



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

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

**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

<b>4a</b>	(Code )	(Expenses \$ 3,036,476,932	including grants of \$ 40,969,000 )	(Revenue \$ 3,099,145,175 )
See Additional Data				

<b>4b</b>	(Code )	(Expenses \$ 636,377,629	including grants of \$ 25,897,000 )	(Revenue \$ 87,679,000 )
See Additional Data				























<b>4c</b>	(Code )	(Expenses \$ 3,177,886	including grants of \$ 1,040,000 )	(Revenue \$ )
See Additional Data				

**4d** Other program services (Describe in Schedule O )

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

**4e** Total program service expenses ► 3,676,032,447

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<b>3</b> 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 	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	<b>4</b> Yes	
<b>5</b> 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 	<b>5</b>	No
<b>6</b> 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 	<b>6</b>	No
<b>7</b> 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 	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	<b>8</b>	No
<b>9</b> 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 	<b>9</b>	No
<b>10</b> 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 	<b>10</b> Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	<b>11a</b> Yes	
<b>b</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 	<b>11b</b> Yes	
<b>c</b> 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 	<b>11c</b>	No
<b>d</b> 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 	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b> Yes	
<b>f</b> 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 	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	<b>12a</b>	No
<b>b</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 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	<b>13</b> Yes	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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 	<b>14b</b> Yes	
<b>15</b> 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 	<b>15</b>	No
<b>16</b> 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 	<b>16</b>	No
<b>17</b> 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) 	<b>17</b> Yes	
<b>18</b> 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 	<b>18</b> Yes	
<b>19</b> 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 	<b>19</b>	No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No	
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	20a	Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	20b	Yes	
<b>21</b> 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	Yes	
<b>22</b> 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	Yes	
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b		No
<b>c</b> 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
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d		No
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a		No
<b>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .	26	Yes	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27		No
<b>28</b> 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) <b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . <b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	28a	Yes	
	28b	Yes	
	28c	Yes	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31		No
<b>32</b> 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
<b>33</b> 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	
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
<b>b</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	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36		No
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	<b>1a</b>	1,568
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	18,239
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	Yes
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	Yes
<b>b</b>	If "Yes," enter the name of the foreign country <b>►</b> LU See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	Yes
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	Yes
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O . . . . .	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>	

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	113	
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	101	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
<b>6</b> Did the organization have members or stockholders?	6	Yes
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> The governing body?	8a	Yes
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	Yes
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	10a	No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
<b>13</b> Did the organization have a written whistleblower policy?	13	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	14	Yes
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	15a	Yes
<b>b</b> Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
**▶ MARK K SVENNINGSON 633 3RD AVENUE NEW YORK, NY 10017 (646) 227-3414**

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.

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

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

[illegible]

[illegible]

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 ▶ 5,001

## Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
TURNER CONSTRUCTION, 375 HUDSON STREET NEW YORK, NY 10014	GENERAL CONSTRUCTION	227,973,293
HUNTER ROBERTS CONSTRUCTION GR LLC, 2 WORLD FINANCIAL CENTER NEW YORK, NY 10001	GENERAL CONSTRUCTION	70,764,535
JGN CONSTRUCTION CORP, 66-40 69TH STREET MIDDLE VILLAGE, NY 11379	GENERAL CONSTRUCTION	24,228,039
PERKINS EASTMAN ARCHITECTS, 115 FIFTH AVENUE NEW YORK, NY 10003	ARCHITECURAL	9,568,831
WM BLANCHARD, 199 MOUNTAIN AVENUE SPRINGFIELD. NJ 07081	GENERAL CONSTRUCTION	7,773,701

Form 990 (2016)



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>				
	<b>b</b> Membership dues . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . .	<b>1c</b>	1,074,953			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	161,721,000			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	322,127,629			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		21,944,904			
	<b>h Total.</b> Add lines 1a-1f . . . . .		484,923,582			
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b> MEDICAL CARE	622310	3,099,145,175	3,099,145,175		
	<b>b</b> NON-GOVERNMENT SPONSORED RESEARCH	541711	87,679,000	87,679,000		
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . .		3,186,824,175			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		25,639,796		1,958,698	23,681,098
	<b>4</b> Income from investment of tax-exempt bond proceeds		8,557,000			8,557,000
	<b>5</b> Royalties . . . . .		167,731,000			167,731,000
	<b>6a</b> Gross rents	(i) Real (ii) Personal				
		37,210,000				
	<b>b</b> Less rental expenses	40,997,634				
	<b>c</b> Rental income or (loss)	-3,787,634 0				
	<b>d</b> Net rental income or (loss) . . . . .		-3,787,634			-3,787,634
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		585,978,283				
	<b>b</b> Less cost or other basis and sales expenses	552,328,283				
	<b>c</b> Gain or (loss)	33,650,000				
	<b>d</b> Net gain or (loss) . . . . .		33,650,000			33,650,000
	<b>8a</b> Gross income from fundraising events (not including \$ 1,074,953 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b> 2,559,418				
	<b>b</b> Less direct expenses . . . . .	<b>b</b> 872,939				
	<b>c</b> Net income or (loss) from fundraising events . . . . .		1,686,479			1,686,479
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b> 0				
	<b>b</b> Less direct expenses . . . . .	<b>b</b> 0				
	<b>c</b> Net income or (loss) from gaming activities . . . . .		0			
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> 0				
<b>b</b> Less cost of goods sold . . . . .	<b>b</b> 0					
<b>c</b> Net income or (loss) from sales of inventory . . . . .		0				
Miscellaneous Revenue	Business Code					
<b>11a</b> CAFETERIA	722212	5,317,000			5,317,000	
<b>b</b> VENDOR DISCOUNTS	561439	1,451,000			1,451,000	
<b>c</b> SERVICES PROVIDED	561439	6,013,000			6,013,000	
<b>d</b> All other revenue . . . . .		20,144,000		-1,128,849	21,272,849	
<b>e Total.</b> Add lines 11a-11d . . . . .		32,925,000				
<b>12 Total revenue.</b> See Instructions . . . . .		3,938,149,398	3,186,824,175	829,849	265,571,792	

**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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,100,000	1,100,000		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	23,938,386	23,938,386		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	37,493,489	28,709,499	6,643,388	2,140,602
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	1,799,581	1,570,414	229,167	
<b>7</b> Other salaries and wages.	1,630,192,346	1,602,789,070	6,584,019	20,819,257
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	134,096,717	132,133,673	521,975	1,441,069
<b>9</b> Other employee benefits.	236,248,272	229,058,617	3,464,374	3,725,281
<b>10</b> Payroll taxes.	97,704,033	95,702,082	617,789	1,384,162
<b>11</b> Fees for services (non-employees).				
<b>a</b> Management.	0			
<b>b</b> Legal.	15,468,985	14,572,827	701,082	195,076
<b>c</b> Accounting.	807,313	690,350	116,369	594
<b>d</b> Lobbying.	896,016	896,016		
<b>e</b> Professional fundraising services. See Part IV, line 17.	139,618			139,618
<b>f</b> Investment management fees.	7,886,480		7,886,480	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	72,964,682	66,936,952	2,829,553	3,198,177
<b>12</b> Advertising and promotion.	17,540,754	16,308,938		1,231,816
<b>13</b> Office expenses.	256,365,801	230,662,158	2,168,619	23,535,024
<b>14</b> Information technology.	28,582,814	28,204,035	118,788	259,991
<b>15</b> Royalties.	5,823,820		5,823,820	
<b>16</b> Occupancy.	113,398,855	102,221,902	10,022,413	1,154,540
<b>17</b> Travel.	10,587,568	9,690,034	305,544	591,990
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	11,011,328	9,885,241	353,940	772,147
<b>20</b> Interest.	48,723,848	48,294,003	429,845	
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	263,964,341	260,323,183	2,743,212	897,946
<b>23</b> Insurance.	26,173,193	25,886,441	173,977	112,775
<b>24</b> 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.)				
<b>a</b> PHARMACEUTICALS	550,596,141	550,596,141		
<b>b</b> MEDICAL/SURGICAL SUPPLIES	194,536,701	194,111,865	424,836	
<b>c</b> PROVISION BAD DEBT-REG ASSMT	35,002,967	35,002,967		
<b>d</b> UBIT EXPENSE	73,723		73,723	
<b>e</b> All other expenses	-41,870,573	-33,252,347	-10,211,222	1,592,996
<b>25</b> Total functional expenses. Add lines 1 through 24e.	3,781,247,199	3,676,032,447	42,021,691	63,193,061
<b>26</b> 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).	16,344,917	8,282,854		8,062,063

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

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		304,373,000	<b>1</b>	456,756,000
	<b>2</b>	Savings and temporary cash investments . . . . .		360,913,000	<b>2</b>	419,984,000
	<b>3</b>	Pledges and grants receivable, net . . . . .		692,114,000	<b>3</b>	597,945,000
	<b>4</b>	Accounts receivable, net . . . . .		470,238,000	<b>4</b>	451,937,175
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		1,245,503	<b>5</b>	1,100,000
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .		29,292,497	<b>7</b>	31,609,000
	<b>8</b>	Inventories for sale or use . . . . .		53,964,000	<b>8</b>	56,919,000
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		101,110,000	<b>9</b>	99,389,000
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	<b>10a</b> 6,002,619,000			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b> 2,643,271,000	3,013,201,000	<b>10c</b>	3,359,348,000
	<b>11</b>	Investments—publicly traded securities . . . . .		3,694,224,000	<b>11</b>	3,597,777,000
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		846,022,000	<b>12</b>	792,425,000
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		20,033,000	<b>13</b>	20,156,000
	<b>14</b>	Intangible assets . . . . .		0	<b>14</b>	0
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		0	<b>15</b>	0
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		9,586,730,000	<b>16</b>	9,885,345,175	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		674,852,000	<b>17</b>	728,200,976
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0
	<b>19</b>	Deferred revenue . . . . .		0	<b>19</b>	0
	<b>20</b>	Tax-exempt bond liabilities . . . . .		1,551,075,000	<b>20</b>	1,265,956,000
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	<b>21</b>	0
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		0	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		0	<b>23</b>	0
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		973,060,000	<b>24</b>	1,350,000,000
	<b>25</b>	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.		856,861,000	<b>25</b>	815,201,000
<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		4,055,848,000	<b>26</b>	4,159,357,976	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets		4,191,801,000	<b>27</b>	4,341,317,199
	<b>28</b>	Temporarily restricted net assets . . . . .		734,851,000	<b>28</b>	757,725,000
	<b>29</b>	Permanently restricted net assets		604,230,000	<b>29</b>	626,945,000
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances . . . . .</b>		5,530,882,000	<b>33</b>	5,725,987,199
<b>34</b>	<b>Total liabilities and net assets/fund balances . . . . .</b>		9,586,730,000	<b>34</b>	9,885,345,175	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,938,149,398
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,781,247,199
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	156,902,199
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	5,530,882,000
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	118,923,000
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-80,720,000
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	5,725,987,199

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> 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		
<b>2a</b> 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>b</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	
<b>c</b> 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	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

# Additional Data

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

Form 990 (2016)

**Form 990, Part III, Line 4a:**

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

**Form 990, Part III, Line 4b:**

RESEARCH MEMORIAL SLOAN-KETTERING CANCER CENTER MAINTAINS ONE OF THE WORLD'S MOST DYNAMIC PROGRAMS OF CANCER RESEARCH THE EXTRAORDINARY PATIENT CARE WE PROVIDE BENEFITS FROM OUR INNOVATIVE PROGRAMS IN BASIC, TRANSLATIONAL, AND CLINICAL RESEARCH RESEARCH AT SLOAN-KETTERING INSTITUTE IS DEDICATED TO UNDERSTANDING THE BIOLOGY OF CANCER THROUGH PROGRAMS IN CELL BIOLOGY, GENETICS, BIOCHEMISTRY, MOLECULAR BIOLOGY, STRUCTURAL BIOLOGY, COMPUTATIONAL BIOLOGY, IMMUNOLOGY, AND THERAPEUTICS INVESTIGATORS AT SLOAN-KETTERING INSTITUTE COLLABORATE WITH MEMORIAL HOSPITAL PHYSICIAN-SCIENTISTS, A PARTNERSHIP THAT HELPS SPEED IMPORTANT RESEARCH FINDINGS FROM THE LABORATORY TO THE BEDSIDE, IN A PROCESS KNOWN AS TRANSLATIONAL RESEARCH MEMORIAL SLOAN-KETTERING CANCER CENTER ALSO ACTIVELY INITIATES AND PARTICIPATES IN CLINICAL TRIALS TO IDENTIFY MORE EFFECTIVE CANCER THERAPIES, AND OUR PHYSICIANS ARE CURRENTLY LEADING 1,072 CLINICAL TRIALS FOR PEDIATRIC AND ADULT CANCERS THE HUMAN ONCOLOGY AND PATHOGENESIS PROGRAM (HOPP) IS A FURTHER EFFORT TO INCREASE INSTITUTIONAL RESEARCH STRENGTH IN AREAS IMPORTANT IN CONTEMPORARY TRANSLATIONAL RESEARCH HOPP IS DESIGNED TO MELD EVEN MORE THOROUGHLY THE CULTURES OF BASIC BIOLOGIC SCIENCE AND CLINICAL ONCOLOGY, AUGMENTING THE WORK CONDUCTED IN THE LABORATORIES OF MEMORIAL SLOAN-KETTERING CANCER CENTER'S PHYSICIAN-SCIENTISTS

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**Form 990, Part III, Line 4c:**

