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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Memorial Sloan-Kettering Cancer Center

% MARK K SVENNINGSON
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1275 YORK AVENUE

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 100656007

F Name and address of principal officer:
CRAIG THOMPSON MD
1275 YORK AVENUE
NEW YORK, NY 100656007

D Employer identification number
13-1924236

E Telephone number
(646) 227-3092

G Gross receipts \$ 1,276,383,000

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ 3475

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

J Website: ▶ WWW.MSKCC.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1960

M State of legal domicile: NY

Part I Summary

Activities & Governance

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

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 39

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶74,650,996

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

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

Sign Here

Signature of officer

MARK K SVENNINGSON SVP FINANCE

Type or print name and title

2020-11-11

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00395735

Firm's name ▶ ERNST & YOUNG US LLP

Firm's EIN ▶

Firm's address ▶ 111 MONUMENT CIRCLE SUITE 4000

INDIANAPOLIS, IN 46204

Phone no. (317) 681-7000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

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Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

MEMORIAL SLOAN-KETTERING CANCER CENTER IS DEDICATED TO THIS MISSION: LEADERSHIP IN THE PREVENTION, TREATMENT, AND CURE OF CANCER THROUGH EXCELLENCE, VISION, AND COST-EFFECTIVENESS IN PATIENT CARE, OUTREACH PROGRAMS, RESEARCH, AND EDUCATION.

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 829,867,936 including grants of \$) (Revenue \$ 773,394,000)
See Additional Data

4b (Code:) (Expenses \$ 12,498,414 including grants of \$) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 24,467,875 including grants of \$) (Revenue \$ 20,734,000)
See Additional Data

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 866,834,225

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 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	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, 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	No
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	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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? If "Yes," complete Schedule I, Parts I and II	21	No

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	1,648
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

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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	29	
	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	27	
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?	Yes	
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	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?	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?	Yes	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 633 THIRD AVENUE New York, NY 10017 (646) 227-3414

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 ☐

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.

See instructions for the order in which to list the persons above.

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	27,108,265	0	2,361,274

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 ► 1,036

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
TURNER CONSTRUCTION, 375 HUDSON STREET NEW YORK, NY 10014	GENERAL CONSTRUCTION	130,568,969
WORTHINGTON ENERGY, 445 HUTCHINSON STREET COLUMBUS, OH 43235	GENERAL CONSTRUCTION	63,227,818
HUNTER ROBERTS CONSTRUCTION GR LLC, 2 WORLD FINANCIAL CENTER NEW YORK, NY 10001	GENERAL CONSTRUCTION	28,401,902
JGN CONSTRUCTION CORP, 66-40 69TH STREET MIDDLE VILLAGE, NY 11379	GENERAL CONSTRUCTION	20,881,151
LEND LEASE US CONSTRUCTION, 200 PARK AVENUE NEW YORK, NY 10166	GENERAL CONSTRUCTION	10,416,263

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 ► 199

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Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										<input checked="" type="checkbox"/>			
										(A)	(B)	(C)	(D)
										Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns		1a										
	b Membership dues		1b										
	c Fundraising events		1c	4,328,247									
	d Related organizations		1d										
	e Government grants (contributions)		1e										
	f All other contributions, gifts, grants, and similar amounts not included above		1f	27,232,000									
	g Noncash contributions included in lines 1a - 1f:\$		1g	1,547,236									
	h Total. Add lines 1a-1f		31,560,247										
Program Service Revenue				Business Code									
	2a SERVICES PROVIDED SEE NOTE A & ATTACH.1 IN SCH O			900099	773,394,000	773,394,000							
	b CAFETERIA			721000	6,990,000	6,990,000							
	c												
	d												
	e												
	f All other program service revenue.												
	g Total. Add lines 2a-2f.			780,384,000									
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					55,236,000		-11,619,294	66,855,294				
	4 Income from investment of tax-exempt bond proceeds					1,502,000			1,502,000				
	5 Royalties					2,044,000			2,044,000				
			(i) Real	(ii) Personal									
	6a Gross rents		6a										
	b Less: rental expenses		6b										
	c Rental income or (loss)		6c	0	0								
	d Net rental income or (loss)					0							
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a	376,747,000									
	b Less: cost or other basis and sales expenses		7b	276,135,000									
	c Gain or (loss)		7c	100,612,000									
	d Net gain or (loss)					100,612,000			100,612,000				
	8a Gross income from fundraising events (not including \$ 4,328,247 of contributions reported on line 1c). See Part IV, line 18		8a	320,989									
	b Less: direct expenses		8b	1,081,000									
	c Net income or (loss) from fundraising events					-760,011			-760,011				
	9a Gross income from gaming activities. See Part IV, line 19		9a	0									
	b Less: direct expenses		9b	0									
	c Net income or (loss) from gaming activities					0							
	10a Gross sales of inventory, less returns and allowances		10a	0									
	b Less: cost of goods sold		10b	0									
	c Net income or (loss) from sales of inventory					0							
Miscellaneous Revenue			Business Code										
11a RESEARCH EXPENSE RECOVERY			711110	13,744,000	13,744,000								
b GIFT SHOP INCOME			811000	571,000				571,000					
c VENDOR DISCOUNT			900099	1,131,000				1,131,000					
d All other revenue				13,142,764				13,142,764					
e Total. Add lines 11a-11d						28,588,764							
12 Total revenue. See instructions						999,167,000	794,128,000	-11,619,294	185,098,047				

Form 990 (2019)

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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
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	26,713,079	22,248,478	2,951,153	1,513,448
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	371,484,558	337,170,471	7,604,616	26,709,471
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	33,334,302	30,636,891	904,652	1,792,759
9 Other employee benefits	55,426,286	48,813,099	1,091,528	5,521,659
10 Payroll taxes	26,608,797	24,452,315	722,033	1,434,449
11 Fees for services (non-employees):				
a Management	0			
b Legal	19,467,583	18,260,969	1,085,893	120,721
c Accounting	1,637,700	1,508,652	128,149	899
d Lobbying	921,757	921,757		
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	7,286,493		7,286,493	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	76,714,480	63,477,429	5,936,942	7,300,109
12 Advertising and promotion	21,793,965	20,840,317		953,648
13 Office expenses	130,725,819	98,942,712	7,138,051	24,645,056
14 Information technology	45,343,890	45,071,103	272,787	
15 Royalties	960,455		960,455	
16 Occupancy	29,199,577	28,806,890	252,955	139,732
17 Travel	2,435,214	1,685,880	221,535	527,799
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	5,346,740	4,767,531	47,952	531,257
20 Interest	14,819,683	7,040,324	7,779,359	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	70,800,797	65,234,456	4,325,173	1,241,168
23 Insurance	2,090,254	1,937,597	26,116	126,541
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 NET REQUISITIONED SERVICES	36,633,429	32,525,244	1,094,272	3,013,913
b FUNDRAISING EVENTS	-1,080,514			-1,080,514
c UBIT EXPENSE	31,932		31,932	
d PHARMACEUTICALS	513,424	512,296	1,128	
e All other expenses	13,374,300	11,979,814	1,235,605	158,881
25 Total functional expenses. Add lines 1 through 24e	992,584,000	866,834,225	51,098,779	74,650,996
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).	14,025,372	6,369,682		7,655,690

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		5,479,000	1	7,270,000	
	2	Savings and temporary cash investments		548,854,000	2	595,898,000	
	3	Pledges and grants receivable, net		123,112,000	3	82,969,000	
	4	Accounts receivable, net		1,005,883,000	4	848,927,000	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0	
	7	Notes and loans receivable, net		38,362,000	7	56,272,000	
	8	Inventories for sale or use		624,000	8	659,000	
	9	Prepaid expenses and deferred charges		95,865,000	9	154,884,000	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,228,158,000			
	b	Less: accumulated depreciation	10b	596,364,000	369,390,000	10c	631,794,000
	11	Investments—publicly traded securities		2,506,590,000	11	2,478,439,000	
	12	Investments—other securities. See Part IV, line 11		547,525,000	12	864,161,000	
	13	Investments—program-related. See Part IV, line 11		0	13	0	
	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)		5,241,684,000	16	5,721,273,000		
Liabilities	17	Accounts payable and accrued expenses		423,085,000	17	427,496,000	
	18	Grants payable		0	18	0	
	19	Deferred revenue		0	19	0	
	20	Tax-exempt bond liabilities		1,051,371,000	20	1,205,671,000	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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		1,350,000,000	24	1,388,602,000	
	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		340,069,000	25	540,215,000	
	26	Total liabilities. Add lines 17 through 25		3,164,525,000	26	3,561,984,000	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		1,771,943,000	27	1,840,827,000	
	28	Net assets with donor restrictions		305,216,000	28	318,462,000	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		2,077,159,000	32	2,159,289,000	
33	Total liabilities and net assets/fund balances		5,241,684,000	33	5,721,273,000		

Part XI Reconciliation of Net AssetsCheck 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	999,167,000
2	Total expenses (must equal Part IX, column (A), line 25)	2	992,584,000
3	Revenue less expenses. Subtract line 2 from line 1	3	6,583,000
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,077,159,000
5	Net unrealized gains (losses) on investments	5	321,736,000
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	-246,189,000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,159,289,000

Part XII Financial Statements and ReportingCheck 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 _____ 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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	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?		No
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.		

Additional Data

Software ID:
Software Version:
EIN: 13-1924236
Name: Memorial Sloan-Kettering Cancer Center

Form 990 (2019)

Form 990, Part III, Line 4a:

MEMORIAL SLOAN-KETTERING CANCER CENTER PROVIDES THE FOLLOWING SERVICES TO ITS AFFILIATED ORGANIZATIONS: FINANCIAL ADMINISTRATION, EXECUTIVE MANAGEMENT, HUMAN RESOURCES, FACILITY MANAGEMENT, GENERAL AND ENVIRONMENTAL SERVICES, PROCUREMENT, PUBLIC AFFAIRS, RESEARCH TECHNOLOGY MANAGEMENT, CORPORATE COMPLIANCE, INFORMATION SYSTEMS AND TECHNOLOGY, AND INVESTMENT MANAGEMENT. IN ADDITION, CERTAIN SERVICES ARE PROVIDED ON A REQUISITION BASIS INCLUDING FOOD AND DIETARY SERVICES, FACILITIES MANAGEMENT (LOCKSMITH, ELECTRICIAN, PLUMBING, PAINTING AND CARPENTRY, ETC.) MEDICAL LIBRARY, CONFERENCE PLANNING, OCCUPANCY OF LEASED SPACE, TRANSPORTATION, IMMIGRATION SERVICES, MEDICAL ILLUSTRATION, MOTION MEDIA, SECURITY SERVICES SUCH AS INSTALLING ANTITHEFT DEVICES AND MAILROOM SERVICES.

