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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>Form <b>990</b></div> <div></div> <div>Department of the Treasury<br/>Internal Revenue Service</div> | <div><b>Return of Organization Exempt From Income Tax</b></div> <div><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b></div> <div><p>▶ Do not enter social security numbers on this form as it may be made public</p><p>▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></p></div> | <div>OMB No 1545-0047</div> <div><b>2014</b></div> <div><b>Open to Public Inspection</b></div> |
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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------|--|
| <b>A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014</b>                                                                                                                                                                                                             |  |                                                                                                                 |  |  |  |                                                                                                                                                             |                                                           |                                  |  |
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending |  | <b>C</b> Name of organization<br>Memorial Sloan-Kettering Cancer Center                                         |  |  |  |                                                                                                                                                             | <b>D</b> Employer identification number<br><br>91-2154267 |                                  |  |
|                                                                                                                                                                                                                                                                                                           |  | % MARK K SVENNINGSON                                                                                            |  |  |  |                                                                                                                                                             |                                                           |                                  |  |
|                                                                                                                                                                                                                                                                                                           |  | Doing business as                                                                                               |  |  |  |                                                                                                                                                             |                                                           |                                  |  |
|                                                                                                                                                                                                                                                                                                           |  | Number and street (or P O box if mail is not delivered to street address)<br>1275 York Avenue                   |  |  |  | Room/suite                                                                                                                                                  | <b>E</b> Telephone number<br><br>(646) 227-3092           |                                  |  |
|                                                                                                                                                                                                                                                                                                           |  | City or town, state or province, country, and ZIP or foreign postal code<br>New York, NY 10065                  |  |  |  |                                                                                                                                                             | <b>G</b> Gross receipts \$ 4,230,440,145                  |                                  |  |
|                                                                                                                                                                                                                                                                                                           |  | <b>F</b> Name and address of principal officer<br>CRAIG B THOMPSON MD<br>1275 York Avenue<br>New York, NY 10065 |  |  |  | <b>H(a)</b> Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                    |                                                           |                                  |  |
|                                                                                                                                                                                                                                                                                                           |  |                                                                                                                 |  |  |  | <b>H(b)</b> Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions) |                                                           |                                  |  |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀(insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                            |  |                                                                                                                 |  |  |  | <b>H(c)</b> Group exemption number ▶ 3475                                                                                                                   |                                                           |                                  |  |
| <b>J</b> Website: ▶ www.mskcc.org                                                                                                                                                                                                                                                                         |  |                                                                                                                 |  |  |  |                                                                                                                                                             |                                                           |                                  |  |
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶                                                                                                                        |  |                                                                                                                 |  |  |  | <b>L</b> Year of formation                                                                                                                                  |                                                           | <b>M</b> State of legal domicile |  |

| Part I                      |                                                                                                                                                                                                                                                                                    | Summary                          |                     |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------|
| Activities & Governance     | <b>1</b> Briefly describe the organization's mission or most significant activities<br>LEADERSHIP IN THE PREVENTION, TREATMENT, AND CURE OF CANCER THROUGH EXCELLENCE, VISION , AND COST EFFECTIVENESS IN PATIENT CARE, OUTREACH PROGRAMS, RESEARCH, AND EDUCATION<br><br><br><br> |                                  |                     |
|                             | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets                                                                                                                                    |                                  |                     |
|                             | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .                                                                                                                                                                                               | <b>3</b>                         | 113                 |
|                             | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .                                                                                                                                                                                   | <b>4</b>                         | 93                  |
|                             | <b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .                                                                                                                                                                                    | <b>5</b>                         | 16,009              |
|                             | <b>6</b> Total number of volunteers (estimate if necessary) . . . . .                                                                                                                                                                                                              | <b>6</b>                         | 902                 |
|                             | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .                                                                                                                                                                                           | <b>7a</b>                        | 7,302,234           |
|                             | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .                                                                                                                                                                                                  | <b>7b</b>                        | -10,319,990         |
| Revenue                     | <b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .                                                                                                                                                                                                                   | <b>Prior Year</b>                | <b>Current Year</b> |
|                             | <b>9</b> Program service revenue (Part VIII, line 2g) . . . . .                                                                                                                                                                                                                    | 538,157,930                      | 545,639,247         |
|                             | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .                                                                                                                                                                                                 | 2,418,623,000                    | 2,624,400,000       |
|                             | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                                                                 | 285,796,000                      | 211,292,557         |
|                             | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .                                                                                                                                                                               | 143,514,942                      | 220,638,228         |
|                             |                                                                                                                                                                                                                                                                                    | 3,386,091,872                    | 3,601,970,032       |
| Expenses                    | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .                                                                                                                                                                                              | 56,370,000                       | 59,153,000          |
|                             | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .                                                                                                                                                                                                  | 0                                | 0                   |
|                             | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                                                                                                                                                        | 1,638,636,399                    | 1,731,477,540       |
|                             | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .                                                                                                                                                                                                 | 1,346,005                        | 1,085,777           |
|                             | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 58,705,475                                                                                                                                                                  |                                  |                     |
|                             | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .                                                                                                                                                                                                   | 1,220,593,468                    | 1,377,572,715       |
|                             | <b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)                                                                                                                                                                                                 | 2,916,945,872                    | 3,169,289,032       |
|                             | <b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .                                                                                                                                                                                                            | 469,146,000                      | 432,681,000         |
| Net Assets or Fund Balances |                                                                                                                                                                                                                                                                                    | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|                             | <b>20</b> Total assets (Part X, line 16) . . . . .                                                                                                                                                                                                                                 | 8,481,418,000                    | 8,977,530,000       |
|                             | <b>21</b> Total liabilities (Part X, line 26) . . . . .                                                                                                                                                                                                                            | 3,337,444,000                    | 3,612,670,000       |
|                             | <b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .                                                                                                                                                                                                      | 5,143,974,000                    | 5,364,860,000       |

|                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                               |
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| <b>Part II Signature Block</b>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                               |
| 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 |                                                                                                                                                                                                                                                                                                                               |
| <b>Sign Here</b>                                                                                                                                                                                                                                                                                                    | <div> <div></div> <div>Signature of officer</div> </div> <div> <div></div> <div>MARK K SVENNINGSON SVP &amp; CONTROLLER</div> </div>                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                     | <div> <div></div> <div>Date</div> </div> <div> <div></div> <div>2015-11-04</div> </div>                                                                                                                                                                                                                                       |
| <b>Paid Preparer Use Only</b>                                                                                                                                                                                                                                                                                       | <div> <div>Prnt/Type preparer's name</div> <div>JENNIFER RHODERICK</div> </div> <div> <div>Preparer's signature</div> <div>JENNIFER RHODERICK</div> </div> <div> <div>Date</div> <div></div> </div> <div> <div>Check <input type="checkbox"/> if self-employed</div> <div>PTIN</div> </div> <div> <div>P00395735</div> </div> |
|                                                                                                                                                                                                                                                                                                                     | <div> <div>Firm's name</div> <div>▶ ERNST &amp; YOUNG US LLP</div> </div> <div> <div>Firm's address</div> <div>▶ 111 MONUMENT CIRCLE SUITE 4000</div> </div> <div> <div>INDIANAPOLIS, IN 46204</div> </div>                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                     | <div> <div>Firm's EIN</div> <div>▶</div> </div> <div> <div>Phone no</div> <div>(317) 681-7000</div> </div>                                                                                                                                                                                                                    |
| May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>                                                                                                                                       |                                                                                                                                                                                                                                                                                                                               |
| <b>For Paperwork Reduction Act Notice, see the separate instructions.</b> <div> <div>Cat No</div> <div>11282Y</div> </div> <div> <div>Form</div> <div><b>990</b></div> <div>(2014)</div> </div>                                                                                                                     |                                                                                                                                                                                                                                                                                                                               |

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

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| 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 IN 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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 \$ 2,481,022,529 | including grants of \$ 34,296,000 ) | (Revenue \$ 2,566,972,000 ) |   |
| 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 BECAUSE OF THEIR SOLE FOCUS ON CANCER, OUR SURGEONS, 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 \$ 563,550,662   | including grants of \$ 23,854,000 ) | (Revenue \$ 57,428,000 )    |   |
| 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 735 CLINICAL TRIALS FOR PEDIATRIC AND ADULT CANCERS 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 \$ 3,333,809     | including grants of \$ 1,003,000 )  | (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 THE CENTER HAS A PHD PROGRAM IN CANCER BIOLOGY THROUGH ITS LOUIS V GERSTNER, JR GRADUATE SCHOOL OF BIOMEDICAL SCIENCES THIS NOVEL PROGRAM, HAS BEEN ENROLLING STUDENTS SINCE 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 ▶                                                                                                                                                                                                                                                                                                    |                            | 3,047,907,000                       |                             |   |

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 <b>Section 501(c)(3) organizations.</b> 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 for escrow or custodial account liability, 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, line 10? 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 and XII                                                                                                                                                           | 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 and XII 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     | No |
| 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, Parts I and IV  | 14b Yes |    |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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 (see instructions)                                                                                             | 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 hospital facilities? If "Yes," complete Schedule H                                                                                                                                                                                                              | 20a Yes |    |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                               | 20b Yes |    |

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                                                            |     |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                                                             | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                                                                 | 22  | Yes |    |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                                                      | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            | 24a | Yes |    |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                                                  | 24b |     | No |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                       | 24c |     | No |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .                                                                                                                                                                                                            | 24d |     | No |
| 25a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                                         | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                       | 25b |     | No |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                 | 26  | Yes |    |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                                                               |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                   | 28a | Yes |    |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                | 28b | Yes |    |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                    | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                                                  | 29  | Yes |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                        | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                                                      | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                                                      | 33  | Yes |    |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                  | 34  | Yes |    |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                    | 35a | Yes |    |
| b   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                         | 35b | Yes |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                           | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .                                                                             | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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 or note to any line in this Part V

|     |                                                                                                                                                                                                                                            | Yes    | No |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----|
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                                                                              | 1,437  |    |
| 1b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                           | 0      |    |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                   | 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.                                                             | 16,009 |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).        | Yes    |    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                              | Yes    |    |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.                                                                                                                               | Yes    |    |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? |        | No |
| b   | If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                    |        |    |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                      |        | No |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                           |        | No |
| c   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                         |        |    |
| 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 as charitable contributions?                                    |        | No |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                              |        |    |
| 7   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                       |        |    |
| 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?                                                                                            | Yes    |    |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                            | Yes    |    |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                       |        | No |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                         |        |    |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                            |        | No |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                               |        | No |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                           |        |    |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                         |        |    |
| 8   | <b>Sponsoring organizations maintaining donor advised funds.</b><br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                          |        |    |
| 9a  | Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                         |        |    |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                          |        |    |
| 10  | <b>Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                              |        |    |
| a   | Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                  |        |    |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                               |        |    |
| 11  | <b>Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                             |        |    |
| a   | Gross income from members or shareholders.                                                                                                                                                                                                 |        |    |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                               |        |    |
| 12a | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                          |        |    |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                     |        |    |
| 13  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                    |        |    |
| a   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                           |        |    |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.                                                                                 |        |    |
| c   | Enter the amount of reserves on hand.                                                                                                                                                                                                      |        |    |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                 |        | No |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                 |        |    |

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 or note to any line 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                                                                                                                                 |     |     |
|    | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O    |     |     |
| b  | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  |     |     |
| 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   | Yes |
| 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  | Yes |
| 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   | Yes |

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 this 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 Other (explain in Schedule O)

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 during the tax year

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

MARK K SVENNINGSON  
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Part VII

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

Check if Schedule O contains a response or note to any line 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. 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 organization compensated any current officer, director, or trustee

| (A)<br>Name and Title | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                       |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
|                       |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |



Part VII

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

| (A)<br>Name and Title | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                       |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
|                       |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

|    |                                                       |            |   |           |
|----|-------------------------------------------------------|------------|---|-----------|
| 1b | Sub-Total                                             |            |   |           |
| c  | Total from continuation sheets to Part VII, Section A |            |   |           |
| d  | Total (add lines 1b and 1c)                           | 41,717,498 | 0 | 3,364,454 |

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 4,212

|                                                                                                                                                                                                                                       | Yes   | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|
| 3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                        | 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? <i>If "Yes," complete Schedule J for such individual</i> | 4 Yes |    |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       | 5     | No |

Section B. Independent Contractors

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

| (A)<br>Name and business address                                                      | (B)<br>Description of services | (C)<br>Compensation |
|---------------------------------------------------------------------------------------|--------------------------------|---------------------|
| TURNER CONSTRUCTION,<br>375 HUDSON STREET<br>NEW YORK, NY 10014                       | GENERAL CONSTRUCT              | 131,628,476         |
| JGN CONSTRUCTION CORP,<br>66-40 69TH STREET<br>MIDDLE VILLAGE, NY 11379               | GENERAL CONSTRUCT              | 33,395,418          |
| PERKINS EASTMAN ARCHITECTS,<br>115 FIFTH AVENUE<br>NEW YORK, NY 10003                 | ARCHITECTURAL                  | 10,521,896          |
| HUNTER ROBERTS CONSTRUCTION GR LLC,<br>2 WORLD FINANCIAL CENTER<br>NEW YORK, NY 10001 | GENERAL CONSTRUCT              | 36,807,269          |
| MICHAEL ANTHONY CONTRACTING,<br>161 RAILROAD AVE<br>GARDEN CITY, NY 11040             | GENERAL CONSTRUCT              | 5,903,852           |

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 149

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

|                                                           |                       |                                                                                                                                           | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |
|-----------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a                    | Federated campaigns . . . . . 1a                                                                                                          |                      |                                                    |                                         |                                                                     |
|                                                           | b                     | Membership dues . . . . . 1b                                                                                                              |                      |                                                    |                                         |                                                                     |
|                                                           | c                     | Fundraising events . . . . . 1c                                                                                                           | 644,466              |                                                    |                                         |                                                                     |
|                                                           | d                     | Related organizations . . . . . 1d                                                                                                        |                      |                                                    |                                         |                                                                     |
|                                                           | e                     | Government grants (contributions) 1e                                                                                                      | 162,698,000          |                                                    |                                         |                                                                     |
|                                                           | f                     | All other contributions, gifts, grants, and<br>similar amounts not included above 1f                                                      | 382,296,781          |                                                    |                                         |                                                                     |
|                                                           | g                     | Noncash contributions included in lines<br>1a-1f \$                                                                                       | 8,996,594            |                                                    |                                         |                                                                     |
|                                                           | h                     | Total. Add lines 1a-1f . . . . .                                                                                                          | 545,639,247          |                                                    |                                         |                                                                     |
| Program Service Revenue                                   | Business Code         |                                                                                                                                           |                      |                                                    |                                         |                                                                     |
|                                                           | 2a                    | MEDICAL CARE                                                                                                                              | 622310               | 2,566,972,000                                      | 2,566,972,000                           |                                                                     |
|                                                           | b                     | NON-GOVERNMENT SPONSORED<br>RESEARCH                                                                                                      | 541711               | 57,428,000                                         | 57,428,000                              |                                                                     |
|                                                           | c                     |                                                                                                                                           |                      |                                                    |                                         |                                                                     |
|                                                           | d                     |                                                                                                                                           |                      |                                                    |                                         |                                                                     |
|                                                           | e                     |                                                                                                                                           |                      |                                                    |                                         |                                                                     |
|                                                           | f                     | All other program service revenue                                                                                                         |                      |                                                    |                                         |                                                                     |
|                                                           | g                     | Total. Add lines 2a-2f . . . . .                                                                                                          | 2,624,400,000        |                                                    |                                         |                                                                     |
| Other Revenue                                             | 3                     | Investment income (including dividends, interest,<br>and other similar amounts) . . . . .                                                 | 33,415,557           |                                                    | -4,330,591                              | 37,746,148                                                          |
|                                                           | 4                     | Income from investment of tax-exempt bond proceeds . . . . .                                                                              | 9,811,000            |                                                    |                                         | 9,811,000                                                           |
|                                                           | 5                     | Royalties . . . . .                                                                                                                       | 162,710,000          |                                                    |                                         | 162,710,000                                                         |
|                                                           | (i) Real              |                                                                                                                                           | (ii) Personal        |                                                    |                                         |                                                                     |
|                                                           | 6a                    | Gross rents                                                                                                                               |                      |                                                    |                                         |                                                                     |
|                                                           | b                     | Less rental expenses                                                                                                                      |                      |                                                    |                                         |                                                                     |
|                                                           | c                     | Rental income or (loss) 0                                                                                                                 | 0                    |                                                    |                                         |                                                                     |
|                                                           | d                     | Net rental income or (loss) . . . . .                                                                                                     | 0                    |                                                    |                                         |                                                                     |
|                                                           | (i) Securities        |                                                                                                                                           | (ii) Other           |                                                    |                                         |                                                                     |
|                                                           | 7a                    | Gross amount from sales of assets other than inventory                                                                                    | 795,614,588          |                                                    |                                         |                                                                     |
|                                                           | b                     | Less cost or other basis and sales expenses                                                                                               | 627,548,588          |                                                    |                                         |                                                                     |
|                                                           | c                     | Gain or (loss)                                                                                                                            | 168,066,000          |                                                    |                                         |                                                                     |
|                                                           | d                     | Net gain or (loss) . . . . .                                                                                                              | 168,066,000          |                                                    |                                         | 168,066,000                                                         |
|                                                           | 8a                    | Gross income from fundraising events (not including<br>\$ 644,466 of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | 3,027,753            |                                                    |                                         |                                                                     |
|                                                           | b                     | Less direct expenses . . . . .                                                                                                            | 921,525              |                                                    |                                         |                                                                     |
|                                                           | c                     | Net income or (loss) from fundraising events . . . . .                                                                                    | 2,106,228            |                                                    |                                         | 2,106,228                                                           |
|                                                           | 9a                    | Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                     |                      |                                                    |                                         |                                                                     |
|                                                           | b                     | Less direct expenses . . . . .                                                                                                            |                      |                                                    |                                         |                                                                     |
|                                                           | c                     | Net income or (loss) from gaming activities . . . . .                                                                                     | 0                    |                                                    |                                         |                                                                     |
|                                                           | 10a                   | Gross sales of inventory, less returns and allowances . . . . .                                                                           |                      |                                                    |                                         |                                                                     |
|                                                           | b                     | Less cost of goods sold . . . . .                                                                                                         |                      |                                                    |                                         |                                                                     |
|                                                           | c                     | Net income or (loss) from sales of inventory . . . . .                                                                                    | 0                    |                                                    |                                         |                                                                     |
|                                                           | Miscellaneous Revenue |                                                                                                                                           | Business Code        |                                                    |                                         |                                                                     |
|                                                           | 11a                   | PARKING & STAFF HOUSING                                                                                                                   | 722212               | 34,542,000                                         |                                         | 34,542,000                                                          |
|                                                           | b                     | CAFETERIA                                                                                                                                 | 722212               | 4,459,000                                          |                                         | 4,459,000                                                           |
|                                                           | c                     | VENDOR DISCOUNTS                                                                                                                          | 561439               | 1,003,000                                          |                                         | 1,003,000                                                           |
|                                                           | d                     | All other revenue . . . . .                                                                                                               |                      | 15,818,000                                         | 11,632,825                              | 4,185,175                                                           |
|                                                           | e                     | Total. Add lines 11a-11d . . . . .                                                                                                        | 55,822,000           |                                                    |                                         |                                                                     |
|                                                           | 12                    | Total revenue. See Instructions . . . . .                                                                                                 | 3,601,970,032        | 2,624,400,000                                      | 7,302,234                               | 424,628,551                                                         |

