Reference	Explanation
FORM 990, PART VI LINE 19	DOCUMENTS AVAILABLE TO THE PUBLIC	RMAN OF THE BOARD MARK SVENNINGSON, BOARD MEMBER AND PRESIDENT EMPLOYEE, NOT INDEPENDENT B OARD 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 INDEPE NDENT BOARD MEMBERS MSKCC PROTON INC , BOARD OF DIRECTORS MICHAEL P GUTNICK, EMPLOYEE NOT AN INDEPENDENT DIRECTOR SIMON NICHOLAS POWELL MD, EMPLOYEE NOT AN INDEPENDENT DIRECTOR RO BERT E WITTES MD, EMPLOYEE NOT AN INDEPENDENT DIRECTOR 3 TOTAL DIRECTORS 0 INDEPENDENT DI RECTORS OFFICERS, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES ROBERT E WITTES, MD - P HYSICIAN-IN-CHIEF, MEMORIAL HOSPITAL THOMAS J KELLY, MD, PHD - DIRECTOR, SLOAN-KETTERING INSTITUTE KATHRYN MARTIN - SR VICE PRESIDENT, HOSPITAL ADMINISTRATOR JASON KLEIN - VICE PR ESIDENT & CHIEF INVESTMENT OFFICER PATRICIA C SKARULIS - VICE PRESIDENT, INFORMATION SYST EMS & CHIEF INFORMATION OFFICER LARRY NORTON, M D - DEPUTY PHYSICIAN-IN-CHIEF DENNIS DOWD ELL, JR - VICE PRESIDENT, HUMAN RESOURCES RICHARD K NAUM - VICE PRESIDENT, DEVELOPMENT E DWARD J MAHONEY - VICE PRESIDENT, FACILITIES MANAGEMENT ERIC M COTTINGTON, PHD- VICE PRE SIDENT, RESEARCH & TECHNOLOGY MANAGEMENT MAUREEN KILLACKEY, M D - DEPUTY PHYSICIAN-IN-CHI EF, MEDICAL DIRECTOR REGIONAL CARE ROGER N PARKER, JD - SR VICE PRESIDENT, LEGAL AFFAIRS & GENERAL COUNSEL KENNETH MARIANS - SKI MEMBER, DEAN OF GERSTNER GRADUATE SCHOOL ELLEN MIL LER SONET - VICE PRESIDENT, MARKETING KATHY LEWIS - VICE PRESIDENT, PUBLIC AFFAIRS PETER T SCARDINO, M D - CHAIRMAN & ATTENDING, DEPARTMENT OF SURGERY HEDVIG HRICAK, M D - CHAIR MAN & ATTENDING, DEPARTMENT OF RADIOLOGY GEORGE BOSL, M D - CHAIRMAN & ATTENDING, DEPARTM ENT OF MEDICINE SIMON NICHOLAS POWELL, M D - CHAIRMAN & ATTENDING, DEPARTMENT OF RADIATIO N ONCOLOGY ANNE MCSWEENEY - CAMPAIGN DIRECTOR (DEVELOPMENT) MURRAY F BRENNAN, M D - VICE PRESIDENT, INTERNATIONAL PROGRAMS, DIRECTOR, INTERNATIONAL CENTER MANJIT S BAINS, M D - ATTENDING SURGERY, THORACIC SERVICE PETER G CORDEIRO M D - CHIEF ATTENDING SURGERY, PLA STIC & RECONSTRUCTIVE SERVICE PHILIP H GUTIN, M D - CHAIRMAN & ATTENDING, NEUROSURGERY J OSEPH DISA, M D - ATTENDING SURGERY, PLASTIC & RECONSTRUCTIVE SERVICE FORM 990, PART VII, SECTION B AMOUNTS PAID TO INDEPENDENT CONTRACTORS INCLUDE AMOUNTS PAID TO SUBCONTRACTORS AS WELL AS REIMBURSABLE EXPENSES

Identifier	Return Reference	Explanation
PART XI OTHER CHANGES IN NET ASSETS		UNREALIZED LOSSES ON INVESTMENT TRANSACTIONS $ (200,271,000) CHANGE IN POSTRETIREMENT $(110,250,000) RELEASE OF RESERVES TO SUPPORT OPERATING LOSSES AT THE RALPH LAUREEN CENTER (SCHEDULE I) $850,000 TOTAL $(309,671,000) SCHEDULE K PART 1 COL (F) DESCRIPTION OF PURPOSE 2003 SERIES BONDS CUSIP #64983UFK1 2003 SERIES BONDS WERE USED TO FINANCE OR REFINANCE ALL OR A PORTION OF THE COST OF THE FOLLOWING BEGAN CONSTRUCTION ON A NEW 23 FLOOR RESEARCH FACILITY ACQUIRED 256 UNITS OF RESIDENTIAL APARTMENT FOR STAFF OF THE INSTITUTION IMPROVED A TWO-STORY LABORATORY ANIMAL FACILITY PURCHASED A 28 UNIT RESIDENTIAL APARTMENT COMPLEX FOR STAFF OF THE INSTITUTION 2006 SERIES I BONDS CUSIP #64983QS83 2006 SERIES I BONDS WERE USED TO FINANCE OR REFINANCE ALL OR A PORTION OF THE COST OF THE FOLLOWING BEGAN CONSTRUCTION ON A NEW EIGHT-STORY RESEARCH FACILITY COMPLETED THE 23 STORY RESEARCH FACILITY PURCHASED 96 RESIDENTIAL CONDOMINIUM APARTMENTS FOR STAFF OF THE INSTITUTION IMPROVE A 13-STORY RESEARCH FACILITY 2006 SERIES II BONDS CUSIP #64983QT25 2006 SERIES II BONDS WERE USED TO ADVANCE REFUND A PORTION OF THE 2003 BONDS ISSUED ON MAY 14, 2003 2008 SERIES I BONDS CUSIP #649903ZR5 2008 SERIES I BONDS WERE USED TO ADVANCE REFUND A PORTION OF THE 2002A BONDS ISSUED IN JANUARY 24, 2002 2008 SERIES II BONDS CUSIP #649903B91 2008 SERIES II BONDS WERE USED TO REFUND A PORTION OF THE 2002A BONDS ISSUED ON JANUARY 24, 2002 2007 TELP 2007 TELP WAS USED TO LEASE FINANCE MEDICAL EQUIPMENT 2008 TELP 2008 TELP WAS USED TO LEASE FINANCE MEDICAL EQUIPMENT 2009 TELP 2009 TELP WAS USED TO LEASE FINANCE MEDICAL AND RESEARCH LABORATORY EQUIPMENT 2010 SERIES I BONDS CUSIP #6499053Z7 2010 SERIES I BONDS WERE USED TO FINANCE THE PURCHASE OF REAL ESTATE PROPERTY 2010 SERIES I BONDS WERE USED TO FINANCE THE PURCHASE OF REAL ESTATE PROPERTY

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318036952

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

2011

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
(1) RALPH LAUREN CTR FOR CANCER & PRVENTION 1919 MADISON AVENUE NEW YORK, NY 10036	CANCER CARE	NY	501(c)3	9	MSKCC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
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	-10,220,000	0	100 000 %
(2) CHARITABLE REMAINDER TRUSTS (123)			N/A				