Form 990, Part III, Line 4b:

MSKCCC PAYS FEES TO CORNELL MEDICAL CENTER AND OTHER MEDICAL INSTITUTIONS FOR STAFF TO FURTHER THEIR SCIENTIFIC EDUCATION. IN ADDITION, THE CENTER HOSTS A NUMBER OF SYMPOSIUMS, SOME OF WHICH ARE OPEN TO THE PUBLIC.

Form 990, Part III, Line 4c:

CAFETERIA: THE CENTER OPERATES A CAFETERIA IN THE MAIN BUILDING COMPLEX WHERE VISITORS AND PATIENTS CAN PURCHASE MEALS AND SNACKS. SOCIETY OF
MSKCC: THE SOCIETY OF MEMORIAL SLOAN-KETTERING CANCER CENTER, FOUNDED IN 1946, IS A VOLUNTEER ORGANIZATION DEDICATED TO PROMOTING THE WELL-
BEING OF PATIENTS, SUPPORTING CANCER RESEARCH AND PROVIDING PUBLIC EDUCATION ON THE PREVENTION, EARLY DETECTION AND TREATMENT OF CANCER. THE
COSTS SHOWN HERE ARE EXCLUSIVE OF FUNDRAISING ACTIVITIES, WHICH ARE REPORTED IN PART IX, COLUMN D. EXPENSE REVENUE CAFETERIA \$ 9,169,820 \$
6,990,000 SOCIETY \$ 4,017,055 \$ 0 PCCTC \$11,281,000 \$13,744,000 TOTALS \$24,467,875 \$20,734,000

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CRAIG THOMPSON MD BOARD MBR, PRESIDENT & CEO	50.0 0.0	X		X				5,507,075	0	245,034
KATHRYN MARTIN COO	50.0 0.0			X				2,085,542	0	557,904
JASON KLEIN SVP & CHIEF INVESTMENT OFFICER	50.0 0.0			X				1,667,313	0	65,803
MICHAEL P GUTNICK EVP & CFO until 9/2019	50.0 0.0			X				1,564,117	0	54,349
JORGE LOPEZ ESQ EVP & GENERAL COUNCEL	50.0 0.0			X				1,541,870	0	76,458
EDWARD MAHONEY SVP, FACILITIES MGMT & CONST	50.0 0.0			X				1,058,031	0	353,598
KENNETH MANOTTI VP DEVELOPMENT	50.0 0.0			X				1,313,758	0	67,372
DEBRA BERNS ESQ SVP & SR RISK OFFICER	50.0 0.0			X				1,099,203	0	41,991
MICHAEL HARRINGTON evp & CFO effective 6/2019	50.0 0.0			X				1,074,016	0	51,028
KERRY BESSEY SVP & CHIEF HR OFFICER	50.0 0.0			X				1,059,647	0	59,040

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GREGORY RASKIN VP, TECHNOLOGY DEVELOPMENT	50.0 0.0					X		1,039,054	0	68,585
PATRICIA C SKARULIS SVP CH INFO OFF until 12/2019	50.0 0.0			X				1,070,264	0	36,277
ERIC M COTTINGTON SVP, RESEARCH & TECH MGMT	50.0 0.0			X				1,013,804	0	67,845
WENDY PERCHICK SVP STRATEGIC PLANNING & INNOV	50.0 0.0					X		998,512	0	46,732
MARK SVENNINGSON SVP FINANCE, CONTROLLER	50.0 0.0			X				961,542	0	56,522
LARRY NORTON SVP	50.0 0.0					X		903,375	0	45,341
JAMES HARDEN svp strategic partnerships	50.0 0.0					X		775,052	0	67,616
CLAUS JENSON evp ch digital off eff 10/2019	50.0 0.0			X				552,876	0	263,097
ANTHONY DIASIO VP Finance	50.0 0.0					X		709,555	0	38,578
AVICE MEEHAN SVP CH COMM OFF until 5/2019	50.0 0.0			X				595,147	0	43,106

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROLYN LEVINE ESQ DEPUTY GEN COUNSEL CORP SECTY	50.0 0.0			X				518,512	0	54,998
RICHARD I BEATTIE BOARD MEMBER	1.0 0.0	X						0	0	0
IAN COOK BOARD MEMBER	2.0 0.0	X						0	0	0
STANLEY F DRUCKENMILLE BOARD MEMBER	1.0 0.0	X						0	0	0
ANTHONY B EVNIN BOARD MEMBER	1.0 0.0	X						0	0	0
ROGER W FERGUSON BOARD MEMBER	1.0 0.0	X						0	0	0
WILLIAM E FORD BOARD MEMBER	1.0 0.0	X						0	0	0
RICHARD N FOSTER BOARD MEMBER	1.0 0.0	X						0	0	0
STEPHEN FRIEDMAN BOARD MEMBER	1.0 0.0	X						0	0	0
ELLEN V FUTTER BOARD MEMBER	1.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LOUIS V GERSTNER JR BOARD MEMBER	1.0 0.0	X						0	0	0
JONATHAN N GRAYER BOARD MEMBER	1.0 0.0	X						0	0	0
BENJAMIN W HEINEMAN J BOARD MEMBER	1.0 0.0	X						0	0	0
DAVID H KOCH BOARD MEMBER UNTIL 8/2019	1.0 0.0	X						0	0	0
MARIE-JOSEE KRAVIS VICE CHAIR OF THE BOARD	2.0 0.0	X						0	0	0
JAMIE C NICHOLLS VICE CHAIR OF THE BOARD	2.0 0.0	X						0	0	0
JAMES G NIVEN BOARD MEMBER	1.0 0.0	X						0	0	0
BRUCE C RATNER BOARD MEMBER	1.0 0.0	X						0	0	0
ALEXANDER T ROBERTSON BOARD MEMBER	1.0 0.0	X						0	0	0
JAMES D ROBINSON III BOARD MEMBER	2.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
VIRGINIA M ROMETTY BOARD MEMBER	1.0 0.0	X						0	0	0
STEPHEN C SHERRILL BOARD MEMBER	1.0 0.0	X						0	0	0
PETER J SOLOMON BOARD MEMBER	1.0 0.0	X						0	0	0
JOHN R STRANGFELD BOARD MEMBER	1.0 0.0	X						0	0	0
PETER A WEINBERG BOARD MEMBER	1.0 0.0	X						0	0	0
DEBORAH C WRIGHT BOARD MEMBER UNTIL 4/2019	1.0 0.0	X						0	0	0
SCOTT M STUART CHAIR OF THE BOARD	1.0 0.0	X						0	0	0
CLIFTON S ROBBINS BOARD MEMBER & TREASURER	1.0 0.0	X		X				0	0	0
NORMAN C SELBY BOARD MBR & SEC UNTIL 4/2019	2.0 0.0	X		X				0	0	0
DOUGLAS A WARNER III HONORARY CHAIR OF THE BOARD	1.0 0.0	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HENRY A FERNANDEZ BOARD MEMBER EFFECTIVE 4/2019	1.0 0.0	X						0	0	0
ALAN D SCHNITZER BOARD MEMBER EFFECTIVE 4/2019	1.0 0.0	X						0	0	0

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
13-1924236

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ 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.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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
- 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- 10 above (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		
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	51,108,585	67,090,737	34,535,000	169,497,434	31,560,247	353,792,003
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	51,108,585	67,090,737	34,535,000	169,497,434	31,560,247	353,792,003
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). . .						78,885,769
6	Public support. Subtract line 5 from line 4.						274,906,234

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	51,108,585	67,090,737	34,535,000	169,497,434	31,560,247	353,792,003
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	63,076,697	26,432,410	47,403,556	90,780,000	70,401,294	298,093,957
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.). . .						0
11	Total support. Add lines 7 through 10						651,885,960
12	Gross receipts from related activities, etc. (see instructions)					12	2,492,314,447

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 2019 (line 6, column (f) divided by line 11, column (f))	14	42.171 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	45.481 %

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b 33 1/3% support test—2018. 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 **stop here.** The organization qualifies as a publicly supported organization ☐

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

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

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

(Complete only if you checked the box on line 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>If "No," describe in Part VI 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.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain 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.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). 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	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
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)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
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	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
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)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT MEMORIAL SLOAN-KETTERING CANCER CENTER QUALIFIES AS A PUBLIC CHARITY UNDER SECTION 170 (B) (1) (A) (iii). HOWEVER, SINCE IT DOES NOT OPERATE A HOSPITAL, IT IS NOT REQUIRED TO COMPLETE SCHEDULE H.

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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 Memorial Sloan-Kettering Cancer Center	Employer identification number 13-1924236
--	--

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 (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

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 Form 1120-POL 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-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check ☒ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)		921,757	921,757
c Total lobbying expenditures (add lines 1a and 1b)		921,757	921,757
d Other exempt purpose expenditures		991,662,243	5,258,339,243
e Total exempt purpose expenditures (add lines 1c and 1d)		992,584,000	5,259,261,000
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000	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)		250,000	250,000
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	896,016	793,599	872,735	921,757	3,484,107
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
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 on 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?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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
PART II-A	ALL LOBBYING ACTIVITIES ARE PERFORMED BY MEMORIAL SLOAN-KETTERING CANCER CENTER (EIN 13-1924236). LOBBYING EXPENDITURES ARE EXPENSED BY THE CENTER AND ARE REPORTED ON THE STATEMENT OF FUNCTIONAL EXPENSE LINE 11d. THE CENTER HAS MADE THE 501(h) ELECTION. OUR AFFILIATED ORGANIZATIONS ARE IDENTIFIED BELOW. ALL AFFILIATES USE THE CORPORATE ADDRESS 1275 YORK AVENUE, NEW YORK, N.Y. 10065-6007. MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES (13-1624082), SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH (13-1624182), SKI REALTY, INC. (13-3389586), LOUIS V. GERSTNER JR., GRADUATE SCHOOL (20-2212588), MSK. INSURANCE U.S., INC. (83-0363317), AND MSKCC PROTON INC., (35-2397819).

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
13-1924236

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on 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?

☐ Yes ☐ No

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?

☐ Yes ☐ No

Part II

Conservation Easements.