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)

Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                                  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21                                                                                                                                              | 1,000,000             | 1,000,000                       |                                        |                             |
| 2                                                                              | Grants and other assistance to domestic individuals See Part IV, line 22                                                                                                                                                                         | 58,153,000            | 58,153,000                      |                                        |                             |
| 3                                                                              | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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                                                                                                                                                                         | 35,604,008            | 29,476,413                      | 3,825,973                              | 2,301,622                   |
| 6                                                                              | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                                                                    | 338,403               | 338,403                         |                                        |                             |
| 7                                                                              | Other salaries and wages                                                                                                                                                                                                                         | 1,288,722,465         | 1,267,047,424                   | 4,923,170                              | 16,751,871                  |
| 8                                                                              | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                                                               | 115,016,198           | 113,263,189                     | 661,751                                | 1,091,258                   |
| 9                                                                              | Other employee benefits                                                                                                                                                                                                                          | 211,278,770           | 202,040,349                     | 5,518,698                              | 3,719,723                   |
| 10                                                                             | Payroll taxes                                                                                                                                                                                                                                    | 80,517,696            | 78,898,697                      | 537,133                                | 1,081,866                   |
| 11                                                                             | Fees for services (non-employees)                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| a                                                                              | Management                                                                                                                                                                                                                                       | 0                     |                                 |                                        |                             |
| b                                                                              | Legal                                                                                                                                                                                                                                            | 10,565,803            | 9,099,226                       | 858,180                                | 608,397                     |
| c                                                                              | Accounting                                                                                                                                                                                                                                       | 692,687               | 544,671                         | 94,849                                 | 53,167                      |
| d                                                                              | Lobbying                                                                                                                                                                                                                                         | 414,936               | 414,936                         |                                        |                             |
| e                                                                              | Professional fundraising services See Part IV, line 17                                                                                                                                                                                           | 1,085,777             |                                 |                                        | 1,085,777                   |
| f                                                                              | Investment management fees                                                                                                                                                                                                                       | 9,867,131             |                                 | 9,867,131                              |                             |
| g                                                                              | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)                                                                                                                                       | 73,067,604            | 55,687,096                      | 16,357,087                             | 1,023,421                   |
| 12                                                                             | Advertising and promotion                                                                                                                                                                                                                        | 7,228,415             | 584,690                         | 1,548,127                              | 5,095,598                   |
| 13                                                                             | Office expenses                                                                                                                                                                                                                                  | 229,609,263           | 205,675,484                     | 883,934                                | 23,049,845                  |
| 14                                                                             | Information technology                                                                                                                                                                                                                           | 18,545,532            | 18,418,518                      | 47,453                                 | 79,561                      |
| 15                                                                             | Royalties                                                                                                                                                                                                                                        | 8,168,773             |                                 | 8,168,773                              |                             |
| 16                                                                             | Occupancy                                                                                                                                                                                                                                        | 105,569,090           | 96,232,899                      | 8,337,231                              | 998,960                     |
| 17                                                                             | Travel                                                                                                                                                                                                                                           | 10,096,075            | 9,200,639                       | 223,168                                | 672,268                     |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                                   | 0                     |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings                                                                                                                                                                                                           | 12,248,261            | 11,001,297                      | 374,316                                | 872,648                     |
| 20                                                                             | Interest                                                                                                                                                                                                                                         | 50,147,024            | 49,375,043                      | 771,981                                |                             |
| 21                                                                             | Payments to affiliates                                                                                                                                                                                                                           | 0                     |                                 |                                        |                             |
| 22                                                                             | Depreciation, depletion, and amortization                                                                                                                                                                                                        | 217,342,484           | 211,873,431                     | 4,681,738                              | 787,315                     |
| 23                                                                             | Insurance                                                                                                                                                                                                                                        | 23,594,661            | 15,765,909                      | 7,821,217                              | 7,535                       |
| 24                                                                             | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)                                                   |                       |                                 |                                        |                             |
| a                                                                              | PHARMACEUTICALS                                                                                                                                                                                                                                  | 401,400,549           | 401,400,549                     |                                        |                             |
| b                                                                              | MEDICAL/SURGICAL SUPPLIES                                                                                                                                                                                                                        | 164,078,998           | 163,809,565                     | 269,433                                |                             |
| c                                                                              | PROVISION BAD DEBT-REG ASSMT                                                                                                                                                                                                                     | 35,874,251            | 35,744,615                      | 69,400                                 | 60,236                      |
| d                                                                              | UBIT EXPENSE                                                                                                                                                                                                                                     | -17,297               |                                 | -17,297                                |                             |
| e                                                                              | All other expenses                                                                                                                                                                                                                               | -921,525              | 12,860,957                      | -13,146,889                            | -635,593                    |
| 25                                                                             | Total functional expenses. Add lines 1 through 24e                                                                                                                                                                                               | 3,169,289,032         | 3,047,907,000                   | 62,676,557                             | 58,705,475                  |
| 26                                                                             | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 18,679,114            | 8,604,482                       |                                        | 10,074,632                  |

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                        |     |               | (A)               |               | (B)           |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------|-------------------|---------------|---------------|
|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                        |     |               | Beginning of year |               | End of year   |
| Assets                      | 1                                                                                                                                                   | Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                                    |     |               | 213,478,000       | 1             | 240,996,000   |
|                             | 2                                                                                                                                                   | Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                                       |     |               | 366,501,000       | 2             | 349,020,000   |
|                             | 3                                                                                                                                                   | Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                           |     |               | 574,243,000       | 3             | 694,478,000   |
|                             | 4                                                                                                                                                   | Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                                     |     |               | 411,312,000       | 4             | 471,570,000   |
|                             | 5                                                                                                                                                   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .                                                                                                                                                           |     |               | 1,600,000         | 5             | 1,400,000     |
|                             | 6                                                                                                                                                   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . |     |               | 0                 | 6             | 0             |
|                             | 7                                                                                                                                                   | Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                                                              |     |               | 28,029,000        | 7             | 28,497,000    |
|                             | 8                                                                                                                                                   | Inventories for sale or use . . . . .                                                                                                                                                                                                                                                                                                  |     |               | 39,450,000        | 8             | 41,937,000    |
|                             | 9                                                                                                                                                   | Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                                                        |     |               | 99,967,000        | 9             | 97,145,000    |
|                             | 10a                                                                                                                                                 | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                                                                                                                                                                                                                                                      | 10a | 4,679,319,000 |                   |               |               |
|                             | b                                                                                                                                                   | Less accumulated depreciation . . . . .                                                                                                                                                                                                                                                                                                | 10b | 2,178,005,000 | 2,228,299,000     | 10c           | 2,501,314,000 |
|                             | 11                                                                                                                                                  | Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                                                       |     |               | 3,685,090,000     | 11            | 3,631,578,000 |
|                             | 12                                                                                                                                                  | Investments—other securities See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                            |     |               | 830,153,000       | 12            | 915,993,000   |
|                             | 13                                                                                                                                                  | Investments—program-related See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                             |     |               | 3,296,000         | 13            | 3,602,000     |
|                             | 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) . . . . .                                                                                                                                                                                                                                                                    |     |               | 8,481,418,000     | 16            | 8,977,530,000 |
| Liabilities                 | 17                                                                                                                                                  | Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                                                        |     |               | 503,569,000       | 17            | 597,522,000   |
|                             | 18                                                                                                                                                  | Grants payable . . . . .                                                                                                                                                                                                                                                                                                               |     |               | 0                 | 18            | 0             |
|                             | 19                                                                                                                                                  | Deferred revenue . . . . .                                                                                                                                                                                                                                                                                                             |     |               | 0                 | 19            | 0             |
|                             | 20                                                                                                                                                  | Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                                                                  |     |               | 1,252,891,000     | 20            | 1,198,549,000 |
|                             | 21                                                                                                                                                  | Escrow or custodial account liability Complete Part IV of Schedule D . . . . .                                                                                                                                                                                                                                                         |     |               | 0                 | 21            | 0             |
|                             | 22                                                                                                                                                  | Loans and other 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 . . . . .                                                                                                                                                                                                                                                                 |     |               | 845,140,000       | 24            | 845,140,000   |
|                             | 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 . . . . .                                                                                                                                                         |     |               | 735,844,000       | 25            | 971,459,000   |
|                             | 26                                                                                                                                                  | Total liabilities. Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                                                                   |     |               | 3,337,444,000     | 26            | 3,612,670,000 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |                                                                                                                                                                                                                                                                                                                                        |     |               |                   |               |               |
|                             | 27                                                                                                                                                  | Unrestricted net assets . . . . .                                                                                                                                                                                                                                                                                                      |     |               | 3,932,443,000     | 27            | 4,011,535,000 |
|                             | 28                                                                                                                                                  | Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                                                            |     |               | 656,237,000       | 28            | 765,065,000   |
|                             | 29                                                                                                                                                  | Permanently restricted net assets . . . . .                                                                                                                                                                                                                                                                                            |     |               | 555,294,000       | 29            | 588,260,000   |
|                             | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 . . . . .                                                                                                                                                                                                                                                                                            |     |               | 5,143,974,000     | 33            | 5,364,860,000 |
| 34                          | Total liabilities and net assets/fund balances . . . . .                                                                                            |                                                                                                                                                                                                                                                                                                                                        |     | 8,481,418,000 | 34                | 8,977,530,000 |               |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . .

|    |                                                                                                               |    |               |
|----|---------------------------------------------------------------------------------------------------------------|----|---------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .                                           | 1  | 3,601,970,032 |
| 2  | Total expenses (must equal Part IX, column (A), line 25) . . . . .                                            | 2  | 3,169,289,032 |
| 3  | Revenue less expenses Subtract line 2 from line 1 . . . . .                                                   | 3  | 432,681,000   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .           | 4  | 5,143,974,000 |
| 5  | Net unrealized gains (losses) on investments . . . . .                                                        | 5  | 49,902,000    |
| 6  | Donated services and use of facilities . . . . .                                                              | 6  |               |
| 7  | Investment expenses . . . . .                                                                                 | 7  |               |
| 8  | Prior period adjustments . . . . .                                                                            | 8  |               |
| 9  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                | 9  | -261,697,000  |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 5,364,860,000 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . .

|    |                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes | No  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>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?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a  | No  |
| b  | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | 2b  | Yes |
| c  | If "Yes," to line 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                    | 2c  | Yes |
| 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 |

Additional Data

Software ID:

Software Version:

EIN: 91-2154267

Name: Memorial Sloan-Kettering Cancer Center

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

| (A)<br>Name and Title                                  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                        |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) RICHARD I BEATTIE<br>.....<br>SEE SCHEDULE O       | 2 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (1) ANTHONY B EVNIN<br>.....<br>SEE SCHEDULE O         | 2 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (2) STANLEY F DRUCKENMILLER<br>.....<br>SEE SCHEDULE O | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (3) RICHARD N FOSTER<br>.....<br>SEE SCHEDULE O        | 2 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (4) STEPHEN FRIEDMAN<br>.....<br>SEE SCHEDULE O        | 2 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (5) ELLEN V FUTTER<br>.....<br>SEE SCHEDULE O          | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (6) PHILIP H GEIER JR<br>.....<br>SEE SCHEDULE O       | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (7) LOUIS V GERSTNER JR<br>.....<br>SEE SCHEDULE O     | 2 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (8) JONATHAN N GRAYER<br>.....<br>SEE SCHEDULE O       | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (9) JOHN R GUNN<br>.....<br>CHIEF OPERATING OFFICER    | 50 0<br>.....<br>0 0                                                                       | X                                                                                                         |                       | X       |              |                              |        | 1,903,399                                                            | 0                                                                         | 89,506                                                                                        |
| (10) MICHAEL P GUTNICK<br>.....<br>EXECUTIVE VP & CFO  | 50 0<br>.....<br>0 0                                                                       | X                                                                                                         |                       | X       |              |                              |        | 1,544,206                                                            | 0                                                                         | 85,207                                                                                        |
| (11) ANNETTE U RICKEL PHD<br>.....<br>SEE SCHEDULE O   | 2 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (12) BENJAMIN W HEINEMAN JR<br>.....<br>SEE SCHEDULE O | 2 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (13) JEFFREY P JOHNSON<br>.....<br>SEE SCHEDULE O      | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (14) VIRGINIA M ROMETTY<br>.....<br>SEE SCHEDULE O     | 2 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (15) DAVID H KOCH<br>.....<br>SEE SCHEDULE O           | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (16) MARIE-JOSEE KRAVIS<br>.....<br>SEE SCHEDULE O     | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (17) PETER J SOLOMON<br>.....<br>SEE SCHEDULE O        | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (18) PETER A WEINBERG<br>.....<br>SEE SCHEDULE O       | 2 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (19) JAMES G NIVEN<br>.....<br>SEE SCHEDULE O          | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (20) HUTHAM S OLAYAN<br>.....<br>SEE SCHEDULE O        | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (21) BRUCE C RATNER<br>.....<br>SEE SCHEDULE O         | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (22) CLIFTON S ROBBINS<br>.....<br>SEE SCHEDULE O      | 2 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (23) JAMES D ROBINSON III<br>.....<br>SEE SCHEDULE O   | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (24) BENJAMIN M ROSEN<br>.....<br>SEE SCHEDULE O       | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (26) NORMAN C SELBY<br>.....<br>SEE SCHEDULE O                                                                                                | 2 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (1) STEPHEN C SHERRILL<br>.....<br>SEE SCHEDULE O                                                                                             | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (2) SCOTT M STUART<br>.....<br>SEE SCHEDULE O                                                                                                 | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (3) MARK SVENNINGSON<br>.....<br>SVP FINANCE & CONTROLLER                                                                                     | 50 0<br>.....<br>0 0                                                                       | X                                                                                                         |                       | X       |              |                              |        | 772,427                                                              | 0                                                                         | 77,437                                                                                        |
| (4) LUCY R WALETZKY MD<br>.....<br>SEE SCHEDULE O                                                                                             | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (5) DOUGLAS WARNER III<br>.....<br>SEE SCHEDULE O                                                                                             | 4 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (6) DEBORAH C WRIGHT<br>.....<br>SEE SCHEDULE O                                                                                               | 2 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (7) SIMON N POWELL MD<br>.....<br>CHAIR & ATTEND RAD ONCOLOGY                                                                                 | 50 0<br>.....<br>0 0                                                                       | X                                                                                                         |                       |         |              |                              |        | 1,630,580                                                            | 0                                                                         | 70,268                                                                                        |
| (8) CRAIG B THOMPSON MD<br>.....<br>PRESIDENT & CEO                                                                                           | 50 0<br>.....<br>0 0                                                                       | X                                                                                                         |                       | X       |              |                              |        | 2,710,645                                                            | 0                                                                         | 234,281                                                                                       |
| (9) JOSE BASELGA MD PHD<br>.....<br>PIC & CHIEF MEDICAL OFFICER                                                                               | 50 0<br>.....<br>0 0                                                                       | X                                                                                                         |                       | X       |              |                              |        | 1,644,531                                                            | 0                                                                         | 77,103                                                                                        |
| (10) WILLIAM E FORD<br>.....<br>SEE SCHEDULE O                                                                                                | 2 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (11) JAMIE C NICHOLLS<br>.....<br>SEE SCHEDULE O                                                                                              | 2 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (12) MARTHA VIETOR GLASS<br>.....<br>SEE SCHEDULE O                                                                                           | 2 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (13) IAN COOK<br>.....<br>BOARD MEMBER EFFCTIVE 3/26/14                                                                                       | 2 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (14) ERIC M COTTINGTON PHD<br>.....<br>SVP RESEARCH & TECHNOLOGY MGMT                                                                         | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       | X       |              |                              |        | 783,542                                                              | 0                                                                         | 78,402                                                                                        |
| (15) JASON KLEIN<br>.....<br>SVP-CHIEF INVESTMENT OFFICER                                                                                     | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       | X       |              |                              |        | 1,654,126                                                            | 0                                                                         | 855,205                                                                                       |
| (16) EDWARD MAHONEY<br>.....<br>SVP FACILITIES MGMT & CONST                                                                                   | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       | X       |              |                              |        | 786,233                                                              | 0                                                                         | 65,340                                                                                        |
| (17) KATHRYN MARTIN<br>.....<br>EVP & HOSPITAL ADMINISTRATOR                                                                                  | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       | X       |              |                              |        | 1,503,098                                                            | 0                                                                         | 78,609                                                                                        |
| (18) RICHARD K NAUM<br>.....<br>SVP DEVELOPMENT                                                                                               | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       | X       |              |                              |        | 653,909                                                              | 0                                                                         | 69,944                                                                                        |
| (19) ROGER PARKER ESQ<br>.....<br>EVP & GENERAL COUNSEL                                                                                       | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       | X       |              |                              |        | 681,672                                                              | 0                                                                         | 50,144                                                                                        |
| (20) PATRICIA C SKARULIS<br>.....<br>SVP-CHIEF INFORMATION OFFICER                                                                            | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       | X       |              |                              |        | 929,835                                                              | 0                                                                         | 52,959                                                                                        |
| (21) CAROLYN B LEVINE ESQ<br>.....<br>DEPUTY GEN COUNSEL CORP SECTY                                                                           | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       | X       |              |                              |        | 438,693                                                              | 0                                                                         | 44,881                                                                                        |
| (22) KERRY BESSEY<br>.....<br>SVP & CHIEF HR OFFICER                                                                                          | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       | X       |              |                              |        | 835,793                                                              | 0                                                                         | 76,865                                                                                        |
| (23) AVICE MEEHAN<br>.....<br>SVP CH COMMUNICATION OFFICER                                                                                    | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       | X       |              |                              |        | 569,369                                                              | 0                                                                         | 48,546                                                                                        |
| (24) EDWIN TALIAFERRO<br>.....<br>VP INTERNAL AUDIT & COMPLIANCE                                                                              | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       | X       |              |                              |        | 415,214                                                              | 0                                                                         | 51,953                                                                                        |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (51) KENNETH MARIANS PHD<br>.....<br>DEAN, GERSTNER GRADUATE SCHOOL                                                                           | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         | X            |                              |        | 541,729                                                              | 0                                                                         | 74,723                                                                                        |
| (1) GEORGE BOSL MD<br>.....<br>CHAIRMAN & ATTENDING MEDICINE                                                                                  | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         | X            |                              |        | 1,038,020                                                            | 0                                                                         | 66,804                                                                                        |
| (2) HEDVIG HRICAK MD<br>.....<br>CHAIRMAN & ATTENDING RADIOLOGY                                                                               | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         | X            |                              |        | 1,480,104                                                            | 0                                                                         | 74,515                                                                                        |
| (3) ANNE MCSWEENEY<br>.....<br>SPECIAL ADVISOR TO PRESIDENT                                                                                   | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         | X            |                              |        | 1,247,973                                                            | 0                                                                         | 70,306                                                                                        |
| (4) PETER T SCARDINO MD<br>.....<br>CHAIRMAN & ATTENDING SURGERY                                                                              | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         | X            |                              |        | 2,067,074                                                            | 0                                                                         | 76,406                                                                                        |
| (5) RICHARD BARAKAT MD<br>.....<br>DPIC-REGIONAL CARE NETWORK                                                                                 | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         | X            |                              |        | 1,367,649                                                            | 0                                                                         | 70,891                                                                                        |
| (6) PAUL SABBATINI MD<br>.....<br>DPIC CLINICAL RESEARCH                                                                                      | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         | X            |                              |        | 668,600                                                              | 0                                                                         | 46,431                                                                                        |
| (7) MICHELLE BURKE<br>.....<br>VP PATIENT SUPPORT SERVICES                                                                                    | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         | X            |                              |        | 368,066                                                              | 0                                                                         | 38,711                                                                                        |
| (8) ELIZABETH MCCORMICK MSNRN<br>.....<br>SVP & CH NURSING OFFICER                                                                            | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         | X            |                              |        | 590,501                                                              | 0                                                                         | 56,285                                                                                        |
| (9) CYNTHIA MCCOLLUM<br>.....<br>SVP HOSPITAL OPERATIONS                                                                                      | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         | X            |                              |        | 588,315                                                              | 0                                                                         | 66,978                                                                                        |
| (10) MARGARET BURKE<br>.....<br>SVP AMBULATORY CARE-HOSP OPS                                                                                  | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         | X            |                              |        | 707,154                                                              | 0                                                                         | 73,645                                                                                        |
| (11) CHARLES LUCARELLI<br>.....<br>DIRECTOR PHARMACY                                                                                          | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         | X            |                              |        | 321,476                                                              | 0                                                                         | 57,895                                                                                        |
| (12) JOAN MASSAGUE PHD<br>.....<br>DIRECTOR, SLOAN KETTERING INST                                                                             | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         | X            |                              |        | 772,428                                                              | 0                                                                         | 27,703                                                                                        |
| (13) PETER G CORDEIRO MD<br>.....<br>CH ATTDG PLASTIC & RECONST                                                                               | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         |              | X                            |        | 1,564,065                                                            | 0                                                                         | 71,966                                                                                        |
| (14) PHILIP GUTIN MD<br>.....<br>CHAIR & ATTENDING NEUROSURGERY                                                                               | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         |              | X                            |        | 2,739,583                                                            | 0                                                                         | 60,754                                                                                        |
| (15) JOSEPH DISA MD<br>.....<br>ATTENDING PLASTIC SURGERY                                                                                     | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         |              | X                            |        | 1,567,443                                                            | 0                                                                         | 71,344                                                                                        |
| (16) MARK BILSKY MD<br>.....<br>ATTENDING-DEPT OF NEUROSURGERY                                                                                | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         |              | X                            |        | 1,795,922                                                            | 0                                                                         | 64,296                                                                                        |
| (17) DAVID JONES MD<br>.....<br>CHIEF ATTENDING THORACIC SURGY                                                                                | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         |              | X                            |        | 1,476,553                                                            | 0                                                                         | 64,381                                                                                        |
| (18) THOMAS KELLY MD<br>.....<br>LAB MEMBER FORMER SKI DIR                                                                                    | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         |              |                              | X      | 909,465                                                              | 0                                                                         | 84,370                                                                                        |
| (19) ELLEN MILLER-SONET<br>.....<br>VP MARKETING                                                                                              | 0 0<br>.....<br>0 0                                                                        |                                                                                                           |                       |         |              |                              | X      | 182,945                                                              | 0                                                                         | 29,918                                                                                        |
| (20) MAUREEN KILLACKEY<br>.....<br>DPIC MED DIR REGIONAL NETWORK                                                                              | 0 0<br>.....<br>0 0                                                                        |                                                                                                           |                       |         |              |                              | X      | 265,161                                                              | 0                                                                         | 9,482                                                                                         |



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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

|                                                                    |                                              |
|--------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>Memorial Sloan-Kettering Cancer Center | Employer identification number<br>91-2154267 |
|--------------------------------------------------------------------|----------------------------------------------|

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

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

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations . . . . . 3
- g

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 listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|-----------------------------------|----------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                   |          |                                                                                              | Yes                                                         | No |                                                   |                                                 |
| See Additional Data Table         |          |                                                                                              |                                                             |    |                                                   |                                                 |
|                                   |          |                                                                                              |                                                             |    |                                                   |                                                 |
| Total 3                           |          |                                                                                              |                                                             |    | 0                                                 |                                                 |

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support                                                                                                                                                                             |             |             |             |             |             |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|---------------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                         | (a) 2010    | (b) 2011    | (c) 2012    | (d) 2013    | (e) 2014    | (f) Total     |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                                                   | 398,129,000 | 463,933,000 | 386,914,750 | 537,706,930 | 544,924,247 | 2,331,607,927 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |             |             |             |             |             | 0             |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |             |             |             |             |             | 0             |
| 4 Total. Add lines 1 through 3                                                                                                                                                                        | 398,129,000 | 463,933,000 | 386,914,750 | 537,706,930 | 544,924,247 | 2,331,607,927 |
| 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) |             |             |             |             |             | 132,535,194   |
| 6 Public support. Subtract line 5 from line 4                                                                                                                                                         |             |             |             |             |             | 2,199,072,733 |

| Section B. Total Support                                                                                                                                                                   |             |             |             |             |             |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|----------------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                              | (a) 2010    | (b) 2011    | (c) 2012    | (d) 2013    | (e) 2014    | (f) Total      |
| 7 Amounts from line 4                                                                                                                                                                      | 398,129,000 | 463,933,000 | 386,914,750 | 537,706,930 | 544,924,247 | 2,331,607,927  |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                           | 98,781,000  | 121,135,584 | 122,928,000 | 132,845,000 | 206,274,557 | 681,964,141    |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                       |             |             |             |             |             | 0              |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )                                                                                          | 1,181,000   | 1,464,000   | 3,157,250   | 2,843,070   | 3,027,753   | 11,673,073     |
| 11 Total support Add lines 7 through 10                                                                                                                                                    |             |             |             |             |             | 3,025,245,141  |
| 12 Gross receipts from related activities, etc (see instructions)                                                                                                                          |             |             |             |             | 12          | 11,532,953,511 |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . |             |             |             |             |             |                |

| Section C. Computation of Public Support Percentage |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                      |    |          |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----|----------|
| 14                                                  | Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                                                                                                        | <table><tr><td>14</td><td>72 691 %</td></tr></table> | 14 | 72 691 % |
| 14                                                  | 72 691 %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                      |    |          |
| 15                                                  | Public support percentage for 2013 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                                                                                                               | <table><tr><td>15</td><td>67 741 %</td></tr></table> | 15 | 67 741 % |
| 15                                                  | 67 741 %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                      |    |          |
| 16a                                                 | <b>33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization                                                                                                                                                                             |                                                      |    |          |
| b                                                   | <b>33 1/3% support test—2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization                                                                                                                                                                        |                                                      |    |          |
| 17a                                                 | <b>10%-facts-and-circumstances test—2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization       |                                                      |    |          |
| b                                                   | <b>10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization  |                                                      |    |          |
| 18                                                  | <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions                                                                                                                                                                                                                                                                |                                                      |    |          |

Part IIIPart III

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

| Section A. Public Support                                                                                                                                                  |          |          |          |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                              | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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 VI.)                                                                                 |          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)                                                                                                                                  |          |          |          |          |          |           |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                       |    |     |  |
|-------------------------------------------------------------------------------------------|----|-----|--|
| 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 | 0 % |  |
| 16 Public support percentage from 2013 Schedule A, Part III, line 15                      | 16 |     |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                               |    |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|--|
| 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))                                                                                                                                                                       | 17 |  |  |
| 18 Investment income percentage from 2013 Schedule A, Part III, line 17                                                                                                                                                                                              | 18 |  |  |
| 19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes   | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.                                                                                                                                                                                                         | 1 Yes |    |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).                                                                                                                                                                                                                                      | 2     | No |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.                                                                                                                                                                                                                                                                                                                                                                                       | 3a    | No |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.                                                                                                                                                                                                                                                    | 3b    |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.                                                                                                                                                                                                                                                                                             | 3c    |    |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.                                                                                                                                                                                                                                                                                                                                         | 4a    | No |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.                                                                                                                                                                                                        | 4b    |    |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.                                                                                                                                                                           | 4c    |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a    | No |
| b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                           | 5b    |    |
| c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                  | 5c    |    |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .                                                     | 6     | No |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).                                                                                                                                                                                              | 7     | No |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).                                                                                                                                                                                                                                                                                                                                                       | 8     | No |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                              | 9a    | No |
| b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                                | 9b    | No |
| c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                     | 9c    | No |
| 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.                                                                                                                                                                                                                                                             | 10a   | No |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).                                                                                                                                                                                                                                                                                                                                                   | 10b   |    |
| 11 Has the organization accepted a gift or contribution from any of the following persons?                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |    |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?                                                                                                                                                                                                                                                                                                                                                        | 11a   | No |
| b A family member of a person described in (a) above?                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11b   | No |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.                                                                                                                                                                                                                                                                                                                                                                                                      | 11c   | No |

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes   | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 Yes |    |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.                                                                                                                                                                                                                                                                              | 2     | No |

Section C. Type II Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                               | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1   |    |

Section D. All Type III Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1   | No |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                    | 2   | No |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.                                                                                       | 3   | No |

Section E. Type III Functionally-Integrated Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)                                                                                                                                                                                                                                                                                                                                                                                               |    |     |    |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.                                                                                                                                                                                                                                                                                                                                                                                                                         |    |     |    |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.                                                                                                                                                                                                                                                                                                                                                                                                  |    |     |    |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).                                                                                                                                                                                                                                                                                                                                                                       |    |     |    |
| 2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Yes | No |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a |     |    |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.                                                                                                                              | 2b |     |    |
| 3 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |     |    |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.                                                                                                                                                                                                                                                                                                                                       | 3a |     |    |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.                                                                                                                                                                                                                                                                                           | 3b |     |    |

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

| Section A - Adjusted Net Income |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1                               | Net short-term capital gain                                                                                                                                                                              | 10             |                             |
| 2                               | Recoveries of prior-year distributions                                                                                                                                                                   | 0              |                             |
| 3                               | Other gross income (see instructions)                                                                                                                                                                    | 0              |                             |
| 4                               | Add lines 1 through 3                                                                                                                                                                                    | 0              |                             |
| 5                               | Depreciation and depletion                                                                                                                                                                               | 0              |                             |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 0              |                             |
| 7                               | Other expenses (see instructions)                                                                                                                                                                        | 0              |                             |
| 8                               | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)                                                                                                                                              | 0              |                             |

| Section B - Minimum Asset Amount |                                                                                                                                | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1              |                             |
| a                                | Average monthly value of securities                                                                                            | 1a0            |                             |
| b                                | Average monthly cash balances                                                                                                  | 1b0            |                             |
| c                                | Fair market value of other non-exempt-use assets                                                                               | 1c0            |                             |
| d                                | Total (add lines 1a, 1b, and 1c)                                                                                               | 1d0            |                             |
| e                                | Discount claimed for blockage or other factors (explain in detail in Part VI) 0                                                |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt use assets                                                                   | 20             |                             |
| 3                                | Subtract line 2 from line 1d                                                                                                   | 30             |                             |
| 4                                | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)                                  | 40             |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                               | 50             |                             |
| 6                                | Multiply line 5 by .035                                                                                                        | 60             |                             |
| 7                                | Recoveries of prior-year distributions                                                                                         | 70             |                             |
| 8                                | Minimum Asset Amount (add line 7 to line 6)                                                                                    | 80             |                             |

| Section C - Distributable Amount |                                                                                                                                                                          |   | Current Year |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A)                                                                                                    | 1 | 0            |
| 2                                | Enter 85% of line 1                                                                                                                                                      | 2 | 0            |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, Column A)                                                                                                   | 3 | 0            |
| 4                                | Enter greater of line 2 or line 3                                                                                                                                        | 4 | 0            |
| 5                                | Income tax imposed in prior year                                                                                                                                         | 5 | 0            |
| 6                                | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)                                                    | 6 | 0            |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) |   |              |

| Section D - Distributions                                                                                                                  | Current Year |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes                                                                    | 0            |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    | 0            |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations                                                    | 0            |
| 4 Amounts paid to acquire exempt-use assets                                                                                                | 0            |
| 5 Qualified set-aside amounts (prior IRS approval required)                                                                                | 0            |
| 6 Other distributions (describe in Part VI) See instructions                                                                               | 0            |
| 7 Total annual distributions. Add lines 1 through 6                                                                                        | 0            |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | 0            |
| 9 Distributable amount for 2014 from Section C, line 6                                                                                     | 0            |
| 10 Line 8 amount divided by Line 9 amount                                                                                                  | 0 %          |

| Section E - Distribution Allocations (see instructions)                                                                                             | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2014 | (iii)<br>Distributable<br>Amount for 2014 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1 Distributable amount for 2014 from Section C, line 6                                                                                              |                             |                                        | 0                                         |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)                                                 |                             | 0                                      |                                           |
| 3 Excess distributions carryover, if any, to 2014                                                                                                   |                             |                                        |                                           |
| a From 2009. . . . .                                                                                                                                |                             |                                        |                                           |
| b From 2010. . . . .                                                                                                                                |                             |                                        |                                           |
| c From 2011. . . . .                                                                                                                                |                             |                                        |                                           |
| d From 2012. . . . .                                                                                                                                |                             |                                        |                                           |
| e From 2013. . . . . 0                                                                                                                              |                             |                                        |                                           |
| f Total of lines 3a through e                                                                                                                       | 0                           |                                        |                                           |
| g Applied to underdistributions of prior years                                                                                                      |                             | 0                                      |                                           |
| h Applied to 2014 distributable amount                                                                                                              |                             |                                        | 0                                         |
| i Carryover from 2009 not applied (see instructions)                                                                                                |                             |                                        |                                           |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f                                                                                                   | 0                           |                                        |                                           |
| 4 Distributions for 2014 from Section D, line 7<br>\$ 0                                                                                             |                             |                                        |                                           |
| a Applied to underdistributions of prior years                                                                                                      |                             | 0                                      | 0                                         |
| b Applied to 2014 distributable amount                                                                                                              |                             |                                        |                                           |
| c Remainder Subtract lines 4a and 4b from 4                                                                                                         | 0                           |                                        |                                           |
| 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                             | 0                                      |                                           |
| 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                             |                                        | 0                                         |
| 7 Excess distributions carryover to 2015. Add lines 3j and 4c                                                                                       | 0                           |                                        |                                           |
| 8 Breakdown of line 7                                                                                                                               |                             |                                        |                                           |
| a From 2010. . . . .                                                                                                                                |                             |                                        |                                           |
| b From 2011. . . . .                                                                                                                                |                             |                                        |                                           |
| c From 2012. . . . .                                                                                                                                |                             |                                        |                                           |
| d From 2013. . . . . 0                                                                                                                              |                             |                                        |                                           |
| e From 2014. . . . . 0                                                                                                                              |                             |                                        |                                           |