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

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MEM CRITICAL CARE 1275 YORK AVENUE NEW YORK, NY 10065 13-3348785	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM INFECT DISEASE 1275 YORK AVENUE NEW YORK, NY 10065 13-3278582	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM MEDICAL CONSULT 1275 YORK AVENUE NEW YORK, NY 10065 13-3278550	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM NUTRITION GRP 1275 YORK AVENUE NEW YORK, NY 10065 13-3278576	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM SOLID TUMOR GRP 1275 YORK AVENUE NEW YORK, NY 10065 13-3278578	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM PULMONARY FUNC 1275 YORK AVENUE NEW YORK, NY 10065 13-3304834	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM CARDIOPULMONARY 1275 YORK AVENUE NEW YORK, NY 10065 13-3278552	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MSK RADIOLOGY GRP 1275 YORK AVENUE NEW YORK, NY 10065 13-3375559	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM NUCLEAR MED 1275 YORK AVENUE NEW YORK, NY 10065 13-3278580	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM RADIATION ONCOL 1275 YORK AVENUE NEW YORK, NY 10065 13-3237927	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM PATHOLOGY GRP 1275 YORK AVENUE NEW YORK, NY 10065 13-3365998	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM ANESTHESIOLOGY 1275 YORK AVENUE NEW YORK, NY 10065 13-3367135	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM PEDIATRICS GRP 1275 YORK AVENUE NEW YORK, NY 10065 13-3346908	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM NEUROLOGY GRP 1275 YORK AVENUE NEW YORK, NY 10065 13-3399377	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM PSYCHIATRY GRP 1275 YORK AVENUE NEW YORK, NY 10065 13-3430629	HEALTH CARE	NY	MEM	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) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MSK AT GUTTMAN 1275 YORK AVENUE NEW YORK, NY 10065 13-3875002	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MSK PHYS AT PHELPS 1275 YORK AVENUE NEW YORK, NY 10065 13-3897156	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MSK AT MERCY 1275 YORK AVENUE NEW YORK, NY 10065 13-3954858	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MSK PHYS-ST CLARE'S 1275 YORK AVENUE NEW YORK, NY 10065 13-3897154	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MSK REHABILITATION 1275 YORK AVENUE NEW YORK, NY 10065 13-4010371	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MSK SURGERY GROUP 1275 YORK AVENUE NEW YORK, NY 10065 13-4010372	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MSK HAUPPAUGE 1275 YORK AVENUE NEW YORK, NY 10065 13-4059247	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM NEUROSURGERY 1275 YORK AVENUE NEW YORK, NY 10065 13-3251621	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
INTERGRATIVE MED 1275 YORK AVENUE NEW YORK, NY 10065 54-2092060	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MSK-COMMACK 1275 YORK AVENUE NEW YORK, NY 10065 02-0594889	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MSK BASKING RIDGE 1275 YORK AVENUE NEW YORK, NY 10065 59-3801080	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM URGENT CARE GRP 1275 YORK AVENUE NEW YORK, NY 10065 65-1263291	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM CLN GENETICS 1275 YORK AVENUE NEW YORK, NY 10065 65-1263292	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM DEVELOP CHEMO 1275 YORK AVENUE NEW YORK, NY 10065 13-3278548	HEALTH CARE	NY	MEM	related	0	0		No	0	Yes		100 000 %
MSK CLINIC PRACTICE 1275 YORK AVENUE NEW YORK, NY 10065 51-0616510	HEALTH CARE	NY	MEM	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) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MEM BREAST GROUP 1275 YORK AVENUE NEW YORK, NY 10065 56-2568640	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM COLORECTAL GRP 1275 YORK AVENUE NEW YORK, NY 10065 56-2568642	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM DENTAL GRP 1275 YORK AVENUE NEW YORK, NY 10065 56-2568630	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM CLINICAL IMMUNO 1275 YORK AVENUE NEW YORK, NY 10065 13-3278559	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM GASTRIC MIX TMR 1275 YORK AVENUE NEW YORK, NY 10065 56-2568650	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM GYNECOLOGY GRP 1275 YORK AVENUE NEW YORK, NY 10065 56-2568655	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM HEAD & NECK GRP 1275 YORK AVENUE NEW YORK, NY 10065 56-2568656	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM HEPATOBILIARY 1275 YORK AVENUE NEW YORK, NY 10065 56-2568667	HEALTH CARE	NY	MEM	RELTED	0	0		No	0	Yes		100 000 %
MEM NEUROSURGERY 1275 YORK AVENUE NEW YORK, NY 10065 56-2568663	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM OPT ABRAMSON 1275 YORK AVENUE NEW YORK, NY 10065 56-2568627	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM OPTHALMIC ONOCO 1275 YORK AVENUE NEW YORK, NY 10065 56-2568675	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM OPHTHALMOLOGY 1275 YORK AVENUE NEW YORK, NY 10065 56-2568669	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM ORTHOPEDIC GRP 1275 YORK AVENUE NEW YORK, NY 10065 56-2568680	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM PEDIATRIC SURG 1275 YORK AVENUE NEW YORK, NY 10065 56-2568683	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM CLINICAL PHY 1275 YORK AVENUE NEW YORK, NY 10065 13-3278556	HEALTH CARE	NY	MEM	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) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MEM PLASTIC RECON 1275 YORK AVENUE NEW YORK, NY 10065 56-2568623	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM THORACIC GRP 1275 YORK AVENUE NEW YORK, NY 10065 56-2568677	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM UROLOGY GRP 1275 YORK AVENUE NEW YORK, NY 10065 56-2568638	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM PAIN SERVICE 1275 YORK AVENUE NEW YORK, NY 10065 65-1283822	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM DERMATOLOGY GRP 1275 YORK AVENUE NEW YORK, NY 10065 13-3278581	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM ENDOCRINE GRP 1275 YORK AVENUE NEW YORK, NY 10065 13-3278583	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
GASTROENTEROLOGY 1275 YORK AVENUE NEW YORK, NY 10065 13-3278574	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
MEM HEMATOLOGYLYMP 1275 YORK AVENUE NEW YORK, NY 10065 13-3278575	HEALTH CARE	NY	MEM	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	388,108,000	COST
(2)	MEMORIAL SLOAN-KETTERING CANCER CENTER	I	18,366,000	COST
(3)	MEMORIAL HOSPITAL FOR CANCER & ALLIED DISEASE	K	34,398,000	COST
(4)	MEMORIAL HOSPITAL FOR CANCER & ALLIED DISEASE	I	322,659,000	COST
(5)	SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH	K	15,311,000	COST
(6)	SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH	I	100,080,000	COST
(7)	SKI REALTY INC	K	5,400,000	COST
(8)	SKI REALTY INC	I	1,728,000	COST
(9)	LOUIS V GERSTNER JR GRADUATE SCHOOL	I	384,000	COST
(10)	RALPH LAUREN CTR FOR CANCER & PREVENTION	P	590,254	COST
(11)	RALPH LAUREN CTR FOR CANCER & PREVENTION	b	850,000	cost

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No 1545-1879

2011

Department of the Treasury
Internal Revenue Service

For calendar year 2011, or tax year beginning _____, 2011, and ending _____, 20___

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back

Name of exempt organization	Employer identification number
MEMORIAL SLOAN-KETTERING CANCER CENTER	91-2154267

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return If you check the box on line **1a, 2a, 3a, 4a,** or **5a** below and the amount on that line of the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-) If you entered -0- on the return, then enter -0- on the applicable line below **Do not** complete more than one line in Part I

1a	**Form 990** check here ▶ [X]	b **Total revenue,** if any (Form 990, Part VIII, column (A), line 12) . . .	1b $2,945,144,584
2a	**Form 990-EZ** check here ▶ [ ]	b **Total revenue,** if any (Form 990-EZ, line 9)	2b
3a	**Form 1120-POL** check here ▶ [ ]	b **Total tax** (Form 1120-POL, line 22)	3b
4a	**Form 990-PF** check here ▶ [ ]	b **Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b
5a	**Form 8868** check here ▶ [ ]	b **Balance due** (Form 8868, Part I, line 3c or Part II, line 8c)	5b

Part II Declaration of Officer

6 [ ] I authorize the U S Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account To revoke a payment, I must contact the U S Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment

[ ] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies)

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete, I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund and **(c)** the date of any refund

Sign Here ▶ Signature of officer | Date: 11/12/12 | ▶ Title: MICHAEL P. GUTNICK SENIOR VICE PRESIDENT, FINANCE

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return The organization officer will have signed this form before I submit the return I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete This Paid Preparer declaration is based on all information of which I have any knowledge

ERO's Use Only

ERO's signature	Date	Check if also paid preparer	Check if self-employed	ERO's SSN or PTIN
Jennifer O Rhodenick	11/12/2012	[X]	[ ]	

Firm's name (or yours if self-employed), address, and ZIP code:
ERNST & YOUNG U.S LLP
111 MONUMENT CIRCLE, SUITE 2600
INDIANAPOLIS IN 46204

EIN 34-6565596
Phone no 317-681-7000

Under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete Declaration of preparer is based on all information of which the preparer has any knowledge

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

For Privacy Act and Paperwork Reduction Act Notice, see back of form. Form **8453-EO** (2011)

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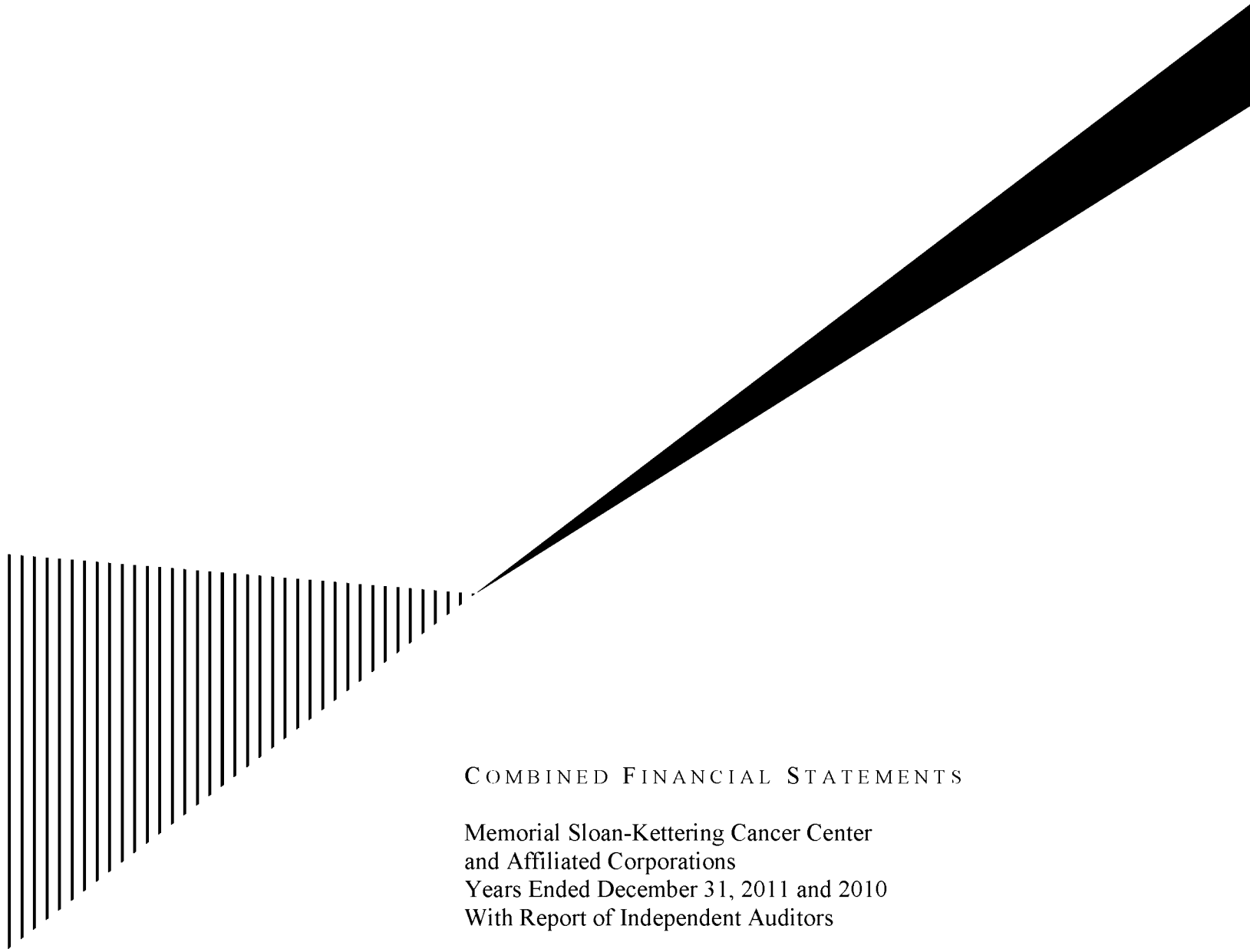