Complete if the organization answered "Yes" on 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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

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" on 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	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	385,622,000	250,120,000	217,145,357	211,696,215
b	Contributions	10,435,000	139,261,000	20,320,000	13,020
c	Net investment earnings, gains, and losses	394,000	-3,759,000	12,654,643	5,436,122
d	Grants or scholarships				-1,794,315
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance	396,451,000	385,622,000	250,120,000	217,145,357

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶ 53.140 %

b

Permanent endowment ▶ 46.860 %

c

Temporarily restricted endowment ▶

The percentages on 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
3b		

b

If "Yes" on 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" on 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			
b	Buildings	356,347,000	86,046,000	270,301,000
c	Leasehold improvements	21,888,000	17,902,000	3,986,000
d	Equipment	677,730,000	492,416,000	185,314,000
e	Other	172,193,000		172,193,000
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			631,794,000

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) PRIVATE EQUITY & VENTURE CAP	864,161,000	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	864,161,000	

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	0
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	540,215,000

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	1,306,086,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	321,736,000
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,081,000
e	Add lines 2a through 2d	2e	322,817,000
3	Subtract line 2e from line 1	3	983,269,000
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,898,000
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	15,898,000
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	999,167,000

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

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

1	Total expenses and losses per audited financial statements	1	977,767,000
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	1,081,000
e	Add lines 2a through 2d	2e	1,081,000
3	Subtract line 2e from line 1	3	976,686,000
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,898,000
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	15,898,000
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	992,584,000

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-1924236
Name: Memorial Sloan-Kettering Cancer Center

Supplemental Information

Return Reference	Explanation
INTENDED 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.

Supplemental Information	
Return Reference	Explanation
FIN 48 LIABILITY FOR UNCERTAIN TAX POSITIONS	A FIN 48 FOOTNOTE DISCLOSURE, RELATING TO THE ACCOUNTING FOR INCOME TAXES, WAS NOT REQUIRE D BECAUSE THERE WAS NO MATERIAL IMPACT ON THE INSTITUTION'S FINANCIAL STATEMENTS.

Supplemental Information	
Return Reference	Explanation
OTHER RECONCILING ITEMS lines 2d	DIRECT EXPENSES RELATING TO FUNDRAISING EVENTS ARE REMOVED FROM THE FUNCTIONAL EXPENSES AND NETTED ON THE STATEMENT OF REVENUE \$1,081,000.

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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
13-1924236

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 Activities 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total		2			2,244,552,240
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		2			2,244,552,240

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

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

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, 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 separately 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; don't 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't 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 Monitoring Use of Grant Funds Outside the US	MEMORIAL SLOAN-KETTERING CANCER CENTER DOES NOT MAKE GRANTS OR USE GRANT MONEY OUTSIDE THE UNITED STATES.

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I , LINE 3, COLUMN f	VALUES SHOWN IN COLUMN F ARE THE MARKET VALUES FOR THE INVESTMENTS AT DECEMBER 31.

Additional Data

Software ID:
Software Version:
EIN: 13-1924236
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
Europe (Including Iceland and Greenland)			Program Services	INVESTMENT MEETINGS	88,444
East Asia and the Pacific			Program Services	INVESTMENT MEETINGS	64,181

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	INVESTMENT MEETINGS	2,189
South Asia			Program Services	INVESTMENT MEETINGS	1,978

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	INVESTMENT MEETINGS	1,764
Europe (Including Iceland and Greenland)		2	Program Services	ADMINISTRATIVE SUPPORT	298,821

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		2,187,515,991
Europe (Including Iceland and Greenland)			Investments		40,593,159

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
Sub-Saharan Africa			Investments		15,985,713

Part II Fundraising Events. Complete if the organization answered "Yes" on 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.

		(a) Event #1 SPRING BALL (event type)	(b) Event #2 FALL PARTY (event type)	(c) Other events 4 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,783,383	671,359	2,194,494	4,649,236
	2 Less: Contributions	1,721,383	596,219	2,010,645	4,328,247
	3 Gross income (line 1 minus line 2)	62,000	75,140	183,849	320,989
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		86,095	288,751	374,846
	7 Food and beverages	125,325		111,823	237,148
	8 Entertainment	3,700		59,401	63,101
	9 Other direct expenses	135,466	57,948	212,491	405,905
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,081,000
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-760,011

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Direct Expenses	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Indicate the percentage of gaming activity 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 ► \$ _____.

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 J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization Memorial Sloan-Kettering Cancer Center		Employer identification number 13-1924236

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on 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		1b Yes	
2 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 on Line 1a?		2 Yes	
3 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.			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7 Yes	
8 Were any amounts reported on 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.		8 Yes	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9 Yes	

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.

Schedule J (Form 990) 2019

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	SCHEDULE J, PART I, LINE 1A BUSINESS OR FIRST-CLASS TRAVEL IS ALLOWED FOR FLIGHTS GREATER THAN SIX CONTINUOUS HOURS FOR ANY EMPLOYEE NOT FUNDED BY FEDERAL GRANTS. EXCEPTIONS TO THE SIX HOUR RULE ARE REVIEWED ON AN INDIVIDUAL BASIS. 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 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 IS SEVERANCE PAY FOR AVICE MEEHAN, SVP & CHIEF COMMUNICATION OFFICER, OF \$254,302 TERMINATED IN MAY 2019 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 PRE-DETERMINED GOALS RELATING TO QUALITY OF CARE, PATIENT SAFETY, OPERATIONAL EFFICIENCY AND FINANCIAL PERFORMANCE. THE COMPENSATION COMMITTEE OF THE BOARD AUTHORIZES ALL EXECUTIVE BONUSES AND INCENTIVE PLANS ON AN ANNUAL BASIS. IN ADDITION, AS WELL AS AN OVERALL AUTHORIZATION AND APPROVAL FOR KEY EMPLOYEES AND OTHER MANAGEMENT INCLUDING PROFESSIONAL AND OTHER STAFF BY SETTING THE BONUS POOL IN CONJUNCTION WITH THE INPUT FROM HUMAN RESOURCES. STAFF BONUSES ARE IMPACTED BY ANNUAL MERIT REVIEW PROCESS. LINE 8 - AN EMPLOYMENT CONTRACT WAS ENTERED INTO AND SIGNED PRIOR TO EMPLOYMENT.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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 VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
13-1924236

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	649906RK2	02-16-2012	388,814,944	SEE PART VI	X			X		X
B	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	6499063Z7	06-28-2013	80,000,000	SEE PART VI		X		X		X
C	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	000000000	04-28-2016	110,000,000	SEE PART VI		X		X		X
D	NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY	22-2045817	000000000	09-09-2016	145,000,000	SEE PART VI		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired	11,195,000		50,000,000		11,236,077		47,125,000	
2	Amount of bonds legally defeased	287,195,000		0		0		0	
3	Total proceeds of issue	389,043,483		80,000,000		110,239,999		145,000,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	9,172,031		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	2,651,698		0		155,282		72,861	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	92,720,595		0		110,009,717		144,627,139	
11	Other spent proceeds	284,499,159		80,000,000		75,000		300,000	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2014		2013		2017		2018	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X			X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X			X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		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		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		X
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test? . . .		X		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		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .	0 %		0 %		0 %		0 %	
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		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		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		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											
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?				A		B		C		D	
				Yes	No	Yes	No	Yes	No	Yes	No
				X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).	
Return Reference	Explanation
PART I, COLUMN (F) DESCRIPTION OF PURPOSE	2012 & 2012-I SERIES BONDS - CUSIP #649906RK2: 2012 SERIES BONDS WERE USED TO CONSTRUCT AND EQUIP AN AMBULATORY FACILITY AND TO ADVANCE REFUND A PORTION OF THE 2003 SERIES BONDS ISSUED MAY 14, 2003. 2013 SERIES BONDS - CUSIP #6499063Z7: 2013 SERIES BONDS WERE USED TO CURRENT REFUND THE 2010 DASNY SERIES BONDS ISSUED 9/2/2010. 2016 SERIES BONDS (DASNY) - CUSIP #000000000 2016 DASNY SERIES BONDS WERE USED TO CONSTRUCT/RENOVATE AND UPGRADE AND EQUIP VARIOUS FACILITIES. 2016 SERIES BONDS (NJEDA) - CUSIP #000000000 2016 SERIES (NJEDA) BONDS WERE USED TO CONSTRUCT AND EQUIP VARIOUS FACILITIES. 2017 SERIES BONDS - CUSIP #000000000: 2017 SERIES BONDS WERE USED TO CURRENT REFUND THE 2015 SERIES BONDS ISSUED JULY 16, 2015 AND CONSTRUCT VARIOUS FACILITIES. 2019 SERIES BONDS - CUSIP #64990GVG4: 2019 SERIES BONDS WERE USED TO REIMBURSE EXPENDITURES INCURRED TO CONSTRUCT A PATIENT CARE 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 AND GAINS/LOSSES. PART III LINE 3(D) - ANY MANAGEMENT CONTRACTS AND RESEARCH AGREEMENTS THAT MAY RESULT IN PRIVATE BUSINESS USE OF BONDS FINANCED PROPERTIES ARE REVIEWED FIRST BY IN-HOUSE STAFF WHO ARE KNOWLEDGEABLE OF AND RESPONSIBLE FOR THE FORM 990. OUTSIDE COUNSEL IS CONSULTED IF QUESTIONS ARISE. PART IV LINE 2 - THE 2012 SERIES BONDS REBATE CALCULATIONS WERE LAST PERFORMED ON FEBRUARY 16, 2017. THE 2013 SERIES BONDS REBATE CALCULATIONS WERE LAST PERFORMED ON JUNE 21, 2019.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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 VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

13-1924236

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	000000000	12-20-2017	335,567,386	SEE PART VI		X		X		X
B DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	64990GVG4	11-01-2019	342,248,699	SEE PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	6,395,000		0					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	340,233,054		342,248,699					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	0		0					
7	Issuance costs from proceeds	2,262,236		2,248,699					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	221,486,640		340,000,000					
11	Other spent proceeds	91,432,989		0					
12	Other unspent proceeds	25,051,190		0					
13	Year of substantial completion	2019		2019					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X				
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use												
					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?					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				
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					
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				
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 %					
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				
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				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .	0 %		0 %					
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		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					

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				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?		X		X				
c	No rebate due?		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				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider	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				
b Name of provider	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				
7 Has the organization established written procedures to monitor the requirements of section 148?	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					

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

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
13-1924236

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-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

Total ▶ \$

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) KING STREET CAPITAL MANAGEMENT	SEE BELOW	650,489	INVESTMENT MANAGEMENT FEES		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	MS. JAMIE NICHOLLS IS A BOARD MEMBER OF THE CENTER. HER SPOUSE IS A CO-FOUNDER OF KING STREET CAPITAL MANAGEMENT. DURING 2019, THE CENTER PAID KING STREET \$473,747 IN MANAGEMENT FEES. DURING 2019, CARRIED INTEREST WAS \$176,742. MSK GAVE A REDEMPTION NOTICE AT THE END OF 2018, and PURSUANT TO standard redemption terms, MAINTAINED A SMALL AND DECLINING EXPOSURE TO KING STREET THROUGHOUT 2019 AND 2020. The Institution invested in King Street prior to Ms. Nicholls joining the Board of Memorial Sloan Kettering Cancer Center. MS. NICHOLLS WAS NOT A PARTY TO THE TRANSACTION. THERE IS NO SHARING OF THE CENTER'S REVENUE. THE PURCHASES OF GOODS AND SERVICES BY THE CENTER WERE MADE IN THE ORDINARY COURSE OF BUSINESS, AT COMMERCIALY AVAILABLE RATES normally charged to others.