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

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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			
RICHARD I BEATTIE ..... SEE SCHEDULE O	6 0 ..... 0 0	X						0	0	0
ANTHONY B EVNIN ..... SEE SCHEDULE O	3 0 ..... 0 0	X						0	0	0
STANLEY F DRUCKENMILLER ..... SEE SCHEDULE O	3 0 ..... 0 0	X						0	0	0
RICHARD N FOSTER ..... SEE SCHEDULE O	3 0 ..... 0 0	X						0	0	0
STEPHEN FRIEDMAN ..... SEE SCHEDULE O	3 0 ..... 0 0	X						0	0	0
ELLEN V FUTTER ..... SEE SCHEDULE O	4 0 ..... 0 0	X						0	0	0
LOUIS V GERSTNER JR ..... SEE SCHEDULE O	7 0 ..... 0 0	X						0	0	0
JONATHAN N GRAYER ..... SEE SCHEDULE O	3 0 ..... 0 0	X						0	0	0
MICHAEL P GUTNICK ..... EXECUTIVE VP & CFO	50 0 ..... 0 0	X		X				1,648,988	0	72,706
BENJAMIN W HEINEMAN JR ..... SEE SCHEDULE O	3 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			
JEFFREY P JOHNSON ..... SEE SCHEDULE O	1 0 ..... 0 0	X						0	0	0
VIRGINIA M ROMETTY ..... SEE SCHEDULE O	3 0 ..... 0 0	X						0	0	0
DAVID H KOCH ..... SEE SCHEDULE O	4 0 ..... 0 0	X						0	0	0
MARIE-JOSEE KRAVIS ..... SEE SCHEDULE O	4 0 ..... 0 0	X						0	0	0
PETER J SOLOMON ..... SEE SCHEDULE O	3 0 ..... 0 0	X						0	0	0
PETER A WEINBERG ..... SEE SCHEDULE O	2 0 ..... 0 0	X						0	0	0
JAMES G NIVEN ..... SEE SCHEDULE O	5 0 ..... 0 0	X						0	0	0
ROGER W FERGUSON ..... SEE SCHEDULE O	3 0 ..... 0 0	X						0	0	0
BRUCE C RATNER ..... SEE SCHEDULE O	3 0 ..... 0 0	X						0	0	0
CLIFTON S ROBBINS ..... SEE SCHEDULE O	7 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			
JAMES D ROBINSON III ..... SEE SCHEDULE O	4 0 ..... 0 0	X						0	0	0
ALEXANDER T ROBERTSON ..... SEE SCHEDULE O	3 0 ..... 0 0	X						0	0	0
NORMAN C SELBY ..... SEE SCHEDULE O	6 0 ..... 0 0	X		X				0	0	0
STEPHEN C SHERRILL ..... SEE SCHEDULE O	5 0 ..... 0 0	X						0	0	0
SCOTT M STUART ..... SEE SCHEDULE O	6 0 ..... 0 0	X						0	0	0
MARK SVENNINGSON ..... SVP FINANCE & CONTROLLER	50 0 ..... 0 0	X		X				879,585	0	81,370
DOUGLAS WARNER III ..... SEE SCHEDULE O	8 0 ..... 0 0	X		X				0	0	0
DEBORAH C WRIGHT ..... SEE SCHEDULE O	3 0 ..... 0 0	X						0	0	0
KATHRYN MARTIN ..... CHIEF OPERATING OFFICER	50 0 ..... 0 0	X		X				1,738,256	0	81,313
CRAIG B THOMPSON MD ..... PRESIDENT & CEO	50 0 ..... 0 0	X		X				5,337,371	0	1,381,832

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			
JOSE BASELGA MD PHD ..... PIC & CHIEF MEDICAL OFFICER	50 0 ..... 0 0	X		X				1,564,943	0	82,273
WILLIAM E FORD ..... SEE SCHEDULE O	3 0 ..... 0 0	X						0	0	0
JAMIE C NICHOLLS ..... SEE SCHEDULE O	3 0 ..... 0 0	X						0	0	0
LAVINIA BRANCA SNYDER ..... SEE SCHEDULE O	3 0 ..... 0 0	X						0	0	0
IAN COOK ..... SEE SCHEDULE O	3 0 ..... 0 0	X						0	0	0
JOHN R STRANGFELD ..... SEE SCHEDULE O	3 0 ..... 0 0	X						0	0	0
ERIC M COTTINGTON PHD ..... SVP RESEARCH & TECHNOLOGY MGMT	50 0 ..... 0 0			X				885,023	0	76,996
JASON KLEIN ..... SVP-CHIEF INVESTMENT OFFICER	50 0 ..... 0 0			X				2,811,422	0	1,592,843
EDWARD MAHONEY ..... SVP FACILITIES MGMT & CONST	50 0 ..... 0 0			X				1,561,293	0	68,033
RICHARD K NAUM ..... SVP DEVELOPMENT	50 0 ..... 0 0			X				683,152	0	77,535

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors			
(C)	(D)	(E)	

(A) Compensated Employees, and Independent Contractors	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA C SKARULIS ..... SVP-CHIEF INFORMATION OFFICER	50 0 ..... 0 0			X				958,884	0	54,805
SIMON N POWELL MD ..... CHAIR & ATTEND RAD ONCOLOGY	50 0 ..... 0 0			X				1,716,568	0	63,542
CAROLYN B LEVINE ESQ ..... DEPUTY GEN COUNSEL CORP SECTY	50 0 ..... 0 0			X				486,571	0	38,518
KERRY BESSEY ..... SVP & CHIEF HR OFFICER	50 0 ..... 0 0			X				896,440	0	68,804
AVICE MEEHAN ..... SVP CH COMMUNICATION OFFICER	50 0 ..... 0 0			X				605,954	0	54,906
EDWIN TALIAFERRO ..... VP INTERNAL AUDIT & COMPLIANCE	50 0 ..... 0 0			X				512,126	0	50,236
FREDRICK GROVES ..... EVP & HOSPITAL ADMINISTRATOR	50 0 ..... 0 0			X				577,063	0	29,901
JORGE LOPEZ ..... EVP GENERAL COUNSEL	50 0 ..... 0 0			X				545,347	0	47,236
KENNETH MARIANS PHD ..... DEAN, GERSTNER GRADUATE SCHOOL	50 0 ..... 0 0				X			555,978	0	77,079
ANNE MCSWEENEY ..... SPECIAL ADVISOR TO PRESIDENT	50 0 ..... 0 0				X			1,307,735	0	72,180

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					
RICHARD BARAKAT MD ..... OPIC-REGIONAL CARE NETWORK	50 0 ..... 0 0				X			1,172,075	0	76,008		
PAUL SABBATINI MD ..... OPIC CLINICAL RESEARCH	50 0 ..... 0 0				X			750,394	0	55,885		
ELIZABETH MCCORMICK MSNRN ..... SVP & CH NURSING OFFICER	50 0 ..... 0 0				X			631,943	0	54,890		
CYNTHIA MCCOLLUM ..... SVP HOSPITAL OPERATIONS	50 0 ..... 0 0				X			602,925	0	64,785		
MARGARET BURKE ..... SVP AMBULATORY CARE-HOSP OPS	50 0 ..... 0 0				X			670,057	0	77,046		
JOAN MASSAGUE PHD ..... DIRECTOR, SLOAN KETTERING INST	50 0 ..... 0 0				X			1,321,196	0	52,386		
EPHRAIM CASPER MD ..... MEDICAL DIRECTOR-REGIONALS	50 0 ..... 0 0				X			868,921	0	583,150		
ELIZABETH HERBERT ..... SVP, HOSPITAL ADMINISTRATION	50 0 ..... 0 0				X			586,324	0	73,130		
PETER T SCARDINO MD ..... CHAIRMAN & ATTENDING SURGERY	50 0 ..... 0 0					X		2,695,019	0	95,502		
PHILIP GUTIN MD ..... CHAIR & ATTENDING NEUROSURGERY	50 0 ..... 0 0					X		2,746,988	0	54,266		

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			
JOSEPH DISA MD ..... ATTENDING PLASTIC SURGERY	50 0 ..... 0 0					X		1,606,398	0	74,289
MARK BILSKY MD ..... ATTENDING-DEPT OF NEUROSURGERY	50 0 ..... 0 0					X		1,706,522	0	366,412
BABAK MEHRARA MD ..... Chief Attending-Surgery	50 0 ..... 0 0					X		1,587,642	0	67,301
JOHN R GUNN ..... 2015 FORMER COO	0 0 ..... 0 0						X	229,167	0	0
THOMAS KELLY MD ..... FORMER DIRECTOR S K I	50 0 ..... 0 0						X	556,782	0	74,713
ROGER PARKER ESQ ..... EVP & GENERAL COUNSEL	50 0 ..... 0 0						X	642,932	0	29,555

<b>SCHEDULE A</b> (Form 990 or 990-EZ)	<b>Public Charity Status and Public Support</b> Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .	OMB No 1545-0047 <b>2016</b> <b>Open to Public Inspection</b>
	Department of the Treasury Internal Revenue Service Name of the organization Memorial Sloan-Kettering Cancer Center	Employer identification number 91-2154267

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.  
The organization is not a private foundation because it is (For lines 1 through 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 3
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 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		
See Additional Data Table						
Total	3					

**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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	386,914,750	537,706,930	544,924,247	437,479,585	484,699,242	2,391,724,754
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4</b>	<b>Total.</b> Add lines 1 through 3	386,914,750	537,706,930	544,924,247	437,479,585	484,699,242	2,391,724,754
<b>5</b>	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)						120,670,784
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						2,271,053,970

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>7</b>	Amounts from line 4	386,914,750	537,706,930	544,924,247	437,479,585	484,699,242	2,391,724,754
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	123,868,692	135,524,730	210,605,148	245,714,279	201,917,796	917,630,645
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						0
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						3,309,355,399

**12** Gross receipts from related activities, etc. (see instructions) **12** 13,618,746,307**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**

<b>14</b>	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	68.625 %
<b>15</b>	Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b>	70.145 %

**16a** **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2016.** 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—2015.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> 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>	<b>3a</b>	
<b>b</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 <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> 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>	<b>4a</b>	
<b>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> 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 <b>Part VI</b> 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>	<b>4c</b>	
<b>5a</b> 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 <b>Part VI</b>, 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>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> 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 <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> 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>	<b>7</b>	
<b>8</b> 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>	<b>8</b>	
<b>9a</b> 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 <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</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 <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> 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 <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> 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>	<b>10a</b>	
<b>b</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>	<b>10b</b>	

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		No
<b>2</b> 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>		
<b>2</b>		No

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		No
<b>2</b> 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>		
<b>2</b>		No
<b>3</b> 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>		
<b>3</b>		No

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b> 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>2a</b>		
<b>b</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>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b> 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>3a</b>		
<b>b</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>		
<b>3b</b>		

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

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

**Section A - Adjusted Net Income**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b> 0	
<b>2</b> Recoveries of prior-year distributions	<b>2</b> 0	
<b>3</b> Other gross income (see instructions)	<b>3</b> 0	
<b>4</b> Add lines 1 through 3	<b>4</b> 0	
<b>5</b> Depreciation and depletion	<b>5</b> 0	
<b>6</b> 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)	<b>6</b> 0	
<b>7</b> Other expenses (see instructions)	<b>7</b> 0	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b> 0	

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	0
<b>2</b> Enter 85% of line 1	<b>2</b>	0
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	0
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	0
<b>5</b> Income tax imposed in prior year	<b>5</b>	0
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	0
<b>7</b> <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	0
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	0
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	0
4 Amounts paid to acquire exempt-use assets	0
5 Qualified set-aside amounts (prior IRS approval required)	0
6 Other distributions (describe in Part VI) See instructions	0
7 Total annual distributions. Add lines 1 through 6	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	0
9 Distributable amount for 2016 from Section C, line 6	0
10 Line 8 amount divided by Line 9 amount	0 %

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)		0	
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013. . . . . 0			
d From 2014. . . . . 0			
e From 2015. . . . . 0			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2016 distributable amount			0
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4 Distributions for 2016 from Section D, line 7 \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4	0		
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		0	
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			0
7 Excess distributions carryover to 2017. Add lines 3j and 4c	0		
8 Breakdown of line 7			
a			
b Excess from 2013. . . . . 0			
c Excess from 2014. . . . . 0			
d Excess from 2015. . . . . 0			
e Excess from 2016. . . . . 0			

**Part VI Supplemental Information.**

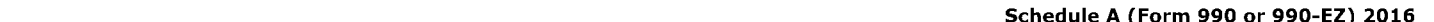
Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section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

**Facts And Circumstances Test****990 Schedule A, Supplemental Information**

Return Reference	Explanation
SUPPORTED ORGANIZATIONS	SUPPORT FROM THE SUPPORTING ORGANIZATIONS RELATE PRINCIPALLY TO THE SHARING OF CERTAIN FACILITIES, EQUIPMENT, PERSONNEL COSTS, EDUCATION, INSURANCE AND ALLOCATIONS AMOUNTS DUE TO OR DUE FROM AFFILIATES RESULTING FROM THESE SERVICES DO NOT BEAR INTEREST

# 990 Schedule A, Supplemental Information

Return Reference	Explanation
SUPPORTING ORGANIZATIONS	NAME OF SUPPORTING ORGANIZATION EIN TYPE S K I REALTY 13-3389586 11a LOUIS V GERSTNER JR , GRADUATE SCHOOL OF BIOMEDICAL SCIENCES 20-2212588 11a MSK INSURANCE US 83-0363317 11a M SKCC PROTON INC 35-2397819 11a MSKCC PROPERTIES, LLC 35-2464610 11a





**Additional Data**

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

**Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).**

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH	131624182	4	Yes		0	0
(A) SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH	131624182	4	Yes		0	0
(A) MEMORIAL HOSPITAL FOR CANCER & ALLIED DISEASES	131624082	3	Yes		0	0
(A) MEMORIAL HOSPITAL FOR CANCER & ALLIED DISEASES	131624082	3	Yes		0	0
(B) MEMORIAL SLOAN-KETTERING CANCER CENTER	131924236	3	Yes		0	0
(B) MEMORIAL SLOAN-KETTERING CANCER CENTER	131924236	3	Yes		0	0

**SCHEDULE C**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2016**

**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 91-2154267
--	--

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

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

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

<b>1</b>	Enter the amount of any excise tax incurred by the organization under section 4955	▶	\$
<b>2</b>	Enter the amount of any excise tax incurred by organization managers under section 4955	▶	\$
<b>3</b>	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4a</b>	Was a correction made?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</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).**

<b>1</b>	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶	\$
<b>2</b>	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶	\$
<b>3</b>	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶	\$
<b>4</b>	Did the filing organization file <b>Form 1120-POL</b> for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5</b>	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-
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)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b>	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			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		609,475
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		286,541
<b>j</b>	Total. Add lines 1c through 1i			896,016
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