COMBINED FINANCIAL STATEMENTS

Memorial Sloan-Kettering Cancer Center
and Affiliated Corporations
Years Ended December 31, 2011 and 2010
With Report of Independent Auditors

Ernst & Young LLP

ERNST & YOUNG

Memorial Sloan-Kettering Cancer Center
and Affiliated Corporations

Combined Financial Statements

Years Ended December 31, 2011 and 2010

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Report of Independent Auditors

Board of Managers
Memorial Sloan-Kettering Cancer Center
and Affiliated Corporations

We have audited the accompanying combined balance sheets of Memorial Sloan-Kettering Cancer Center and Affiliated Corporations (the "Institution") as of December 31, 2011 and 2010, and the related combined statements of unrestricted activities, changes in net assets and cash flows for the years then ended These financial statements are the responsibility of the Institution's management Our responsibility is to express an opinion on these financial statements based on our audits We did not audit the financial statements of MSK Insurance US, Inc , a wholly owned subsidiary, which statements reflect total assets constituting 4 5% in 2011 and 4 0% in 2010, total liabilities constituting 7 9% in 2011 and 8 0% in 2010 and total revenue constituting 0 5% in 2011 and 2010 of the related combined totals Those statements were audited by other auditors whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for MSK Insurance US, Inc , is based solely on the report of the other auditors

We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement We were not engaged to perform an audit of the Institution's internal control over financial reporting Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Institution's internal control over financial reporting Accordingly, we express no such opinion An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation We believe that our audits and the report of other auditors provide a reasonable basis for our opinion

In our opinion, based on our audits and the report of other auditors, the financial statements referred to above present fairly, in all material respects, the combined financial position of Memorial Sloan-Kettering Cancer Center and Affiliated Corporations at December 31, 2011 and 2010, and the combined results of their operations, changes in their net assets and their cash flows for the years then ended in conformity with U S generally accepted accounting principles

Ernst + Young LLP

April 18, 2012

Memorial Sloan-Kettering Cancer Center and Affiliated Corporations

Combined Balance Sheets

	December 31	
	2011	**2010**
Assets	*(In Thousands)*	
Current assets		
Cash and cash equivalents *(Notes 1 and 3)*	**$ 253,242**	$ 230,681
Short-term investments – at fair value *(Notes 1 and 3)*	**193,740**	165,177
Accounts receivable, less allowance for doubtful accounts (2011 – $88,324, 2010 – $76,294) *(Note 2)*	**442,091**	394,240
Pledges, trusts and estates receivable *(Note 1)*	**108,002**	97,003
Other current assets	**85,064**	69,215
Total current assets	**1,082,139**	956,316
Noncurrent assets		
Assets whose use is limited		
Investments in marketable securities – at fair value		
Construction, debt service and repair reserve funds *(Notes 1, 3 and 5)*	**282,281**	42,943
Captive insurance funds *(Notes 3 and 8)*	**33,006**	27,760
Employee benefit funds (Notes 1, 6 and 7)	**80,295**	80,585
Total investments in marketable securities whose use is limited	**395,582**	151,288
Investments – at fair value *(Notes 1 and 3)*	**2,685,167**	2,812,469
Investments in nonmarketable securities at cost *(Note 1)*	**116,493**	113,459
Property and equipment – net *(Notes 1, 4 and 5)*	**2,147,383**	2,113,849
Mortgages and other loans receivable	**27,440**	27,937
Pledges, trusts and estates receivable *(Note 1)*	**298,247**	239,616
Other noncurrent assets	**37,554**	33,481
Total noncurrent assets	**5,707,866**	5,492,099
Total assets	**$ 6,790,005**	$ 6,448,415
Liabilities and net assets		
Current liabilities		
Accounts payable	**$ 206,050**	$ 178,838
Accrued expenses	**231,652**	309,398
Current portion of long-term debt and capital lease obligations *(Note 5)*	**21,706**	41,316
Total current liabilities	**459,408**	529,552
Noncurrent liabilities		
Long-term debt and capital lease obligations, less current portion *(Note 5)*	**1,490,007**	1,263,284
Other noncurrent liabilities *(Notes 6, 7, 8 and 11)*	**899,428**	758,053
Total liabilities	**2,848,843**	2,550,889
Commitments and contingencies *(Notes 2, 3, 5, 8, 9 and 11)*		
Net assets		
Unrestricted		
Undesignated	**2,732,302**	2,735,869
Board-designated	**301,654**	348,661
Total unrestricted	**3,033,956**	3,084,530
Temporarily restricted *(Note 1)*	**481,993**	412,660
Permanently restricted *(Note 1)*	**425,213**	400,336
Total net assets	**3,941,162**	3,897,526
Total liabilities and net assets	**$ 6,790,005**	$ 6,448,415

See notes to combined financial statements

Memorial Sloan-Kettering Cancer Center and Affiliated Corporations

Combined Statements of Unrestricted Activities

	Year Ended December 31	
	2011	2010
	(In Thousands)	
Undesignated operating revenues		
Hospital care and services	$ 1,754,744	$ 1,499,167
Medical practice	386,677	355,609
Grants and contracts	190,948	186,327
Contributions allocated to operations	130,791	117,323
Royalty income	77,510	68,663
Other income	48,351	44,874
Investment returns allocated to operations	104,699	100,389
Transfer of Board-designated annual royalty annuitization	46,417	41,578
Total operating revenues	2,740,137	2,413,930
Operating expenses		
Salaries and wages	986,337	923,622
Physicians' practice compensation	150,972	139,754
Employee fringe benefits	329,358	297,656
Purchased supplies and services	533,673	493,492
Pharmaceuticals	301,948	279,476
Depreciation and amortization	195,461	175,494
Provision for bad debts and regulatory assessments	18,285	11,046
Interest	57,098	47,931
Total expenses	2,573,132	2,368,471
Less fund raising expenses transferred to nonoperating income and expenses	(44,665)	(43,926)
Total operating expenses	2,528,467	2,324,545
Income from operations	211,670	89,385
Nonoperating income and expenses, net		
Contributions, net of fundraising expenses and amount allocated to operations	(47,102)	(30,052)
Net assets released from restrictions	65,378	65,442
Investment returns, net of allocation to operations and transfers to temporarily restricted net assets	(126,179)	191,324
Other nonoperating costs	2,916	(3,000)
Total nonoperating income and expenses, net	(104,987)	223,714
Increase in unrestricted net assets before change in postretirement benefit obligation to be recognized in future periods and Board-designated activities	106,683	313,099
Board-designated		
Investment income and other additions	(590)	2,951
Transfer of annual royalty annuitization	(46,417)	(41,578)
Decrease in Board-designated	(47,007)	(38,627)
Increase in unrestricted net assets before change in postretirement benefit obligation to be recognized in future periods	59,676	274,472
Change in postretirement benefit obligation to be recognized in future periods	(110,250)	(72,162)
(Decrease) increase in total unrestricted net assets	$ (50,574)	$ 202,310

See notes to combined financial statements

Memorial Sloan-Kettering Cancer Center
and Affiliated Corporations

Combined Statements of Changes in Net Assets

Years Ended December 31, 2011 and 2010

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
		(*In Thousands*)		
Net assets at January 1, 2010	$ 2,882,220	$ 338,939	$ 380,413	$ 3,601,572
Increase in unrestricted net assets	202,310	–	–	202,310
Contributions, pledges and bequests	–	95,999	10,470	106,469
Investment return on endowments	–	43,164	9,453	52,617
Net assets released from restrictions	–	(65,442)	–	(65,442)
Net assets at December 31, 2010	3,084,530	412,660	400,336	3,897,526
Decrease in unrestricted net assets	**(50,574)**	–	–	**(50,574)**
Contributions, pledges and bequests	–	**145,800**	**27,220**	**173,020**
Investment return on endowments	–	**(11,089)**	**(2,343)**	**(13,432)**
Net assets released from restrictions	–	**(65,378)**	–	**(65,378)**
Net assets at December 31, 2011	**$ 3,033,956**	**$ 481,993**	**$ 425,213**	**$ 3,941,162**

See notes to combined financial statements.