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

| Return Reference         | Explanation                                                         |
|--------------------------|---------------------------------------------------------------------|
| SUPPORTED ORGANIZATIONS  | SUPPORT FROM THE SUPPORTING ORGANIZATIONS RELATE PRINCIPALLY TO THE |
| SUPPORTING ORGANIZATIONS | NAME OF SUPPORTING ORGANIZATION EIN TYPE                            |



Additional Data

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

Form 990, Sch A, Part I, Line 11g - 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 listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|----------------------------------------------------|-----------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                                    |           |                                                                                              | Yes                                                         | No |                                                   |                                                 |
| (A) SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH  | 131624182 | 04                                                                                           | Yes                                                         |    | 0                                                 | 0                                               |
| (A) MEMORIAL HOSPITAL FOR CANCER & ALLIED DISEASES | 131624082 | 03                                                                                           | Yes                                                         |    | 0                                                 | 0                                               |
| (B) MEMORIAL SLOAN-KETTERING CANCER CENTER         | 131924236 | 03                                                                                           | Yes                                                         |    | 0                                                 | 0                                               |

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.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

***www.irs.gov/form990.***

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

|                                                                    |                                              |
|--------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>Memorial Sloan-Kettering Cancer Center | Employer identification number<br>91-2154267 |
|--------------------------------------------------------------------|----------------------------------------------|

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

|   |                                                                                                          |      |
|---|----------------------------------------------------------------------------------------------------------|------|
| 1 | Provide a description of the organization's direct and indirect political campaign activities in Part IV |      |
| 2 | Political expenditures                                                                                   | ▶ \$ |
| 3 | Volunteer hours                                                                                          |      |

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

|    |                                                                                         |                                                          |
|----|-----------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1  | Enter the amount of any excise tax incurred by the organization under section 4955      | ▶ \$                                                     |
| 2  | Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$                                                     |
| 3  | If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made?                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> 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 function 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 <b>Form 1120-POL</b> for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> 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<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   | (a) Filing organization's totals                         | (b) Affiliated group totals        |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------|------------------------------------|--------------------|------------------------------|-----------------------------------------|-------------------------------------------------|-------------------------------------------|---------------------------------------------------|--------------------------------------------|--------------------------------------------------|-------------------|-------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| b Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| c Total lobbying expenditures (add lines 1a and 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| d Other exempt purpose expenditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| e Total exempt purpose expenditures (add lines 1c and 1d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> |                                                   | If the amount on line 1e, column (a) or (b) is:          | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | The lobbying nontaxable amount is:                |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 20% of the amount on line 1e                      |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$100,000 plus 15% of the excess over \$500,000   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$175,000 plus 10% of the excess over \$1,000,000 |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$225,000 plus 5% of the excess over \$1,500,000  |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$1,000,000                                       |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| g Grassroots nontaxable amount (enter 25% of line 1f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| h Subtract line 1g from line 1a If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| i Subtract line 1f from line 1c If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> 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 separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period         |          |          |          |          |           |
|--------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                  | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) Total |
| 2a Lobbying nontaxable amount                                |          |          |          |          |           |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| c Total lobbying expenditures                                |          |          |          |          |           |
| d Grassroots nontaxable amount                               |          |          |          |          |           |
| e Grassroots ceiling amount<br>(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)).

| For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. |                                                                                                                                                                                                                              | (a) |    | (b)     |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
|                                                                                                                           |                                                                                                                                                                                                                              | Yes | No | Amount  |
| 1                                                                                                                         | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |         |
| a                                                                                                                         | Volunteers?                                                                                                                                                                                                                  |     | No |         |
| b                                                                                                                         | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                 | Yes |    |         |
| c                                                                                                                         | Media advertisements?                                                                                                                                                                                                        |     | No |         |
| d                                                                                                                         | Mailings to members, legislators, or the public?                                                                                                                                                                             |     | No |         |
| e                                                                                                                         | Publications, or published or broadcast statements?                                                                                                                                                                          |     | No |         |
| f                                                                                                                         | Grants to other organizations for lobbying purposes?                                                                                                                                                                         |     | No |         |
| g                                                                                                                         | Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                  | Yes |    | 157,368 |
| h                                                                                                                         | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                    |     | No |         |
| i                                                                                                                         | Other activities?                                                                                                                                                                                                            | Yes |    | 257,568 |
| j                                                                                                                         | Total. Add lines 1c through 1i.                                                                                                                                                                                              |     |    | 414,936 |
| 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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

|   |                                                                                                                                                                                                                                            |    |  |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 1 | Dues, assessments and similar amounts from members                                                                                                                                                                                         | 1  |  |
| 2 | Section 162(e) nondeductible 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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LOBBYING COSTS   | 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. LOCAL LOBBYING IS PERFORMED BY THE GREATER NEW YORK HOSPITAL ASSOCIATION ON BEHALF OF ITS MEMBERS. PART II-B LINE 1i OTHER ACTIVITIES LOBBYING PORTION OF DUES PAID IN 2014: AMERICAN HOSPITAL ASSOCIATION \$29,180; GREATER NEW YORK HOSPITAL ASSOCIATION \$228,388; TOTAL \$257,568. |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

[illegible]

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

|                                                                    |                                              |
|--------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>Memorial Sloan-Kettering Cancer Center | Employer identification number<br>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 value of contributions to (during year)                                                                                                                                                                                                                                                                                       |                              |
| 3 | Aggregate value of 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                            |                              |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                              |

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 education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

Complete lines 2a through 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                                                                                                   |
| b | Total acreage restricted by conservation easements                                                                                       |
| c | Number of conservation easements on a certified historic structure included in (a)                                                       |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register |

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue 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 (ASC 958) relating to these items

a

Revenue 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 acquisition, 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 XIII
- 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 XIII and complete the following table
- |                                  |        |
|----------------------------------|--------|
|                                  | Amount |
| 1c Beginning balance             |        |
| 1d Additions during the year     |        |
| 1e Distributions during the year |        |
| 1f Ending balance                |        |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 

☐ Yes ☒ No
- b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII 

☐

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

- |                                                            | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|------------------------------------------------------------|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     | 753,249,000     | 709,754,000   | 726,867,000         | 748,997,000         | 767,701,000        |
| b Contributions . . . . .                                  | 25,760,000      | 56,687,000    | 24,401,000          | 32,670,524          | 13,421,000         |
| c Net investment earnings, gains, and losses               | 9,616,000       | 44,303,000    | 10,195,000          | -2,933,000          | 9,453,000          |
| d Grants or scholarships . . . . .                         |                 |               |                     |                     |                    |
| e Other expenditures for facilities and programs . . . . . | 15,885,000      | 57,495,000    | 51,709,000          | 51,867,524          | 41,578,000         |
| f Administrative expenses . . . . .                        |                 |               |                     |                     |                    |
| g End of year balance . . . . .                            | 772,740,000     | 753,249,000   | 709,754,000         | 726,867,000         | 748,997,000        |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶ 23 870 %

b Permanent endowment ▶ 76 130 %

c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations . . . . .

(ii) related organizations . . . . .

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

☐
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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 . . . . .                                                                                            |                                      | 136,470,000                     |                              | 136,470,000    |
| b Buildings . . . . .                                                                                        |                                      | 3,280,522,000                   | 1,268,336,000                | 2,012,186,000  |
| c Leasehold improvements . . . . .                                                                           |                                      | 112,649,000                     | 53,018,000                   | 59,631,000     |
| d Equipment . . . . .                                                                                        |                                      | 1,149,678,000                   | 856,651,000                  | 293,027,000    |
| e Other . . . . .                                                                                            |                                      |                                 |                              |                |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶ |                                      |                                 |                              | 2,501,314,000  |





Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|   |                                                                                          |    |               |
|---|------------------------------------------------------------------------------------------|----|---------------|
| 1 | Total revenue, gains, and other support per audited financial statements . . . . .       | 1  | 3,632,009,000 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12                       |    |               |
| a | Net unrealized gains (losses) on investments . . . . .                                   | 2a | 49,902,000    |
| b | Donated services and use of facilities . . . . .                                         | 2b |               |
| c | Recoveries of prior year grants . . . . .                                                | 2c |               |
| d | Other (Describe in Part XIII ) . . . . .                                                 | 2d | 921,525       |
| e | Add lines 2a through 2d . . . . .                                                        | 2e | 50,823,525    |
| 3 | Subtract line 2e from line 1 . . . . .                                                   | 3  | 3,581,185,475 |
| 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 | 20,784,557    |
| b | Other (Describe in Part XIII ) . . . . .                                                 | 4b |               |
| c | Add lines 4a and 4b . . . . .                                                            | 4c | 20,784,557    |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . . | 5  | 3,601,970,032 |

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|   |                                                                                           |    |               |
|---|-------------------------------------------------------------------------------------------|----|---------------|
| 1 | Total expenses and losses per audited financial statements . . . . .                      | 1  | 3,148,426,000 |
| 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 XIII ) . . . . .                                                  | 2d | 921,525       |
| e | Add lines 2a through 2d . . . . .                                                         | 2e | 921,525       |
| 3 | Subtract line 2e from line 1 . . . . .                                                    | 3  | 3,147,504,475 |
| 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 | 20,784,557    |
| b | Other (Describe in Part XIII ) . . . . .                                                  | 4b | 1,000,000     |
| c | Add lines 4a and 4b . . . . .                                                             | 4c | 21,784,557    |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . . | 5  | 3,169,289,032 |

Part XIII

Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference                             | Explanation                                                                                                                                                                                                                                                                                               |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| USE OF ENDOWMENT FUNDS                       | 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                                        | OTHER-PARTS XI AND XII \$921,525 ARE DIRECT EXPENSES RELATING TO FUNDRAISING EVENTS COSTS ARE REMOVED FROM THE STATEMENT OF FUNCTIONAL EXPENSES AND NETTED ON THE STATEMENT OF REVENUE PART XII OTHER 4B- PAYMENT OF A GRANT TO THE RALPH LAUREN CENTER FOR \$1,000,000 RECORDED AS NON OPERATING EXPENSE |
| FIN 48 LIABILITY FOR UNCERTAIN TAX POSITIONS | 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                                                                                                                                |
|                                              |                                                                                                                                                                                                                                                                                                           |
|                                              |                                                                                                                                                                                                                                                                                                           |
|                                              |                                                                                                                                                                                                                                                                                                           |
|                                              |                                                                                                                                                                                                                                                                                                           |

[illegible]

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.  
► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
Memorial Sloan-Kettering Cancer Center

Employer identification number  
91-2154267

Part I

1

Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

2

Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

3

Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II

4

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

5

Does the organization discriminate by race in any way with respect to  
a Students' rights or privileges?  
b Admissions policies?  
c Employment of faculty or administrative staff?  
d Scholarships or other financial assistance?  
e Educational policies?  
f Use of facilities?  
g Athletic programs?  
h Other extracurricular activities?  
If you answered "Yes" to any of the above, please explain If you need more space, use Part II

6a

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

6b

Has the organization's right to such aid ever been revoked or suspended?  
If you answered "Yes" to either line 6a or line 6b, explain on Part II

7

Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

YES

NO

1

Yes

2

Yes

3

Yes

4a

Yes

4b

Yes

4c

4d

Yes

5a

No

5b

No

5c

No

5d

No

5e

No

5f

No

5g

No

5h

No

6a

No

6b

No

7

Yes

**Part III Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions)

| Return Reference         | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NONDISCRIMINATORY POLICY | THE SCHOOL'S NONDISCRIMINATORY POLICY IS PUBLICIZED ON ITS WEB SITE. <a href="http://www.sloankettering.edu/gerstner/html/54499">HTTP://WWW.SLOANKETTERING.EDU/GERSTNER/HTML/54499</a> 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. |

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.  
► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

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 its grants and other 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 its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

| (a) Region                                 | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (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 and investments in region |
|--------------------------------------------|-------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------|
| ( 1 ) See Add'l Data                       |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| ( 2 )                                      |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| ( 3 )                                      |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| ( 4 )                                      |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| ( 5 )                                      |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| 3a Sub-total                               |                                     |                                                                        |                                                                                                                                             |                                                                                                    | 1,193,620,937                                        |
| b Total from continuation sheets to Part I |                                     |                                                                        |                                                                                                                                             |                                                                                                    | 98,031                                               |
| c Totals (add lines 3a and 3b)             |                                     |                                                                        |                                                                                                                                             |                                                                                                    | 1,193,718,968                                        |

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. Part II can be duplicated 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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------|--------------------------|----------------------------------------------|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| ( 1 ) |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| ( 2 ) |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| ( 3 ) |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| ( 4 ) |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |

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.  
Part III can be duplicated 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) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| ( 1 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 2 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 3 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 4 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 5 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 6 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 7 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 8 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 9 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 10 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 11 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 12 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 13 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 14 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 15 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 16 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 17 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 18 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |

**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, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐ 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, Information 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; do not file with Form 990)*

☐ Yes ☒ No



**Part V**

**Supplemental Information**  
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

| Return Reference                                              | Explanation                                                                                                 |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| ORGANIZATION'S PROCEDURES FOR THE USE OF FUNDS OUTSIDE THE US | MEMORIAL SLOAN-KETTERING CANCER CENTER DOES NOT MAKE GRANTS OR USE GRANT MONEY OUTSIDE OF THE UNITED STATES |

990 Schedule F, Supplemental Information

| Return Reference      | Explanation                                                                       |
|-----------------------|-----------------------------------------------------------------------------------|
| INVESTMENTS BY REGION | VALUES SHOWN IN COLUMN F ARE THE MARKET VALUES FOR THE INVESTMENTS AT DECEMBER 31 |

Additional Data

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

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region                               | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|------------------------------------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|
| Central America and the Caribbean        |                                     |                                             | Investments                                                                                                                    |                                                                                                    | 1,099,317,790                     |
| Europe (Including Iceland and Greenland) |                                     |                                             | Investments                                                                                                                    |                                                                                                    | 92,687,108                        |
| Central America and the Caribbean        |                                     |                                             | Program Services                                                                                                               | PATIENT CARE<br>CONFERENCE                                                                         | 12,878                            |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region                               | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service (s) in region | (f) Total expenditures for region |
|------------------------------------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------|
| East Asia and the Pacific                |                                     |                                             | Program Services                                                                                                               | PATIENT CARE<br>CONFERENC                                                                           | 164,789                           |
| Europe (Including Iceland and Greenland) |                                     |                                             | Program Services                                                                                                               | PATIENT CARE<br>CONFERENC                                                                           | 544,363                           |
| Middle East and North Africa             |                                     |                                             | Program Services                                                                                                               | PATIENT CARE<br>CONFERENC                                                                           | 36,442                            |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region                              | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service (s) in region | (f) Total expenditures for region |
|-----------------------------------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------|
| North America                           |                                     |                                             | Program Services                                                                                                               | PATIENT CARE<br>CONFERENC                                                                           | 52,967                            |
| Russia and the Newly Independent States |                                     |                                             | Program Services                                                                                                               | PATIENT CARE<br>CONFERENC                                                                           | 1,598                             |
| South America                           |                                     |                                             | Program Services                                                                                                               | PATIENT CARE<br>CONFERENC                                                                           | 46,718                            |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region                        | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-----------------------------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|
| South Asia                        |                                     |                                             | Program Services                                                                                                               | PATIENT CARE<br>CONFERENC                                                                          | 16,047                            |
| Sub-Saharan Africa                |                                     |                                             | Program Services                                                                                                               | PATIENT CARE<br>CONFERENC                                                                          | 35,767                            |
| Central America and the Caribbean |                                     |                                             | Program Services                                                                                                               | RESEARCH<br>CONFERENCES                                                                            | 6,267                             |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region                               | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|------------------------------------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|
| East Asia and the Pacific                |                                     |                                             | Program Services                                                                                                               | RESEARCH CONFERENCES                                                                               | 142,005                           |
| Europe (Including Iceland and Greenland) |                                     |                                             | Program Services                                                                                                               | RESEARCH CONFERENCES                                                                               | 461,910                           |
| Middle East and North Africa             |                                     |                                             | Program Services                                                                                                               | RESEARCH CONFERENCES                                                                               | 22,023                            |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region    | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|
| North America |                                     |                                             | Program Services                                                                                                               | RESEARCH<br>CONFERENCES                                                                            | 68,848                            |
| South America |                                     |                                             | Program Services                                                                                                               | RESEARCH<br>CONFERENCES                                                                            | 3,417                             |
| South Asia    |                                     |                                             | Program Services                                                                                                               | RESEARCH<br>CONFERENCES                                                                            | 14,227                            |



Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region                               | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|------------------------------------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|
| East Asia and the Pacific                |                                     |                                             | Program Services                                                                                                               | EDUCATIONAL CONFERENCE                                                                             | 1,588                             |
| Europe (Including Iceland and Greenland) |                                     |                                             | Program Services                                                                                                               | EDUCATIONAL CONFERENCE                                                                             | 4,576                             |
| North America                            |                                     |                                             | Program Services                                                                                                               | EDUCATIONAL CONFERENCE                                                                             | 1,014                             |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region                | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|
| South America             |                                     |                                             | Program Services                                                                                                               | EDUCATIONAL CONFERENCE                                                                             | 1,000                             |
| Sub-Saharan Africa        |                                     |                                             | Program Services                                                                                                               | EDUCATIONAL CONFERENCE                                                                             | 13,303                            |
| East Asia and the Pacific |                                     |                                             | Program Services                                                                                                               | INVESTMENT MEETINGS                                                                                | 11,648                            |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region                               | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service (s) in region | (f) Total expenditures for region |
|------------------------------------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------|
| Europe (Including Iceland and Greenland) |                                     |                                             | Program Services                                                                                                               | INVESTMENT MEETINGS                                                                                 | 47,689                            |
| North America                            |                                     |                                             | Program Services                                                                                                               | INVESTMENT MEETINGS                                                                                 | 1,232                             |
| South Asia                               |                                     |                                             | Program Services                                                                                                               | INVESTMENT MEETINGS                                                                                 | 1,754                             |

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

Name of the organization  
Memorial Sloan-Kettering Cancer Center

Employer identification number  
91-2154267

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

- 1

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

☒ Mail solicitations

b

☒ Internet and email 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.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity          | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|------------------------|----------------------------------------------------------------|----|-----------------------------------|------------------------------------------------------------------|---------------------------------------------------|
|                                                           |                        | Yes                                                            | No |                                   |                                                                  |                                                   |
| 1 TARGET MARKETTEAM                                       | DIRECT MAIL CONSULTING |                                                                | No | 10,378,020                        | 486,000                                                          | 9,892,020                                         |
| 2 DONOR SERVICES                                          | TELEMARKETI CONSULTING |                                                                | No | 6,333,582                         | 296,600                                                          | 6,036,982                                         |
| 3 Paradysz Matera Co                                      | Mail list consulting   |                                                                | No | 3,851,505                         | 180,365                                                          | 3,671,140                                         |
| 4 M R STRATEGIC SERVICES                                  | TELEMARKETI CONSULTING |                                                                | No | 2,622,521                         | 122,812                                                          | 2,499,709                                         |
| 5                                                         |                        |                                                                |    |                                   |                                                                  |                                                   |
| 6                                                         |                        |                                                                |    |                                   |                                                                  |                                                   |
| 7                                                         |                        |                                                                |    |                                   |                                                                  |                                                   |
| 8                                                         |                        |                                                                |    |                                   |                                                                  |                                                   |
| 9                                                         |                        |                                                                |    |                                   |                                                                  |                                                   |
| 10                                                        |                        |                                                                |    |                                   |                                                                  |                                                   |
| Total . . . . . ▶                                         |                        |                                                                |    | 23,185,628                        | 1,085,777                                                        | 22,099,851                                        |

- 3

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

-----  
All States  
-----

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue         |                                       |                                                                         | (a) Event #1       | (b) Event #2      | (c) Other events | (d) Total events     |           |
|-----------------|---------------------------------------|-------------------------------------------------------------------------|--------------------|-------------------|------------------|----------------------|-----------|
|                 |                                       |                                                                         | <u>SPRING BALL</u> | <u>FALL PARTY</u> | <u>5</u>         | (add col (a) through |           |
|                 |                                       |                                                                         | (event type)       | (event type)      | (total number)   | col (c))             |           |
|                 |                                       |                                                                         |                    |                   |                  |                      |           |
| 1               | Gross receipts                        | . . .                                                                   | 1,293,985          | 647,150           | 1,731,084        | 3,672,219            |           |
| 2               | Less Contributions                    | . .                                                                     | 134,660            | 5,967             | 503,839          | 644,466              |           |
| 3               | Gross income (line 1<br>minus line 2) | . . .                                                                   | 1,159,325          | 641,183           | 1,227,245        | 3,027,753            |           |
| Direct Expenses | 4                                     | Cash prizes                                                             | . . .              |                   |                  |                      |           |
|                 | 5                                     | Noncash prizes                                                          | . .                |                   |                  |                      |           |
|                 | 6                                     | Rent/facility costs                                                     | . .                |                   | 102,000          | 112,070              | 214,070   |
|                 | 7                                     | Food and beverages                                                      | .                  | 133,662           |                  | 184,883              | 318,545   |
|                 | 8                                     | Entertainment                                                           | . . .              | 32,026            | 5,000            | 24,670               | 61,696    |
|                 | 9                                     | Other direct expenses                                                   | .                  | 124,867           | 42,173           | 160,174              | 327,214   |
|                 | 10                                    | Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶  |                    |                   |                  |                      | (921,525) |
|                 | 11                                    | Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |                    |                   |                  |                      | 2,106,228 |

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<br>bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add<br>col (a) through col<br>(c)) |
|-----------------|---|-------------------------------------------------------------------------------|--------------------------------------------------|------------------|------------------------------------------------------|
|                 |   |                                                                               |                                                  |                  |                                                      |
| Revenue         | 1 | Gross revenue . . . . .                                                       |                                                  |                  |                                                      |
|                 | 2 | Cash prizes . . . . .                                                         |                                                  |                  |                                                      |
|                 | 3 | Non-cash prizes . . . .                                                       |                                                  |                  |                                                      |
|                 | 4 | Rent/facility costs . . . .                                                   |                                                  |                  |                                                      |
|                 | 5 | Other direct expenses . . .                                                   |                                                  |                  |                                                      |
| Direct Expenses | 6 | Volunteer labor . . . .                                                       |                                                  |                  |                                                      |
|                 | 7 | Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶        |                                                  |                  |                                                      |
|                 | 8 | Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶ |                                                  |                  |                                                      |

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

a Is the organization licensed to conduct 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 conduct 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 activities conducted in

|   |                             |     |   |
|---|-----------------------------|-----|---|
| a | The organization's facility | 13a | % |
| b | An outside facility         | 13b | % |

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ 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

\$ and the \$

c

If "Yes," enter name and address of the third party

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

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule G (Form 990 or 990-EZ) 2014

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.  
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
Memorial Sloan-Kettering Cancer Center

Employer identification number  
91-2154267

Part I

Financial Assistance and Certain Other Community Benefits at Cost

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |     |    |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No  |    |
| 1a | Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1a  | Yes |    |
| b  | If "Yes," was it a written policy? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1b  | Yes |    |
| 2  | If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year<br><br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities<br><input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |     |    |
| 3  | Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year<br><br>a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care<br><br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>500 %</u><br><br>b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care . . . . .<br><br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500 %</u><br><br>c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care | 3a  | Yes |    |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3b  | Yes |    |
| 4  | Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 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 financial assistance expenses exceed the budgeted amount? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 5b  | Yes |    |
| c  | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5c  |     | No |
| 6a | Did the organization prepare a community benefit report during the tax year? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6a  | Yes |    |
| b  | 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

Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs                                             | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) . . . . .                                           |                                                 |                               | 16,724,811                          | 7,702,354                     | 9,022,457                         | 0 290 %                      |
| b Medicaid (from Worksheet 3, column a) . . . . .                                                     |                                                 |                               | 123,670,531                         | 56,066,054                    | 67,604,477                        | 2 150 %                      |
| c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .              |                                                 |                               |                                     |                               |                                   |                              |
| d <b>Total</b> Financial Assistance and Means-Tested Government Programs . . . . .                    |                                                 |                               | 140,395,342                         | 63,768,408                    | 76,626,934                        | 2 440 %                      |
| <b>Other Benefits</b>                                                                                 |                                                 |                               |                                     |                               |                                   |                              |
| e Community health improvement services and community benefit operations (from Worksheet 4) . . . . . |                                                 |                               | 18,103,202                          | 306,500                       | 17,796,702                        | 0 570 %                      |
| f Health professions education (from Worksheet 5) . . . . .                                           |                                                 |                               | 178,304,950                         | 11,155,109                    | 167,149,841                       | 5 310 %                      |
| g Subsidized health services (from Worksheet 6) . . . . .                                             |                                                 |                               | 3,124,615                           | 34,500                        | 3,090,115                         | 0 100 %                      |
| h Research (from Worksheet 7) . . . . .                                                               |                                                 |                               | 428,969,429                         | 170,491,000                   | 258,478,429                       | 8 220 %                      |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .                   |                                                 |                               | 1,204,656                           | 90,250                        | 1,114,406                         | 0 040 %                      |
| j <b>Total.</b> Other Benefits . . . . .                                                              |                                                 |                               | 629,706,852                         | 182,077,359                   | 447,629,493                       | 14 240 %                     |
| k <b>Total.</b> Add lines 7d and 7j . . . . .                                                         |                                                 |                               | 770,102,194                         | 245,845,767                   | 524,256,427                       | 16 680 %                     |

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

|                                                            | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|------------------------------------------------------------|-------------------------------------------------|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1Physical improvements and housing                         |                                                 |                               |                                      |                               |                                    |                              |
| 2Economic development                                      |                                                 |                               |                                      |                               |                                    |                              |
| 3Community support                                         |                                                 |                               |                                      |                               |                                    |                              |
| 4Environmental improvements                                |                                                 |                               | 2,261                                |                               | 2,261                              |                              |
| 5Leadership development and training for community members |                                                 |                               | 156,935                              | 90,000                        | 66,935                             |                              |
| 6Coalition building                                        |                                                 |                               | 426,495                              | 132,386                       | 294,109                            | 0.010 %                      |
| 7Community health improvement advocacy                     |                                                 |                               | 115,320                              | 83,000                        | 32,320                             |                              |
| 8Workforce development                                     |                                                 |                               | 196,167                              |                               | 196,167                            | 0.010 %                      |
| 9Other                                                     |                                                 |                               |                                      |                               |                                    |                              |
| 10Total                                                    |                                                 |                               | 897,178                              | 305,386                       | 591,792                            | 0.020 %                      |

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

30,253,356

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

1,704,389

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5

648,761,327

6Enter Medicare allowable costs of care relating to payments on line 5.

6

794,858,446

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-146,097,119

8Describe 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

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

bIf "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 IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—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—see instructions)  
How many hospital facilities did the organization operate during the tax year?

1  
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

|  |                           | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (describe) | Facility reporting group |
|--|---------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
|  | See Additional Data Table |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

MEMORIAL HOSP FOR CANCER & ALLIED DIS

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

1

|                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes | No  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| Community Health Needs Assessment                                                                                                                                                                                                                                                                                                                                                                                                                      |     |     |
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?                                                                                                                                                                                                                                                                       | 1   | No  |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C                                                                                                                                                                                                                                          | 2   | No  |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12<br>If "Yes," indicate what the CHNA report describes (check all that apply)                                                                                                                                                                                         | 3   | Yes |
| a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility                                                                                                                                                                                                                                                                                                                                                    |     |     |
| b <input checked="" type="checkbox"/> Demographics of the community                                                                                                                                                                                                                                                                                                                                                                                    |     |     |
| c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community                                                                                                                                                                                                                                                                            |     |     |
| d <input checked="" type="checkbox"/> How data was obtained                                                                                                                                                                                                                                                                                                                                                                                            |     |     |
| e <input checked="" type="checkbox"/> The significant health needs of the community                                                                                                                                                                                                                                                                                                                                                                    |     |     |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups                                                                                                                                                                                                                                                                                          |     |     |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs                                                                                                                                                                                                                                                                                              |     |     |
| h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests                                                                                                                                                                                                                                                                                                                                   |     |     |
| i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs                                                                                                                                                                                                                                                                                                               |     |     |
| j <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                               |     |     |
| 4 Indicate the tax year the hospital facility last conducted a CHNA 20 13                                                                                                                                                                                                                                                                                                                                                                              |     |     |
| 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 5   | Yes |
| 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C                                                                                                                                                                                                                                                                                                    | 6a  | No  |
| b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C                                                                                                                                                                                                                                                                                        | 6b  | No  |
| 7 Did the hospital facility make its CHNA report widely available to the public?<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply)                                                                                                                                                                                                                                                                            | 7   | Yes |
| a <input checked="" type="checkbox"/> Hospital facility's website (list url) https //www mskcc org/communityservicepl                                                                                                                                                                                                                                                                                                                                  |     |     |
| b <input type="checkbox"/> Other website (list url)                                                                                                                                                                                                                                                                                                                                                                                                    |     |     |
| c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility                                                                                                                                                                                                                                                                                                                                   |     |     |
| d <input checked="" type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                    |     |     |
| 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11                                                                                                                                                                                                                                                              | 8   | Yes |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 13                                                                                                                                                                                                                                                                                                                                                            |     |     |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website?                                                                                                                                                                                                                                                                                                                                                       | 10  | Yes |
| a If "Yes" (list url) www mskcc org                                                                                                                                                                                                                                                                                                                                                                                                                    |     |     |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?                                                                                                                                                                                                                                                                                                                                           | 10b | No  |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed                                                                                                                                                                                                 |     |     |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?                                                                                                                                                                                                                                                                                                | 12a | No  |
| b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?                                                                                                                                                                                                                                                                                                                                                     | 12b |     |
| c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$                                                                                                                                                                                                                                                                                              |     |     |



Part V

Facility Information (continued)

MEMORIAL HOSP FOR CANCER & ALLIED DIS

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|----|
| Name of hospital facility or letter of facility reporting group                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Yes | No |
| <div>19 Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .<br/>If "Yes," check all actions in which the hospital facility or a third party engaged</div> <div><div>a <input type="checkbox"/> Reporting to credit agency(ies)</div><div>b <input type="checkbox"/> Selling an individual's debt to another party</div><div>c <input type="checkbox"/> Actions that require a legal or judicial process</div><div>d <input type="checkbox"/> Other similar actions (describe in Section C)</div></div> <div>20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)</div> <div><div>a <input type="checkbox"/> Notified individuals of the financial assistance policy on admission</div><div>b <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge</div><div>c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills</div><div>d <input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy</div><div>e <input checked="" type="checkbox"/> Other (describe in Section C)</div><div>f <input type="checkbox"/> None of these efforts were made</div></div> |  | 19  | No |
| Policy Relating to Emergency Medical Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |     |    |
| <div>21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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? . . . . .<br/>If "No," indicate why</div> <div><div>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</div><div>b <input type="checkbox"/> The hospital facility's policy was not in writing</div><div>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</div><div>d <input checked="" type="checkbox"/> Other (describe in Section C)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 21  | No |
| Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |     |    |
| <div>22 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</div> <div><div>a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged</div><div>b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged</div><div>c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged</div><div>d <input checked="" type="checkbox"/> Other (describe in Section C)</div></div> <div>23 During the tax year, did the hospital facility charge any FAP-eligible individual 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? . . . . .<br/>If "Yes," explain in Section C</div> <div>24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .<br/>If "Yes," explain in Section C</div>                                                                                                                                                                                                                                                                        |  | 23  | No |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 24  | No |



**Part V**

**Facility Information** *(continued)*

**Section D. Other Health Care 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 health care facilities did the organization operate during the tax year? **16**

| Name and address                   | Type of Facility (describe) |
|------------------------------------|-----------------------------|
| <b>1</b> See Additional Data Table |                             |
| <b>2</b>                           |                             |
| <b>3</b>                           |                             |
| <b>4</b>                           |                             |
| <b>5</b>                           |                             |
| <b>6</b>                           |                             |
| <b>7</b>                           |                             |
| <b>8</b>                           |                             |
| <b>9</b>                           |                             |
| <b>10</b>                          |                             |

Part VI

Supplemental Information

Provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|-------------|
| SCHEDULE H              |             |





Additional Data

Software ID:

Software Version:

EIN: 91-2154267

Name: Memorial Sloan-Kettering Cancer Center

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

Section D. Other Health Care 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 health care facilities did the organization operate during the tax year?