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

Return Reference	Explanation
LOBBYING COSTS	MSKCC ENGAGES IN BOTH FEDERAL, STATE AND LOCAL LOBBYING. THE CENTER'S FEDERAL LOBBYING EFFORT FOCUSES ON PATIENT CARE AND REIMBURSEMENT ISSUES. PATIENT CARE ADVOCACY INCLUDES ENSURING PATIENTS ARE ABLE TO ACCESS CLINICAL TRIALS AND CANCER HOSPITALS ARE ABLE TO EFFECTIVELY RESEARCH POTENTIAL TREATMENTS FOR CANCER AS WELL AS PREVENTIVE AND PALLIATIVE MEASURES. THE CENTER ALSO SEEKS TO RECEIVE EQUITABLE REIMBURSEMENT FOR SERVICES RENDERED TO PATIENTS ENROLLED IN ENTITLEMENT PROGRAMS. FROM TIME TO TIME THE CENTER WEIGHS IN ON OTHER FEDERAL LEGISLATION THAT IMPACTS CANCER CARE AND HOSPITALS IN GENERAL. THE CENTER'S STATE LOBBYING EFFORT CONCENTRATES ON LEGISLATION THAT IMPACTS PROVIDERS' ABILITIES TO EFFECTIVELY CARE FOR PATIENTS, SUCH AS LEGISLATION THAT AMENDS CONSTRUCTION REVIEW PROCEDURES, PROVIDES FUNDING FOR BLOOD DONATION DRIVES, OR ENCOURAGES COLLABORATION BETWEEN CARE PROVIDERS AT HOSPITAL FACILITIES. STATE EFFORTS ALSO FOCUS ON ADVOCATING FOR HEALTH CARE ISSUES DURING STATE BUDGET NEGOTIATIONS. LOCAL LOBBYING IS PERFORMED BY THE GREATER NEW YORK HOSPITAL ASSOCIATION ON BEHALF OF ITS MEMBERS. PART II-B LINE 1i OTHER ACTIVITIES LOBBYING PORTION OF DUES PAID IN 2016: AMERICAN HOSPITAL ASSOCIATION \$ 29,237; GREATER NEW YORK HOSPITAL ASSOCIATION \$257,304. TOTAL \$286,541.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493307016207	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization Memorial Sloan-Kettering Cancer Center				Employer identification number 91-2154267	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1 Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>					
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 8/17/06, 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
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) 2016		

**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

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance . . . . .	778,565,000	772,740,000	753,249,000	709,754,000	726,867,000
<b>b</b> Contributions . . . . .	18,986,000	17,561,000	25,760,000	56,687,000	24,401,000
<b>c</b> Net investment earnings, gains, and losses	5,197,000	-2,097,000	9,616,000	44,303,000	10,195,000
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .		9,639,000	15,885,000	57,495,000	51,709,000
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	802,748,000	778,565,000	772,740,000	753,249,000	709,754,000

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

**a** Board designated or quasi-endowment ▶ 21 900 %

**b** Permanent endowment ▶ 78 100 %

**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 . . . . .

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

	Yes	No
<b>3a(i)</b>	Yes	
<b>3a(ii)</b>	Yes	
<b>3b</b>	Yes	

**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
<b>1a</b> Land . . . . .		380,703,000		380,703,000
<b>b</b> Buildings		4,073,948,000	1,514,999,000	2,558,949,000
<b>c</b> Leasehold improvements		99,657,000	56,186,000	43,471,000
<b>d</b> Equipment . . . . .		1,448,311,000	1,072,086,000	376,225,000
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				3,359,348,000

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	756,852,000	F
(B) NONMARKETABLE SECURITIES	35,573,000	C
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶	792,425,000	

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.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
PENSION AND POSTRETIREMENT	399,381,000	
INSURANCE RESERVES	285,197,000	
DEFERRED COMPENSATION	62,030,000	
ASSET RETIREMENT OBLIGATIONS	38,374,000	
DEFERRED GIFT ANNUITY	22,458,000	
OTHER LIABILITIES	7,761,000	
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	815,201,000	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2016

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	4,079,043,175
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	118,923,000
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	41,870,573
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	160,793,573
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	3,918,249,602
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	19,899,796
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	19,899,796
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	3,938,149,398

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	3,802,117,976
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	41,870,573
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	41,870,573
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	3,760,247,403
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	19,899,796
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	1,100,000
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	20,999,796
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	3,781,247,199

**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:** 91-2154267  
**Name:** Memorial Sloan-Kettering Cancer Center

**Supplemental Information**

Return Reference	Explanation
USE OF ENDOWMENT FUNDS	PERMANENT ENDOWMENT FUNDS ARE HELD BY THE ORGANIZATION IN PERPETUITY INCOME EARNED ON THE FUND BALANCE IS USED TO SUPPORT THE OPERATIONS OF MEMORIAL SLOAN-KETTERING CANCER CENTER AND ITS AFFILIATED ORGANIZATIONS

## Supplemental Information

Return Reference	Explanation
OTHER	PARTS XI AND XII LINE 2D COSTS ARE REMOVED FROM THE STATEMENT OF FUNCTIONAL EXPENSES AND NETTED ON THE STATEMENT OF REVENUE AS FOLLOWS RENTAL EXPENSES \$40,997,634 FUNDRAISING COSTS 872,939 TOTAL \$41,870,573 PART XII LINE 4B PAYMENT OF A GRANT TO THE RALPH LAUREN CENTER FOR \$1,100,000 RECORDED AS NON OPERATING EXPENSE

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

SCHEDULE E  
(Form 990 or 990-EZ)

Department of the Treasury  
Name of the organization  
Memorial Sloan-Kettering Cancer Center

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.  
► Attach to Form 990 or Form 990-EZ.  
► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number  
91-2154267

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1 Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2 Yes	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3 Yes	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	4a Yes	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b Yes	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c Yes	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II	4d Yes	
5 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	5a	No
b Admissions policies?	5b	No
c Employment of faculty or administrative staff?	5c	No
d Scholarships or other financial assistance?	5d	No
e Educational policies?	5e	No
f Use of facilities?	5f	No
g Athletic programs?	5g	No
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h	No
6a Does the organization receive any financial aid or assistance from a governmental agency?	6a	No
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II	6b	No
7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7 Yes	

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

Return Reference	Explanation
NONDISCRIMINATORY POLICY	THE SCHOOL'S NONDISCRIMINATORY POLICY IS PUBLICIZED ON ITS WEB SITE <a href="http://www.sloankettering.edu/gerstner/html/54499.cfm">HTTP //WWW SLOANKETTERING EDU/GERSTNER/HTML/54499 CFM</a> ALL APPLICANTS TO THE LOUIS V GERSTNER JR , GRADUATE SCHOOL OF BIOMEDICAL SCIENCES ARE CONSIDERED ON THE BASIS OF MERIT THE SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF GENDER, RACE, COLOR, CREED, RELIGION, AGE, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS, MARITAL STATUS, SEXUAL ORIENTATION, OR CITIZENSHIP STATUS IN ACCORDANCE WITH INSTITUTIONAL POLICY AND IN COMPLIANCE WITH THE REQUIREMENTS OF THE CIVIL RIGHTS ACT, THE EDUCATION ADMENDMENTS, THE REHABILITATION ACT, THE AGE DISCRIMINATION ACT, AND THE AMERICANS WITH DISABILITIES ACT

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.**

► **Attach to Form 990. ► See separate instructions.**

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

Name of the organization  
Memorial Sloan-Kettering Cancer Center

**Employer identification number**

91-2154267

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ **Yes** ☐ **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3** 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 region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total					1,301,125,382
<b>b</b> Total from continuation sheets to Part I					84,687,741
<b>c Totals</b> (add lines 3a and 3b)					1,385,813,123

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>( 1 )</b>									
<b>( 2 )</b>									
<b>( 3 )</b>									
<b>( 4 )</b>									

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



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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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)* ☐ 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)* ☐ 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).

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 91-2154267

**Name:** Memorial Sloan-Kettering Cancer Center

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	PATIENT CARE CONFERENCE	176,603
Europe (Including Iceland and Greenland)			Program Services	PATIENT CARE CONFERENCE	881,734
Middle East and North Africa			Program Services	PATIENT CARE CONFERENCE	94,764

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Program Services	PATIENT CARE CONFERENCE	137,014
South America			Program Services	PATIENT CARE CONFERENCE	40,731
South Asia			Program Services	PATIENT CARE CONFERENCE	20,017

**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			Program Services	PATIENT CARE CONFERENCE	20,234
East Asia and the Pacific			Program Services	RESEARCH CONFERENCES	186,368
Europe (Including Iceland and Greenland)			Program Services	RESEARCH CONFERENCES	496,149

**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
Middle East and North Africa			Program Services	RESEARCH CONFERENCES	48,951
North America			Program Services	RESEARCH CONFERENCES	53,665
South America			Program Services	RESEARCH CONFERENCES	10,364



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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia			Program Services	RESEARCH CONFERENCES	9,372
East Asia and the Pacific			Program Services	INVESTMENT MEETINGS	41,827
Europe (Including Iceland and Greenland)			Program Services	INVESTMENT MEETINGS	87,251

**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	10,173
Central America and the Caribbean			Investments		1,298,810,165
Europe (Including Iceland and Greenland)			Investments		82,999,876

**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		1,687,865

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
Memorial Sloan-Kettering Cancer Center

Employer identification number  
91-2154267

Part I Fundraising Activities.

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

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

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 DONOR SERVICES 6715 SUNSET BLVD  HOLLYWOOD, CA 90028	TELEMARKETI		No	686,072	139,618	546,454
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				686,072	139,618	546,454

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- All States
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
- Cat No 50083H
- Schedule G (Form 990 or 990-EZ) 2016

**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.

Revenue		(a) Event #1 <b>SPRING BALL</b> (event type)	(b) Event #2 <b>FALL PARTY</b> (event type)	(c) Other events <b>5</b> (total number)	(d) Total events (add col (a) through col (c))
	<b>1</b> Gross receipts . . . . .	1,348,285	521,844	1,764,242	3,634,371
	<b>2</b> Less Contributions . . . . .	237,324	257,844	579,785	1,074,953
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	1,110,961	264,000	1,184,457	2,559,418
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .			94,932	94,932
	<b>7</b> Food and beverages . . . . .	104,246	72,010	219,820	396,076
	<b>8</b> Entertainment . . . . .	27,600	5,000	13,575	46,175
	<b>9</b> Other direct expenses . . . . .	89,730	55,752	190,274	335,756
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				872,939
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				1,686,479

**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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				

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

**a** Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

**b** If "No," explain \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

**b** If "Yes," explain \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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 complete this part to provide any additional information (see instructions).

Return Reference

Explanation

SCHEDULE H  
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

Memorial Sloan-Kettering Cancer Center

Employer identification number

91-2154267

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 500 %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other 500 %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			20,322,610	2,926,194	17,396,416	0 460 %
b Medicaid (from Worksheet 3, column a)			190,555,622	80,320,160	110,235,462	2 940 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			210,878,232	83,246,354	127,631,878	3 400 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			20,007,758		20,007,758	0 530 %
f Health professions education (from Worksheet 5)			188,327,552	13,389,892	174,937,660	4 660 %
g Subsidized health services (from Worksheet 6)			2,894,479		2,894,479	0 080 %
h Research (from Worksheet 7)			426,086,926	169,422,000	256,664,926	6 830 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,305,164		1,305,164	0 030 %
j Total. Other Benefits			638,621,879	182,811,892	455,809,987	12 130 %
k Total. Add lines 7d and 7j			849,500,111	266,058,246	583,441,865	15 530 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements			28,926		28,926	
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building			187,639	9,475	178,164	0.010 %
<b>7</b> Community health improvement advocacy			161,640		161,640	
<b>8</b> Workforce development			143,182		143,182	
<b>9</b> Other						
<b>10 Total</b>			521,387	9,475	511,912	0.010 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>		No
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>		
	69,861,175		
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	<b>3</b>		
	2,762,669		
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	841,808,797
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	1,023,288,865
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-181,480,068
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</b> If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	<b>9b</b>	Yes	

**Part IV Management Companies and Joint Ventures**

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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



**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

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

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

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

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
MEMORIAL HOSP FOR CANCER & ALLIED DIS**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

1

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	No
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.mskcc.org/communityserviceplans</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>www.mskcc.org/communityserviceplans</u>	<b>10</b>	Yes
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V**

**Facility Information** *(continued)*

**Financial Assistance Policy (FAP)**

MEMORIAL HOSP FOR CANCER & ALLIED DIS

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 500 % and FPG family income limit for eligibility for discounted care of 500 %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE SCH H, PART V, SECTION C		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) www.mskcc.org/financial-assistance		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE SCH H, PART V, SECTION C		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

MEMORIAL HOSP FOR CANCER &amp; ALLIED DIS

**Name of hospital facility or letter of facility reporting group**

		Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b>	Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
<b>a</b> <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b>	Yes	
If "No," indicate why			
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