Memorial Sloan-Kettering Cancer Center
and Affiliated Corporations

Combined Statements of Cash Flows

	Year Ended December 31 2011	2010
	(*In Thousands*)	
Operating activities		
Change in net assets	**$ 43,636**	$ 295,954
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	**195,461**	175,494
Equity in earnings of investments in real estate, net	**(456)**	(515)
Unrealized net loss (gain)	**200,271**	(283,230)
Realized net gains	**(139,757)**	(35,923)
Amortization of bond premium	**(1,570)**	(1,571)
Temporarily and permanently restricted contributions, pledges and bequests transferred to investing activities	**(173,020)**	(106,469)
Change in postretirement benefit obligation to be recognized in future periods	**110,250**	72,162
Change in assets		
Accounts receivable, net	**(47,851)**	(55,362)
Pledges, trusts and estates receivable, net	**(69,630)**	(30,112)
Other current assets	**(15,849)**	(1,108)
Other noncurrent assets	**(3,617)**	(3,286)
Change in liabilities		
Accounts payable and accrued expenses	**(57,807)**	13,769
Other noncurrent liabilities	**32,654**	18,266
Net cash provided by operating activities	**72,715**	58,069
Investing activities		
Net acquisitions of property and equipment	**(223,251)**	(262,371)
(Increase) decrease in investments, net	**(209,103)**	25,878
Decrease (increase) in mortgages and other loans receivable	**497**	(665)
Temporarily and permanently restricted contributions, pledges and bequests transferred from operating activities	**173,020**	106,469
Net cash used in investing activities	**(258,837)**	(130,689)
Financing activities		
Proceeds from financing	**250,000**	80,000
Repayment of debt	**(41,317)**	(41,069)
Net cash provided by financing activities	**208,683**	38,931
Net change in cash and cash equivalents	**22,561**	(33,689)
Cash and cash equivalents at beginning of year	**230,681**	264,370
Cash and cash equivalents at end of year	**$ 253,242**	$ 230,681

See notes to combined financial statements

Memorial Sloan-Kettering Cancer Center
and Affiliated Corporations

Notes to Combined Financial Statements

December 31, 2011

1. Organization and Significant Accounting Policies

The mission of Memorial Sloan-Kettering Cancer Center and Affiliated Corporations is to provide leadership in the prevention, treatment and cure of cancer through excellence, vision and cost effectiveness in patient care, outreach programs, research and education The accompanying financial statements are presented on a combined basis and include the accounts of the following tax exempt, Section 501(c)(3), incorporated affiliates Memorial Sloan-Kettering Cancer Center (the "Center"), Memorial Hospital for Cancer and Allied Diseases (the "Hospital"), Sloan-Kettering Institute for Cancer Research (the "Institute"), S K I Realty, Inc , MSK Insurance US, Inc ("MSKI"), the Louis V Gerstner Jr Graduate School of Biomedical Sciences and MSK Proton, Inc In addition, the accompanying combined financial statements include MSK Insurance, Ltd ("MSK"), a wholly owned captive insurance company domiciled in Bermuda, which ceased operations in 2011 All of these entities are collectively referred to as the "Institution "

The functional expenses related to the fulfillment of the Institution's mission are

	Year Ended December 31	
	2011	**2010**
	(*In Thousands*)	
Patient care and medical education and training	**$ 2,038,451**	$ 1,868,097
Research	**454,604**	428,607
Fund raising	**44,665**	43,926
Management and general	**35,412**	27,841
	$ 2,573,132	$ 2,368,471

1. Organization and Significant Accounting Policies (continued)

Total contributions and pledges raised through fund raising efforts were $301,374,000 and $237,666,000 for 2011 and 2010, respectively

The following is a summary of the Institution's significant accounting policies

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those where use by the Institution has been limited by donors because of a time or purpose restriction Permanently restricted net assets have been restricted by donors to be maintained by the Institution in perpetuity

Donor Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets When a donor restriction expires, that is, when a stipulated time restriction ends or a purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the combined financial statements as net assets released from restrictions Donor restricted contributions whose restrictions are met within the same year as received are reflected as unrestricted contributions in the accompanying combined financial statements

Contributions allocated to operations represent the utilization of donor funds which are intended to support the current period's operations based on budgeted guidelines The balance of unrestricted philanthropy is reported as nonoperating income

Cash and Cash Equivalents

The Institution considers as cash and cash equivalents, all current investments, cash and certain highly liquid investments with original maturities of less than three months

Investments

Investments in marketable securities are carried at fair value, based on quoted market prices

Investments in nonmarketable securities, at cost, consist of interests in businesses or other ventures acquired through donations whose cost is determined as fair value at date received

1. Organization and Significant Accounting Policies (continued)

Alternative investments (nontraditional, not readily marketable securities) include long-short event-driven funds, funds of funds, multi-strategy hedge funds, debt, global hedge funds, natural resource funds, private equity funds and venture capital Alternative investment interests generally are structured such that the Institution holds a limited partnership interest The Institution's ownership structure does not provide for control over the related investees and the Institution's financial risk is limited to the funded and unfunded commitment for each investment As of December 31, 2011, the Institution had outstanding commitments to provide additional capital of approximately $242,467,000 to various nonmarketable alternative investment managers

Individual investment holdings within the alternative investments include nonmarketable and market-traded debt and equity securities and interests in other alternative investments The Institution may be exposed indirectly to securities lending, short sales of securities and trading in futures and forward contracts, options and other derivative products Alternative investments often have liquidity restrictions under which the Institution's capital may be divested only at specified times The Institution's liquidity restrictions range from several months to ten years for certain private equity investments Liquidity restrictions may apply to all or portions of a particular invested amount

Alternative investments are stated in the accompanying combined balance sheets at fair value, which is estimated using the net asset values, a practical expedient, of each alternative investment Financial information used by the Institution to evaluate its alternative investments is provided by the investment manager or general partner and may include fair value valuations (quoted market prices and values determined through other means) of underlying securities and other financial instruments held by the investee, and estimates that require varying degrees of judgment The financial statements of the investee companies are audited annually by independent auditors, although the timing for reporting the results of such audits does not always coincide with the Institution's annual financial statement reporting

There is uncertainty in determining fair values of alternative investments arising from factors such as lack of active markets (primary and secondary), lack of transparency into underlying holdings, time lags associated with reporting by the investee companies and the subjective evaluation of liquidity restrictions As a result, the estimated fair values reported in the accompanying combined balance sheets might differ from the values that would have been used had a ready market for the alternative investment interests existed and there is at least a reasonable possibility that those estimates will change

1. Organization and Significant Accounting Policies (continued)

Realized gains or losses on investments sold or redeemed, together with unrealized appreciation or depreciation on investments and investment income are distributed to all categories of net assets, as appropriate The total investment return (investment income and realized and unrealized gains and losses) is reflected in the accompanying combined statements of unrestricted activities in two portions The investment return allocated to operating revenues is determined by application of a 5% normal return to a three-year average market value of investments, excluding certain permanently restricted assets and certain other funds In addition, actual investment earnings on short-term fixed income funds are included in operating revenues The investment return classified as nonoperating represents the difference between the actual total investment return and the amount allocated to operating revenues less amounts transferred to temporarily restricted net assets for endowments Investment expenses, other than fees paid directly to investment managers, amounted to $7,132,000 and $8,169,000 in 2011 and 2010, respectively, and are included in the combined statements of unrestricted activities in investment returns, net of allocation to operations

Investment returns, excluding permanently restricted net assets, consist of the following

	2011	2010
	(In Thousands)	
Investment income	**$ 25,012**	$ 28,128
Realized gains	**135,037**	34,960
Unrealized (losses) gains	**(193,208)**	274,740
Total	**$ (33,159)**	$ 337,828

Unconditional Promises to Give

Unconditional promises to give are recorded when the gift intent is made known in writing A receivable has been established and net assets have been increased by the time-discounted value of the promises Irrevocable trusts are recorded at the point of notification and are recorded as temporarily or permanently restricted as determined by the trust instruments Estates are estimated and recorded at the conclusion of probate

1. Organization and Significant Accounting Policies (continued)

The Institution is aware of numerous unconditional promises to give and estimates the year of receipt to the extent possible The anticipated present value of the receivable is as follows (in thousands)

2012	$ 108,002
2013	54,112
2014	47,503
2015	42,025
2016	32,774
Thereafter	121,833
	$ 406,249

The present value discount on unconditional promises to give is approximately $38,427,000 and $42,193,000 at December 31, 2011 and 2010, respectively

Property and Equipment

Property and equipment is carried at cost, less accumulated depreciation and amortization Depreciation on building components and equipment is computed on the straight-line method over the estimated useful service lives

Leasehold improvements are being amortized over the term of the lease, based on the straight-line method

The carrying amount of assets and the related accumulated depreciation or amortization are removed from the accounts when such assets are disposed of and any resulting gain or loss is included in operations

All eligible costs incurred for the development of computer software for internal use are capitalized and carried at cost, less accumulated amortization Amortization of capitalized internal use software cost is based on the straight-line method over the estimated useful life of the software

1. Organization and Significant Accounting Policies (continued)

Charity Care and Community Benefit Programs

Consistent with its mission, the Institution invests significant amounts for the benefit of the worldwide community that is served through its patient care, education and research activities Listed below are quantifiable benefits provided

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 For the periods presented, 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 in the combined statements of unrestricted activities Costs of providing charity care are estimated by multiplying the total charges incurred by patients that qualify for charity care by a ratio of historical expenses to charges as derived from the Hospital's accounting records The Institution receives payments from the New York State Public Goods Pool for charity care and such amounts totaled approximately $8 4 million and $10 0 million for the years ended December 31, 2011 and 2010, respectively

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 The amount shown as community benefit represents the total annual amount spent on research as shown in the Institution's functional expense table in Note 1, less amounts received from external sources and recorded as grant and contract revenue in the combined statements of unrestricted activities

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, radiology students, nursing students, social work students and individuals looking to create a career in the field of cancer biology The amounts shown represent costs in excess of amounts reimbursed by third-party payors such as training grant revenues and direct medical education payments from the Medicare program

1. Organization and Significant Accounting Policies (continued)

The following is a summary of the Institution's estimated costs of providing charity care and community benefit program services

	December 31	
	2011	**2010**
	(In Thousands)	
Charity care	**$ 19,829**	$ 15,420
Research	**259,263**	239,655
Health training	**100,399**	85,120
Other	**15,916**	13,853
Charity care and community benefit programs	**$ 395,407**	$ 354,048

In addition to the community benefit program services above, the Institution provides services to patients who participate in government sponsored health programs such as Medicare and Medicaid Payments received by the Institution for patient services provided under these programs are less than the actual cost of providing such services Therefore, to the extent Medicare and Medicaid payments are less than the cost of care provided, the uncompensated cost of that care is considered to be a community benefit

Use of Estimates

The preparation of financial statements in conformity with U S generally accepted accounting principles requires management to make prudent and conservative estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements Estimates also affect the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates

Royalty Annuitization

The deferred gain on the sale of certain royalty rights is being recognized as a component of operating revenues over a ten-year period The final annuitization will occur in 2015