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.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
13-1924236

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	195	1,547,236	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

29

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 isn't 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 nonstandard contributions?

31

Yes

No

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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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
SALE OF NON CASH CONTRIBUTIONS	EXCLUDED FROM THIS VALUE ARE PLEDGE PAYMENTS, MADE BY STOCK, TOTALING \$91,629. PROMISES TO GIVE ARE REPORTED AT THE DATE THE INTENT IS MADE IN WRITING. PUBLICLY TRADED DONATED STOCK IS SOLD BY MERRILL LYNCH ON BEHALF OF MEMORIAL SLOAN-KETTERING CANCER CENTER.

SCHEDULE O (Form 990 or 990-EZ)	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. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2019 Open to Public Inspection
Department of the Treasury Name of the organization Memorial Sloan-Kettering Cancer Center		Employer identification number 13-1924236

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Return Reference	Explanation
NOTE A - AFFILIATED ORGANIZATIONS	MEMORIAL SLOAN-KETTERING CANCER CENTER (THE CENTER) IS AFFILIATED WITH THE FOLLOWING 501 (C) (3) ORGANIZATIONS: SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH (THE INSTITUTE), MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES (THE HOSPITAL), S.K.I. REALTY, INC., MSK INSURANCE US, INC., THE LOUIS V. GERSTNER JR., GRADUATE SCHOOL OF BIOMEDICAL SCIENCES, MSKCC PROPERTIES LLC, WITH THE HOSPITAL BEING THE SOLE MEMBER, THE PROSTATE CANCER CLINICAL TRIALS CONSORTIUM (PCCTC) AND MSKCC PROTON INC. WITH THE CENTER BEING THE SOLE MEMBER. THE ORGANIZATIONS SHARE CERTAIN FACILITIES AND VARIOUS SERVICES INCLUDING ADMINISTRATIVE, PLANT AND ANCILLARY SERVICES. THE FOLLOWING IS A SUMMARY OF SUCH SERVICES IN 2019: SERVICES PROVIDED TO THE CENTER BY: THE HOSPITAL \$ 12,846,000 THE INSTITUTION \$ 8,592,000 S.K.I. REALTY, INC. \$ 15,194,000 TOTAL \$ 36,632,000 SERVICES PROVIDED BY THE CENTER TO: THE HOSPITAL \$605,611,000 THE INSTITUTION \$161,774,000 S.K.I. REALTY, INC. \$ 4,598,000 GERSTNER GRADUATE SCHOOL \$ 84,000 PROSTATE CANCER CLINICAL TRIALS \$ 1,327,000 TOTAL \$773,394,000 MEMORIAL SLOAN-KETTERING CANCER CENTER AND ITS AFFILIATES ARE COLLECTIVELY REFERRED TO AS "THE ORGANIZATION". THE CENTER CARRIES ON FUNDRAISING ACTIVITIES ON ITS OWN BEHALF AND ON BEHALF OF THE AFFILIATES. CONTRIBUTIONS AND PLEDGES ARE RECORDED BASED ON THE DONOR'S INTENT IN THE RECORDS OF THE APPROPRIATE ENTITY. FOR 2019, TOTAL CONTRIBUTIONS AND PLEDGES RAISED ON BEHALF OF THE CENTER, HOSPITAL, INSTITUTE AND GRADUATE SCHOOL WERE \$254,400,000. CONTRIBUTORS' INFORMATION PROVIDED IN THE ATTACHED SCHEDULE B REPRESENTS THE DONORS' TOTAL PHILANTHROPIC CONTRIBUTIONS TO THE CENTER ONLY. IF ANY DONOR LISTED ON SCHEDULE B MADE CONTRIBUTIONS TO THE HOSPITAL, INSTITUTE, OR GRADUATE SCHOOL, THOSE CONTRIBUTIONS WOULD NOT BE REFLECTED ON THE ATTACHED SCHEDULE B. FUNDRAISING EXPENSES OF \$74,650,996 WERE INCURRED AND REPORTED BY THE CENTER IN PART IX, STATEMENT OF FUNCTIONAL EXPENSES. THE CENTER IS ALSO INVOLVED IN LOBBYING FOR THE HOSPITAL AND INSTITUTE, SEE SCHEDULE C. PART II-A.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 2	<p>FOR THE TAX YEAR 2019, THE FOLLOWING BUSINESS RELATIONSHIPS WERE REPORTED: 1. DIRECTORS ELLEN V. FUTTER, LOUIS V. GERSTNER JR. AND PETER J. SOLOMON 2. DIRECTORS NORMAN C. SELBY, STANLEY F. DRUCKENMILLER, ALEXANDER T. ROBERTSON AND OFFICER ERIC M. COTTINGTON PHD. 3. DIRECTORS ANTHONY B. EVNIN AND NORMAN C. SELBY 4. DIRECTORS ELLEN V. FUTTER AND RICHARD I. BEATTIE</p> <p>FORM 990, PART VI, LINE 11B PRIOR TO FILING THE RETURN, A REVIEW OF THE 990 WAS CONDUCTED BY THE SR. VICE PRESIDENT OF FINANCE AND THE CHIEF FINANCIAL OFFICER. IN ADDITION, FORM 990 IS PREPARED IN CONJUNCTION WITH ERNST AND YOUNG, LLP. FORM 990, PART VI, LINE 12C IN 2019, MSK ADOPTED AND IMPLEMENTED AN ENHANCED CONFLICT OF INTEREST PROGRAM, INCLUDING REVISED CONFLICT OF INTEREST POLICIES AND PROCEDURES AND A NEW GOVERNANCE STRUCTURE. THE ENHANCED CONFLICT OF INTEREST PRACTICES IMPLEMENTED THROUGH THREE COMPREHENSIVE CONFLICT OF INTEREST POLICIES FOR MEMORIAL SLOAN KETTERING CANCER CENTER, MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES AND SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH, ARE OUTLINED BELOW: 1. CONFLICT OF INTEREST AND COMMITMENT POLICY (THE "INDIVIDUAL COI POLICY"). a. THE INDIVIDUAL COI POLICY APPLIED TO: (I) PHYSICIANS AND SCIENTISTS WITH ACADEMIC APPOINTMENTS AT ANY LEVEL; (II) ANY CLINICAL PROVIDER WHO COULD INDEPENDENTLY WRITE ORDERS OR PRESCRIPTIONS; (III) INDIVIDUALS WHOSE ROLES INCLUDED THE DESIGN, CONDUCT OR REPORTING OF RESEARCH AND/OR WERE ENGAGED IN HUMAN SUBJECT RESEARCH; (IV) ADMINISTRATIVE EMPLOYEES WITH INDEPENDENT AUTHORITY TO MAKE PURCHASING DECISIONS OR WHO WERE OTHERWISE ABLE TO BIND, NEGOTIATE ON BEHALF, OR EXECUTE AGREEMENTS ON BEHALF OF, MSK; AND (V) INDIVIDUALS THAT SERVED ON MSK INSTITUTIONAL COMMITTEES WITH RESPONSIBILITY FOR OVERSIGHT OF RESEARCH, FORMULARY, OR PURCHASING DECISIONS. b. MSK'S COMPLIANCE COI OFFICE ("COMPLIANCE") AND THE INSTITUTIONAL CONFLICT OF INTEREST COMMITTEE (THE "MSK COI COMMITTEE") WERE RESPONSIBLE FOR THE ADMINISTRATION OF THIS POLICY, UNDER THE OVERSIGHT OF THE NEWLY-CREATED COMMITTEE OF THE BOARD (THE "JOINT COI COMMITTEE") DEDICATED EXCLUSIVELY TO DISCHARGING THE BOARD'S RESPONSIBILITY AND AUTHORITY OVER MSK'S CONFLICTS OF INTEREST PROGRAM. c. UPON BECOMING COVERED BY THE INDIVIDUAL COI POLICY, ANNUALLY THEREAFTER AND/OR AS NEW SIGNIFICANT INTERESTS AROSE, AN INDIVIDUAL WAS REQUIRED TO DISCLOSE FINANCIAL INTERESTS AND EXTERNAL RELATIONSHIPS AND ACTIVITIES ("INTERESTS"), WHETHER PAID OR UNPAID, THAT REASONABLY APPEARED TO BE RELATED TO THE INDIVIDUAL'S INSTITUTIONAL RESPONSIBILITIES. COVERED PERSONS WERE REQUIRED TO DISCLOSE INTERESTS FOR THEMSELVES AND IMMEDIATE FAMILY MEMBERS. d. DEPENDING ON THE CIRCUMSTANCES AND BASED ON ESTABLISHED CRITERIA, DISCLOSED INTERESTS WERE REVIEWED BY COMPLIANCE, THE MSK COI COMMITTEE, MSK COI COMMITTEE DESIGNEE(S), AND/OR THE JOINT COI COMMITTEE TO DETERMINE WHETHER AN INDIVIDUAL CONFLICT OF INTEREST EXISTED OR PRESENTED THE PERCEPTION THEREOF (I.E. WHETHER AN INDIVIDUAL FINANCIAL INTEREST).</p>