MEMORIAL HOSP FOR CANCER &amp; ALLIED DIS

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

**Part V** **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 20

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

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report



Form and Line Reference	Explanation
SCHEDULE H	<p>PART 1, LINE 3C A PATIENT WITH INCOME LESS THAN OR EQUAL TO 500% OF THE FEDERAL POVERTY GUIDELINES (FPG) IS ELIGIBLE FOR THE INSTITUTIONS FINANCIAL ASSISTANCE PROGRAM (FAP). THE INSTITUTION MAY REDUCE THE FEES INCURRED BY THE PATIENT OR ACCEPT AS FULL PAYMENT AMOUNTS PAID BY THE INSURANCE CARRIER ON THE PATIENTS BEHALF. IN ADDITION, 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 A MONTHLY CLOTHING AND FOOD ALLOWANCE BASED ON A PATIENTS FAMILY SIZE. IN EVALUATING THE TYPE AND AMOUNT OF ASSISTANCE NEEDED, FAMILY ALLOWED RESOURCE SIZE, INCOME LEVELS: 1 \$59,400 2 \$33,096 3 \$80,100 4 \$40,734 5 \$100,800 6 \$48,372 7 \$121,500 8 \$56,012 9 \$142,200 10 \$63,856 11 \$162,900 12 \$71,288. PART I, LINE 7G MEMORIAL SLOAN KETTERING CANCER CENTER HAS CONSISTENTLY SET THE STANDARD OF CARE FOR PEOPLE WITH CANCER BY EMPHASIZING EARLY DETECTION, PRECISE DIAGNOSIS, AND INDIVIDUALLY TAILORED TREATMENT. THE HOSPITAL SUBSIDIZES CANCER SCREENING, TREATMENT, AND SUPPORT SERVICES TO FULFILL ITS MISSION AND TO HELP REDUCE CANCER HEALTH DISPARITIES AMONG MINORITY AND MEDICALLY UNDERSERVED POPULATIONS. MSKCCS BREAST EXAMINATION CENTER OF HARLEM (BECH) PROVIDES BREAST AND CERVICAL CANCER SCREENING, COUNSELING AND PATIENT FOLLOW-UP, AS WELL AS EDUCATIONAL PROGRAMS TO UNINSURED PATIENTS THROUGHOUT THE NEW YORK CITY AREA. BECH HAS A DEDICATED STAFF, INCLUDING A HEALTH EDUCATOR WHOSE ROLE IS TO INITIATE AND IMPLEMENT OUTREACH ACTIVITIES IN HARLEM AND THE SURROUNDING COMMUNITIES. SINCE ITS INCEPTION IN 1979, BECH HAS HAD MORE THAN 241,464 VISITS, WITH 2,207 OF THOSE VISITS TAKING PLACE IN 2016. ALL SERVICES WERE PROVIDED AT NO OUT-OF-POCKET EXPENSE TO THE WOMEN WHO RECEIVED CANCER SCREENING AND FOLLOW-UP SERVICES. LOCATED IN HARLEM, THE RALPH LAUREN CENTER FOR CANCER CARE AND PREVENTION (RLCCCP) OFFERS CANCER SCREENING AND TREATMENT SERVICES TO ITS MEDICALLY UNDERSERVED COMMUNITY. THE RLCCCP, MADE POSSIBLE IN PART THROUGH A GIFT FROM THE POLO RALPH LAUREN CORPORATION, IS SOLELY OWNED AND MANAGED BY MSKCC. SINCE ITS INCEPTION, RLCCCP HAS CONDUCTED MORE THAN 128,765 VISITS, OF WHICH APPROXIMATELY 11,261 OCCURRED IN 2016. RLCCCP CONTINUES TO PROVIDE CARE TO INDIVIDUALS ON MEDICAID AND MEDICAID MANAGED CARE PROGRAMS. TO BETTER SERVE THE NEEDS OF DIAGNOSED PATIENTS, THE RALPH LAUREN CENTER HAS EXPANDED ITS NAVIGATION EFFORTS BY CREATING A MULTIDISCIPLINARY TEAM FOR EACH ONCOLOGIST, CONSISTING OF A CLINICAL NURSE NAVIGATOR AND LAY NAVIGATOR. BOTH NAVIGATORS ASSIST PATIENTS FROM THE TIME OF DIAGNOSIS TO COMPLETION OF TREATMENT AND BEYOND. THE CLINICAL NAVIGATOR FOCUSES ON MEDICAL ISSUES, WORKING WITH THE ONCOLOGIST TO ENSURE THAT PATIENTS UNDERSTAND THEIR DIAGNOSIS AND TREATMENT PLAN. THE LAY NAVIGATOR WORKS WITH THE PATIENTS TO ELIMINATE BARRIERS SUCH AS TRANSPORTATION AND LINKING PATIENTS TO SERVICES IN THE COMMUNITY AS DEEMED NECESSARY. MEMORIAL SLOAN KETTERING CANCER CENTERS PSYCHIATRY &amp; BEHAVIORAL SERVICES DEPARTMENT OFFERS INPATIENT AND OUTPATIENT PSYCHOLOGICAL AND SOCIAL SUPPORT SERVICES TO PATIENTS, THEIR FAMILIES, AND CAREGIVERS. ALL MEDICAID OUTPATIENT VISITS AND INPATIENT ENCOUNTERS ARE SUBSIDIZED BY MEMORIAL SLOAN KETTERING CANCER CENTER, AS ARE UNREIMBURSED TIME AND EFFORT BY NURSES TO STAFF A SMOKING CESSATION CLINIC. APPROXIMATELY 1,762 PATIENTS AGREED TO PARTICIPATE IN TREATMENT BY THE NURSING STAFF DURING 2016. PHILANTHROPIC FUNDS ARE USED TO SUPPORT A SIGNIFICANT NUMBER OF THE DEPARTMENTS OVERALL CLINICAL AND TRAINING ACTIVITIES. THE TOTAL RELATED PERSONAL COST WAS \$1.9M. THE INTEGRATIVE MEDICINE SERVICE PROVIDES FREE CLINICAL CARE FOR INPATIENTS AND OUTPATIENTS. DURING 2016, THE SERVICE PROVIDED 8,849 TREATMENTS WITH A RELATED PERSONAL COST OF \$905,000. THE CLINICAL SERVICES PROVIDED INCLUDE MUSIC THERAPY, TOUCH THERAPY, ACUPUNCTURE, YOGA AND YOGIC BREATHING, MEDITATION, GUIDED IMAGERY, KARATE, AND DANCE THERAPY. A TOUCH THERAPY FOR CAREGIVERS COURSE IS OFFERED FREE OF CHARGE TO ANY INPATIENT AND THEIR FAMILY MEMBERS ONCE PER MONTH. PART I, LINE 7, COLUMN (F) THE AMOUNT OF THE BAD DEBT EXPENSE REMOVED FROM THE 2016 CALCULATION IS \$25,874,966. PART I, LINE 7 FINANCIAL ASSISTANCE REPRESENTS THE COST OF SERVICES PROVIDED TO PATIENTS WHO CANNOT AFFORD HEALTH CARE SERVICES DUE TO INADEQUATE RESOURCES AND/OR ARE UNINSURED OR UNDERINSURED. A PATIENT IS CLASSIFIED AS A FINANCIAL ASSISTANCE PATIENT IN ACCORDANCE WITH THE INSTITUTIONS ESTABLISHED POLICIES AND WHERE INSUFFICIENT PAYMENT FOR SUCH SERVICES IS ANTICIPATED. THE INSTITUTION CONSIDERS PATIENTS FOR FINANCIAL ASSISTANCE IF HOUSEHOLD INCOME IS LESS THAN 500% OF THE FEDERAL POVERTY GUIDELINES. SERVICES PROVIDED AS FINANCIAL ASSISTANCE ARE NOT REPORTED AS REVENUE. THE COSTS REPORTED IN THE TABLE ON LINE 7, WERE BASED ON VARIOUS SOURCES. FINANCIAL ASSISTANCE AND UNREIMBURSED MEDICAID AND</p>

Form and Line Reference	Explanation
SCHEDULE H	<p>D MEDICARE COMMUNITY BENEFITS COST WERE BASED ON A COST TO CHARGE RATIO CALCULATION THE T OTAL CHARGES ASSOCIATED WITH THESE PROGRAMS ARE MULTIPLIED BY A RATIO OF HISTORICAL EXPENS ES TO CHARGES AS DERIVED FROM THE HOSPITALS NEW YORK STATE INSTITUTIONAL COST REPORT THE COSTS ASSOCIATED WITH A PORTION OF THE HEALTH PROFESSIONAL EDUCATION COMMUNITY BENEFIT ARE OBTAINED FROM THE STEP-DOWN OF COSTS PREPARED AS PART OF THE MEDICARE COST REPORT COST O F PROVIDING FINANCIAL ASSISTANCE AS CALCULATED PER THE ABOVE IS NET OF AMOUNTS RECEIVED FR OM THE NEW YORK STATE BAD DEBT AND CHARITY CARE POOLS TO ARRIVE AT THE AMOUNTS REPORTED I N THE TABLE ON LINE 7, ADDITIONAL STEPS AS OUTLINED BELOW WERE TAKEN UNPAID COST OF GOVERNMENT SPONSORED HEALTH CARE REPRESENTS THE ESTIMATED DIFFERENCE BETWEEN THE PAYMENTS MADE UNDER THE MEDICARE AND MEDICAID PROGRAMS AND THE INSTITUTIONS COST OF PROVIDING THESE SERV ICES AS CALCULATED ABOVE THE INSTITUTION SUBTRACTS ALL REVENUES RECEIVED FROM THE MEDICAR E AND MEDICAID PROGRAMS TO DETERMINE THE COMMUNITY BENEFIT PROVIDED RESEARCH COMMUNITY BE NEFIT COSTS REPRESENT ALL COSTS FOR BASIC TRANSLATIONAL AND CLINICAL RESEARCH, SUPPORTED B Y INSTITUTIONAL FUNDS, GOVERNMENTAL, AND OTHER NON-PROFIT ORGANIZATIONS RESEARCH COSTS SU PPORTED BY PHILANTHROPIC FUNDS, TOTALING \$127.3M ARE NOT INCLUDED IN SCHEDULE H, PART I, L INE 7 THE INSTITUTION IS A PREEMINENT PROVIDER OF HEALTH TRAINING TO HEALTH PROFESSIONALS WHO DESIRE TRAINING IN THE SKILLS NECESSARY TO TREAT CANCER PATIENTS THE INSTITUTION TRA INS PHYSICIANS, SCIENTISTS, MEDICAL STUDENTS, RADIOLOGY STUDENTS, NURSING STUDENTS, SOCIAL WORK STUDENTS AND INDIVIDUALS LOOKING TO CREATE A CAREER IN THE FIELD OF CANCER BIOLOGY THE AMOUNTS REPORTED AS HEALTH TRAINING REPRESENT INSTITUTIONAL FUNDS, AS WELL AS COSTS IN EXCESS OF AMOUNTS REIMBURSED BY THIRD PARTY PAYERS SUCH AS TRAINING GRANT REVENUES AND DI RECT MEDICAL EDUCATION PAYMENTS FROM THE MEDICARE PROGRAM PART II MSKCC ENGAGES IN AND SU PPORTS COALITION BUILDING ACTIVITIES THAT PROMOTE THE HEALTH OF THE COMMUNITIES THE INSTIT UTION SERVES STAFF MEMBERS ARE ENCOURAGED TO SHARE THEIR CLINICAL EXPERTISE AND EXPERIENC E WITH PARTNERING HEALTHCARE FACILITIES AND COMMUNITY ORGANIZATIONS STAFF MEMBERS SERVE A ND PARTICIPATE IN NUMEROUS COMMUNITY GROUPS INCLUDING THE AMERICAN CANCER SOCIETY, THE AME RICAN PUBLIC HEALTH ASSOCIATION, THE GREATER NEW YORK HOSPITAL ASSOCIATION, AND MANY HEALT H IMPROVEMENT ADVOCACY GROUPS FOR PARTICULAR TYPES OF CANCER ALTHOUGH THE SIGNIFICANT COS T OF STAFF TIME DEVOTED TO THESE ACTIVITIES IS NOT QUANTIFIED BY THE CENTER, THE INSTITUTI ON CONSIDERS THESE EFFORTS TO COLLABORATE AND BUILD COMMUNITY RESOURCES TO BE OF SIZEABLE COMMUNITY BENEFIT PART III, LINE 2 THE AMOUNT ON LINE 2 IS THE ACTUAL 2016 BAD DEBT WRITE -OFF WHICH IS DERIVED BY TAKING THE GROSS CHARGES ASSOCIATED WITH THE PROVISIONS FOR BAD D EBTS AND MULTIPLYING BY A RATIO OF HISTORICAL EXPENSES TO CHARGES AS DERIVED FROM THE HOSP ITALS NEW YORK STATE INSTITUTIONAL COST REPORT A SEPARATE RATIO IS CALCULATED FOR EACH TY PE OF PATIENT CARE ACTIVITY INPATIENT, OUTPATIENT AND PHYSICIAN PART III, LINE 3 PATIENT S HAVE THE OPPORTUNITY TO PURSUE VARIOUS FINANCIAL ASSISTANCE PROGRAMS THROUGH MSKCCS FINA NCIAL ASSISTANCE PROGRAM IF A PATIENT IS FOUND TO HAVE THE APPROPRIATE RESOURCES TO PAY F OR HEALTH SERVICES AND DOES NOT, OR CHOOSES NOT TO PARTICIPATE IN AVAILABLE HEALTH BENEFIT PROGRAMS THE COLLECTION PROCESS WILL BE PURSUED IN ACCORDANCE WITH THE INSTITUTIONS POLIC Y ONCE DEEMED UNCOLLECTABLE, THE CHARGES ARE CLASSIFIED AS BAD DEBTS AND ARE CHARGED OFF AS SUCH THE AMOUNTS IN THE TABLE, ON LINE 7, REFLECTS THE COST OF THESE ACCOUNTS AS CALCU LATED BASED ON THE COST-TO-CHARGE RATIO METHODOLOGY DESCRIBED EARLIER WHERE APPLICABLE IN DETERMINING THE AMOUNT THAT REASONABLY COULD BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE INSTITUTIONS POLICY, THE INSTITUTION REVIEWED THE CASES THAT WERE CLOSED WITH AN "INCO</p>