1. Organization and Significant Accounting Policies (continued)

Endowments

The Institution follows the New York Prudent Management of Institutional Funds Act ("NYPMIFA") which was enacted on September 17, 2010 The Institution has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while maintaining the historic dollar value of permanently restricted contributions The Institution classifies as permanently restricted net assets (a) the original value of the gifts donated to the permanently restricted net assets, (b) the original value of subsequent gifts to the permanently restricted asset, (c) the net realizable value of future payments to permanently restricted net assets in accordance with the donor's gift instrument (outstanding pledges net of applicable discount) and (d) appreciation (depreciation), gains (losses) and income earned on the fund when the donor states that such increases or decreases are to be treated as changes in permanently restricted net assets The endowment assets are pooled with unrestricted assets and invested in various diversified asset classes

The Institution has a policy of appropriating for spending an annualized 5% of each permanently restricted fund's value, with certain exceptions In establishing this policy, the Institution considered the long-term expected return on its investment portfolio

The Institution's endowment investment returns in excess or deficit of the 5% spending rate will be accumulated in a temporarily restricted net asset account, which is restricted by purpose The temporarily restricted net asset account will be added to the permanently restricted fund's value in order to calculate the appropriation for spending

To satisfy its long-term rate-of-return objectives, the Institution relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends) The Institution targets a diversified asset allocation (see Note 3) to achieve its long-term return objectives within prudent risk constraints

As a result of fluctuations in the investment markets, from time to time, the fair value of assets associated with individual donor restricted endowment funds may fall below the level that the donor requires the Institution to retain as a fund of perpetual duration Deficiencies of this nature were zero as of December 31, 2011 and 2010

1. Organization and Significant Accounting Policies (continued)

Changes in endowment funds for the years ended December 31, 2011 and 2010 consisted of the following

	Unrestricted	Temporarily Restricted	Permanently Restricted
		(In Thousands)	
Endowment funds at December 31, 2010	**$ –**	**$ 43,164**	**$ 400,336**
Investment return on endowments	**20,566**	**(11,089)**	**(2,343)**
Contributions	**–**	**–**	**27,220**
Appropriations	**(20,566)**	**–**	**–**
Endowment funds at December 31, 2011	**$ –**	**$ 32,075**	**$ 425,213**

	Unrestricted	Temporarily Restricted	Permanently Restricted
		(In Thousands)	
Endowment funds at January 1, 2010	$ –	$ –	$ 380,413
Investment return on endowments	19,766	43,164	9,453
Contributions	–	–	10,470
Appropriations	(19,766)	–	–
Endowment funds at December 31, 2010	$ –	$ 43,164	$ 400,336

Subsequent Events

Subsequent events have been evaluated through April 18, 2012 which is the date the combined financial statements were issued No subsequent events have occurred that require disclosure in or adjustment to the combined financial statements, except as disclosed in Note 5 related to the issuance of long-term debt

Reclassifications

For purposes of comparison, certain reclassifications have been made to the accompanying 2010 combined financial statements

2. Third-Party Reimbursement Programs

Hospital care and service revenues are recorded at established rates when patient services are performed Reimbursement by third-party payor programs can be less than published charges, with adjustments for such differences recorded as contractual allowances deducted directly from accounts receivable and operating revenues in the year incurred Adjustments from established rates are also recorded for potential retrospective adjustments, which are an inherent component of the health care revenue recognition process

Non-Medicare Reimbursement

In New York State, hospitals and all non-Medicare payers, except Medicaid, workers' compensation and no-fault insurance programs, negotiate hospitals' payment rates If negotiated rates are not established, payers are billed at hospitals' established charges Medicaid pays hospital rates promulgated by the New York State Department of Health Payments to the Hospital for Medicaid inpatient services are based on a prospective payment system, with retroactive adjustments Outpatient services are paid based on a statewide prospective system that was effective December 1, 2008 Medicaid rate methodologies are subject to approval at the Federal level by the Centers for Medicare and Medicaid Services ("CMS"), which may routinely request information about such methodologies prior to approval Revenue related to specific rate components that have not been approved by CMS are not recognized until the Hospital is reasonably assured that such amounts are realizable Adjustments to the current and prior years' payment rates for those payers will continue to be made in future years

Medicare Reimbursement

The Hospital is exempt from the national prospective payment system used to reimburse hospitals for inpatient services provided to Medicare beneficiaries and instead is paid using a cost-based methodology These payments are subject to a limit that is based on costs from the mid 2000s for rate years beginning on or subsequent to January 1, 2007, which are then updated based on annual trend factors calculated by CMS Prior to January 1, 2007, the limit was based on costs from the early 1990s The Hospital is paid for outpatient services under the national prospective payment system and other methodologies of the Medicare program for certain other services The outpatient payments are subject to a floor that ensures the Hospital receives at least 80% of its Medicare defined allowable outpatient costs Federal regulations provide for certain adjustments to current and prior years' payment rates, based on hospital-specific data

2. Third-Party Reimbursement Programs (continued)

The Hospital has established estimates, based on information presently available, of amounts due to or from Medicare and non-Medicare payers for adjustments to current and prior years' payment rates The current Medicaid, Medicare and other third-party payer programs are based upon extremely complex laws and regulations that are subject to interpretation Medicare cost reports, which serve as the basis for final settlement with the Medicare program, have been audited by the Medicare fiscal intermediary and settled through the year ended December 31, 2006 Other years remain open for audit and subsequent settlement as are numerous issues related to the New York State Medicaid program for prior years As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount when open years are settled Approximately 3 41% of operating revenues in 2011 and (0 37)% of operating revenues in 2010 are due to adjustments of prior year operating revenues Additionally, noncompliance with such laws and regulations could result in fines, penalties and exclusion from such programs The Hospital is not aware of any allegations of noncompliance that could have a material adverse effect on the combined financial statements and believes that it is in compliance with all applicable laws and regulations

There are various proposals at the Federal and State levels that could, among other things, significantly reduce payment rates or modify payment methods The ultimate outcome of these proposals and other market changes, including the potential effects of health care reform that have been enacted by the Federal government, cannot presently be determined Future changes in the Medicare and Medicaid programs and any reduction of funding could have an adverse impact on the Hospital Additionally, Medicare payment rates for various years have been appealed by the Hospital If the appeals are successful, additional income applicable to those years might be realized

Significant concentrations of accounts receivable at December 31, 2011 include 21% from government related programs and 20% from Empire Health Choice (20% and 18%, respectively, at December 31, 2010)

3. Cash, Cash Equivalents and Investments at Fair Value

For assets and liabilities required to be measured at fair value, the Institution measures fair value based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date Fair value measurements are applied based on the unit of account from the Institution's perspective The unit of account determines what is being measured by reference to the level at which the asset or liability is aggregated (or disaggregated) for purposes of applying other accounting pronouncements

The Institution follows a valuation hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels, which are described below

- *Level 1:* Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities The fair value hierarchy gives the highest priority to Level 1 inputs

- *Level 2:* Observable inputs that are based on inputs not quoted in active markets, but corroborated by market data

- *Level 3:* Unobservable inputs are used when little or no market data is available The fair value hierarchy gives the lowest priority to Level 3 inputs

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement In determining fair value, the Institution uses valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible and considers nonperformance risk in its assessment of fair value

3. Cash, Cash Equivalents and Investments at Fair Value (continued)

Financial instruments, other than employee benefit funds and pension plan assets (see Note 7), carried at fair value as of December 31, 2011 are classified in the table below in one of the three categories described above

	Level 1	Level 2	Level 3	Total
		(In Thousands)		
Cash, cash equivalents and short-term investments	$ 610,138	$ –	$ –	$ 610,138
United States-based equity investments	221,424	176,689	53,425	451,538
International equity investments	118,571	163,445	59,478	341,494
Fixed income investments	333,551	202,161	37,209	572,921
Alternative investments				
Marketable				
Absolute return funds	–	319,950	148,574	468,524
Long/short funds	–	120,032	55,004	175,036
Global macro funds	–	–	24,946	24,946
Inflation hedging funds	62,047	80,238	40,978	183,263
Nonmarketable				
Venture capital	–	–	163,056	163,056
Private equity	–	–	203,630	203,630
Opportunistic funds	–	–	123,850	123,850
Hard assets	–	–	129,040	129,040
Total investments carried at fair value	$ 1,345,731	$ 1,062,515	$ 1,039,190	$ 3,447,436

3. Cash, Cash Equivalents and Investments at Fair Value (continued)

Financial instruments, other than employee benefit funds and pension plan assets (see Note 7), carried at fair value as of December 31, 2010 are classified in the table below in one of the three categories described above

	Level 1	Level 2	Level 3	Total
		(In Thousands)		
Cash, cash equivalents and short-term investments	$ 490,312	$ –	$ –	$ 490,312
United States-based equity investments	256,311	210,737	13,607	480,655
International equity investments	77,798	258,004	66,840	402,642
Fixed income investments	124,636	211,135	–	335,771
Alternative investments				
Marketable				
Absolute return funds	–	365,081	135,997	501,078
Long/short funds	–	145,528	37,778	183,306
Global macro funds	–	8	–	8
Inflation hedging funds	119,338	169,272	31,803	320,413
Nonmarketable				
Venture capital	–	–	144,513	144,513
Private equity	–	–	201,807	201,807
Opportunistic funds	–	–	101,987	101,987
Hard assets	–	–	116,538	116,538
Total investments carried at fair value	$ 1,068,395	$ 1,359,765	$ 850,870	$ 3,279,030

The following is a description of the Institution's valuation methodologies for assets measured at fair value Fair value for Level 1 is based upon quoted market prices Fair value for Level 2 is based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets Inputs are obtained from various sources including market participants, dealers and brokers Level 3 assets consist of alternative investments, the valuation for which is described in Note 1 The methods described above may produce a fair value that may not be indicative of net realizable value or reflective of future fair values Furthermore, while the Institution believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date