| Name and address                                                                         | Type of Facility (describe) |
|------------------------------------------------------------------------------------------|-----------------------------|
| LAURANCE S ROCKEFELLER OP PAVILION<br>160 EAST 53RD STREET<br>NEW YORK, NY 10065         | EXTENSION CLINIC            |
| BREAST AND IMAGING CENTER<br>300 EAST 66TH STREET<br>NEW YORK, NY 10065                  | EXTENSION CLINIC            |
| MSKCC COMMACK<br>650 COMMACK ROAD<br>COMMACK, NY 11725                                   | EXTENSION CLINIC            |
| MSKCC BASKING RIDGE-AMBULATORY CARE<br>136 MOUNTAIN VIEW BLVD<br>BASKING RIDGE, NJ 07920 | EXTENSION CLINIC            |
| SIDNEY KIMMEL PROSTATE & UROLOGIC CENTER<br>353 EAST 68TH STREET<br>NEW YORK, NY 10065   | EXTENSION CLINIC            |
| MSKCC SLEEPY HOLLOW<br>777 NORTH BROADWAY<br>SLEEPY HOLLOW, NY 10591                     | EXTENSION CLINIC            |
| MSKCC HAUPPAUGE<br>800 VETERANS MEMORIAL HIGHWAY<br>HAUPPAUGE, NY 11787                  | EXTENSION CLINIC            |
| MSKCC ATLANTIC AVENUE CENTER<br>557 ATLANTIC AVENUE<br>BROOKLYN, NY 11217                | EXTENSION CLINIC            |
| MSKCC COUNSELING CENTER<br>641 LEXINGTON AVENUE<br>NEW YORK, NY 10065                    | EXTENSION CLINIC            |
| MSKCC OP IMAGING AT EAST 55 STREET<br>301 EAST 55TH STREET<br>NEW YORK, NY 10065         | EXTENSION CLINIC            |
| POST TREATMENT RESOURCES PROGRAM<br>215 EAST 68TH STREET<br>NEW YORK, NY 10065           | EXTENSION CLINIC            |
| THE BENDHEIM INTEGRATIVE MEDICINE CENTER<br>1429 FIRST AVENUE<br>NEW YORK, NY 10021      | EXTENSION CLINIC            |
| THE HARLEM BREAST EXAMINATION CENTER<br>163 WEST 125TH STREET<br>NEW YORK, NY 10065      | EXTENSION CLINIC            |
| MSKCC - 64TH STREET<br>205 EAST 64TH STREET<br>NEW YORK, NY 10065                        | EXTENSION CLINIC            |
| SILLERMAN CENTER FOR REHABILITATION<br>515 MADISON AVENUE<br>NEW YORK, NY 10022          | EXTENSION CLINIC            |

**Section D. Other Health Care 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 health care facilities did the organization operate during the tax year?  
\_\_\_\_\_

| Name and address                                                        | Type of Facility (describe) |
|-------------------------------------------------------------------------|-----------------------------|
| MSKCC WEST HARRISON<br>500 WESTCHESTER AVENUE<br>WEST HARRISON,NY 10604 | EXTENSION CLINIC            |

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Memorial Sloan-Kettering Cancer Center

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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government                                           | (b) EIN    | (c) IRC 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 & PREVENTION<br>1919 MADISON AVENUE<br>New York, NY 10035 | 02-0597827 | 501(C)(3)                     | 1,000,000                |                                   |                                                       |                                        | 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 Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated 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                   | 2195                    | 58,153,000              |                                  |                                                      |                                       |

**Part IV**

**Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| Return Reference     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Schedule I | FOR THE YEAR 2014, THE AMOUNT IS FOR STIPENDS PAID TO 351 RESEARCH FELLOWS, 110 RESEARCH SCHOLARS, AND 60 GRADUATE SCHOOL STUDENTS STIPENDS WERE ALSO PAID TO A TOTAL OF 1,674 CLINICAL INTERNS, RESIDENTS AND FELLOWS THAT FILLED 465 POSITIONS DURING THE YEAR EDUCATION AND TRAINING INCLUDES CLASSROOM INSTRUCTION WITH HANDS-ON EXPERIENCE IN BOTH RESEARCH LABORATORIES AND CLINICAL CARE ACTIVITIES THE AFOREMENTIONED GRANTEEES ARE REQUIRED TO BE IN COMPLIANCE WITH ACADEMIC REQUIREMENTS THIS INCLUDES DIRECT SUPERVISION AND DIRECTION BY PHYSICIANS AND RESEARCH INVESTIGATORS RALPH LAUREN CENTER FOR CANCER CARE & PREVENTION DURING 2014, MSKCC PAID \$1,000,000 TO THE RALPH LAUREN CENTER FOR CANCER CARE & PREVENTION TO OFFSET OPERATING EXPENSES THE BOARD HAD APPROVED RESOLUTIONS TO SUPPORT THE RALPH LAUREN CENTER'S LOSSES UP TO \$1,000,000 PER YEAR FROM 2014 - 2016 MSKCC REGULARY MEETS WITH THE RALPH LAUREN CENTER'S BOARD OF DIRECTORS TO REVIEW THAT THEIR SPENDING IS IN CONFORMITY WITH THEIR MISSION |

Schedule J  
(Form 990)

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, line 23.  
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div><div><div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div> |     |    |
| <div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes |    |
| <div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes |    |
| <div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>                                                                   |     |    |
| <div><div>4</div><div>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:</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes |    |
| <div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes |    |
| <div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     | No |
| <div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <div><div>5</div><div>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:</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |    |
| <div><div>a</div><div>The organization?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | No |
| <div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     | No |
| <div><div>6</div><div>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:</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |    |
| <div><div>a</div><div>The organization?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | No |
| <div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     | No |
| <div><div>7</div><div>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.</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes |    |
| <div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes |    |
| <div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes |    |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

| (A) Name and Title        |  | (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 in column(B) reported as deferred in prior Form 990 |
|---------------------------|--|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|----------------------------------------------------------------------|
|                           |  | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                      |
| See Additional Data Table |  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                      |

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference                      | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Supplemental Compensation Information | <p>SCHEDULE J, PART I, LINE 1A BUSINESS OR FIRST CLASS TRAVEL IS ALLOWED FOR FLIGHTS GREATER THAN 6 CONTINUOUS HOURS. EXCEPTIONS TO THE SIX HOUR RULE ARE REVIEWED ON AN INDIVIDUAL BASIS. TRAVEL FUNDED BY FEDERAL GRANTS GENERALLY MAY NOT EXCEED COACH FARES. ALL TRAVEL MUST BE APPROVED BEFORE ANY ARRANGEMENTS ARE MADE. MSKCC HAS AN ACCOUNTABLE TRAVEL POLICY AND THEREFORE, DOES NOT INCLUDE TRAVEL AS TAXABLE COMPENSATION. THE DUTIES TO BE PERFORMED BY OUR PRESIDENT REQUIRE HIM TO BE ON CALL AND TO PERFORM DUTIES AS AND WHEN APPROPRIATE DURING HIS OFF-DUTY PERIODS AS WELL AS DURING NORMAL OFFICE HOURS. AN EMPLOYMENT CONTRACT REQUIRES OUR PRESIDENT TO LIVE IN THE OFFICIAL RESIDENCE OWNED AND MAINTAINED BY THE INSTITUTION. THE CONTRACT REQUIRES OUR PRESIDENT TO USE THE RESIDENCE FOR INSTITUTIONAL PURPOSES, INCLUDING, BUT NOT LIMITED TO, MEETINGS WITH AND ENTERTAINMENT OF STAFF, DONORS AND POTENTIAL DONORS, VISITING PROFESSORS AND SCIENTISTS, AND OTHER PERSONS INVOLVED WITH THE AFFAIRS OF THE INSTITUTION, CONFIDENTIAL INTERVIEWS WITH MEMBERS AND PROSPECTIVE MEMBERS OF THE STAFF, AND FOR OTHER INSTITUTIONAL ACTIVITIES CONDUCTED DURING AND OUTSIDE OF NORMAL OFFICE HOURS. THE COST IS REPORTED AS COMPENSATION ON FORM 990 AND IS EXCLUDED FROM TAXABLE COMPENSATION IN ACCORDANCE WITH CODE SECTION 119. SCHEDULE J, PART I, LINE 4A - INCLUDED IN FORM 990, PART VII SECTION A, LINE 4A IS SEVERANCE PAY AS FOLLOWS: MAUREEN KILLACKEY, FORMER DEPUTY PHYSICIAN IN CHIEF, \$266,860; ELLEN MILLER-SONET, FORMER VP MARKETING, \$188,280. LINE 4B THE INSTITUTION MAINTAINS A NONQUALIFIED DEFERRED COMPENSATION PLAN WHICH IS USED FOR EMPLOYER CONTRIBUTIONS IN EXCESS OF THOSE ALLOWED BY THE RETIREMENT PLAN. LINE 7- INCENTIVE PAY IS PROVIDED TO OFFICERS AND KEY EMPLOYEES BASED ON THEIR ACHIEVEMENT OF GOALS RELATING TO QUALITY OF CARE, PATIENT SAFETY, OPERATIONAL EFFICIENCY AND FINANCIAL PERFORMANCE. LINE 8 AN EMPLOYMENT CONTRACT WAS ENTERED INTO AND SIGNED PRIOR TO EMPLOYMENT. 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 management and HIGHLY COMPENSATED 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.</p> |

Additional Data

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 and Title                                      |             | (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 in column (B) reported as deferred in prior Form 990 |
|---------------------------------------------------------|-------------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                         |             | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| 1 JOHN R GUNN, CHIEF OPERATING OFFICER                  | (i)<br>(ii) | 1,062,632<br>0                                     | 771,939<br>0                        | 68,828<br>0                         | 39,800<br>0                                    | 49,706<br>0             | 1,992,905<br>0                  | 19,500<br>0                                                           |
| 1 MICHAEL P GUTNICK, EXECUTIVE VP & CFO                 | (i)<br>(ii) | 890,632<br>0                                       | 606,774<br>0                        | 46,800<br>0                         | 39,800<br>0                                    | 45,407<br>0             | 1,629,413<br>0                  | 19,500<br>0                                                           |
| 2 MARK SVENNINGSON, SVP FINANCE & CONTROLLER            | (i)<br>(ii) | 574,398<br>0                                       | 126,300<br>0                        | 71,729<br>0                         | 39,800<br>0                                    | 37,637<br>0             | 849,864<br>0                    | 19,500                                                                |
| 3 ERIC M COTTINGTON PHD, SVP RESEARCH & TECHNOLOGY MGMT | (i)<br>(ii) | 460,915<br>0                                       | 227,196<br>0                        | 95,431<br>0                         | 39,900<br>0                                    | 38,502<br>0             | 861,944<br>0                    | 19,500                                                                |
| 4 THOMAS KELLY MD, LAB MEMBER FORMER SKI DIR            | (i)<br>(ii) | 860,251<br>0                                       | 0<br>0                              | 49,214<br>0                         | 39,800<br>0                                    | 44,570<br>0             | 993,835<br>0                    | 19,500                                                                |
| 5 MAUREEN KILLACKEY, DPIC MED DIR REGIONAL NETWORK      | (i)<br>(ii) | 265,161<br>0                                       | 0<br>0                              | 0<br>0                              | 0<br>0                                         | 9,482<br>0              | 274,643<br>0                    |                                                                       |
| 6 JASON KLEIN, SVP-CHIEF INVESTMENT OFFICER             | (i)<br>(ii) | 847,806<br>0                                       | 777,857<br>0                        | 28,463<br>0                         | 817,657<br>0                                   | 37,548<br>0             | 2,509,331<br>0                  | 19,500                                                                |
| 7 EDWARD MAHONEY, SVP FACILITIES MGMT & CONST           | (i)<br>(ii) | 505,966<br>0                                       | 246,685<br>0                        | 33,582<br>0                         | 39,800<br>0                                    | 25,540<br>0             | 851,573<br>0                    | 19,500                                                                |
| 8 KENNETH MARIANS PHD, DEAN, GERSTNER GRADUATE SCHOOL   | (i)<br>(ii) | 516,543<br>0                                       | 0<br>0                              | 25,186<br>0                         | 39,800<br>0                                    | 34,923<br>0             | 616,452<br>0                    | 19,500                                                                |
| 9 KATHRYN MARTIN, EVP & HOSPITAL ADMINISTRATOR          | (i)<br>(ii) | 864,177<br>0                                       | 589,734<br>0                        | 49,187<br>0                         | 39,800<br>0                                    | 38,809<br>0             | 1,581,707<br>0                  | 19,500                                                                |
| 10 ELLEN MILLER-SONET, VP MARKETING                     | (i)<br>(ii) | 182,945<br>0                                       | 0<br>0                              | 0<br>0                              | 0<br>0                                         | 29,918<br>0             | 212,863<br>0                    |                                                                       |
| 11 RICHARD K NAUM, SVP DEVELOPMENT                      | (i)<br>(ii) | 418,165<br>0                                       | 205,933<br>0                        | 29,811<br>0                         | 37,571<br>0                                    | 32,373<br>0             | 723,853<br>0                    | 15,686                                                                |
| 12 ROGER PARKER ESQ, EVP & GENERAL COUNSEL              | (i)<br>(ii) | 440,181<br>0                                       | 212,700<br>0                        | 28,791<br>0                         | 38,976<br>0                                    | 11,168<br>0             | 731,816<br>0                    | 17,040                                                                |
| 13 PATRICIA C SKARULIS, SVP-CHIEF INFORMATION OFFICER   | (i)<br>(ii) | 613,282<br>0                                       | 297,053<br>0                        | 19,500<br>0                         | 39,800<br>0                                    | 13,159<br>0             | 982,794<br>0                    | 19,500                                                                |
| 14 GEORGE BOSL MD, CHAIRMAN & ATTENDING MEDICINE        | (i)<br>(ii) | 993,520<br>0                                       | 25,000<br>0                         | 19,500<br>0                         | 39,800<br>0                                    | 27,004<br>0             | 1,104,824<br>0                  | 19,500                                                                |
| 15 HEDVIG HRICAK MD, CHAIRMAN & ATTENDING RADIOLOGY     | (i)<br>(ii) | 1,335,135<br>0                                     | 0<br>0                              | 144,969<br>0                        | 30,300<br>0                                    | 44,215<br>0             | 1,554,619<br>0                  | 9,750                                                                 |
| 16 ANNE MCSWEENEY, SPECIAL ADVISOR TO PRESIDENT         | (i)<br>(ii) | 458,538<br>0                                       | 764,610<br>0                        | 24,825<br>0                         | 30,300<br>0                                    | 40,006<br>0             | 1,318,279<br>0                  | 9,301                                                                 |
| 17 SIMON N POWELL MD, CHAIR & ATTEND RAD ONCOLOGY       | (i)<br>(ii) | 1,485,173<br>0                                     | 0<br>0                              | 145,407<br>0                        | 30,300<br>0                                    | 39,968<br>0             | 1,700,848<br>0                  | 9,750                                                                 |
| 18 PETER T SCARDINO MD, CHAIRMAN & ATTENDING SURGERY    | (i)<br>(ii) | 1,502,606<br>0                                     | 525,000<br>0                        | 39,468<br>0                         | 34,762<br>0                                    | 41,644<br>0             | 2,143,480<br>0                  | 9,750                                                                 |
| 19 PETER G CORDEIRO MD, CH ATTDG PLASTIC & RECONST      | (i)<br>(ii) | 1,524,166<br>0                                     | 0<br>0                              | 39,899<br>0                         | 30,300<br>0                                    | 41,666<br>0             | 1,636,031<br>0                  | 9,750                                                                 |