Form and Line Reference	Explanation
PART VI, LINE 7	<p>NEW YORK STATE DISCLOSURE IN ACCORDANCE WITH REVENUE PROCEDURE 2015-21, MSKCC IS DISCLOSING THE FOLLOWING INFORMATION WITH RESPECT TO SECTION 501(R) ISSUES THAT WERE DISCOVERED DURING THE 2016 TAX YEAR AND HOW THEY HAVE BEEN CORRECTED, TO SATISFY SECTION 501(R)(1) AND 501(R)(2)(B) REQUIREMENTS FOR ALL ITEMS. THE CAUSE WAS A GOOD-FAITH EFFORT TO IMPLEMENT THE REQUIREMENTS OF THE SECTION 501(R) REGULATIONS. MSKCC OBTAINED INFORMATION ABOUT THE REQUIREMENTS AND IMPLEMENTED THEM, THOUGH THERE WERE SOME GAPS DUE TO THE DETAILED NATURE OF THE REGULATIONS. THE ISSUES WERE DISCOVERED DURING FEBRUARY 2016 WHEN MSKCC REVIEWED ITS 2016 FACILITY POLICIES AND PRACTICES AS PART OF ITS PROCEDURES DESIGNED TO MONITOR AND ACHIEVE OVERALL COMPLIANCE WITH THE SECTION 501(R) REGULATIONS. THE CORRECTIONS WERE COMPLETED DIRECTLY AFTERWARDS (ALL WERE COMPLETED WITHIN TAX YEAR 2016). MSKCC HAS NOT IDENTIFIED ANY PERSONS DIRECTLY AFFECTED BY THESE ISSUES BECAUSE THE DISCREPANCIES RELATED PRIMARILY TO THE SPECIFICITY OF INFORMATION CONTAINED IN DOCUMENTS, THE PRACTICES WERE ACTIVELY BEING FOLLOWED. ALL INDIVIDUALS WOULD HAVE BEEN IN THE SAME POSITION TO ENSURE FULL COMPLIANCE WITH SECTION 501(R) REGULATIONS, MSKCC HAS ENGAGED AN OUTSIDE CONSULTANT TO REVIEW ITS POLICIES AND PRACTICES IN A TIMELY FASHION AND TO PROVIDE FEEDBACK AS NECESSARY. SPECIFIC ISSUES AND CORRECTIONS:</p> <p>PART V #13 - 161 REQUIREMENT: INCLUSION OF A PROVIDER LIST. A HOSPITAL FACILITY'S FINANCIAL ASSISTANCE POLICY (FAP) IS REQUIRED TO LIST THE PROVIDERS, OTHER THAN THE HOSPITAL FACILITY ITSELF, DELIVERING EMERGENCY OR OTHER MEDICALLY NECESSARY CARE IN THE HOSPITAL FACILITY AND TO SPECIFY WHICH PROVIDERS ARE COVERED BY THE HOSPITAL FACILITY'S FAP (AND WHICH ARE NOT). CONDITION: ALL OF MSKCC'S PROVIDERS AND SITES ARE COVERED UNDER MSKCC'S FAP. AS SUCH, IF A PATIENT IS CONSIDERED ELIGIBLE FOR MSKCC'S FAP PROGRAM HE/SHE IS AUTOMATICALLY COVERED FOR ALL PATIENT COST RESULTING FROM HOSPITAL AND PHYSICIAN CHARGES. CONSEQUENTLY, MSKCC DID NOT ORIGINALLY JUDGE IT NECESSARY TO PUBLISH A PROVIDERS LIST. CORRECTIVE ACTION: MSKCC REVISED ITS FAP TO INCLUDE THE FOLLOWING TEXT, WHICH MAKES CLEAR THAT THERE ARE NO PROVIDERS OTHER THAN MSKCC ITSELF THAT PROVIDE MEDICALLY NECESSARY CARE BECAUSE ALL ARE EMPLOYEES OF MSKCC. ALL HOSPITAL PHYSICIANS ARE MSKCC'S EMPLOYEES AND ALL SERVICES THEY PROVIDE ARE COVERED UNDER OUR FAP. REPRESENTING HOSPITAL AND PHYSICIAN CHARGES INCURRED AT ALL OF OUR FACILITIES IRRESPECTIVE OF THE ATTENDING PHYSICIAN. TO APPLY FOR FAP, PLEASE VISIT OUR WEBSITE AT, WWW.MSKCC.ORG/FINANCE-ASSISTANCE, CALL OUR DEDICATED FAP LINE AT 212-639-3810 OR GO TO OUR PATIENT FINANCIAL SERVICES OFFICE AT 1275 YORK AVENUE, NEW YORK, NY 10065, ROOM C130 ON THE 1ST FLOOR. MSKCC FURTHER REVISED ITS PLAIN LANGUAGE SUMMARY TO INCLUDE: IF YOU RECEIVE SERVICES BY A NON-MSKCC PHYSICIAN CONSULTANT AT ANY OF OUR MSKCC LOCATIONS YOU WILL NOT RECEIVE A SEPARATE BILL AND THESE CHARGES WILL ALSO BE COVERED UNDER THE FAP. JUSTIFICATION: THE HOSPITAL HAS OVER 900 PHYSICIANS ON STAFF WHO ATTEND TO PATIENTS, THEREBY GENERATING BILLING ACTIVITIES. SOME OF THESE PHYSICIANS MAY CHANGE THROUGHOUT THE YEAR. ALTHOUGH OCCASIONALLY (NO MORE THAN TWICE A YEAR), THE HOSPITAL MAY REQUEST THE SERVICES OF A NON-EMPLOYEE CONSULTANT TO ADDRESS A SPECIFIC PATIENT'S NEED, LISTING ALL OF MSKCC'S PHYSICIANS WOULD ONLY SERVE TO CONFUSE THE PATIENTS.</p> <p>PART V #172 REQUIREMENT: DESCRIPTION OF BILLING &amp; COLLECTION PRACTICES. A HOSPITAL'S FAP (OR SEPARATE BILLING AND COLLECTION POLICY) MUST INCLUDE INFORMATION ON THE ACTIONS A HOSPITAL WILL TAKE TO COLLECT OUTSTANDING BALANCES, INCLUDING THE REASONABLE EFFORTS MADE TO DETERMINE FAP-ELIGIBILITY. CONDITION: THE FAP ADEQUATELY REFERENCED THE BILLING AND COLLECTION POLICY AND THE FAP WAS WIDELY PUBLICIZED ON THE HOSPITAL'S WEBSITE, PLACED IN VARIOUS OFFICES AND MAILED OUT ETC, HOWEVER, THEY DID NOT FULLY DETAIL ALL OF THE REASONABLE EFFORTS THAT MSKCC IS REQUIRED TO MAKE, PER THE REQUIREMENT. CORRECTIVE ACTION: THE FOLLOWING TEXT WAS INCLUDED IN THE FAP BROCHURE: IF YOU ARE DEEMED ELIGIBLE TO MAKE A PAYMENT EACH MONTH AND YOU MISS A PAYMENT YOU WILL BE CONSIDERED TO HAVE DEFAULTED ON YOUR PAYMENT OBLIGATION, WHICH MAY RESULT IN YOUR ACCOUNT BEING SENT TO COLLECTIONS WITHIN 60 DAYS. IF YOU WOULD LIKE A COPY OF MEMORIAL HOSPITAL'S BILLING AND COLLECTIONS POLICY, PLEASE CALL PATIENT BILLING SERVICES AT (IN-STATE) 646-227-3378 OR (OUT-OF-STATE) 866-248-1274 OR GO TO OUR WEBSITE WWW.MSKCC.ORG/FINANCIAL-ASSISTANCE. MSKCC ALSO CREATED AN INDIVIDUAL BILLING AND COLLECTION POLICY IN 2016 AND POSTED IT ONTO THE FAP WEBSITE IN 2017.</p> <p>PART V #16C3 REQUIREMENT: PLAIN LANGUAGE SUMMARY OF THE FAP. A HOSPITAL MUST HAVE A PLAIN LANGUAGE SUMMARY OF THE FAP THAT INCLUDES REQUIRED INFORMATION AND MUST BE TRANSLATED INTO THE SAME LANGUAGES AS THE FAP AND FAP APPLICATION. CONDITION: THE HOSPITAL'S PLAIN LANGUAGE SUMMARY MET MOST OF THE REQUIREMENTS OF THE REGULATION.</p>

Form and Line Reference	Explanation
PART VI, LINE 7	<p> TION, BUT IT DID NOT FULLY DESCRIBE ASSET LIMITATIONS ON FAP ELIGIBILITY AND INCLUDE A STATEMENT THAT A FAP ELIGIBLE INDIVIDUAL MAY NOT BE CHARGED MORE THAN AMOUNTS GENERALLY BILLED (AGB) FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE. CORRECTIVE ACTION: MSKCC UPDATED THE PLAIN LANGUAGE SUMMARY TO INCORPORATE PATIENTS ASSET AND RESOURCES LEVELS AND INCLUDE A STATEMENT THAT A FAP ELIGIBLE INDIVIDUAL MAY NOT BE CHARGED MORE THAN AGB FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE. THE SUMMARY IS POSTED TO THE FAP WEBSITE WITH TRANSLATIONS IN ENGLISH, SPANISH, CHINESE AND RUSSIAN. PART V #14.4 REQUIREMENT: CALCULATION OF AMOUNTS GENERALLY BILLED AT A HOSPITAL FACILITY'S FAP MUST INCLUDE THE METHOD THE HOSPITAL FACILITY USES TO DETERMINE THE AMOUNTS GENERALLY BILLED TO INDIVIDUALS WHO HAVE INSURANCE COVERING EMERGENCY OR OTHER MEDICALLY NECESSARY CARE (AGB) AND MUST DESCRIBE THIS IN THE FAP CONDITION. THE FAP DID NOT ADEQUATELY EXPLAIN THE METHOD USED TO DETERMINE AGB PER THE REQUIREMENT. CORRECTIVE ACTION: MSKCC ADDED TO ITS FAP WEBSITE A SUMMARY DOCUMENT EXPLAINING THE CALCULATION OF THE AMOUNTS GENERALLY BILLED IN ENGLISH, SPANISH, CHINESE AND RUSSIAN. THIS "LOOK BACK METHOD" EXPLAINS THAT AN INDIVIDUAL WHO IS DETERMINED TO BE ELIGIBLE FOR FAP WILL NEVER BE CHARGED MORE FOR MEDICALLY NECESSARY CARE THAN 45 PERCENT OF TOTAL HOSPITAL CHARGES (BOTH INPATIENT AND OUTPATIENT) WHICH IS THE AVERAGE AMOUNT MSKCC ARE REIMBURSED FROM MEDICARE FEE FOR SERVICE AND MSKCC'S PRIVATE PAYERS. A SEPARATE AGB IS CALCULATED FOR THE PHYSICIAN CLAIMS USING THE SAME METHODOLOGY BUT THE CALCULATED PERCENTAGE IS 44%. PART V #1A, C &amp; D ADDITIONAL DISCLOSURE REGARDING MINOR OMISSIONS FROM COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORT: MSKCC REVIEWED THE CONTENT OF ITS MOST RECENT CHNA REPORT AND IMPLEMENTATION STRATEGY AS PART OF THE SAME PROCEDURES DESIGNED TO ACHIEVE OVERALL COMPLIANCE WITH 501(R). WHILE MSKCC BELIEVES THAT THE ITEMS IDENTIFIED ARE MINOR AND WERE EITHER INADVERTENT OR DUE TO REASONABLE CAUSE, IT HAS REVISED ITS CHNA AND IMPLEMENTATION STRATEGY, POSTED UPDATED VERSIONS TO ITS WEBSITE, AND IS DISCLOSING INFORMATION HERE IN THE INTEREST OF TRANSPARENCY. THE MINOR OMISSIONS AND THEIR CORRECTIONS INCLUDED ADDING CITATIONS TO DATA SOURCE IN CERTAIN AREAS, CLARIFYING THE RELATIONSHIP BETWEEN "COMMUNITY/PRIMARY COUNTIES SERVED", ADDING INFORMATION ABOUT COMMUNITY RESOURCES AND ORGANIZATIONS SOLICITED FOR INPUT, SPECIFYING AND EVALUATING ACTIONS TAKEN SINCE THE PRIOR CHNA, AND CLARIFYING IN THE IMPLEMENTATION STRATEGY WHICH NEEDS ARE BEING ADDRESSED AND HOW THEY ARE GROUPED TOGETHER. </p>

**Additional Data**

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

**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	MEMORIAL HOSP FOR CANCER & ALLIED DIS 1275 YORK AVENUE NEW YORK, NY 10065 www.mskcc.org 7002020H	X	X		X		X				

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PART V FACILITY INFORMATION	<p>FACILITY POLICIES AND PRACTICES LINE 3 MSKCC CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT IN THE FALL OF 2016 TO DETERMINE THE CRITICAL CANCER-RELATED HEALTH CONCERNS 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 GENERAL PUBLIC. LINE 5 TO ENGAGE THE BROAD COMMUNITY IN OUR HEALTH NEEDS ASSESSMENT, MSKCC HELD A SERIES OF COMMUNITY FORUMS IN HARLEM, BROOKLYN, AND MANHATTAN, TO CONNECT WITH REPRESENTATIVES FROM COMMUNITY-BASED ORGANIZATIONS THAT SERVE CLIENTS THROUGHOUT NEW YORK CITY AND ITS SURROUNDING COMMUNITIES. REPRESENTATIVES FROM 22 COMMUNITY-BASED ORGANIZATIONS PARTICIPATED IN THE FORUMS AND SERVED A DIVERSE RANGE OF CLIENTS. SERVICES PROVIDED BY THESE ORGANIZATIONS INCLUDE CANCER SUPPORT SERVICES, DOMESTIC VIOLENCE SUPPORT, IMMIGRATION ASSISTANCE, AND PRIMARY CARE SERVICES. COMMUNITY ORGANIZATIONS THAT PROVIDED INPUT ON MSKCC'S NEEDS ASSESSMENT INCLUDE AMERICAN CANCER SOCIETY, ARAB AMERICAN FAMILY SUPPORT CENTER, BRONX HEALTH REACH, BROOKLYN COMMUNITY SERVICES, CANCER AND CAREERS, CANCER CARE COALITION, MEXICANA, QUEENS LIBRARY, THE CREATIVE CENTER, FRIENDS OF KAREN GILDA'S CLUB, HARLEM UNITED, MAKE THE ROAD NEW YORK, SHARE MEXICAN CONSULATE, NATIONAL OVARIAN CANCER COALITION, COMMUNITY ACTION NETWORK, HEALTHY START, BROOKLYN NEW YORK CITY DEPARTMENT OF HEALTH &amp; MENTAL HYGIENE, NEW YORK CITY FAMILY JUSTICE CENTER, THE LEUKEMIA &amp; LYMPHOMA SOCIETY. LINE 7D SUMMARY FINDINGS OF MSKCC'S CHNA WERE SENT TO COMMUNITY-BASED ORGANIZATIONS WITH WHOM WE WORK AND WERE ALSO INCORPORATED INTO OUR ANNUAL COMMUNITY SERVICE PLAN REPORT. THE COMMUNITY SERVICE PLAN (CSP) IS DISTRIBUTED TO LOCAL ELECTED OFFICIALS, ORGANIZATIONS, AND IS AVAILABLE TO THE PUBLIC AT <a href="http://WWW.MSKCC.ORG/COMMUNITYSERVICEPLANS">WWW.MSKCC.ORG/COMMUNITYSERVICEPLANS</a>. THE CHNA WAS ALSO PUBLICIZED THROUGH OUR COMMUNITY NEWSLETTERS, WHICH ARE DISTRIBUTED TO APPROXIMATELY 50,000 RESIDENTS NEAR OUR TREATMENT FACILITIES. LINE 11 THE CHNA FOUND THAT MSKCC IS CURRENTLY ADDRESSING MANY AREAS OF NEED, INCLUDING COLLABORATIVE INITIATIVES, FINANCIAL INFORMATION/ASSISTANCE, PREVENTION PROGRAMS, TRANSPORTATION, AND PATIENT NAVIGATION. IN ADDITION, MSKCC HAS IDENTIFIED SOME NEW AREAS OF FOCUS AS A RESULT OF THE CHNA. THESE INCLUDE KNOWLEDGE GATHERING AND NEW PROGRAMMING TO REACH MULTICULTURAL POPULATIONS SPECIFICALLY TARGETED TO THE HISPANIC POPULATION IN OUR SERVICE AREA, ENHANCED COLLABORATIONS WITH COMMUNITY-BASED ASSOCIATIONS, FINANCIAL ASSISTANCE AWARENESS, CANCER SCREENING AMONG UNDERSERVED POPULATIONS, INCREASE PARTICIPATION IN MSKCC'S SMOKING CESSATION SERVICES, AND EDUCATIONAL MATERIALS FOR MULTICULTURAL AUDIENCES IN SPANISH AND RUSSIAN. ADDITIONAL INFORMATION ON IDENTIFIED NEEDS AND WHAT NEEDS ARE NOT BEING ADDRESSED TOGETHER WITH THE REASON WHY SUCH NEEDS ARE NOT BEING ADDRESSED CAN BE FOUND IN THE HOSPITAL'S MOST RECENT COMPREHENSIVE THREE-YEAR CSP AND</p>