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Return Reference	Explanation
FORM 990, PART VI, LINE 2	<p>ST COULD DIRECTLY AND SIGNIFICANTLY IMPACT AN INDIVIDUAL'S INSTITUTIONAL RESPONSIBILITIES, OR AN INDIVIDUAL'S INTEREST COULD BE DIRECTLY AND SIGNIFICANTLY IMPACTED BY THEIR INSTITUTIONAL RESPONSIBILITIES). e. THE POLICY REQUIRED ANY INDIVIDUAL CONFLICT OF INTEREST TO BE MANAGED, REDUCED OR ELIMINATED. WHEN A CONFLICT OF INTEREST DETERMINATION WAS MADE, THE MSK COI COMMITTEE, THE MSK COI COMMITTEE DESIGNEE(S), OR THE JOINT COI COMMITTEE DETERMINED HOW TO ADDRESS IT. FOR THOSE CONFLICTS DEEMED MANAGEABLE, MANAGEMENT STRATEGIES IMPLEMENTED INCLUDED DISCLOSURE OF THE INTEREST IN RELEVANT PUBLICATIONS, PRESENTATIONS, CONSENT FORMS, AND EDUCATIONAL MATERIALS; RECUSAL AND/OR OTHER LIMITATION ON ROLE; INDEPENDENT OVERSIGHT BY A DISINTERESTED SENIOR PERSONNEL MEMBER OR COMMITTEE; AND TEMPORARY OR PERMANENT REDUCTION, DIVESTITURE, RELINQUISHMENT, OR TERMINATION OF AN INDIVIDUAL'S INTEREST. 2. INSTITUTIONAL CONFLICT OF INTEREST POLICY (THE "INSTITUTIONAL COI POLICY"). a. THE INSTITUTIONAL COI POLICY APPLIED TO FINANCIAL INTERESTS AND RELATIONSHIPS ("INTERESTS") HELD BY MSK AS AN INSTITUTION, AS WELL AS THOSE FINANCIAL INTERESTS AND RELATIONSHIPS ("INTERESTS") HELD BY FIVE SENIOR EXECUTIVE OFFICERS DEEMED "INSTITUTIONAL OFFICIALS," THEIR IMMEDIATE FAMILY MEMBERS. INSTITUTIONAL OFFICIALS INCLUDED THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, THE PHYSICIAN-IN-CHIEF AND CHIEF MEDICAL OFFICER, THE CHIEF OPERATING OFFICER, THE CHIEF FINANCIAL OFFICER, AND THE DIRECTOR OF THE SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH. b. INSTITUTIONAL INTERESTS HELD BY MSK WERE MADE AVAILABLE TO COMPLIANCE THROUGH REGULAR REPORTS FROM AND ONGOING ENGAGEMENT WITH RELEVANT MSK DEPARTMENTS. INSTITUTIONAL INTERESTS HELD BY INSTITUTIONAL OFFICIALS WERE DISCLOSED THROUGH THE PROCESS DESCRIBED ABOVE IN THE INDIVIDUAL COI POLICY, AS WELL AS THE PROCESS DESCRIBED BELOW IN THE BOARD COI POLICY. c. THE MSK COI COMMITTEE OR MSK COI COMMITTEE DESIGNEE(S) WERE RESPONSIBLE FOR DETERMINING WHETHER AN INSTITUTIONAL CONFLICT OF INTEREST EXISTED; I.E. WHETHER THE INSTITUTIONAL INTEREST HELD BY MSK OR AN INSTITUTIONAL OFFICIAL (OR THEIR IMMEDIATE FAMILY MEMBERS) COULD, OR COULD REASONABLY BE PERCEIVED TO, DIRECTLY AND SIGNIFICANTLY AFFECT THE DESIGN, CONDUCT, REPORTING, REVIEW, OR OVERSIGHT OF MSK RESEARCH OR THE OUTCOME OF AN MSK ACTIVITY OR DECISION. d. THE POLICY REQUIRED ANY INSTITUTIONAL CONFLICT OF INTEREST TO BE MANAGED, REDUCED OR ELIMINATED. WHEN AN INSTITUTIONAL CONFLICT OF INTEREST DETERMINATION WAS MADE, THE MSK COI COMMITTEE AND/OR THE MSK COI COMMITTEE DESIGNEE(S) DETERMINED HOW TO ADDRESS IT. FOR THOSE CONFLICTS DEEMED MANAGEABLE, MANAGEMENT STRATEGIES IMPLEMENTED INCLUDED RECUSAL OF THE APPLICABLE INSTITUTIONAL OFFICIAL FROM DECISION-MAKING REGARDING THE ARRANGEMENT AND DISCLOSURE TO RELEVANT PERSONNEL; DISCLOSURE OF THE INTEREST IN RELEVANT PUBLICATIONS, PRESENTATIONS, CONSENT FORMS, AND EDUCATIONAL MATERIALS; INDEPENDENT OVERSIGHT BY A DISINTERESTED SENIOR PERSONNEL MEMBER OR COMMITTEE.</p>

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Return Reference	Explanation
FORM 990, PART VI, LINE 2	<p>EE; AND TEMPORARY OR PERMANENT REDUCTION, DIVESTITURE, RELINQUISHMENT, OR TERMINATION OF M SK'S OR AN INSTITUTIONAL OFFICIAL'S INSTITUTIONAL INTEREST. 3. BOARDS OF MANAGERS CONFLICT OF INTEREST POLICY (THE "BOARD COI POLICY"). a. THE BOARD COI POLICY APPLIED TO BOARD MEM BERS, OFFICERS, AND OTHER MSK SENIOR LEADERSHIP. INDIVIDUALS COVERED BY THE BOARD COI POLI CY WERE REQUIRED TO DISCLOSE FINANCIAL INTERESTS AND RELATIONSHIPS, AS DEFINED BY THE POLI CY, ANNUALLY AND ON AN ONGOING BASIS. OTHER ENTITIES IN THE SAME TAX-EXEMPT GROUP HAD OVER LAPPING OFFICERS AND BOARD MEMBERS AS DESCRIBED IN SCHEDULE O; SUCH PERSONS REPORTED FINAN CIAL INTERESTS THROUGH THIS OR RELATED PROCESSES. b. THE JOINT COI COMMITTEE WAS RESPONSIB LE FOR DETERMINING WHETHER ANY INTEREST DISCLOSED UNDER THE BOARD COI POLICY GAVE RISE TO A CONFLICT OF INTEREST. THE POLICY REQUIRED THAT THE MEMBERS OF THE JOINT COI COMMITTEE VO TE, WITHOUT THE INDIVIDUAL WITH THE POTENTIAL CONFLICT PRESENT, TO DETERMINE WHETHER A CON FLICT OF INTEREST EXISTED. ALL MEMBERS PARTICIPATING IN THE VOTE WERE REQUIRED TO BE DISIN TERESTED WITH RESPECT TO THE TRANSACTION, ARRANGEMENT, OR RELATIONSHIP. c. THE COVERED IND IVIDUAL WITH THE CONFLICT OF INTEREST COULD MAKE A PRESENTATION TO THE JOINT COI COMMITTEE , BUT COULD NOT PARTICIPATE IN OR INFLUENCE THE DISCUSSION OF, OR VOTE ON, THE PROPOSED TR ANSACTION, ARRANGEMENT, OR RELATIONSHIP. THE EXISTENCE AND RESOLUTION OF ANY CONFLICT OF I NTEREST, ALONG WITH ASSOCIATED DETERMINATIONS MADE AND VOTES TAKEN, WERE REQUIRED TO BE DO CUMENTED IN WRITING. d. FOR ANY TRANSACTION, ARRANGEMENT, OR RELATIONSHIP THAT INVOLVED A CONFLICT OF INTEREST, A CONFLICT MANAGEMENT PLAN COULD BE IMPLEMENTED IF DOING SO WAS IN T HE BEST INTERESTS OF MSK. MANAGEMENT PLANS COULD REQUIRE DISCLOSURE, RECUSAL OR OTHER LIMI TATION OF ROLE, INDEPENDENT OVERSIGHT AND CONFIDENTIALITY.</p>

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Return Reference	Explanation
FORM 990, PART VI, LINE 15	<p>MEMORIAL SLOAN-KETTERING CANCER CENTER IS COMMITTED TO ENSURING THAT ITS EXECUTIVE COMPENSATION PROGRAM ADHERES TO THE ESTABLISHED STANDARDS OF REGULATORY COMPLIANCE AND BEST CORPORATE GOVERNANCE. THE BOARD OF OVERSEERS AND MANAGERS HAS CHARGED THE JOINT HUMAN RESOURCES COMMITTEE (WHICH IS COMPOSED OF INDEPENDENT BOARD MEMBERS WITH NO CONFLICTS OF INTEREST IN REGARD TO EXECUTIVE COMPENSATION) WITH MAKING ALL DECISIONS RELATED TO COMPENSATION FOR OFFICERS AND KEY EMPLOYEES. THE COMMITTEE REVIEWS THE TOTAL COMPENSATION OF THE INDIVIDUALS, INCLUDING BOTH CURRENT AND DEFERRED COMPENSATION, AND ALL EMPLOYEE BENEFITS, ON AN ANNUAL BASIS TO ENSURE THAT THE TOTAL COMPENSATION OF EACH OFFICER AND KEY EMPLOYEE IS REASONABLE. TO ASSIST IN THE COMPLETION OF ITS RESPONSIBILITIES, THE COMMITTEE ENGAGES THE SERVICES OF A NATIONALLY RECOGNIZED CONSULTING FIRM SPECIALIZING IN EXECUTIVE COMPENSATION FOR NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS. EACH YEAR THE COMMITTEE REVIEWS A COMPREHENSIVE REPORT PREPARED BY THE FIRM THAT INCLUDES MARKET DATA FOR FUNCTIONALLY COMPARABLE ROLES IN COMPARABLE ORGANIZATIONS (I.E., NOT-FOR-PROFIT ACADEMIC/RESEARCH MEDICAL CENTERS, ESPECIALLY THOSE SHARING A MISSION SIMILAR TO MSKCC, WITH OTHER HEALTHCARE SECTORS CONSIDERED ON A SELECTED BASIS) AND SUMMARIZES THE RELATIVE MARKET POSITION OF EACH EXECUTIVE'S TOTAL COMPENSATION. THE LAST REVIEW WAS MARCH 2019, WHICH SET THE COMPENSATION FOR THE PERIOD APRIL 2019 TO MARCH 2020. ADDITIONALLY, A SENIOR MEMBER OF THE CONSULTING FIRM ATTENDS THE COMMITTEE'S MEETINGS TO PROVIDE INFORMATION AND TO RESPOND TO QUESTIONS BY THE MEMBERS OF THE COMMITTEE. COMPENSATION LEVELS ARE ESTABLISHED CONSIDERING THE MARKET DATA, AN ASSESSMENT OF PERFORMANCE, AND OTHER BUSINESS JUDGMENT FACTORS, CONSISTENT WITH MSKCC'S EXECUTIVE COMPENSATION PHILOSOPHY. THE COMMITTEE'S DECISIONS ARE MADE IN THE BEST INTERESTS OF MSKCC AND ARE INTENDED TO ENSURE THE RECRUITMENT AND RETENTION OF KEY EXECUTIVE TALENT, CONSISTENT WITH THE MARKET PRACTICES OF OTHER NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS OF COMPARABLE SCOPE, MISSION AND COMPLEXITY. ON AN ANNUAL BASIS, THE COMMITTEE PROVIDES THE FULL BOARD WITH AN OVERVIEW OF ITS DETERMINATIONS AND PROCESS. THE COMMITTEE'S REVIEW PROCESS FOLLOWS THE INTERMEDIATE SANCTIONS' GUIDELINES FOR QUALIFYING FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE OF 1986: - THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX EXEMPT ORGANIZATION (I.E., THE COMMITTEE, WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST WITHIN THE MEANING OF THE REGULATIONS UNDER SECTION 4958). - THE AUTHORIZED BODY OBTAINS AND RELIES UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, FOR WHICH COMPARABILITY DATA ARE PROVIDED AND ANALYZED BY SULLIVAN, COOTTER AND ASSOCIATES, INC., A WELL-REGARDED EXPERT IN THE AREA OF HEALTHCARE COMPENSATION. - THE COMMITTEE ADEQUATELY DOCUMENTS</p>