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

| (A) Name and Title                                     |             | (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 in column (B) reported as deferred in prior Form 990 |
|--------------------------------------------------------|-------------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                        |             | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| 21 PHILIP GUTIN MD, CHAIR & ATTENDING NEUROSURGERY     | (i)<br>(ii) | 2,721,878<br>0                                     | 0<br>0                              | 17,705<br>0                         | 30,300<br>0                                    | 30,454<br>0             | 2,800,337<br>0                  | 10,000                                                                |
| 1 JOSEPH DISA MD, ATTENDING PLASTIC SURGERY            | (i)<br>(ii) | 1,524,567<br>0                                     | 0<br>0                              | 42,876<br>0                         | 30,300<br>0                                    | 41,044<br>0             | 1,638,787<br>0                  | 9,750                                                                 |
| 2 CRAIG B THOMPSON MD, PRESIDENT & CEO                 | (i)<br>(ii) | 1,527,183<br>0                                     | 886,016<br>0                        | 297,446<br>0                        | 39,800<br>0                                    | 194,481<br>0            | 2,944,926<br>0                  | 19,500                                                                |
| 3 CAROLYN B LEVINE ESQ, DEPUTY GEN COUNSEL CORP SECTY  | (i)<br>(ii) | 359,502<br>0                                       | 70,000<br>0                         | 9,191<br>0                          | 25,154<br>0                                    | 19,727<br>0             | 483,574<br>0                    | 1,360                                                                 |
| 4 JOSE BASELGA MD PHD, PIC & CHIEF MEDICAL OFFICER     | (i)<br>(ii) | 948,091<br>0                                       | 601,688<br>0                        | 94,752<br>0                         | 39,800<br>0                                    | 37,303<br>0             | 1,721,634<br>0                  | 19,500                                                                |
| 5 KERRY BESSEY, SVP & CHIEF HR OFFICER                 | (i)<br>(ii) | 537,867<br>0                                       | 263,315<br>0                        | 34,611<br>0                         | 39,800<br>0                                    | 37,065<br>0             | 912,658<br>0                    | 19,500                                                                |
| 6 MARK BILSKY MD, ATTENDING-DEPT OF NEUROSURGERY       | (i)<br>(ii) | 1,758,828<br>0                                     | 0<br>0                              | 37,094<br>0                         | 30,300<br>0                                    | 33,996<br>0             | 1,860,218<br>0                  | 9,750                                                                 |
| 7 AVICE MEEHAN, SVP CH COMMUNICATION OFFICER           | (i)<br>(ii) | 357,273<br>0                                       | 175,000<br>0                        | 37,096<br>0                         | 23,827<br>0                                    | 24,719<br>0             | 617,915<br>0                    | 3,740                                                                 |
| 8 EDWIN TALIAFERRO, VP INTERNAL AUDIT & COMPLIANCE     | (i)<br>(ii) | 301,402<br>0                                       | 105,000<br>0                        | 8,812<br>0                          | 26,069<br>0                                    | 25,884<br>0             | 467,167<br>0                    |                                                                       |
| 9 RICHARD BARAKAT MD, DPIC-REGIONAL CARE NETWORK       | (i)<br>(ii) | 1,128,864<br>0                                     | 170,000<br>0                        | 68,785<br>0                         | 30,300<br>0                                    | 40,591<br>0             | 1,438,540<br>0                  | 9,750                                                                 |
| 10 PAUL SABBATINI MD, DPIC CLINICAL RESEARCH           | (i)<br>(ii) | 552,170<br>0                                       | 100,000<br>0                        | 16,430<br>0                         | 30,300<br>0                                    | 16,131<br>0             | 715,031<br>0                    | 9,750                                                                 |
| 11 MICHELLE BURKE, VP PATIENT SUPPORT SERVICES         | (i)<br>(ii) | 309,559<br>0                                       | 49,000<br>0                         | 9,507<br>0                          | 25,923<br>0                                    | 12,788<br>0             | 406,777<br>0                    | 3,411                                                                 |
| 12 ELIZABETH MCCORMICK MSNRN, SVP & CH NURSING OFFICER | (i)<br>(ii) | 461,386<br>0                                       | 112,500<br>0                        | 16,615<br>0                         | 39,269<br>0                                    | 17,016<br>0             | 646,786<br>0                    | 13,390                                                                |
| 13 CYNTHIA MCCOLLUM, SVP HOSPITAL OPERATIONS           | (i)<br>(ii) | 459,200<br>0                                       | 112,500<br>0                        | 16,615<br>0                         | 39,800<br>0                                    | 27,178<br>0             | 655,293<br>0                    | 13,390                                                                |
| 14 MARGARET BURKE, SVP AMBULATORY CARE-HOSP OPS        | (i)<br>(ii) | 458,988<br>0                                       | 150,000<br>0                        | 98,166<br>0                         | 39,800<br>0                                    | 33,845<br>0             | 780,799<br>0                    | 12,218                                                                |
| 15 CHARLES LUCARELLI, DIRECTOR PHARMACY                | (i)<br>(ii) | 277,921<br>0                                       | 40,000<br>0                         | 3,555<br>0                          | 22,115<br>0                                    | 35,780<br>0             | 379,371<br>0                    | 672                                                                   |
| 16 JOAN MASSAGUE PHD, DIRECTOR, SLOAN KETTERING INST   | (i)<br>(ii) | 671,597<br>0                                       | 0<br>0                              | 100,831<br>0                        | 12,800<br>0                                    | 14,903<br>0             | 800,131<br>0                    |                                                                       |
| 17 DAVID JONES MD, CHIEF ATTENDING THORACIC SURGY      | (i)<br>(ii) | 1,113,308<br>0                                     | 310,000<br>0                        | 53,245<br>0                         | 30,300<br>0                                    | 34,081<br>0             | 1,540,934<br>0                  | 3,293                                                                 |

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Memorial Sloan-Kettering Cancer Center

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 Part VI.  
▶ Attach to Form 990.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

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     | 64983QS83   | 06-29-2006      | 102,783,274     | SEE PART VI                |              | X  |                         | X  |                    | X  |
| B DORMITORY AUTHORITY OF THE STATE OF NEW YORK | 14-6000293     | 64983QT25   | 06-29-2006      | 114,610,323     | SEE PART VI                |              | X  |                         | X  |                    | X  |
| C DORMITORY AUTHORITY OF THE STATE OF NEW YORK | 14-6000293     | 649903B91   | 05-13-2008      | 456,109,226     | SEE PART VI                |              | X  |                         | X  |                    | X  |
| D DORMITORY AUTHORITY OF THE STATE OF NEW YORK | 14-6000293     | 649906RK2   | 02-16-2012      | 388,814,944     | SEE PART VI                |              | X  |                         | X  |                    | X  |

Part II

Proceeds

|    | A                                                                                                      | B                                | C                       | D                               |
|----|--------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------|---------------------------------|
|    | Amount of bonds retired                                                                                | Amount of bonds legally defeased | Total proceeds of issue | Gross proceeds in reserve funds |
| 1  | 0                                                                                                      | 0                                | 57,515,000              | 1,700,000                       |
| 2  | 0                                                                                                      | 0                                | 0                       | 0                               |
| 3  | 112,974,138                                                                                            | 131,322,829                      | 456,110,736             | 389,779,787                     |
| 4  | 0                                                                                                      | 0                                | 0                       | 0                               |
| 5  | 0                                                                                                      | 0                                | 0                       | 7,803,422                       |
| 6  | 0                                                                                                      | 63,319,920                       | 0                       | 0                               |
| 7  | 1,525,106                                                                                              | 1,762,909                        | 6,109,226               | 2,651,698                       |
| 8  | 0                                                                                                      | 0                                | 0                       | 0                               |
| 9  | 0                                                                                                      | 0                                | 0                       | 0                               |
| 10 | 111,449,032                                                                                            | 0                                | 0                       | 90,399,015                      |
| 11 | 0                                                                                                      | 66,240,000                       | 450,001,510             | 288,925,652                     |
| 12 | 0                                                                                                      | 0                                | 0                       | 0                               |
| 13 | 2009                                                                                                   |                                  | 2014                    |                                 |
|    | Yes                                                                                                    | No                               | Yes                     | No                              |
| 14 | Were the bonds issued as part of a current refunding issue?                                            | X                                | X                       | X                               |
| 15 | Were the bonds issued as part of an advance refunding issue?                                           | X                                | X                       | X                               |
| 16 | Has the final allocation of proceeds been made?                                                        | X                                | X                       | X                               |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X                                | X                       | X                               |

Part III

Private Business Use

|   | A                                                                                                                          | B  | C   | D  |
|---|----------------------------------------------------------------------------------------------------------------------------|----|-----|----|
|   | 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 of bond-financed property?                                                                                                                     |     | 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 % |    |     |    |     |    |
| 6  | Total of lines 4 and 5                                                                                                                                                                                                               | 0 % |    | 0 % |    |     |    |     |    |
| 7  | Does the bond issue meet the private security or payment test?                                                                                                                                                                       |     | X  |     | X  |     |    |     | X  |
| 8a | Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?                                                               |     | X  |     | X  |     |    |     | X  |
| b  | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of                                                                                                                                              |     |    |     |    |     |    |     |    |
| c  | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?                                                                                                                            |     | X  |     | X  |     |    |     | X  |
| 9  | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?                           | X   |    | X   |    |     |    | X   |    |

Part IV

Arbitrage

|    |                                                                                                                | A   |    | B   |    | C   |    | D   |    |
|----|----------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
|    |                                                                                                                | Yes | No | Yes | No | Yes | No | Yes | No |
| 1  | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?   |     | X  |     | X  |     | X  |     | X  |
| 2  | If "No" to line 1, did the following apply?                                                                    |     |    |     |    |     |    |     |    |
| a  | Rebate not due yet?                                                                                            |     | X  |     | X  |     | X  | X   |    |
| b  | Exception to rebate?                                                                                           |     | X  |     | X  |     | X  |     | X  |
| c  | No rebate due?                                                                                                 | X   |    | X   |    | X   |    |     | X  |
|    | If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed                          |     |    |     |    |     |    |     |    |
| 3  | Is the bond issue a variable rate issue?                                                                       |     | X  |     | X  |     | X  |     | X  |
| 4a | Has the organization or the governmental issuer entered into a qualified 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 the hedge terminated?                                                                                      |     |    |     |    |     |    |     |    |

Part IV

Arbitrage (Continued)

|    |                                                                                                 | A   |    | B   |    | C   |    | D   |    |
|----|-------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
|    |                                                                                                 | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a | Were gross proceeds invested in a guaranteed investment contract (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?     |     |    |     |    |     |    |     |    |
| 6  | Were any gross proceeds invested beyond an available temporary period?                          |     | X  |     | X  |     | X  |     | X  |
| 7  | Has the organization established written procedures to monitor the requirements of section 148? | X   |    | X   |    | X   |    | X   |    |

Part V

Procedures To Undertake Corrective Action

|  |                                                                                                                                                                                                                                                                  | A   |    | B   |    | C   |    | D   |    |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
|  |                                                                                                                                                                                                                                                                  | Yes | No | Yes | No | Yes | No | Yes | No |
|  | Has 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? | X   |    | X   |    | X   |    | X   |    |

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1                | PART I COL (F) DESCRIPTION OF PURPOSE 2006 SERIES I BONDS CUSIP #64983QS83 THE 2006 SERIES I BONDS WERE USED TO CONSTRUCT A RESEARCH FACILITY AND RESIDENTIAL CONDOMINIUM 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 BONDS CUSIP #649903B91 2008 SERIES BONDS WERE USED TO CURRENT REFUND A PORTION OF THE 2002A BONDS ISSUED IN JANUARY 24, 2002 2012 SERIES BONDS CUSIP 649906RK2 WERE USED TO CONSTRUCT AND EQUIP A NEW AMBULATORY CARE FACILITY AND ADVANCE REFUND THE 2003 BONDS ISSUED ON MAY 14, 2003 2013 SERIES I BONDS CUSIP #6499053Z7 2013 SERIES BONDS WERE USED TO CONSTRUCT A SURGICAL FACILITY PART II LINE 3 THE AMOUNT OF PROCEEDS ON PART II LINE 3 IS DIFFERENT FROM PART I COLUMN (E) BECAUSE PART II LINE 3 INCLUDES INVESTMENT INCOME PART III, LINE 3 (D) ANY RESEARCH AGREEMENTS THAT MAY RESULT IN PRIVATE BUSINESS USE OF BOND FINANCED PROPERTIES ARE REVIEWED FIRST BY IN-HOUSE STAFF WHO ARE KNOWLEDGEABLE AND RESPONSIBLE FOR THE FORM 990 OUTSIDE COUNSEL IS CONSULTED IF QUESTIONS ARISE PART IV, LINE 2 (C ) THE 2006 SERIES I AND SERIES II BONDS REBATE COMPUTATIONS WERE PERFORMED ON JUNE 28, 2011 THE 2008 SERIES I AND SERIES II BONDS REBATE COMPUTATIONS WERE PERFORMED ON MAY 12, 2013 |

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                |  |                           |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------|
| Schedule K<br>(Form 990) | <div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.</div> <div>▶ Attach to Form 990.</div> <div>▶ Information about Schedule K (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div> |  | OMB No 1545-0047          |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                |  | 2014                      |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                |  | Open to Public Inspection |

|                                                                    |                                              |
|--------------------------------------------------------------------|----------------------------------------------|
| Department of the Treasury<br>Internal Revenue Service             |                                              |
| Name of the organization<br>Memorial Sloan-Kettering Cancer Center | Employer identification number<br>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 NEWYORY | 14-6000293     | 6499063Z7   | 06-28-2013      | 80,000,000      | SEE PART VI                |              | X  |                         | X  |                    | X  |

| Part II |                                                                                                        | Proceeds   |    |     |    |     |    |     |    |
|---------|--------------------------------------------------------------------------------------------------------|------------|----|-----|----|-----|----|-----|----|
|         |                                                                                                        | A          |    | B   |    | C   |    | D   |    |
| 1       | Amount of bonds retired                                                                                | 10,000,000 |    |     |    |     |    |     |    |
| 2       | Amount of bonds legally defeased                                                                       | 0          |    |     |    |     |    |     |    |
| 3       | Total proceeds of issue                                                                                | 80,216,774 |    |     |    |     |    |     |    |
| 4       | Gross proceeds in reserve funds                                                                        | 0          |    |     |    |     |    |     |    |
| 5       | Capitalized interest from proceeds                                                                     | 0          |    |     |    |     |    |     |    |
| 6       | Proceeds in refunding escrows                                                                          | 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                                                                     | 80,216,774 |    |     |    |     |    |     |    |
| 11      | Other spent proceeds                                                                                   | 0          |    |     |    |     |    |     |    |
| 12      | Other unspent proceeds                                                                                 | 0          |    |     |    |     |    |     |    |
| 13      | Year of substantial completion                                                                         |            |    |     |    |     |    |     |    |
|         |                                                                                                        | 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? |            |    |     |    |     |    |     |    |

| 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 of bond-financed property?                                                                                                                     |     | 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  | Does the bond issue meet the private security or payment test?                                                                                                                                                                       |     | X  |     |    |     |    |     |    |
| 8a | Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?                                                               |     | X  |     |    |     |    |     |    |
| b  | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of                                                                                                                                              |     |    |     |    |     |    |     |    |
| c  | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?                                                                                                                            |     | X  |     |    |     |    |     |    |
| 9  | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?                           | X   |    |     |    |     |    |     |    |

Part IV

Arbitrage

|    |                                                                                                                | A   |    | B   |    | C   |    | D   |    |
|----|----------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
|    |                                                                                                                | Yes | No | Yes | No | Yes | No | Yes | No |
| 1  | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?   |     | X  |     |    |     |    |     |    |
| 2  | If "No" to line 1, did the following apply?                                                                    |     |    |     |    |     |    |     |    |
| a  | Rebate not due yet?                                                                                            | X   |    |     |    |     |    |     |    |
| b  | Exception to rebate?                                                                                           |     | X  |     |    |     |    |     |    |
| c  | No rebate due?                                                                                                 |     | X  |     |    |     |    |     |    |
|    | If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed                          |     |    |     |    |     |    |     |    |
| 3  | Is the bond issue a variable rate issue?                                                                       |     | X  |     |    |     |    |     |    |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? |     | X  |     |    |     |    |     |    |
| b  | Name of provider                                                                                               | 0   |    |     |    |     |    |     |    |
| c  | Term of hedge                                                                                                  |     |    |     |    |     |    |     |    |
| d  | Was the hedge superintegrated?                                                                                 |     |    |     |    |     |    |     |    |
| e  | Was the hedge terminated?                                                                                      |     |    |     |    |     |    |     |    |

Part IV

Arbitrage (Continued)

|    |                                                                                                 | A   |    | B   |    | C   |    | D   |    |
|----|-------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
|    |                                                                                                 | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a | Were gross proceeds invested in a guaranteed investment contract (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?     |     |    |     |    |     |    |     |    |
| 6  | Were any gross proceeds invested beyond an available temporary period?                          |     | X  |     |    |     |    |     |    |
| 7  | Has the organization established written procedures to monitor the requirements of section 148? | X   |    |     |    |     |    |     |    |

Part V

Procedures To Undertake Corrective Action

|  |                                                                                                                                                                                                                                                                  | A   |    | B   |    | C   |    | D   |    |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
|  |                                                                                                                                                                                                                                                                  | Yes | No | Yes | No | Yes | No | Yes | No |
|  | Has 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? | X   |    |     |    |     |    |     |    |

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
| 2                |             |

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, line 38a or 40b.  
► Attach to Form 990 or Form 990-EZ.  
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

|                                                                    |                                              |
|--------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>Memorial Sloan-Kettering Cancer Center | Employer identification number<br>91-2154267 |
|--------------------------------------------------------------------|----------------------------------------------|

| Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |
|                                                                                                                     |                                 |                                                               |                                | YesNo          |
|                                                                                                                     |                                 |                                                               |                                |                |

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
| (1) Hedvig Hricak MD          | CHAIR-RADIOLOGY                    | MORTGAGE            |                                       | X    | 700,000                       | 100,000         |                 | No | Yes                                 |    | Yes                    |    |
| (2) SIMON POWELL MD           | CHAIR-RAD ONCOLOGY                 | MORTGAGE            |                                       | X    | 1,000,000                     | 800,000         |                 | No | Yes                                 |    | Yes                    |    |
| (3) RICHARD BARAKAT MD        | DEP PHY IN CHIEF                   | MORGTAGE            |                                       | X    | 500,000                       | 500,000         |                 | No | Yes                                 |    | Yes                    |    |

|       |      |           |  |  |  |
|-------|------|-----------|--|--|--|
| Total | ► \$ | 1,400,000 |  |  |  |
|-------|------|-----------|--|--|--|

| Part III Grants or Assistance Benefiting 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 assistance | (d) Type of assistance | (e) Purpose 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 |
| (1) PERKINS EASTMAN                | SEE PART V                                                      | 10,521,896                | ARCHITECTUAL SERVICES          |                                         | No |
| (2) MS T LINDSTEN                  | SEE PART V                                                      | 172,262                   | FAMILY EMPLOYMENT              |                                         | No |
| (3) MR I GUTNICK                   | SEE PART V                                                      | 99,526                    | FAMILY EMPLOYMENT              |                                         | No |
| (4) KING STREET CAPITAL MANAGEMENT | SEE PART V                                                      | 693,875                   | INVESTMENT MANAGEMENT FEES     |                                         | No |
| (5) MR L SELBY                     | SEE PART V                                                      | 66,615                    | FAMILY EMPLOYMENT              |                                         | No |