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PART V FACILITY INFORMATION	<p>CHNA REPORT POSTED AT WWW.MSKCC.ORG/COMMUNITYSERVICEPLANS IDENTIFIED NEEDS THAT MSKCC CAN NOT ADDRESS ADEQUATELY BECAUSE THEY ARE BEYOND OUR SCOPE OF SERVICE ARE, LEGAL ADVOCACY, POLITICAL ADVOCACY, AND SUPPORT SERVICES FOR CRISIS INTERVENTION. WITHIN THESE CONSTRAINTS, MSKCC PROVIDES REFERRALS TO EXTERNAL ORGANIZATIONS THAT RESPOND TO THESE NEEDS. LINE 13G NEW PATIENTS WHO RESIDE IN NEW YORK OR NEW JERSEY MAY QUALIFY FOR AID EXISTING PATIENTS MAY QUALIFY FOR AID REGARDLESS OF WHERE THEY LIVE IN THE UNITED STATES. LINE 15E FOR MANY YEARS MSKCC HAS PROVIDED FINANCIAL HELP TO PATIENTS IN NEED. OUR FINANCIAL ASSISTANCE PROGRAM AIDS UNINSURED AND UNDERINSURED PATIENTS WITH HOUSEHOLD INCOME UP TO FIVE TIMES THE FEDERAL POVERTY LEVEL WHO CANNOT GET PUBLICLY FUNDED HEALTH INSURANCE OR CANNOT AFFORD TO PAY FOR THEIR MEDICAL CARE. TO BE CONSIDERED FOR THE FINANCIAL ASSISTANCE PROGRAM, PATIENTS ARE ASKED TO PROVIDE CERTAIN PERTINENT DOCUMENTATION TO ASSIST IN DETERMINING THEIR ELIGIBILITY AND THE AMOUNT OF FINANCIAL ASSISTANCE THEY ARE QUALIFIED TO RECEIVE. TO FURTHER ENHANCE THE PROCESS, WE STRATEGICALLY PLACE FINANCIAL ASSISTANCE BROCHURES AT EACH REGISTRATION SITE AND AT THE FRONT DESK OF PATIENT FINANCIAL SERVICES OFFICE. WE INCLUDE COPIES WITH THE FIRST AND EACH SUBSEQUENT HOSPITAL BILL SENT TO PATIENTS AND WITH COLLECTIONS LETTERS MAILED OUT TO THEM. ADDITIONALLY, THE FINANCIAL ASSISTANCE INFORMATION IS POSTED ON THE MSKCC WEBSITE AT WWW.MSKCC.ORG/FINANCIAL-ASSISTANCE. LINE 16 THE FAP, FAP APPLICATION, AND THE PLAIN LANGUAGE SUMMARY WERE WIDELY AVAILABLE ON THE ORGANIZATION'S WEBSITE. AT WWW.MSKCC.ORG/FINANCIAL-ASSISTANCE. LINE 20 MSKCC DOES NOT PURSUE ANY EXTRAORDINARY COLLECTION ACTIONS, HOWEVER, PRIOR TO REFERRING A PATIENT ACCOUNT TO A COLLECTION AGENCY MSKCC 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 MENTIONED ON EVERY PATIENT STATEMENT AND LETTER THAT IS SENT TO A PATIENT. THE FAP IS ALSO MENTIONED ON EVERY COLLECTION LETTER SENT TO PATIENTS BY THE COLLECTION AGENCIES. EVEN AFTER A PATIENT ACCOUNT IS SENT TO COLLECTIONS HE/SHE CAN STILL APPLY FOR FINANCIAL ASSISTANCE. IT IS NEVER TOO LATE TO APPLY FOR FINANCIAL ASSISTANCE AND IF ELIGIBLE RETROACTIVE FAP COVERAGE WOULD BE GIVEN. LINE 21D ALL OF OUR PATIENTS REQUIRING URGENT CARE ARE PROVIDED WITH THE SERVICE REGARDLESS OF THEIR INSURANCE AND/OR FINANCIAL LIMITATION. FURTHERMORE, SERVICES ARE PROVIDED EVEN IF A DETERMINATION REGARDING ELIGIBILITY FOR MSKCC'S FAP HAS NOT YET BEEN MADE. LINE 22D THE MAXIMUM AMOUNT CHARGED TO PATIENTS DEEMED ELIGIBLE FOR FAP "FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE" IS THE AMOUNT WE INITIALLY CONCLUDE A PATIENT CAN AFFORD TO PAY WHEN FINALIZING THEIR FAP APPLICATION. THIS AMOUNT IS DERIVED BY CALCULATING A PATIENT'S HOUSEHOLD NET MONTHLY INCOME AND THEN DEDUCTING THE TOTAL AMOUNT OF THEIR ROUTINE MONTHLY BILLS. THE AMOUNT REMAINING IS WHAT WE CONSIDER</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PART V FACILITY INFORMATION	<p>ER THE PATIENT IS ABLE TO AFFORD TO PAY EACH MONTH IF THE PATIENTS HOUSEHOLD ROUTINE MONTHLY BILLS ARE MORE THAN OR EQUAL TO THEIR NET MONTHLY INCOME, WE WOULD ACCEPT WHATEVER THE PATIENTS INSURANCE PAYS AS PAYMENT IN FULL, (THE PATIENT WOULD NOT HAVE TO PAY ANYTHING OUT OF POCKET) UNLESS THE PATIENT HAS ASSETS SUCH AS A SECOND HOME, STOCKS, CERTIFICATES OF DEPOSITS, LARGE SAVINGS OR ANY OTHER ASSETS EXCLUDING RETIREMENT AND EDUCATION ACCOUNTS PATIENTS WITH LARGE AMOUNTS OF ASSETS WHOSE ROUTING MONTHLY BILLS ARE GREATER THAN THEIR NET MONTHLY INCOME MAY BE ELIGIBLE FOR A REDUCED TIME PAYMENT AND WOULD MAKE MONTHLY PAYMENTS FOR (12 TO 18 MONTHS) TO PAY OFF THE AMOUNT WE DETERMINED THEY CAN AFFORD TO PAY ONCE THE FAP APPLICATION IS FINALIZED AND A PATIENT IS DEEMED ELIGIBLE TO PAY NOTHING OR A REDUCED TIME PAYMENT THIS AGREEMENT IS FOR ONE YEAR AND ALSO INCLUDES PREVIOUS BALANCES THE PATIENT INCURRED ALL PATIENTS ARE ADVISED OF MSKCC'S FINANCIAL ASSISTANCE PROGRAM AND THE DETERMINATION IS DOCUMENTED ONLY IF A PATIENT APPLIES</p>



**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
LAURANCE S ROCKEFELLER OP PAVILION 160 EAST 53RD STREET NEW YORK, NY 10022	EXTENSION CLINIC
BREAST AND IMAGING CENTER 300 EAST 66TH STREET NEW YORK, NY 10065	EXTENSION CLINIC
MSKCC COMMACK 650 COMMACK ROAD COMMACK, NY 11725	EXTENSION CLINIC
MSKCC BASKING RIDGE-AMBULATORY CARE 136 MOUNTAIN VIEW BLVD BASKING RIDGE, NJ 07920	EXTENSION CLINIC
MSK WEST HARRISON 500 WESTCHESTER AVENUE WEST HARRISON, NY 10604	EXTENSION CLINIC
JOSIE ROBERTSON SURGERY CENTER 1133 YORK AVENUE NEW YORK, NY 10065	EXTENSION CLINIC
MSKCC - 64TH STREET 205 EAST 64TH STREET NEW YORK, NY 10065	EXTENSION CLINIC
SIDNEY KIMMEL CTR FOR PROSTATE & UROLOGI 353 EAST 68 STREET NEW YORK, NY 10065	EXTENSION CLINIC
MSKCC ROCKVILLE CENTER 1000 NORTH VILLAGE AVENUE ROCKVILLE CENTER, NY 11570	EXTENSION CLINIC
MSKCC 60TH STREET 16 EAST 60TH STREET NEW YORK, NY 10022	EXTENSION CLINIC
MSKCC BROOKLYN INFUSION CENTER 557 ATLANTIC AVENUE BROOKLYN, NY 11217	EXTENSION CLINIC
SILLERMAN CENTER FOR REHABILITATION 515 MADISON AVENUE NEW YORK, NY 10022	EXTENSION CLINIC
MSKCC HAUPPAUGE 800 VETERANS MEMORIAL HIGHWAY HAUPPAUGE, NY 11787	EXTENSION CLINIC
MSK MONMOUTH 480 RED HILL ROAD MIDDLE TOWN, NJ 07748	EXTENSION CLINIC
HARLEM BREAST EXAMINATION CENTER CLINIC 163 WEST 125TH STREET NEW YORK, NY 10027	EXTENSION CLINIC

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

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
MSK COUNSELING CENTER 641 LEXINGTON AVENUE NEW YORK, NY 10022	EXTENSION CLINIC
MSK IMAGING CENTER 301 EAST 55TH STREET NEW YORK, NY 10022	EXTENSION CLINIC
POST TREATMENT RESOURCES PROGRAM 215 EAST 68TH STREET NEW YORK, NY 10065	EXTENSION CLINIC
THE BENDHEIM INTEGRATIVE MEDICINE CENTER 1429 FIRST AVENUE NEW YORK, NY 10021	EXTENSION CLINIC
MSKCC SLEEPY HOLLOW - CLOSED 72016 777 NORTH BROADWAY SLEEPY HOLLOW, NY 10591	EXTENSION CLINIC

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Memorial Sloan-Kettering Cancer Center

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number  
91-2154267

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) RALPH LAUREN CENTER FOR CANCER & PREVENTION 1919 MADISON AVENUE New York, NY 10035	02-0597827	501(C)(3)	1,100,000				OPERATING LOSSES
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶							1
3 Enter total number of other organizations listed in the line 1 table . . . . . ▶							

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) STIPENDS	411	23,938,386			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Form 990, Schedule I	FOR THE YEAR 2016, THE AMOUNT IS FOR STIPENDS PAID TO 344 RESEARCH FELLOWS AND 67 GRADUATE SCHOOL STUDENTS. EDUCATION AND TRAINING INCLUDES CLASSROOM INSTRUCTION WITH HANDS-ON EXPERIENCE IN BOTH RESEARCH LABORATORIES AND CLINICAL CARE ACTIVITIES. THE AFOREMENTIONED GRANTEEES ARE REQUIRED TO BE IN COMPLIANCE WITH ACADEMIC REQUIREMENTS. THIS INCLUDES DIRECT SUPERVISION AND DIRECTION BY PHYSICIANS AND RESEARCH INVESTIGATORS. RALPH LAUREN CENTER FOR CANCER CARE & PREVENTION (RLC) DURING 2016 MSKCC PAID \$1,100,000 TO THE RALPH LAUREN CENTER FOR CANCER CARE & PREVENTION TO OFFSET OPERATING EXPENSES. THE AMOUNT PAID IN THE CURRENT YEAR INCLUDES \$100,000 FOR 2015 LOSSES. THE BOARD HAD APPROVED RESOLUTIONS TO SUPPORT THE RALPH LAUREN CENTER'S LOSSES UP TO \$1,000,000 PER YEAR FROM 2014 - 2016. MSKCC REGULARLY MEETS WITH THE RALPH LAUREN CENTER'S BOARD OF DIRECTORS TO DETERMINE WHETHER THEIR SPENDING IS IN CONFORMITY WITH THE RALPH LAUREN CENTER'S MISSION.