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Return Reference	Explanation
FORM 990, PART VI, LINE 15	UMENTS THE BASIS FOR ITS DETERMINATION CONCURRENTLY WITH MAKING THAT DETERMINATION, AGAIN AS REQUIRED IN THE REGULATIONS.

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Return Reference	Explanation
FORM 990, PART VI, LINE 19	<p>THE AUDITED FINANCIAL STATEMENTS OF MEMORIAL SLOAN-KETTERING CANCER CENTER AND ITS AFFILIATES ARE AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, THE FINANCIAL STATEMENTS CAN BE ACCESSED AT THE FOLLOWING WEB ADDRESS: WWW.DACBOND.COM. THE ORGANIZATION HAS ENGAGED DAC BOND AS OUR INVESTOR RELATIONS AND DISCLOSURE/DISSEMINATION AGENT. THE INFORMATION AVAILABLE ON THIS WEB SITE INCLUDES AUDITED FINANCIAL STATEMENTS, QUARTERLY UNAUDITED FINANCIAL STATEMENTS AND THE BOND OFFERING STATEMENTS FOR ALL DEBT ISSUES. IN ADDITION, COPIES OF THE GROUP 990 AND THE APPLICABLE 990T ARE ALSO AVAILABLE. THE CONFLICT OF INTEREST POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST AND IT ALSO CAN BE FOUND AT THE FOLLOWING INSTITUTIONAL WEB SITE: WWW.MSKCC.ORG. GOVERNING DOCUMENTS SUCH AS THE ARTICLES OF INCORPORATION AND CORPORATE BY-LAWS ARE NOT AVAILABLE TO THE PUBLIC. FORM 990, PART VII, SECTION B AMOUNTS PAID TO INDEPENDENT CONTRACTORS INCLUDE AMOUNTS FOR SUBCONTRACTORS AS WELL AS REIMBURSABLE EXPENSES. FORM 990, PART XI, LINE 9 CHANGE IN POSTRETIREMENT EXPENSE (\$224,929,000) OTHER NON-OPERATING EXPENSES (\$21,260,000) TOTAL-OTHER CHANGES IN NET ASSETS (\$246,189,000) FORM 990, PART XII, LINE 2 THE FINANCIAL STATEMENTS OF MEMORIAL SLOAN-KETTERING CANCER CENTER AND ITS AFFILIATES ARE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM ON A COMBINED BASIS. THE COMBINED STATEMENTS INCLUDE THE ACCOUNTS OF THE FOLLOWING TAX EXEMPT, SECTION 501 (C) (3), INCORPORATED AFFILIATES: MEMORIAL SLOAN-KETTERING CANCER CENTER (EIN 13-1924236), MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES (EIN 13-1624082), SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH (EIN 13-1624182), S.K.I. REALTY, INC. (EIN 13-3389586), LOUIS V. GERSTNER JR., GRADUATE SCHOOL OF BIOMEDICAL SCIENCES (EIN 20-2212588), AND MSK INSURANCE US, INC.(MVI) EIN 83-0363317. INCLUDED IN THE GROUP EXEMPTION IS MSKCC PROPERTIES LLC (EIN 35-2464610) WITH MEMORIAL HOSPITAL BEING THE SOLE MEMBER, AND MSKCC PROTON, INC. (EIN 35-2397819). THE CENTER'S FINANCIAL STATEMENTS ARE NOT AUDITED INDEPENDENT OF THE COMBINED. REFER TO SCHEDULE D FOR A RECONCILIATION OF THE 990 TO THE CENTER'S FINANCIAL STATEMENTS.</p>

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Return Reference	Explanation
STRATEGIC PLANNING AND COMMUNITY BENEFITS	<p>MEMORIAL SLOAN-KETTERING CANCER CENTER AND ITS AFFILIATES AS REPORTED ON A COMBINED BASIS WITH A SEPARATE GROUP 990 FILING UNDER EIN # 91-2154236. MEMORIAL SLOAN-KETTERING CANCER CENTER AND ITS AFFILIATES ARE INTERTWINED WITH COMMUNITY BENEFITS AND FINANCIAL ASSISTANCE ACTIVITIES AS OUTLINED BELOW. MSKCC'S STRATEGIC PLANNING PROCESS INCLUDES DEVELOPING PROGRAMS IN RESPONSE TO CANCER MORBIDITY AND MORTALITY DATA, DEMOGRAPHIC DATA, AND COMMUNITY INPUT IN ACCORDANCE WITH ITS IRS "COMMUNITY HEALTH NEEDS ASSESSMENTS" REQUIREMENTS. THESE FINDINGS ARE USED IN DESIGNING AN IMPLEMENTATION STRATEGY TO PLAN INITIATIVES AND PROGRAMS AIMED AT IMPROVING OUR COMMUNITIES' ACCESS TO CANCER INFORMATION. IN ADDITION, THE ORGANIZATION'S STRATEGIC EFFORTS ARE FOCUSED ON REDUCING THE CRITICAL ISSUE OF CANCER HEALTH DISPARITIES AMONG MINORITY AND MEDICALLY UNDERSERVED POPULATIONS. MSKCC'S INPATIENT HOSPITAL IS LOCATED IN MID-MANHATTAN WITH ADDITIONAL OUTPATIENT TREATMENT CENTERS IN BROOKLYN, LONG ISLAND, WESTCHESTER COUNTY, AND NEW JERSEY. OUR PRIMARY CATCHMENT AREA ENCOMPASSES 23 COUNTIES ACROSS THE FIVE BOROUGHES OF NEW YORK CITY, LONG ISLAND, SOUTHERN NEW YORK STATE, NEW JERSEY, AND SOUTHWESTERN CONNECTICUT. A TOTAL OF 202,108 PATIENTS WERE SEEN AT MSKCC'S FACILITIES IN 2019, INCLUDING 181,768 (89.9 PERCENT) PATIENTS FROM THE TRI-STATE AREA (NY, NJ, CT); 18,918 (9.4 PERCENT) PATIENTS FROM OTHER PARTS OF THE UNITED STATES; AND 1,422 (0.7 PERCENT) PATIENTS FROM OTHER COUNTRIES. THESE PATIENTS ACCOUNTED FOR 25,597 ADMISSIONS TO OUR HOSPITAL WITH 173,702 RELATED PATIENT DAYS AND 839,073 OUTPATIENT VISITS AT OUR COMBINED FACILITIES IN NEW YORK CITY AND THE REGION. SINCE 1987, MSKCC HAS HAD A FINANCIAL ASSISTANCE PROGRAM (FAP) IN PLACE TO ASSIST UNDERINSURED AND UNINSURED PATIENTS WHO ARE EXPERIENCING DIFFICULTIES MEETING THEIR FINANCIAL RESPONSIBILITIES TO MEMORIAL HOSPITAL AND ITS PHYSICIANS. FINANCIAL COUNSELORS WORK WITH PATIENTS AND INSURANCE COMPANIES - INCLUDING MEDICARE AND MEDICAID - TO HELP THE PATIENTS TO ACCESS SERVICES. THOSE WHO DO NOT QUALIFY FOR PUBLICLY AVAILABLE HEALTH INSURANCE, OR WHO ARE UNABLE TO PAY THEIR PORTION OF FEES ABOVE INSURANCE REIMBURSEMENT, MAY OBTAIN HELP THROUGH THE INSTITUTION'S FAP IF THEY ARE ELIGIBLE. THE PREMISE OF THE PROGRAM IS THAT ALL PATIENTS ARE EXPECTED TO CONTRIBUTE TO THEIR CARE BASED ON THEIR FINANCIAL ABILITY. THE FINANCIAL ASSISTANCE PROGRAM EMPLOYS SEVERAL STRATEGIES TO INCREASE PATIENTS' AWARENESS OF THE PROGRAM. DURING THE REGISTRATION PROCESS, FINANCIAL INTERVIEWERS EDUCATE PATIENTS ON THE VARIOUS PROGRAMS AVAILABLE TO THEM, INCLUDING GOVERNMENTAL PROGRAMS AND THE FINANCIAL ASSISTANCE PROGRAMS. MSKCC PERSONNEL SENDS THE FAP BROCHURE WITH THE INITIAL HOSPITAL BILL TO EVERY NEW PATIENT TO MAKE THEM AWARE OF THE CHARITY CARE/FINANCIAL ASSISTANCE PROGRAM. THE FAP IS ALSO MENTIONED IN EVERY PATIENT STATEMENT AND LETTER THAT IS SENT TO A PATIENT. MOREOVER, THE FAP IS MENTIONED IN EVERY COLLECTION LETTER SENT TO PATIENTS BY</p>