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

| Return Reference                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS | 1 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 2014 WAS \$10,521,896 MR PERKINS AND MR FRIEDMAN ARE BROTHERS-IN-LAW 2 DR THOMPSON IS THE PRESIDENT OF THE INSTITUTE HIS SPOUSE IS A LABORATORY MEMBER IN SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH HER COMPENSATION FOR 2014 WAS \$172,262 3 MR MICHAEL P GUTNICK IS THE EXECUTIVE VICE PRESIDENT AND CHIEF FINANCIAL OFFICER HIS SON IS A FUND COORDINATOR IN THE DIVISION OF MEDICINE HIS SON'S TOTAL COMPENSATION FOR 2014 WAS \$99,526 4 MS JAMIE NICHOLLS IS A BOARD MEMBER OF THE INSTITUTION HER SPOUSE IS A CO-FOUNDER OF KING STREET CAPITAL MANAGEMENT DURING 2014, THE INSTITUTION PAID KING STREET \$693,875 IN MANAGEMENT FEES THE INVESTMENT AGREEMENT CALLS FOR CARRIED INTEREST THAT IS NORMAL AND CUSTOMARY IN THE COURSE OF INVESTING IN ALTERNATIVE INVESTMENTS 5 MR NORMAN C SELBY IS A BOARD MEMBER WITHIN THE ORGANIZATION HIS SON IS A RESEARCH FELLOW IN THE DEPARTMENT OF SURGERY HIS SON'S TOTAL COMPENSATION FOR 2014 WAS \$66,615 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 THE PROVIDER'S BUSINESS, AT COMMERCIALY AVAILABLE RATES NORMALLY CHARGED TO REGULAR CUSTOMERS |

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.  
▶Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
Memorial Sloan-Kettering Cancer Center

Employer identification number  
91-2154267

Part I Types of Property

|                                                                            | (a)<br>Check<br>if<br>applicable | (b)<br>Number of contributions<br>or items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>noncash contribution amounts |
|----------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 Art—Works of art . . . . .                                               |                                  |                                                        |                                                                                       |                                                              |
| 2 Art—Historical treasures . . . . .                                       |                                  |                                                        |                                                                                       |                                                              |
| 3 Art—Fractional interests . . . . .                                       |                                  |                                                        |                                                                                       |                                                              |
| 4 Books and publications . . . . .                                         |                                  |                                                        |                                                                                       |                                                              |
| 5 Clothing and household<br>goods . . . . .                                | X                                |                                                        | 1,400,020                                                                             | THRIFT VALUE                                                 |
| 6 Cars and other vehicles . . . . .                                        |                                  |                                                        |                                                                                       |                                                              |
| 7 Boats and planes . . . . .                                               |                                  |                                                        |                                                                                       |                                                              |
| 8 Intellectual property . . . . .                                          |                                  |                                                        |                                                                                       |                                                              |
| 9 Securities—Publicly traded . . . . .                                     | X                                | 78                                                     | 4,862,695                                                                             | MARKET VALUE                                                 |
| 10 Securities—Closely held stock . . . . .                                 |                                  |                                                        |                                                                                       |                                                              |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .            |                                  |                                                        |                                                                                       |                                                              |
| 12 Securities—Miscellaneous . . . . .                                      |                                  |                                                        |                                                                                       |                                                              |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                                  |                                                        |                                                                                       |                                                              |
| 14 Qualified conservation<br>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 . . . . .

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 51227J

Schedule M (Form 990) (2014)

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference | Explanation                                                                                                                                                                                                                                                                           |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I           | EXCLUDED FROM THIS VALUE ARE PLEDGE PAYMENTS, MADE BY STOCK, TOTALING \$2,733,879 PROMISES TO GIVE ARE REPORTED AT THE DATE THE INTENT IS MADE IN WRITING                                                                                                                             |
| PART I           | 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 |

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 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

|                                                                    |                                                  |
|--------------------------------------------------------------------|--------------------------------------------------|
| Name of the organization<br>Memorial Sloan-Kettering Cancer Center | Employer identification number<br><br>91-2154267 |
|--------------------------------------------------------------------|--------------------------------------------------|

990 Schedule O, Supplemental Information

| Return Reference           | Explanation |
|----------------------------|-------------|
| IRS 990 PART VI, SECTION A |             |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

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)<br>Name, address, and EIN (if applicable) of disregarded entity                                                      | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
| (1) PROSTATE CANCER CLINICAL TRIALS<br>1275 YORK AVE<br>NEW YORK, NY 10065<br>35-2506225                                 | CANCER CARE             | DE                                               | 2,003,000           | 840,000                   | MSKCC                            |

| 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)<br>Name, address, and EIN of related organization                                                                                                                                                                 | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
| (1) RALPH LAUREN CTR FOR CANCER & PREVENTION<br>1919 MADISON AVE<br><br>NEW YORK, NY 10036<br>02-0597827                                                                                                              | CANCER CARE             | NY                                               | 501( C)3                   | 9                                                   | MSKCC                            | Yes                                          |    |
| (2) MEMORIAL MEDICAL CARE PC<br>1275 YORK AVENUE<br><br>NEW YORK, NY 10065<br>35-2491455                                                                                                                              | 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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------|-------------------------|--------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|-----------------------------------------|----|----------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                          |                         |                                                              |                                        |                                                                                                            |                                 |                                          | Yes                                     | No |                                                                            | Yes                                       | No |                                |
| See Additional Data Table                                |                         |                                                              |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|----------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|--------------------------------------------------------|----|
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                    | No |
| (1) CHARITABLE REMAINDER TRUSTS 216                      |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                        |    |

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

No

1o

No

1p

No

1q

Yes

1r

No

1s

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)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|----------------------------------------------|
| See Additional Data Table           |                                  |                        |                                              |

Schedule R (Form 990) 2014

**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)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|-----------------------------------------|-------------------------|--------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------|----|------------------------------|------------------------------------|--------------------------------------|----|----------------------------------------------------------------|-------------------------------------|----|-----------------------------|
|                                         |                         |                                                  |                                                                                          | Yes                                                      | No |                              |                                    | Yes                                  | No |                                                                | Yes                                 | No |                             |
|                                         |                         |                                                  |                                                                                          |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
|                                         |                         |                                                  |                                                                                          |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |



**Part VII**   **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Additional Data

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)<br>Name, address, and EIN of<br>related organization               | (b)<br>Primary activity | (c)<br>Legal<br>Domicile<br>(State<br>or<br>Foreign<br>Country) | (d)<br>Direct<br>Controlling<br>Entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections<br>512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year assets | (h)<br>Disproprtionate<br>allocations? |    | (i)<br>Code V-UBI amount<br>in<br>Box 20 of Schedule<br>K-1<br>(Form 1065) | (j)<br>General<br>or<br>Managing<br>Partner? |    | (k)<br>Percentage<br>ownership |
|------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|----------------------------------------|----|----------------------------------------------------------------------------|----------------------------------------------|----|--------------------------------|
|                                                                        |                         |                                                                 |                                        |                                                                                                           |                                 |                                        | Yes                                    | No |                                                                            | Yes                                          | No |                                |
| MEM CRITICAL CARE<br><br>1275 YORK AVE<br>NY, NY 10065<br>13-3348785   | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                        | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM INFECT DISEASE<br><br>1275 YORK AVE<br>NY, NY 10065<br>13-3278582  | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                        | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM MEDICAL CONSULT<br><br>1275 YORK AVE<br>NY, NY 10065<br>13-3278550 | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                        | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM NUTRITION GRP<br><br>1275 YORK AVE<br>NY, NY 10065<br>13-3278576   | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                        | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM SOLID TUMOR GRP<br><br>1275 YORK AVE<br>NY, NY 10065<br>13-3278578 | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                        | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM PULMONARY FUNC<br><br>1275 YORK AVE<br>NY, NY 10065<br>13-3304834  | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                        | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM CARDIOPULMONARY<br><br>1275 YORK AVE<br>NY, NY 10065<br>13-3278552 | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                        | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MSK RADIOLOGY GRP<br><br>1275 YORK AVE<br>NY, NY 10065<br>13-3375559   | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                        | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM NUCLEAR MED<br><br>1275 YORK AVE<br>NY, NY 10065<br>13-3278580     | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                        | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM RADIATION ONCOL<br><br>1275 YORK AVE<br>NY, NY 10065<br>13-3237927 | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                        | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM PATHOLOGY GRP<br><br>1275 YORK AVE<br>NY, NY 10065<br>13-3365998   | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                        | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM ANESTHESIOLOGY<br><br>1275 YORK AVE<br>NY, NY 10065<br>13-3367135  | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                        | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM PEDIATRICS GRP<br><br>1275 YORK AVE<br>NY, NY 10065<br>13-3346908  | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                        | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM NEUROLOGY GRP<br><br>1275 YORK AVE<br>NY, NY 10065<br>13-3399377   | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                        | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM PSYCHIATRY GRP<br><br>1275 YORK AVE<br>NY, NY 10065<br>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)<br>Name, address, and EIN of<br>related organization               | (b)<br>Primary activity | (c)<br>Legal<br>Domicile<br>(State<br>or<br>Foreign<br>Country) | (d)<br>Direct<br>Controlling<br>Entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections<br>512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year assets | (h)<br>Dispropportionate<br>allocations? |    | (i)<br>Code V-UBI amount<br>in<br>Box 20 of Schedule<br>K-1<br>(Form 1065) | (j)<br>General<br>or<br>Managing<br>Partner? |    | (k)<br>Percentage<br>ownership |
|------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|------------------------------------------|----|----------------------------------------------------------------------------|----------------------------------------------|----|--------------------------------|
|                                                                        |                         |                                                                 |                                        |                                                                                                           |                                 |                                        | Yes                                      | No |                                                                            | Yes                                          | No |                                |
| MSK AT GUTTMAN<br><br>1275 YORK AVE<br>NY, NY 10065<br>13-3875002      | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                          | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MSK PHYS AT PHELPS<br><br>1275 YORK AVE<br>NY, NY 10065<br>13-3897156  | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                          | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MSK AT MERCY<br><br>1275 YORK AVE<br>NY, NY 10065<br>13-3954858        | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                          | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MSK PHYS-ST CLARE'S<br><br>1275 YORK AVE<br>NY, NY 10065<br>13-3897154 | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                          | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MSK REHABILITATION<br><br>1275 YORK AVE<br>NY, NY 10065<br>13-4010371  | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                          | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MSK SURGERY GROUP<br><br>1275 YORK AVE<br>NY, NY 10065<br>13-4010372   | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                          | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MSK HAUPPAUGE<br><br>1275 YORK AVE<br>NY, NY 10065<br>13-4059247       | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                          | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM NEUROSURGERY<br><br>1275 YORK AVE<br>NY, NY 10065<br>13-3251621    | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                          | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| INTERGRATIVE MED<br><br>1275 YORK AVE<br>NY, NY 10065<br>54-2092060    | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                          | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MSK-REGIONAL NETWK<br><br>1275 YORK AVE<br>NY, NY 10065<br>02-0594889  | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                          | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MSK BASKING RIDGE<br><br>1275 YORK AVE<br>NY, NY 10065<br>59-3801080   | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                          | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM URGENT CARE GRP<br><br>1275 YORK AVE<br>NY, NY 10065<br>65-1263291 | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                          | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM CLN GENETICS<br><br>1275 YORK AVE<br>NY, NY 10065<br>65-1263292    | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                          | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM DEVELOP CHEMO<br><br>1275 YORK AVE<br>NY, NY 10065<br>13-3278548   | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                          | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MSK CLINIC PRACTICE<br><br>1275 YORK AVE<br>NY, NY 10065<br>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)<br>Name, address, and EIN of<br>related organization                | (b)<br>Primary activity | (c)<br>Legal<br>Domicile<br>(State<br>or<br>Foreign<br>Country) | (d)<br>Direct<br>Controlling<br>Entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections<br>512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI amount<br>in<br>Box 20 of Schedule<br>K-1<br>(Form 1065) | (j)<br>General<br>or<br>Managing<br>Partner? |    | (k)<br>Percentage<br>ownership |
|-------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|-----------------------------------------|----|----------------------------------------------------------------------------|----------------------------------------------|----|--------------------------------|
|                                                                         |                         |                                                                 |                                        |                                                                                                           |                                 |                                        | Yes                                     | No |                                                                            | Yes                                          | No |                                |
| MEM BREAST GROUP<br><br>1275 YORK AVE<br>NY, NY 10065<br>56-2568640     | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                         | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM COLORECTAL GRP<br><br>1275 YORK AVE<br>NY, NY 10065<br>56-2568642   | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                         | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM DENTAL GRP<br><br>1275 YORK AVE<br>NY, NY 10065<br>56-2568630       | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                         | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM CLINICAL IMMUNO<br><br>1275 YORK AVE<br>NY, NY 10065<br>13-3278559  | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                         | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM GASTRIC MIX TMR<br><br>1275 YORK AVE<br>NY, NY 10065<br>56-2568650  | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                         | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM GYNECOLOGY GRP<br><br>1275 YORK AVE<br>NY, NY 10065<br>56-2568655   | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                         | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM HEAD & NECK GRP<br><br>1275 YORK AVE<br>NY, NY 10065<br>56-2568656  | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                         | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM HEPATOBIILIARY<br><br>1275 YORK AVE<br>NY, NY 10065<br>56-2568667   | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                         | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM NEUROSURGERY<br><br>1275 YORK AVE<br>NY, NY 10065<br>56-2568663     | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                         | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM OPT ABRAMSON<br><br>1275 YORK AVE<br>NY, NY 10065<br>56-2568627     | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                         | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM OPHTHALMIC ONOCO<br><br>1275 YORK AVE<br>NY, NY 10065<br>56-2568675 | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                         | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM OPHTHALMOLOGY<br><br>1275 YORK AVE<br>NY, NY 10065<br>56-2568669    | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                         | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM ORTHOPEDIC GRP<br><br>1275 YORK AVE<br>NY, NY 10065<br>56-2568680   | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                         | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM PEDIATRIC SURG<br><br>1275 YORK AVE<br>NY, NY 10065<br>56-2568683   | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                         | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM CLINICAL PHY<br><br>1275 YORK AVE<br>NY, NY 10065<br>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)<br>Name, address, and EIN of<br>related organization               | (b)<br>Primary activity | (c)<br>Legal<br>Domicile<br>(State<br>or<br>Foreign<br>Country) | (d)<br>Direct<br>Controlling<br>Entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections<br>512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year assets | (h)<br>Disproprrtionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>Box 20 of Schedule<br>K-1<br>(Form 1065) | (j)<br>General<br>or<br>Managing<br>Partner? |    | (k)<br>Percentage<br>ownership |
|------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|-----------------------------------------|----|----------------------------------------------------------------------------|----------------------------------------------|----|--------------------------------|
|                                                                        |                         |                                                                 |                                        |                                                                                                           |                                 |                                        | Yes                                     | No |                                                                            | Yes                                          | No |                                |
| MEM PLASTIC RECON<br><br>1275 YORK AVE<br>NY, NY 10065<br>56-2568623   | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                         | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM THORACIC GRP<br><br>1275 YORK AVE<br>NY, NY 10065<br>56-2568677    | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                         | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM UROLOGY GRP<br><br>1275 YORK AVE<br>NY, NY 10065<br>56-2568638     | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                         | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM PAIN SERVICE<br><br>1275 YORK AVE<br>NY, NY 10065<br>65-1283822    | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                         | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM DERMATOLOGY GRP<br><br>1275 YORK AVE<br>NY, NY 10065<br>13-3278581 | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                         | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM ENDOCRINE GRP<br><br>1275 YORK AVE<br>NY, NY 10065<br>13-3278583   | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                         | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| GASTROENTEROLOGY<br><br>1275 YORK AVE<br>NY, NY 10065<br>13-3278574    | HEALTH CARE             | NY                                                              | MEM                                    | RELATED                                                                                                   | 0                               | 0                                      |                                         | No | 0                                                                          | Yes                                          |    | 100 000 %                      |
| MEM HEMATOLOGYLYMP<br><br>1275 YORK AVE<br>NY, NY 10065<br>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)<br>Name of related organization           | (b)<br>Transaction<br>type(a-s) | (c)<br>Amount Involved | (d)<br>Method of determining amount<br>involved |
|-----------------------------------------------|---------------------------------|------------------------|-------------------------------------------------|
| MEMORIAL SLOAN-KETTERING CANCER CENTER        | L                               | 422,938,000            | COST                                            |
| MEMORIAL SLOAN-KETTERING CANCER CENTER        | K                               | 15,892,000             | COST                                            |
| MEMORIAL HOSPITAL FOR CANCER & ALLIED DISEASE | L                               | 46,191,000             | COST                                            |
| MEMORIAL HOSPITAL FOR CANCER & ALLIED DISEASE | K                               | 376,991,000            | COST                                            |
| SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH | L                               | 16,690,000             | COST                                            |
| SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH | K                               | 123,637,000            | COST                                            |
| SKI REALTY INC                                | J                               | 13,324,000             | COST                                            |
| SKI REALTY INC                                | L                               | 1,936,000              | COST                                            |
| LOUIS V GERSTNER JR GRADUATE SCHOOL           | M                               | 435,000                | COST                                            |
| RALPH LAUREN CTR FOR CANCER & PREVENTION      | Q                               | 2,723,766              | COST                                            |
| RALPH LAUREN CTR FOR CANCER & PREVENTION      | B                               | 1,000,000              | COST                                            |
| PROSTATE CANCER CLINICAL TRIALS               | M                               | 262,000                | COST                                            |