3. Cash, Cash Equivalents and Investments at Fair Value (continued)

The following table represents the rollforward of the combined balance sheet amounts for financial instruments classified by the Institution within Level 3 of the valuation hierarchy defined above

	2011	2010
	(In Thousands)	
Fair value at beginning of year	**$ 850,870**	$ 624,974
Unrealized (losses) gains	**(48,756)**	108,471
Realized gains	**64,526**	22,119
Transfers in	**29,456**	26,364
Acquisitions	**399,203**	259,722
Dispositions	**(256,109)**	(190,780)
Fair value at end of year	**$ 1,039,190**	$ 850,870

Other financial instruments that are not required to be carried at fair value include debt, pledges and mortgages receivable The Institution's long-term debt obligations are reported in the accompanying combined balance sheets at carrying value which totaled approximately $1 46 billion and $1 23 billion at December 31, 2011 and 2010, respectively, excluding capital leases The fair value of long-term debt obligations at December 31, 2011 and 2010, as determined by quoted market prices, totaled approximately $1 55 billion and $1 10 billion, respectively Pledges and mortgages receivable are recorded at carrying value in the accompanying combined balance sheets which approximates fair value

4. Property and Equipment

Property and equipment consists of the following

	December 31	
	2011	**2010**
	(*In Thousands*)	
Land	**$ 198,654**	$ 179,342
Buildings and leasehold improvements	**2,270,384**	2,152,706
Equipment	**1,258,372**	1,414,955
Construction-in-progress	**396,173**	335,667
	4,123,583	4,082,670
Less accumulated depreciation and amortization	**1,976,200**	1,968,821
	$ 2,147,383	$ 2,113,849

In 2011, the Institution wrote off approximately $186 9 million of fully depreciated assets

The Institution has entered into capital lease financing agreements in conjunction with the Dormitory Authority of the State of New York's tax-exempt lease program (see Note 5) At December 31, 2011 and 2010, capital assets recorded in connection with this lease program aggregated approximately $97 1 million and $96 9 million, respectively, with accumulated amortization aggregating approximately $41 7 million and $23 3 million, respectively

5. Long-Term Debt and Capital Lease Obligations

Long-term debt consists of the following

	December 31	
	2011	**2010**
	(In Thousands)	
Dormitory Authority of the State of New York Series 1998, tax-exempt bonds maturing in 2023 at various fixed interest rates ranging from 5 25% to 5 75%	**$ 144,000**	$ 145,200
Dormitory Authority of the State of New York Series 2003, tax-exempt bonds maturing through 2034 at various fixed interest rates ranging from 4 00% to 5 00%	**310,545**	331,575
Dormitory Authority of the State of New York Series 2006, tax-exempt bonds maturing between 2027 and 2035 at various fixed interest rates ranging from 4 75% to 5 00%	**215,085**	215,085
Dormitory Authority of the State of New York Series 2008, tax-exempt bonds maturing between 2013 and 2036 at various fixed interest rates ranging from 4 00% to 5 00%	**443,155**	443,155
Dormitory Authority of the State of New York Series 2010, tax-exempt bonds maturing through 2040 at a fixed interest rate of 2 38% through 2014	**80,000**	80,000
Series 2011A taxable bonds maturing in 2042 at a fixed interest rate of 5 00%	**250,000**	–
Dormitory Authority of the State of New York 2009, capital lease maturing in 2014 at 2 89%	**41,344**	54,703
Dormitory Authority of the State of New York 2008, capital lease maturing in 2013 at 3 02%	**10,455**	15,451
Dormitory Authority of the State of New York 2007, capital lease maturing in 2012 at 3 75%	**125**	857
	1,494,709	1,286,026
Less current portion	**21,706**	41,316
	1,473,003	1,244,710
Unamortized bond premium	**17,004**	18,574
	$ 1,490,007	$ 1,263,284

5. Long-Term Debt and Capital Lease Obligations (continued)

In December 2011, the Institution issued $250 0 million of Series 2011A taxable term bonds (the "2011 Bonds") The 2011 Bonds mature in July 2042 and were issued with a 5 00% fixed interest rate The Institution will use the proceeds to finance certain capital projects, pay costs of issuance of the 2011 Bonds and for other eligible corporate purposes The related proceeds are recorded on the combined balance sheet as assets whose use is limited, until such point that they are used for a designated capital project

In January 2012, the Institution issued $150 0 million of additional 2011 Bonds with the same terms and conditions as described above

In February 2012, the Institution legally defeased the entire outstanding amount of the Dormitory Authority of the State of New York Series 2003 tax-exempt bonds (the "Series 2003 Bonds") The Institution issued $262 2 million of 2012 Series 1 tax-exempt bonds (the "2012 Series 1 Bonds") through the Dormitory Authority of the State of New York The 2012 Series 1 Bonds mature through 2034 at fixed interest rates ranging from 4 00% to 5 00% The proceeds will be used to advance refund a portion of the Series 2003 Bonds The new debt was issued at a premium of approximately $26 3 million, which lowered the Institution's effective interest rates and the all-in yield Concurrent with the issuance of the 2012 Series 1 Bonds, the Institution also obtained a loan for approximately $45 1 million through a commercial bank to advance refund the remaining portion of the Series 2003 Bonds The commercial bank loan matures through 2016 at a fixed interest rate of 1 50% Amounts sufficient to meet future principal and interest requirements of the refunded Series 2003 Bonds have been irrevocably deposited into an escrow account

Additionally in February 2012, the Institution issued $89 5 million of Series 2012 tax-exempt bonds through the Dormitory Authority of the State of New York The Series 2012 tax-exempt bonds mature through 2041 at fixed interest rates ranging from 3 00% to 5 00% The proceeds will be used to pay costs for a proposed ambulatory facility in Harrison, New York and to pay for costs of issuance

Annual maturities on all long-term debt, as of December 31, 2011, for the years 2012 through 2016 are as follows (in thousands)

2012	$ 21,706
2013	50,367
2014	41,667
2015	34,030
2016	35,550

5. Long-Term Debt and Capital Lease Obligations (continued)

Total interest paid in 2011 and 2010 (including portions supporting capitalized costs) was approximately $57,990,000 and $56,700,000, respectively

Certain of the above debts are secured by a pledge of revenues from certain facilities, bond insurance and springing collateral, which would require the Institution to mortgage a substantial portion of real property if certain financial covenants and ratios are not maintained The Institution was in compliance with all such financial requirements during 2011 and 2010

At December 31, 2011, the Institution had unsecured lines of credit available with banks totaling $200,000,000, with varying renewable terms and interest based on the London Interbank Offered Rate There were no amounts drawn at December 31, 2011

6. Other Noncurrent Liabilities

Other noncurrent liabilities consist of the following

	December 31	
	2011	**2010**
	(In Thousands)	
Pension		
Retirement benefit obligation	**$ 81,648**	$ 68,044
Amounts not yet recognized as periodic costs	**287,647**	224,370
Total pension obligations *(Note 7)*	**369,295**	292,414
Postretirement		
Medical benefit obligation	**100,021**	92,011
Amounts not yet recognized as periodic costs	**83,530**	35,236
Total postretirement obligation *(Note 7)*	**183,551**	127,247
Insurance reserves *(Note 8)*	**222,150**	203,032
Deferred compensation	**45,046**	46,870
Asset retirement obligations *(Note 11)*	**34,683**	33,155
Deferred gift annuity	**25,400**	33,584
All other	**19,303**	21,751
	$ 899,428	$ 758,053

7. Retiree Pension and Health Plans

The Institution has a retirement annuity plan which provides eligible staff members with retirement income through individual deferred annuity contracts purchased in each participant's name In addition, 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 effective date of this plan was January 1, 1983 and it has been grandfathered from the changes made by the Tax Reform Act of 1986 The plans' assets are included in assets whose use is limited in the combined balance sheets and consist of money market and mutual funds The Institution contributes a fixed percentage of an individual's compensation to these plans The Institution's cost for these plans was approximately $25,850,000 and $24,281,000 in 2011 and 2010, respectively

The Institution maintains a trusteed defined benefit plan for employees not covered by the above retirement annuity plan The benefits are based on years of service, the employee's average compensation during the highest five of the last ten years of employment and a pension formula

The Institution offers retirees and their spouses hospital and basic medical coverage which supplements any available Medicare coverage The plan pays the balance of charges not paid by Medicare up to Medicare allowable charges All employees become eligible for postretirement health care if they retire at age 60 or older, with at least 10 years of service, or under age 60 with 30 years of service The accounting for the health care plans anticipates future retiree contributions increasing by annual health care cost increases plus 2% Employees hired after December 31, 2006 are required to pay 100% of the coverage cost

The Institution recognizes the funded status (i e , the difference between the fair value of plan assets and the projected benefit obligations) of the defined benefit plans in its combined balance sheets Net unrecognized actuarial losses and the net unrecognized prior service costs at the reporting date will be subsequently recognized in the future as net periodic benefit cost pursuant to the Institution's accounting policy for amortizing such amounts Further, actuarial gains and losses that arise in subsequent periods and are not recognized as net periodic benefit cost in the same periods will be recognized as a component of unrestricted net assets Included in unrestricted net assets at December 31, 2011 and 2010 are the following amounts that have not yet been recognized in net periodic benefit cost unrecognized prior service credit (cost) of $9,991,000 and $(6,770,000), respectively, and unrecognized actuarial losses of $381,168,000 and $252,836,000, respectively The prior service cost and actuarial loss included in unrestricted net assets and expected to be recognized in net periodic benefit cost during the year ending December 31, 2012 are $4,270,000 and $19,254,000, respectively

7. Retiree Pension and Health Plans (continued)

The following tables provide a reconciliation of the change in the benefit obligations and fair value of plan assets and funded status of the Institution's pension and postretirement plans