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Return Reference	Explanation
STRATEGIC PLANNING AND COMMUNITY BENEFITS	THE COLLECTION AGENCIES. EVEN AFTER A PATIENT'S ACCOUNT IS SENT TO COLLECTIONS, HE/SHE CAN STILL APPLY FOR FINANCIAL ASSISTANCE. IT IS NEVER TOO LATE TO APPLY FOR FINANCIAL ASSISTANCE AND RETROACTIVE FAP COVERAGE WOULD BE GIVEN IF A PATIENT IS DETERMINED ELIGIBLE FOR ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE PROGRAM IS ALSO AVAILABLE ON THE INSTITUTION'S WEBSITE AT WWW.MSKCC.ORG/FINANCIAL-ASSISTANCE OR BY CALLING OUR DEDICATED FINANCIAL ASSISTANCE LINE AT (212) 639-3810. A PATIENT MAY ALSO QUALIFY FOR ASSISTANCE EVEN IF HIS/HER INCOME IS GREATER THAN THE THRESHOLD LIMIT. THE INSTITUTION ADJUSTS PATIENTS' INCOME FOR ROUTINE MONTHLY EXPENSES, INCLUDING TAXES, TO DETERMINE, DISPOSABLE INCOME. MSKCC ALSO DEDUCTS A SPECIFIC AMOUNT (DEBT BURDEN) AS MONTHLY CLOTHES AND FOOD ALLOWANCE BASED ON A PATIENT'S FAMILY SIZE IN EVALUATING THE TYPE AND AMOUNT OF ASSISTANCE NEEDED. THE TABLE BELOW ILLUSTRATES THE INCOME GUIDELINES USED. FAMILY SIZE ALLOWED INCOME RESOURCE LEVELS 1 \$62,450 \$37,875 2 \$84,550 \$55,500 3 \$106,650 \$62,535 4 \$128,750 \$70,688 5 \$150,850 \$78,848 6 \$172,950 \$87,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
STRATEGIC PLANNING AND COMMUNITY BENEFITS - CONTINUED	<p>MSKCC ENGAGES IN AND SUPPORTS COALITION-BUILDING ACTIVITIES THAT PROMOTE THE HEALTH OF THE COMMUNITIES THE INSTITUTION SERVES. STAFF MEMBERS ARE ENCOURAGED TO SHARE THEIR CLINICAL EXPERTISE AND EXPERIENCE WITH PARTNERING HEALTHCARE FACILITIES AND COMMUNITY ORGANIZATIONS. STAFF MEMBERS SERVE AND PARTICIPATE IN NUMEROUS COMMUNITY GROUPS INCLUDING THE AMERICAN CANCER SOCIETY, THE GREATER NEW YORK HOSPITAL ASSOCIATION, AND MANY HEALTH IMPROVEMENT ADVOCACY GROUPS FOR VARIOUS TYPES OF CANCER. ALTHOUGH THE SIGNIFICANT COST OF STAFF TIME DEVOTED TO THESE ACTIVITIES IS NOT QUANTIFIED BY THE CENTER, THE INSTITUTION CONSIDERS THESE EFFORTS TO COLLABORATE AND BUILD COMMUNITY RESOURCES TO BE OF SIZEABLE COMMUNITY BENEFIT. MSKCC CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) DURING THE SECOND QUARTER OF 2019 TO DETERMINE THE CRITICAL CANCER-RELATED HEALTH NEEDS FACING RESIDENTS IN OUR 23-COUNTY CATCHMENT AREA IN NEW YORK, NEW JERSEY, AND CONNECTICUT. WE ANALYZED CANCER STATISTICS ON INCIDENCE, PREVALENCE, AND MORTALITY. WE ALSO REVIEWED KEY HEALTH TRENDS AMONG CANCER PATIENTS, MULTICULTURAL POPULATIONS, AND THE PUBLIC. TO ENGAGE THE BROAD COMMUNITY IN OUR HEALTH NEEDS ASSESSMENT, MSKCC HELD A SERIES OF COMMUNITY FORUMS IN MANHATTAN (HARLEM), BROOKLYN, LONG ISLAND, WESTCHESTER AND NEW JERSEY AS WELL AS AN ADDITIONAL WEBINAR PLACING SPECIAL FOCUS ON THE HEALTH NEEDS OF THE HISPANIC COMMUNITY. THE FORUMS WERE CONDUCTED TO CONNECT WITH REPRESENTATIVES FROM COMMUNITY-BASED ORGANIZATIONS. THESE PRIVATE, NON-PROFIT, PUBLIC, AND GOVERNMENT AGENCIES WORK TO MEET COMMUNITY NEEDS WITH SERVICES AND RESOURCES THROUGHOUT NEW YORK CITY AND ITS SURROUNDING COMMUNITIES. REPRESENTATIVES FROM 40 COMMUNITY-BASED ORGANIZATIONS AND PARTNERS WHO SERVE A DIVERSE RANGE OF CLIENTS PARTICIPATED IN THESE FORUMS. SERVICES PROVIDED BY THE ORGANIZATIONS INCLUDE CANCER CARE SUPPORT, FOOD, MEDICAL, PSYCHOSOCIAL, IMMIGRATION ASSISTANCE, AND PRIMARY CARE SERVICES. SUMMARY FINDINGS OF MSKCC'S COMMUNITY HEALTH NEEDS ASSESSMENT WERE SENT TO COMMUNITY-BASED ORGANIZATIONS WITH WHOM WE WORK AND INVITED THEIR FEEDBACK. WE ALSO INCORPORATED THE CHNA INTO OUR ANNUAL COMMUNITY SERVICE PLAN (CSP) TO ADDRESS THE IDENTIFIED HEALTH NEEDS. THE CSP WAS DISTRIBUTED TO LOCAL ELECTED OFFICIALS AND OTHER COMMUNITY ORGANIZATIONS. THE CHNA WAS ALSO PUBLISHED TO OUR WEBSITE AT WWW.MSKCC.ORG/COMMUNITYSERVICEPLANS, FOR PUBLIC INSPECTION AND INPUT. WE PUBLISHED THE CHNA IN 2019 WHEN THE ASSESSMENT WAS COMPLETED. WHILE THE NEXT CHNA CYCLE IS IN 2022, MSKCC WILL BE MAKING ANNUAL UPDATES TO ITS COMMUNITY SERVICE PLAN BEGINNING DECEMBER 2020. EDUCATION AND TRAINING ARE KEY COMPONENTS OF MEMORIAL SLOAN KETTERING CANCER CENTER'S MISSION AND IMPORTANT EXAMPLES OF HOW THE INSTITUTION MAKES CONTRIBUTIONS TO THE CARE AND TREATMENT OF CANCER PATIENTS FAR BEYOND ITS OWN WALLS THROUGH WORKFORCE DEVELOPMENT. OUR TRAINING, GRADUATE, AND CONTINUING EDUCATION PROGRAMS PREPARE PHYSICIANS, SCIENTISTS, NURSES, AND TECHNICIANS TO BE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
STRATEGIC PLANNING AND COMMUNITY BENEFITS - CONTINUED	<p>EADERS IN THEIR CHOSEN FIELDS. THESE HEALTHCARE PROVIDERS CAN THEN TAKE THE EXPERTISE GAIN ED FROM WORKING WITH OUR SPECIALISTS TO OTHER HEALTHCARE INSTITUTIONS AROUND THE COUNTRY AND THROUGHOUT THE WORLD. MSKCC ALSO TRAINS GRADUATE STUDENTS AND POSTDOCTORAL RESEARCHERS WORKING IN MANY AREAS OF BASIC SCIENCE AND TRANSLATIONAL RESEARCH. WHEN THESE YOUNG SCIENT ISTS COMPLETE THEIR TRAINING, THEY BRING THE SKILLS OBTAINED IN OUR LABORATORIES INTO THE ACADEMIC COMMUNITY AT LARGE AS WELL AS THE PRIVATE SECTOR. MSKCC SPONSORS SEVERAL PROGRAMS THAT GIVE MEDICAL STUDENTS, UNDERGRADUATES, AND HIGH SCHOOL STUDENTS THE OPPORTUNITY TO W ORK AT THE INSTITUTION DOING CLINICAL AND LABORATORY RESEARCH. THROUGH THESE PROGRAMS, MEM ORIAL SLOAN KETTERING CANCER CENTER STRIVES TO INCREASE THE PIPELINE OF SCIENTISTS AND PHY SICIANS WORKING IN ONCOLOGY. MSKCC'S OFFICE OF DIVERSITY PROGRAMS IN CLINICAL CARE, RESEAR CH, AND TRAINING (ODP) PROVIDES FUNDING TO ENCOURAGE INTEREST IN PURSUING CAREERS IN THE F IELD OF ONCOLOGY FOR MEMBERS OF MINORITY GROUPS WHO ARE UNDERREPRESENTED IN MEDICINE AND W ISH TO PARTICIPATE IN THE NATIONAL CANCER INSTITUTE'S MEDICAL STUDENTS SUMMER FELLOWSHIP P ROGRAM. THE ODP ALSO COORDINATES A SIX-WEEK SUMMER EXPOSURE PROGRAM TO EXPOSE UNDERREPRESE NTED MINORITY HIGH SCHOOL STUDENTS TO CAREERS IN MEDICINE AND RESEARCH. MEMORIAL SLOAN KET TERING CANCER CENTER UTILIZED \$280.0M OF THE INSTITUTION'S RESOURCES DURING 2019 TO SUPPOR T ITS EDUCATION AND TRAINING MISSION, WHICH WE SEE AS VITAL, GIVEN OUR LEADERSHIP ROLE IN CANCER CARE TREATMENT AND RESEARCH. \$66.9M OF THE AMOUNT WAS SPONSORED BY GOVERNMENTAL AND OTHER REVENUE SOURCES AND \$213.1M FROM THE INSTITUTION'S GENERAL FUND. MSKCC FOCUSES ON M ULTIDISCIPLINARY CARE, WHERE EXPERTS FROM MANY FIELDS OF MEDICINE COME TOGETHER TO DEVELOP THE BEST TREATMENTS FOR INDIVIDUAL PATIENTS AND FOR THE TREATMENT OF PATIENTS WITH ALL TY PES OF CANCER. THIS HAS ALLOWED US TO BE AT THE FOREFRONT OF DEVELOPING TREATMENTS THAT AR E MORE EFFECTIVE AT TREATING CANCER, WHILE AT THE SAME TIME SPARING MANY PATIENTS FROM THE MOST SERIOUS SIDE EFFECTS OF TREATMENT. OUR BASIC AND TRANSLATIONAL RESEARCHERS HAVE MADE MANY SIGNIFICANT CONTRIBUTIONS TO THE SCIENTIFIC COMMUNITY'S UNDERSTANDING OF CANCER BIOL OGY AND CANCER GENETICS AS WELL AS TO RELATED FIELDS -- CELL BIOLOGY, MOLECULAR BIOLOGY, S TRUCTURAL BIOLOGY, DEVELOPMENTAL BIOLOGY, MOLECULAR PHARMACOLOGY AND CHEMISTRY, IMMUNOLOGY , COMPUTATIONAL BIOLOGY, AND DRUG DEVELOPMENT. GENES FIRST IDENTIFIED IN OUR LABORATORIES ARE NOW THE FOCUS OF INTENSE RESEARCH IN OTHER LABORATORIES AROUND THE WORLD. DRUGS, MONOC LONAL ANTIBODIES, AND OTHER AGENTS FIRST DEVELOPED IN OUR LABORATORIES HAVE GONE ON TO GAI N REGULATORY APPROVAL FOR TREATING PATIENTS WORLDWIDE. RECENT EXPANSION OF OUR LABORATORY SPACE HAS ALLOWED US TO GROW OUR RESEARCH EFFORTS SO THAT GOING FORWARD WE CAN CONTINUE TO MAKE DISCOVERIES THAT WILL CHANGE THE WAY THE WORLD UNDERSTANDS CANCER AND AID IN THE DEV ELOPMENT OF BETTER TREATMENTS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
STRATEGIC PLANNING AND COMMUNITY BENEFITS - CONTINUED	FOR CANCER PATIENTS EVERYWHERE. IN 2019, MEMORIAL SLOAN KETTERING CANCER CENTER SPENT \$552 .3M IN SUPPORT OF ITS RESEARCH MISSION, OF WHICH \$214.0M WAS SPONSORED BY GOVERNMENTAL AND OTHER NON-PROFIT ORGANIZATIONS, \$149.5M FROM PHILANTHROPY, AND \$188.7M FROM THE INSTITUTION'S FUNDS. . . .

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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
13-1924236

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) PROSTATE CANCER CLINICAL TRIALS 1275 YORK AVE NEW YORK, NY 10065 35-2506225	CANCER CARE	DE	743,000	5,656,000	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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b) (13) controlled entity?	
						Yes	No
(1)MEMORIAL MEDICAL CARE PC 1275 YORK AVENUE NEW YORK, NY 10065 35-2491455	CANCER CARE	NY	501 (C)3	10	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.

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUSTS 184			N/A						
(2) TWO SIGMA US ALL CAP 89 NEXUS WAY CAMANA BAY GRAND CAYMAN KY1-9007 CJ	INVESTMENT	CJ	MSK	C	28,190,712	135,177,205	100.000 %	Yes	
(3) AXAR OFFSHORE FUND LTD PO BOX 309 UGLAND HOUSE GRAND CAYMAN KY1-1104 CJ	INVESTMENT	CJ	MSK	C	4,241,767	133,664,762	54.220 %	Yes	

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

No

1c

No

1d

No

1e

No

1f

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

Yes

1m

Yes

1n

No

1o

No

1p

No

1q

No

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.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2019

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-1924236
Name: Memorial Sloan-Kettering Cancer Center

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MEM RADIATION ONCOL 1275 YORK AVE NY, NY 10065 13-3237927	HEALTH CARE	NY	MEM	RELATED	30,180,227	0		No	0	Yes		1.000 %
MEM PATHOLOGY GROUP 1275 YORK AVE NY, NY 10065 13-3365998	HEALTH CARE	NY	MEM	RELATED	52,574,945	0		No	0	Yes		1.000 %
MEM ANESTHESIOLOGY 1275 YORK AVE NY, NY 10065 13-3367135	HEALTH CARE	NY	MEM	RELATED	63,919,019	0		No	0	Yes		1.000 %
MEM PEDIATRICS GRP 1275 YORK AVE NY, NY 10065 13-3346908	HEALTH CARE	NY	MEM	RELATED	10,585,668	0		No	0	Yes		1.000 %
MEM NEUROLOGY GROUP 1275 YORK AVE NY, NY 10065 13-3399377	HEALTH CARE	NY	MEM	RELATED	12,547,803	0		No	0	Yes		1.000 %
MEM PSYCHIATRY GRP 1275 YORK AVE NY, NY 10065 13-3430629	HEALTH CARE	NY	MEM	RELATED	4,660,610	0		No	0	Yes		1.000 %
MSK NASSAU 1275 YORK AVE NY, NY 10065 61-1904151	HEALTH CARE	NY	MEM	RELATED	5,566,382	0		No	0	Yes		1.000 %
MSK AT MERCY 1275 YORK AVE NY, NY 10065 13-3954858	HEALTH CARE	NY	MEM	RELATED	2,567,844	0		No	0	Yes		1.000 %
MEM INFECT DISEASE 1275 YORK AVE NY, NY 10065 13-3278582	HEALTH CARE	NY	MEM	RELATED	2,964,551	0		No	0	Yes		1.000 %
MSK SURGERY GROUP 1275 YORK AVE NY, NY 10065 13-4010372	HEALTH CARE	NY	MEM	RELATED	178,264,178	0		No	0	Yes		1.000 %
MSK HAUPPAUGE 1275 YORK AVE NY, NY 10065 13-4059247	HEALTH CARE	NY	MEM	RELATED	5,983,017	0		No	0	Yes		1.000 %
INTERGRATIVE MED 1275 YORK AVE NY, NY 10065 54-2092060	HEALTH CARE	NY	MEM	RELATED	1,439,310	0		No	0	Yes		1.000 %
MSK-REGIONAL NETWK 1275 YORK AVE NY, NY 10065 02-0594889	HEALTH CARE	NY	MEM	RELATED	16,296,606	0		No	0	Yes		1.000 %
MSK BASKING RIDGE 1275 YORK AVE NY, NY 10065 59-3801080	HEALTH CARE	NY	MEM	RELATED	14,762,319	0		No	0	Yes		1.000 %
MEM URGENT CARE GRP 1275 YORK AVE NY, NY 10065 65-1263291	HEALTH CARE	NY	MEM	RELATED	7,033,001	0		No	0	Yes		1.000 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MEM CLN GENETICS 1275 YORK AVE NY, NY 10065 65-1263292	HEALTH CARE	NY	MEM	RELATED	407,477	0		No	0	Yes		1.000 %
MEM DEVELOP CHEMO 1275 YORK AVE NY, NY 10065 13-3278548	HEALTH CARE	NY	MEM	RELATED	5,710,154	0		No	0	Yes		1.000 %
MEM MEDICAL CONSULT 1275 YORK AVE NY, NY 10065 13-3278550	HEALTH CARE	NY	mem	RELATED	8,016,528	0		No	0	Yes		1.000 %
MSK CLINIC PRACTICE 1275 YORK AVE NY, NY 10065 51-0616510	HEALTH CARE	NY	MEM	RELATED	14,475,220	0		No	0	Yes		1.000 %
RALPH LAUREN CTR 1275 YORK AVE NY, NY 10065 35-0577172	HEALTH CARE	NY	MEM	RELATED	60,841	0		No	0	Yes		1.000 %
MEM CLINICAL PHY 1275 YORK AVE NY, NY 10065 13-3278556	HEALTH CARE	NY	MEM	RELATED	2,193,140	0		No	0	Yes		1.000 %
MEM SOLID TUMOR GRP 1275 YORK AVE NY, NY 10065 13-3278578	HEALTH CARE	NY	MEM	RELATED	43,312,698	0		No	0	Yes		1.000 %
MEM DERMATOLOGY GRP 1275 YORK AVE NY, NY 10065 13-3278581	HEALTH CARE	NY	MEM	RELATED	8,200,750	0		No	0	Yes		1.000 %
MEM ENDOCRINE GRP 1275 YORK AVE NY, NY 10065 13-3278583	HEALTH CARE	NY	MEM	RELATED	3,683,889	0		No	0	Yes		1.000 %
GASTROENTEROLOGY 1275 YORK AVE NY, NY 10065 13-3278574	HEALTH CARE	NY	MEM	RELATED	9,424,041	0		No	0	Yes		1.000 %
MEM HEMATOLOGYLYMP 1275 YORK AVE NY, NY 10065 13-3278575	HEALTH CARE	NY	MEM	RELATED	20,500,813	0		No	0	Yes		1.000 %
MEM PULMONARY FUNC 1275 YORK AVE NY, NY 10065 13-3304834	HEALTH CARE	NY	MEM	RELATED	4,869,170	0		No	0	Yes		1.000 %
MEM CARDIOPULMONARY 1275 YORK AVE NY, NY 10065 13-3278552	HEALTH CARE	NY	MEM	RELATED	6,184,320	0		No	0	Yes		1.000 %
MSKCC RADIOLOGY GRP 1275 YORK AVE NY, NY 10065 13-3375559	HEALTH CARE	NY	MEM	RELATED	89,907,012	0		No	0	Yes		1.000 %
MEM NUCLEAR MED 1275 YORK AVE NY, NY 10065 13-3278580	HEALTH CARE	NY	MEM	RELATED	9,150,586	0		No	0	Yes		1.000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispropportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MSK HARRISON 1275 YORK AVE NY, NY 10065 30-0831483	HEALTH CARE	NY	MEM	RELATED	18,032,673	0		No	0	Yes		1.000 %
MSK BERGEN 1275 YORK AVE NY, NY 10065 61-1791803	HEALTH CARE	NY	MEM	RELATED	8,202,328	0		No	0	Yes		1.000 %
MSK MONMOUTH 1275 YORK AVE NY, NY 10065 30-0937486	HEALTH CARE	NY	MEM	RELATED	14,990,131	0		No	0	Yes		1.000 %
PANAKEIA ENERGY 10000 MEMORIAL DR HOUSTON, TX 77024 80-0891961	INVESTMENT	DE	MSK	ECLUDED UNDER 512	-8,556,675	10,930,826		No	-1,416,878	Yes		99.200 %
BTS LIQUIDATING LLC 1430 BROADWAY NY, NY 10018 26-2602952	INVESTMENT	NY	MSK	EXCLUDED UNDER 512	-134,781	1,151,558		No	0	Yes		70.000 %

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MEMORIAL HOSPITAL FOR CANCER & ALLIED DISEASE	L	605,611,000	COST
SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH	L	161,774,000	COST
SKI REALTY INC	L	4,958,000	COST
LOUIS V GERSTNER JR GRADUATE SCHOOL	L	84,000	COST
MEMORIAL HOSPITAL FOR CANCER & ALLIED DISEASE	M	12,846,000	COST
SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH	M	8,592,000	COST
SKI REALTY INC	K	15,194,000	cost