	Pension Benefits		Postretirement Health	
	December 31		December 31	
	2011	2010	2011	2010
	(In Thousands)			
Reconciliation of benefit obligations				
Benefit obligations at beginning of year	**$ 808,221**	$ 665,626	**$ 131,057**	$ 108,632
Service cost	**47,491**	36,875	**5,139**	4,482
Interest cost	**44,468**	40,067	**7,103**	6,358
Plan participants' contributions	**261**	224	**2,433**	2,180
Actuarial losses	**71,928**	76,606	**65,774**	15,140
Amendments	**–**	11,226	**(16,580)**	–
Benefits paid	**(25,430)**	(21,336)	**(6,243)**	(5,735)
Expenses paid	**(836)**	(1,067)	**–**	–
Benefit obligations at end of year	**$ 946,103**	$ 808,221	**$ 188,683**	$ 131,057
Reconciliation of fair value of plan assets				
Fair value of plan assets at beginning of year	**$ 515,807**	$ 434,328	**$ –**	$ –
Actual return on plan assets	**32,006**	55,658	**–**	–
Employer contributions	**55,000**	48,000	**3,810**	3,555
Plan participants' contributions	**261**	224	**2,433**	2,180
Benefits paid	**(25,430)**	(21,336)	**(6,243)**	(5,735)
Expenses paid	**(836)**	(1,067)	**–**	–
Fair value of plan assets at end of year	**576,808**	515,807	**–**	–
Unfunded status at end of year	**$ (369,295)**	$ (292,414)	**$ (188,683)**	$ (131,057)
Current portion of obligation	**$ –**	$ –	**$ (5,132)**	$ (3,810)
Noncurrent portion of obligation	**(369,295)**	(292,414)	**(183,551)**	(127,247)
Total	**$ (369,295)**	$ (292,414)	**$ (188,683)**	$ (131,057)

7. Retiree Pension and Health Plans (continued)

The accumulated benefit obligation for the plans as of December 31, 2011 and 2010 was approximately $907,659,000 and $752,218,000, respectively

The following table provides the components of the net periodic costs for pension and postretirement benefit cost for the plans for the years ended December 31

	Pension Benefits		Postretirement Health	
	2011	**2010**	**2011**	**2010**
	(In Thousands)			
Components of net periodic cost				
Service cost	**$ 47,491**	$ 36,875	**$ 5,139**	$ 4,482
Interest cost	**44,468**	40,067	**7,103**	6,358
Expected return on assets	**(33,874)**	(33,178)	–	–
Amortization of net loss	**9,167**	6,659	**2,072**	1,232
Amortization of prior service cost	**1,353**	1,353	**(1,172)**	(1,172)
Total net periodic cost	**$ 68,605**	$ 51,776	**$ 13,142**	$ 10,900

Actuarial Assumptions

Weighted-average assumptions used to determine benefit obligations are as follows

	Pension Benefits		Postretirement Health	
	December 31		December 31	
	2011	**2010**	**2011**	**2010**
Discount rate	**5.15%**	5 60%	**4.35%**	5 50%
Rate of compensation increase	**5.25**	5 25	–	–

7. Retiree Pension and Health Plans (continued)

Weighted-average assumptions used to determine net periodic benefit cost are as follows

	Pension Benefits		Postretirement Health	
	December 31		December 31	
	2011	**2010**	**2011**	**2010**
Discount rate	**5.60%**	6 05%	**5.50%**	5 95%
Rate of compensation increase	**5.25**	5 25	–	–
Expected long-term return on plan assets	**6.40**	7 50	–	–

The expected return of the portfolio was arrived at using the weighted-average of the expected returns of the underlying benchmark asset classes

The health care cost trend rate assumptions for the postretirement benefit plans at December 31 are as follows

	2011	**2010**
Health care cost trend rate assumed for next year	**7.00%**	7 50%
Rate to which the cost trend rate is assumed to decline (the ultimate trend rate)	**5.00**	5 00
Year that the rate reaches the ultimate trend rate	**2016**	2016

7. Retiree Pension and Health Plans (continued)

Effect of Change in Health Care Trends

Assumed health care cost trend rates have a significant effect on the postretirement health amounts reported A 1% change in assumed health care cost trend rates would have the following effects on postretirement benefit costs

	2011		2010	
	1% Increase	1% Decrease	1% Increase	1% Decrease
	(In Thousands)			
Effect on total of service and interest cost components of net periodic postretirement health care benefit cost	**$ 2,562**	**$ (2,000)**	$ 2.217	$ (1.736)
Effect on the health care component of the accumulated postretirement benefit obligation	**35,265**	**(27,835)**	22.516	(18.029)

Plan Assets

The following table presents the weighted-average long-term target asset allocations and the percentages of the fair value of pension plan assets as of December 31

	Target Allocation	Percentage of Plan Assets	
	2011	2011	2010
U S -based equity securities	**24%**	**28%**	34%
International equity investments	**16**	**16**	17
Fixed income investments	**40**	**37**	39
Alternative investments	**20**	**19**	10

7. Retiree Pension and Health Plans (continued)

Financial instruments of the pension plan of the Institution, carried at fair value as of December 31, 2011, are classified in the table below in one of the three categories described in Note 3

	Level 1	Level 2	Level 3	Total
		(In Thousands)		
Plan assets available for benefits for the pension plan				
Cash, cash equivalents and money market funds	$ 18,120	$ –	$ –	$ 18,120
U S -based equity investments				
Equity securities	24,621	–	–	24,621
Real estate investment trusts	1,508	–	–	1,508
Commingled funds	–	115,420	–	115,420
International equity investments				
Commingled funds	–	93,096	–	93,096
Fixed income investments				
U S government and other	87,034	–	–	87,034
Corporate bonds	–	48,750	–	48,750
Mortgage-backed securities	–	35,226	–	35,226
Fixed income funds	–	42,744	3,629	46,373
Alternative investments	–	83,181	23,479	106,660
Total plan assets available for benefits for the pension plan	$ 131,283	$ 418,417	$ 27,108	$ 576,808

7. Retiree Pension and Health Plans (continued)

Financial instruments of the pension plan of the Institution, carried at fair value as of December 31, 2010, are classified in the table below in one of the three categories described in Note 3

	Level 1	Level 2	Level 3	Total
		(*In Thousands*)		
Plan assets available for benefits for the pension plan				
Cash, cash equivalents and money market funds	$ 18,942	$ –	$ –	$ 18,942
U S -based equity investments				
Equity securities	29,454	–	–	29,454
Real estate investment trusts	1,124	–	–	1,124
Commingled funds	–	121,765	–	121,765
International equity investments				
Commingled funds	–	87,669	–	87,669
Fixed income investments				
U S government and other	104,522	–	–	104,522
Corporate bonds	–	32,104	–	32,104
Mortgage-backed securities	–	31,072	–	31,072
Fixed income funds	–	33,838	2,161	35,999
Alternative investments	–	48,793	4,363	53,156
Total plan assets available for benefits for the pension plan	$ 154,042	$ 355,241	$ 6,524	$ 515,807

7. Retiree Pension and Health Plans (continued)

The following table represents a rollforward of the total plan assets classified by the Institution within Level 3 of the valuation hierarchy defined in Note 3

	2011	2010
	(In Thousands)	
Fair value at beginning of year	**$ 6,524**	$ 6,154
Investment income	**–**	360
Unrealized (losses) gains	**(909)**	231
Realized gains	**–**	22
Acquisitions	**21,493**	–
Dispositions	**–**	(243)
Fair value at end of year	**$ 27,108**	$ 6,524

The pension plan holds alternative investments which consist of funds of funds and private equity investments These investments pursue multiple strategies to diversify risk and reduce volatility The holdings include domestic and international equity securities, fixed income securities, convertible debt, distressed debt, merger arbitrage, real estate, private investments and hedge funds None of the alternative investments have gate provisions or other liquidity restrictions within their governing documents Unfunded commitments for the alternative investments in the pension plan at December 31, 2011 are approximately $0 1 million

Plan Objectives and Guidelines

The overall investment objective of the pension trust fund is to outperform a composite benchmark (an asset-weighted series of market indices used to measure the performance of each asset class) over a market cycle, while maintaining similar risk to the benchmark

7. Retiree Pension and Health Plans (continued)

The portfolio is diversified to reduce the impact of losses in individual investments in a manner that is responsive to fiduciary standards Single issuers are limited to 5% of the portfolio's aggregate market value at time of purchase with the exception of U S government and agency securities and commingled funds The underlying products that comprise a diversified portfolio may have exposure to derivatives which are managed and controlled

Cash Flows

Contributions: The Institution expects to contribute $80,000,000 to its pension plan in 2012

Estimated future benefit payments: The Institution expects to pay the following benefit payments, which reflect expected future service, as appropriate

	Pension Benefits	Postretirement Health
	(In Thousands)	
2012	$ 26,947	$ 5,132
2013	29,660	5,831
2014	31,645	6,489
2015	34,375	7,229
2016	37,329	7,944
2017 to 2021	241,079	48,668

8. Insurance Programs

During 2009, MSKI, a domestic tax-exempt corporation, evolved to become the primary insurance company for certain insurable risks of the Institution Risks insured through MSK (a Bermuda Corporation) have been transferred to MSKI, and MSK ceased operations during 2011 The primary coverages provided by MSKI to the Institution are health care professional liability, warranty coverage for covered health care equipment, terrorism and assumed coverage for workers' compensation, general liability and certain employee benefits of long-term disability and life insurance The Institution's liability is limited, with catastrophic risk insured by commercial insurance carriers, or in the case of terrorism risk, by the U S Government under a formula established by Federal law

8. Insurance Programs (continued)

Insurance reserves of MSKI represent estimated unpaid losses and loss adjustment expenses Such amounts are established using management's estimates on the basis of claims records and independent actuarial reviews and include an amount for the adverse development of reported claims Adjustments to the estimate of the liability for losses are reflected in earnings in the period in which the adjustment is determined The insurance reserves are necessarily based on estimates and, while management believes that the amount is adequate, the ultimate liability may vary significantly from the amount provided The estimated unpaid professional liability losses and loss adjustment expenses, including losses incurred but not reported at December 31, 2011 and 2010, were approximately $222 0 million and $204 7 million, respectively, and are recorded at the actuarially determined present value of approximately $196 2 million and $180 2 million, respectively, based on a discount rate of 4% for both years

9. Operating Leases

The Institution leases certain facilities and equipment which are accounted for as operating leases Total rent expense for operating leases aggregated approximately $19,175,000 and $17,892,000 for 2011 and 2010, respectively The future minimum lease commitments for noncancelable leases in excess of one year are as follows (in thousands)

2012	$ 20,008
2013	20,369
2014	19,799
2015	18,571
2016	15,062
Thereafter	121,321
	$ 215,130

There are provisions in certain leases which provide for rent escalation for inflation and other items

10. Grant Awards

The accompanying combined financial statements do not include amounts related to research grants (or portions thereof) that have been awarded to the Institute for which expenditures have not been incurred or cash has not been received Such grant awards approximated $118,889,000 and $135,000,000 at December 31, 2011 and 2010, respectively

11. Commitments and Contingencies

The Institution is involved in various litigation and claims that are not considered unusual given the complexity and size of the Institution's business Management believes that the ultimate resolution of these matters will not have a material impact on the Institution's combined financial statements

The Institution recognizes a liability for the future cost of conditional asset retirement obligations, including building modifications and lease end costs The Institution removes contained asbestos and any applicable radioactive materials from facilities as facilities are being repaired and/or replaced The Institution has recorded the estimated liability for the cost of asbestos remediation and radiation decommissioning for the Institution's current plans for building modifications and lease end costs of approximately $34,683,000 at December 31, 2011

Ernst & Young LLP

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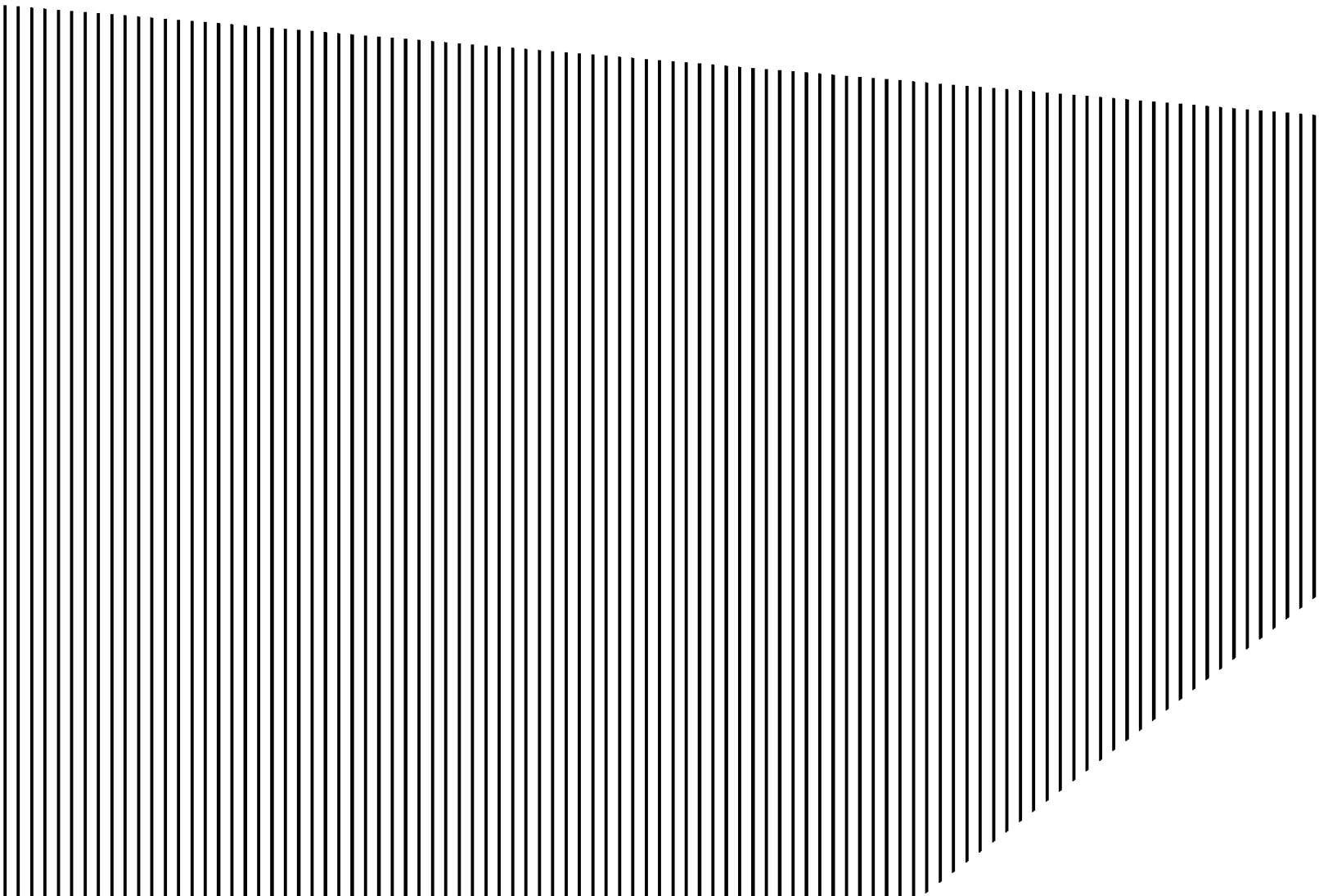

Additional Data

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

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) SLOAN-KETTERING INSTITUE FOR CANCER RESEARCH	131624182	04	Yes		Yes		Yes		0
(B) MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	131924236	03	Yes		Yes		Yes		0
(C) LOUIS V GERSTNER JR GRADUATE SCHOOL OF BIOMEDICAL SCIENCE	202212588	02	Yes		Yes		Yes		0

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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
ANTHONY B EVNIN 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				1,734,038	0	116,544
MICHAEL P GUTNICK SEE SCHEDULE O	50 0	X		X				1,440,523	0	97,027
ANNETTE U RICKEL MD 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
VIRGINIA M ROMETTY SEE SCHEDULE O	2 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
PETER J SOLOMON SEE SCHEDULE O	1 0	X						0	0	0
PETER A WEINBERG SEE SCHEDULE O	2 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		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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NORMAN C SELBY SEE SCHEDULE O	2 0	X		X				0	0	0
STEPHEN C SHERRILL 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			650,191	0	61,529
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
ROBERT WITTES MD SEE SCHEDULE O	50 0	X		X				1,293,886	0	87,887
SIMON NICHOLAS POWELL MD SEE SCHEDULE O	50 0	X			X			1,309,505	0	12,740
CRAIG THOMPSON MD SEE SCHEDULE O	50 0	X		X				1,404,558	0	152,559
MRS THOMAS LEEDS BOARD MEMBER TO 6/2011	1 0	X						0	0	0
JACK RUDIN BOARD MEMBER TO 3/2011	1 0	X						0	0	0
CAROLYN BONHEUR SEE SCHEDULE O-RETIRED 5/3/11	50 0			X				51,759	0	2,623
ERIC M COTTINGTON SEE SCHEDULE O	50 0			X				629,447	0	55,660
DENNIS DOWDELL JR SEE SCHEDULE O	50 0			X				670,857	0	60,830
MURRAY BRENNAN MD SEE SCHEDULE O	50 0			X				938,903	0	71,200
THOMAS KELLY MD SEE SCHEDULE O	50 0			X				1,302,098	0	98,907
MAUREEN KILLACKEY SEE SCHEDULE O	50 0			X				510,789	0	54,572
JASON KLEIN SEE SCHEDULE O	50 0			X				1,536,137	0	80,717
KATHY LEWIS SEE SCHEDULE O	50 0			X				403,483	0	37,857
EDWARD MAHONEY SEE SCHEDULE O	50 0			X				720,016	0	60,248
KENNETH MARIANS SEE SCHEDULE O	50 0			X				487,338	0	66,670
KATHRYN MARTIN SEE SCHEDULE O	50 0			X				1,384,069	0	95,158
ELLEN MILLER-SONET SEE SCHEDULE O	50 0			X				358,109	0	41,584
RICHARD K NAUM SEE SCHEDULE O	50 0			X				844,086	0	54,110

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			
LARRY NORTON MD SEE SCHEDULE O	50 0			X				698,544	0	49,590
ROGER PARKER SEE SCHEDULE O	50 0			X				523,146	0	39,101
PATRICIA C SKARULIS SEE SCHEDULE O	50 0			X				891,159	0	67,506
CAROLYN B LEVINE SEE SCHEDULE O	50 0			X				134,085	0	6,619
GEORGE BOSL MD SEE SCHEDULE O	50 0				X			910,961	0	17,643
HEDVIG HRICAK MD SEE SCHEDULE O	50 0				X			1,376,795	0	73,894
ANNE MCSWEENEY SEE SCHEDULE O	50 0				X			667,809	0	29,503
PETER T SCARDINO MD SEE SCHEDULE O	50 0				X			2,169,208	0	88,909
MARK H BILSKY MD SEE SCHEDULE O	50 0					X		1,588,939	0	81,717
JATIN SHAH MD SEE SCHEDULE O	50 0					X		1,200,268	0	92,593
PETER G CORDEIRO MD SEE SCHEDULE O	50 0					X		1,866,303	0	102,238
PHILIP GUTIN MD SEE SCHEDULE O	50 0					X		1,994,907	0	99,719
JOSEPH DISA MD SEE SCHEDULE O	50 0					X		1,656,156	0	91,637
HAROLD VARMUS MD SEE SCHEDULE O	0 0						X	47,053	0	0