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Questions Regarding Compensation

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

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

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

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

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

**Part III**   **Supplemental Information**

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

Return Reference	Explanation
Supplemental Compensation Information	<p>SCHEDULE J, PART I, LINE 1A BUSINESS OR FIRST CLASS TRAVEL IS ALLOWED FOR FLIGHTS GREATER THAN 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. SCHEDULE J, PART II GRANDFATHERED MSKCC DEFERRED COMPENSATION PLANS Included in Other Reportable Compensation are certain distributions from deferred compensation plans that the Institution maintains for certain management and HIGHLY COMPENSATED employees. These grandfathered plans were adopted in the early and mid-1980s and have been closed to new participants since August 16, 1986. The grandfathered plans allowed participants to irrevocably defer portions of their approved salary until certain conditions were met, typically retirement or disability. In addition, the Institution made contributions to the plans to the extent contributions to the MSKCC Retirement Plan for such participants were limited by applicable contribution limits under the Internal Revenue Code. The Institution provided participants with the opportunity to receive distributions as permitted under Section 409A of the Internal Revenue Code. This opportunity was exercised by numerous participants. These distributed amounts are reported as W-2 compensation. 100 percent of these amounts reflect the deferral of a portion of the participant's approved compensation package and related investment experience since the commencement of an individual's plan participation. As contributions were made to these plans for previous periods, the contribution amounts were reported on Form 990 for the applicable period as contributions to deferred compensation plans with respect to officers, key employees, and other highest paid employees. These amounts, as adjusted for investment experience, are reported again now on Form 990 as distributions from the plans. THE DUTIES TO BE PERFORMED BY OUR PRESIDENT REQUIRE HIM TO BE ON CALL AND TO PERFORM DUTIES AS AND WHEN APPROPRIATE DURING HIS OFF-DUTY PERIODS AS WELL AS DURING NORMAL OFFICE HOURS. AN EMPLOYMENT CONTRACT REQUIRES OUR PRESIDENT TO LIVE IN THE OFFICIAL RESIDENCE OWNED AND MAINTAINED BY THE INSTITUTION. THE CONTRACT REQUIRES OUR PRESIDENT TO USE THE RESIDENCE FOR INSTITUTIONAL PURPOSES, INCLUDING, BUT NOT LIMITED TO, MEETINGS WITH AND ENTERTAINMENT OF STAFF, DONORS AND POTENTIAL DONORS, VISITING PROFESSORS AND SCIENTISTS, AND OTHER PERSONS INVOLVED WITH THE AFFAIRS OF THE INSTITUTION, CONFIDENTIAL INTERVIEWS WITH MEMBERS AND PROSPECTIVE MEMBERS OF THE STAFF, AND FOR OTHER INSTITUTIONAL ACTIVITIES CONDUCTED DURING AND OUTSIDE OF NORMAL OFFICE HOURS. THE COST IS REPORTED AS COMPENSATION ON FORM 990 AND IS EXCLUDED FROM TAXABLE COMPENSATION IN ACCORDANCE WITH CODE SECTION 119. SCHEDULE J, PART I LINE 4B - THE INSTITUTION MAINTAINS A NONQUALIFIED DEFERRED COMPENSATION PLAN WHICH IS USED FOR EMPLOYER CONTRIBUTIONS IN EXCESS OF THOSE ALLOWED BY THE RETIREMENT PLAN. LINE 7 - INCENTIVE PAY IS PROVIDED TO OFFICERS AND KEY EMPLOYEES BASED ON THEIR ACHIEVEMENT OF GOALS RELATING TO QUALITY OF CARE, PATIENT SAFETY, OPERATIONAL EFFICIENCY AND FINANCIAL PERFORMANCE. LINE 8 - AN EMPLOYMENT CONTRACT WAS ENTERED INTO AND SIGNED PRIOR TO EMPLOYMENT.</p>

## Additional Data

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JOHN R GUNN 2015 FORMER COO	(i) 229,167					229,167	
	(ii)				-	-	
1MICHAEL P GUTNICK EXECUTIVE VP & CFO	(i) 911,697	689,772	47,519	39,700	33,006	1,721,694	18,500
	(ii)				-	-	
2MARK SVENNINGSON SVP FINANCE & CONTROLLER	(i) 600,143	245,786	33,656	39,700	41,670	960,955	18,500
	(ii)				-	-	
3ERIC M COTTINGTON PHD SVP RESEARCH & TECHNOLOGY MGMT	(i) 538,639	289,266	57,118	39,700	37,296	962,019	18,500
	(ii)				-	-	
4THOMAS KELLY MD FORMER DIRECTOR S K I	(i) 520,039		36,743	39,700	35,013	631,495	18,500
	(ii)				-	-	
5JASON KLEIN SVP-CHIEF INVESTMENT OFFICER	(i) 834,561	1,949,306	27,555	1,552,528	40,315	4,404,265	18,500
	(ii)				-	-	
6EDWARD MAHONEY SVP FACILITIES MGMT & CONST	(i) 516,489	1,011,733	33,071	39,700	28,333	1,629,326	17,624
	(ii)				-	-	
7KENNETH MARIANS PHD DEAN, GERSTNER GRADUATE SCHOOL	(i) 525,819		30,159	39,700	37,379	633,057	18,500
	(ii)				-	-	
8KATHRYN MARTIN CHIEF OPERATING OFFICER	(i) 1,000,437	707,700	30,119	39,700	41,613	1,819,569	18,500
	(ii)				-	-	
9RICHARD K NAUM SVP DEVELOPMENT	(i) 425,903	218,495	38,754	38,399	39,136	760,687	17,198
	(ii)				-	-	
10ROGER PARKER ESQ EVP & GENERAL COUNSEL	(i) 292,325	325,780	24,827	24,056	5,499	672,487	18,500
	(ii)				-	-	
11PATRICIA C SKARULIS SVP-CHIEF INFORMATION OFFICER	(i) 625,211	315,173	18,500	39,700	15,105	1,013,689	18,500
	(ii)				-	-	
12ANNE MCSWEENEY SPECIAL ADVISOR TO PRESIDENT	(i) 967,518	279,362	60,855	30,450	41,730	1,379,915	9,250
	(ii)				-	-	
13SIMON N POWELL MD CHAIR & ATTEND RAD ONCOLOGY	(i) 1,330,549	236,792	149,227	30,450	33,092	1,780,110	9,250
	(ii)				-	-	
14PETER T SCARDINO MD CHAIRMAN & ATTENDING SURGERY	(i) 1,637,498	1,000,000	57,521	30,450	65,052	2,790,521	9,250
	(ii)				-	-	
15PHILIP GUTIN MD CHAIR & ATTENDING NEUROSURGERY	(i) 2,737,738		9,250	28,338	25,928	2,801,254	9,250
	(ii)				-	-	
16JOSEPH DISA MD ATTENDING PLASTIC SURGERY	(i) 1,538,536		67,862	30,450	43,839	1,680,687	9,250
	(ii)				-	-	
17CRAIG B THOMPSON MD PRESIDENT & CEO	(i) 1,558,276	3,740,063	39,032	1,213,562	168,270	6,719,203	18,500
	(ii)				-	-	
18CAROLYN B LEVINE ESQ DEPUTY GEN COUNSEL CORP SECTY	(i) 367,785	111,395	7,391	25,849	12,669	525,089	4,775
	(ii)				-	-	
19JOSE BASELGA MD PHD PIC & CHIEF MEDICAL OFFICER	(i) 988,284	489,851	86,808	39,700	42,573	1,647,216	18,500
	(ii)				-	-	



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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21KERRY BESSEY SVP & CHIEF HR OFFICER	(i)	550,375	279,377	66,688	39,700	29,104	965,244	18,500
	(ii)					-	-	
1MARK BILSKY MD ATTENDING-DEPT OF NEUROSURGERY	(i)	1,691,890		14,632	330,450	35,962	2,072,934	9,250
	(ii)					-	-	
2AVICE MEEHAN SVP CH COMMUNICATION OFFICER	(i)	393,441	201,250	11,263	25,698	29,208	660,860	6,875
	(ii)					-	-	
3EDWIN TALIAFERRO VP INTERNAL AUDIT & COMPLIANCE	(i)	306,469	159,150	46,507	26,530	23,706	562,362	5,330
	(ii)					-	-	
4RICHARD BARAKAT MD DPIC-REGIONAL CARE NETWORK	(i)	996,017	151,960	24,098	30,450	45,558	1,248,083	9,250
	(ii)					-	-	
5PAUL SABBATINI MD DPIC CLINICAL RESEARCH	(i)	563,595	165,000	21,799	30,450	25,435	806,279	9,250
	(ii)					-	-	
ELIZABETH MCCORMICK 6MSNRN SVP & CH NURSING OFFICER	(i)	470,221	143,222	18,500	38,360	16,530	686,833	18,500
	(ii)					-	-	
7CYNTHIA MCCOLLUM SVP HOSPITAL OPERATIONS	(i)	465,074	119,351	18,500	39,700	25,085	667,710	18,500
	(ii)					-	-	
8MARGARET BURKE SVP AMBULATORY CARE- HOSP OPS	(i)	466,225	119,351	84,481	39,700	37,346	747,103	18,500
	(ii)					-	-	
9JOAN MASSAGUE PHD DIRECTOR, SLOAN KETTERING INST	(i)	811,518	371,350	138,328	30,450	21,936	1,373,582	9,250
	(ii)					-	-	
10FREDRICK GROVES EVP & HOSPITAL ADMINISTRATOR	(i)	549,568		27,495	28,212	1,689	606,964	
	(ii)					-	-	
11EPHRAIM CASPER MD MEDICAL DIRECTOR- REGIONALS	(i)	861,342		7,579	60,853	26,401	956,175	0
	(ii)					-	-	
12ELIZABETH HERBERT SVP, HOSPITAL ADMINISTRATION	(i)	450,549	119,351	16,424	39,700	33,430	659,454	13,091
	(ii)					-	-	
13JORGE LOPEZ EVP GENERAL COUNSEL	(i)	518,293		27,054	27,537	19,699	592,583	
	(ii)					-	-	
14BABAK MEHRARA MD Chief Attending-Surgery	(i)	1,575,197		12,445	30,450	36,851	1,654,943	9,250
	(ii)					-	-	

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Memorial Sloan-Kettering Cancer Center

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number  
91-2154267

Part I

Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	649903B91	05-13-2008	456,109,226	SEE PART VI		X		X		X
B	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	649906RK2	02-16-2012	388,814,944	SEE PART VI		X		X		X
C	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	6499063Z7	06-28-2013	80,000,000	SEE PART VI		X		X		X
D	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	000000000	07-16-2015	100,000,000	SEE PART VI		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired . . . . .	75,135,000		5,280,000		26,000,000		5,308,784	
2	Amount of bonds legally defeased . . . . .	0		0		0		0	
3	Total proceeds of issue . . . . .	456,110,736		389,043,483		80,000,000		100,300,239	
4	Gross proceeds in reserve funds . . . . .	0		0		0		0	
5	Capitalized interest from proceeds . . . . .	0		9,172,031		0		0	
6	Proceeds in refunding escrows . . . . .	0		0		0		0	
7	Issuance costs from proceeds . . . . .	2,928,705		2,651,698		0		0	
8	Credit enhancement from proceeds . . . . .	0		0		0		0	
9	Working capital expenditures from proceeds . . . . .	0		0		0		0	
10	Capital expenditures from proceeds . . . . .	0		92,720,595		0		0	
11	Other spent proceeds . . . . .	453,182,031		284,499,159		80,000,000		100,300,239	
12	Other unspent proceeds . . . . .	0		0		0		0	
13	Year of substantial completion . . . . .	2008		2014		2013		2015	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .	X			X	X			X
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X	X			X	X	
16	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

Part III

Private Business Use

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

**Part III Private Business Use** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .				X		X		X
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .			X		X		X	
<b>d</b> 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
<b>4</b> 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 %	
<b>5</b> 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 %	
<b>6</b> Total of lines 4 and 5 . . . . .					0 %		0 %	
<b>7</b> Does the bond issue meet the private security or payment test? . . . .				X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .				X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .				X		X		X
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .			X		X		X	

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .	0		0		0		0	
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Return Reference	Explanation
PART I, COLUMN (F) DESCRIPTION OF PURPOSE	2008-I & II CUSIP #649903ZR5 & #649903B91 2008-I SERIES BONDS CUSIP #649903ZR5 WITH ISSUE PRICE \$164,779,275 AND 2008-II SERIES BONDS CUSIP #649903B91 WITH ISSUE PRICE \$291,329,951 ARE COMBINED FOR REPORTING PURPOSE UNDER CUSIP #649903B91 BOTH ISSUES WERE USED TO CURRENT REFUND A PORTION OF THE 2002A BONDS ISSUED JANUARY 24, 2002 2012 & 2012-I SERIES CUSIP #649906RK2 2012 SERIES BONDS WERE USED TO CONSTRUCT AND EQUIP AN AMBULATORY FACILITY

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Memorial Sloan-Kettering Cancer Center

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number  
91-2154267

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	000000000	04-28-2016	110,000,000	SEE PART VI		X		X		X
B 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 . . . . .	572,866		0					
2	Amount of bonds legally defeased . . . . .	0		0					
3	Total proceeds of issue . . . . .	110,247,909		145,000,000					
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 . . . . .	155,282		72,861					
8	Credit enhancement from proceeds . . . . .	0		0					
9	Working capital expenditures from proceeds . . . . .	0		0					
10	Capital expenditures from proceeds . . . . .	110,017,627		144,627,139					
11	Other spent proceeds . . . . .	75,000		300,000					
12	Other unspent proceeds . . . . .	0		0					
13	Year of substantial completion . . . . .	2016							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .		X		X				
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X				
16	Has the final allocation of proceeds been made? . . . . .		X		X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X					

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X				
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)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X				
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X					
<b>d</b> 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				
<b>4</b> 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 %					
<b>5</b> 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 %					
<b>6</b> Total of lines 4 and 5 . . . . .	0 %		0 %					
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X		X				
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X				
<b>9</b> 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**

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

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
<b>b</b> Name of provider . . . . .	0		0					
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X					

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
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.  
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
Memorial Sloan-Kettering Cancer Center

Employer identification number  
91-2154267

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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

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

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) SIMON POWELL MD	EMPLOYEE	MORTGAGE		X	1,000,000	600,000		No	Yes		Yes	
(2) RICHARD BARAKAT MD	EMPLOYEE	MORGTAGE		X	500,000	500,000		No	Yes		Yes	
Total							► \$ 1,100,000					

Part III Grants or Assistance Benefiting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance



**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MS T LINDSTEN	SEE PART V	203,712	FAMILY EMPLOYMENT		No
(2) MR I GUTNICK	SEE PART V	102,944	FAMILY EMPLOYMENT		No
(3) KING STREET CAPITAL MANAGEMENT	SEE PART V	684,233	INVESTMENT MANAGEMENT FEES		No
(4) MR L SELBY	SEE PART V	34,489	FAMILY EMPLOYMENT		No
(5) JOSE BASELGA MD PHD	SEE PART V	74,024	MMPC		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	<p>1 DR THOMPSON IS THE PRESIDENT OF THE INSTITUTE HIS SPOUSE IS A LABORATORY MEMBER FOR SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH HER COMPENSATION FOR 2016 WAS \$203,712</p> <p>2 MR MICHAEL P GUTNICK IS THE EXECUTIVE VICE PRESIDENT AND CHIEF FINANCIAL OFFICER HIS SON IS A FUND COORDINATOR IN THE DIVISION OF MEDICINE IN THE HOSPITAL HIS SON'S TOTAL COMPENSATION FOR 2016 WAS \$102,944</p> <p>3 MS JAMIE NICHOLLS IS A BOARD MEMBER OF THE INSTITUTION HER SPOUSE IS A CO-FOUNDER OF KING STREET CAPITAL MANAGEMENT DURING 2016, THE CENTER PAID KING STREET \$684,233 IN MANAGEMENT FEES THE INVESTMENT AGREEMENT CALLS FOR CARRIED INTEREST INCOME THAT IS NORMAL AND CUSTOMARY IN THE COURSE OF INVESTING IN ALTERNATIVE INVESTMENTS NO CARRIED INTEREST INCOME WAS EARNED IN 2016</p> <p>4 MR NORMAN C SELBY IS A BOARD MEMBER WITHIN THE ORGANIZATION HIS SON IS A RESEARCH FELLOW IN THE DEPARTMENT OF SURGERY IN THE HOSPITAL HIS SON'S TOTAL COMPENSATION FOR 2016 WAS \$34,489</p> <p>5 JOSE BASELGA MD PHD IS THE PHYSICIAN IN CHIEF AND CHIEF MEDICAL OFFICER OF THE ORGANIZATION HE IS ALSO 100% OWNER OF MEMORIAL MEDICAL CARE PC MEMORIAL MEDICAL CARE PC WAS ESTABLISHED TO PROVIDE HOME HEALTHCARE TO THE HOSPITAL'S BONE MARROW TRANSPLANT PATIENTS THE PC AND THE HOSPITAL HAVE A MANAGEMENT AGREEMENT WHERE THERE IS NO COST TO THE HOSPITAL FOR THE SERVICE THE HOSPITAL PROVIDES AND CHARGES THE PC FOR LEASED EMPLOYEES AND MEDICAL SERVICES AS NEEDED PATIENTS ENROLLED IN THIS PROGRAM ARE BILLED ACCORDINGLY THE AMOUNT REPORTED IS THE COST OF SUCH SERVICES PROVIDED TO THE PC THE INDIVIDUALS LISTED WERE NOT A PARTY TO THE TRANSACTIONS THERE IS NO SHARING OF THE INSTITUTION'S REVENUE THE PURCHASES OF GOODS OR SERVICES BY THE INSTITUTION WERE MADE IN THE ORDINARY COURSE OF THE PROVIDER'S BUSINESS, AT COMMERCIALY AVAILABLE RATES NORMALLY CHARGED TO REGULAR CUSTOMERS</p>

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
Memorial Sloan-Kettering Cancer Center

Employer identification number  
91-2154267

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) 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 . . . . .	X		926,390	THRIFT VALUE
6 Cars and other vehicles . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . .				
9 Securities—Publicly traded .	X	293	6,265,095	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 is not required to be used for exempt purposes for the entire holding period?

30a

No

b If "Yes," describe the arrangement in Part II

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

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b If "Yes," describe in Part II

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

**Part II** **Supplemental Information.**

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

Return Reference	Explanation
PART I	EXCLUDED FROM THIS VALUE ARE PLEDGE PAYMENTS, MADE BY STOCK, TOTALING \$14,753,419 PROMISES TO GIVE ARE REPORTED AT THE DATE THE INTENT IS MADE IN WRITING CLOTHING AND HOUSEHOLD GOODS ARE DONATED TO OUR THRIFT SHOP THE SOCIETY OF MSKCC RUNS THE THRIFT SHOP FOR THE BENEFIT OF THE ORGANIZATION PUBLICLY TRADED DONATED STOCK IS SOLD BY MERRILL LYNCH ON BEHALF OF MEMORIAL SLOAN-KETTERING CANCER CENTER AND ITS AFFILIATED ORGANIZATIONS

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue ServiceName of the organization  
Memorial Sloan-Kettering Cancer Center**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2016****Open to Public  
Inspection****Employer identification number**

91-2154267

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART VI, LINES 6-7	THE ARTICLES OF INCORPORATION AND BY-LAWS WERE REVIEWED TO DETERMINE THAT THE SUPPORTED ORGANIZATIONS OUTLINED IN SCHEDULE-A HAVE THE POWER TO ELECT OR APPOINT MEMBERS TO THE BOARD OF THE SUPPORTING ORGANIZATIONS. ADDITIONALLY MEMORIAL SLOAN-KETTERING CANCER CENTER EIN 13-1924236, MSK, IS THE SINGLE MEMBER OF THE PROSTATE CANCER CLINICAL TRIALS CONSORTIUM LLC, PCCTC, WHO HAS ELECTED TO BE TREATED AS A DISREGARDED ENTITY OF MSK FOR TAX PURPOSES. MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES EIN 13-1624082 IS THE SINGLE MEMBER OF MSKCC PROPERTIES LLC, WHO HAS ELECTED TO BE TREATED AS A CORPORATION FOR TAX PURPOSES.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, LINE 11B	PRIOR TO FILING THE RETURN, A REVIEW OF THE 990 WAS CONDUCTED BY THE CONTROLLER AND THE CHIEF FINANCIAL OFFICER. IT IS THEN REVIEWED BY THE JOINT AUDIT COMMITTEE OF THE BOARD. THE JOINT AUDIT COMMITTEE REFERS THE FORM 990 TO THE FULL BOARD, AND A COPY IS PROVIDED TO EACH BOARD MEMBER FOR FURTHER REVIEW. MEMORIAL SLOAN-KETTERING'S FORM 990 IS REVIEWED BY OUTSIDE COUNSEL AND IS PREPARED IN CONJUNCTION WITH ERNST AND YOUNG, LLP.

Return Reference	Explanation
PART VI, LINE 12C	<p>THE COMPLIANCE OFFICER AND STAFF ARE RESPONSIBLE FOR ADMINISTERING THE CONFLICT OF INTEREST PROGRAM--INCLUDING THE IMPLEMENTATION OF THE POLICY--BY MAINTAINING PROCESSES FOR DISCLOSURE OF OUTSIDE ACTIVITIES AND FOR THE TIMELY REVIEW OF REPORTED INTERESTS, INCLUDING 1 MANAGEMENT OF THE ANNUAL DISCLOSURE CERTIFICATION PROCESS AND THE PROCESS BY WHICH COVERED PERSONS DISCLOSE AT TIME OF HIRE COVERED PERSONS RECEIVE AN ANNUAL QUESTIONNAIRE REQUESTING DISCLOSURE OF RELATIONSHIPS AND TRANSACTIONS THAT MIGHT INVOLVE A CONFLICT OF INTEREST QUESTIONNAIRE RESPONSES ARE REVIEWED BY THE COMPLIANCE OFFICER AND STAFF FOLLOW-UP INQUIRIES ARE MADE IF NEEDED MATTERS ARE SUBMITTED TO AN INTERNAL MANAGEMENT COMMITTEE AND A COMMITTEE OF THE BOARD OF MANAGERS IF ADJUDICATION IS NEEDED 2 REVIEW AND ADJUDICATION OF OUTSIDE ACTIVITIES THAT REQUIRE PRE- APPROVAL OR DISCLOSURE, FACILITATION OF A REVIEW BY THE OFFICE OF INDUSTRIAL AFFAIRS OF ANY OUTSIDE ACTIVITIES THAT INVOLVE INTELLECTUAL PROPERTY OR OTHERWISE INVOLVE AN ACTIVITY IN WHICH THE CENTER'S RIGHTS MAY REQUIRE PROTECTION 3 ADMINISTRATION OF CONFLICT OF INTEREST ADVISORY COMMITTEE MEETINGS, INCLUDING DEVELOPMENT AND DISTRIBUTION OF AGENDAS AND SUPPORTING DOCUMENTS, DRAFTING AND DISTRIBUTION OF MINUTES, AND MAINTENANCE OF COMMITTEE RECORDS 4 DOCUMENTATION OF THE OUTCOME OF ALL REVIEWS OF REPORTED OUTSIDE ACTIVITIES COMMUNICATION TO THE COVERED PERSON OF THE OUTCOME OF ALL REVIEWS, INCLUDING DOCUMENTATION OF MANAGEMENT PLANS AS PART OF THE CLINICAL RESEARCH REVIEW PROCESS, QUESTIONS ON THE PROTOCOL SUBMISSION FORM ARE DESIGNED TO ELICIT INFORMATION ABOUT POTENTIAL CONFLICTS SITUATIONS IN WHICH A STAFF PARTICIPANT IN RESEARCH REPORTS A POTENTIAL CONFLICT ARE REFERRED TO THE CHAIR OF THE COIAC AND TO THE COMPLIANCE OFFICER FOR REVIEW THE BOARD OF MEMORIAL SLOAN-KETTERING CANCER CENTER HAS MEMBERS THAT ACTIVELY SERVE AS OFFICERS AND/OR BOARD MEMBERS OF PUBLICLY-TRADED COMPANIES THE INSTITUTION MAY PROCURE GOODS AND/OR SERVICES FROM THESE PUBLICLY TRADED COMPANIES THROUGH THE ORDINARY COURSE OF THE PROVIDER'S BUSINESS ON TERMS AND CONDITIONS WHICH ARE THE SAME THAT SUCH COMPANIES CHARGE TO THE GENERAL PUBLIC ANY OF OUR BOARD MEMBERS THAT HAVE AN AFFILIATION WITH SUCH COMPANIES ARE NOT INVOLVED IN THE TRANSACTION, INCLUDING, WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, IN NEGOTIATING OR AFFECTING THE TERMS OF THE TRANSACTION THE INSTITUTION HAS A COMPREHENSIVE CONFLICT OF INTEREST POLICY REPORTABLE TRANSACTIONS IDENTIFIED THROUGH OUR ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE ARE DISCLOSED ON SCHEDULE L THESE TRANSACTIONS WERE ALSO CONSUMMATED ON AN ARM'S LENGTH BASIS BY MANAGEMENT OF THE INSTITUTION MSKCC'S "POLICY ON CONFLICTS OF INTERESTS FOR DIRECTORS AND KEY EMPLOYEES" APPLIES TO ANY BOARD OF MANAGERS MEMBER, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS INDIVIDUALS COVERED BY THIS POLICY HAVE A DUTY TO DISCLOSE FINANCIAL INTERESTS, AS DEFINED BY THE POLICY, ANNUA</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART VI, LINE 12C	<p>LLY AND AS THEY ARISE IN THE EVENT A COVERED INDIVIDUAL IS INVOLVED IN A BOARD OR COMMITTEE ACTION (SUCH AS APPROVAL OF A TRANSACTION OR ARRANGEMENT) AND THE INDIVIDUAL HAS A FINANCIAL INTEREST RELATED TO THE MATTER BEFORE THE BOARD, THE INDIVIDUAL MUST DISCLOSE THE FINANCIAL INTEREST AND ALL MATERIAL FACTS TO THE BOARD OR COMMITTEE. THE INDIVIDUAL MUST LEAVE THE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON, AND THE REMAINING, DISINTERESTED BOARD OR COMMITTEE MEMBERS ARE RESPONSIBLE TO DECIDE IF A CONFLICT EXISTS. IF A DETERMINATION IS MADE THAT A CONFLICT EXISTS, THE INVOLVED INDIVIDUAL MAY MAKE A PRESENTATION TO THE BOARD OR COMMITTEE BUT S/HE MUST LEAVE THE MEETING DURING THE DISCUSSION OF AND THE VOTE ON THE TRANSACTION OR ARRANGEMENT. THE BOARD OR COMMITTEE IS REQUIRED TO DETERMINE WHETHER MSKCC CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM AN UNCONFLICTED PERSON OR ENTITY. AS APPROPRIATE, THE CHAIRPERSON OF THE BOARD OR COMMITTEE IS RESPONSIBLE TO APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. BOARD OR COMMITTEE IS REQUIRED TO DETERMINE WHETHER MSKCC CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM AN UNCONFLICTED PERSON OR ENTITY. S/HE MUST LEAVE THE MEETING DURING THE DISCUSSION OF AND THE VOTE ON THE TRANSACTION OR ARRANGEMENT.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART VI, LINE 15	<p>MEMORIAL SLOAN-KETTERING CANCER CENTER (MSKCC) IS COMMITTED TO ENSURING THAT ITS EXECUTIVE COMPENSATION PROGRAM ADHERES TO THE ESTABLISHED STANDARDS OF REGULATORY COMPLIANCE AND BEST CORPORATE GOVERNANCE. THE MSKCC BOARD OF OVERSEERS AND MANAGERS HAS CHARGED THE JOINT HUMAN RESOURCES COMMITTEE (WHICH IS COMPOSED ENTIRELY OF INDEPENDENT BOARD MEMBERS WITH NO CONFLICTS OF INTEREST IN REGARDS TO EXECUTIVE COMPENSATION) WITH MAKING ALL DECISIONS RELATED TO COMPENSATION FOR OFFICERS AND KEY EMPLOYEES. THE COMMITTEE REVIEWS THE TOTAL COMPENSATION OF THE INDIVIDUALS, INCLUDING BOTH CURRENT AND DEFERRED COMPENSATION, AND ALL EMPLOYEE BENEFITS, ON AN ANNUAL BASIS TO ENSURE THAT THE TOTAL COMPENSATION OF EACH OFFICER AND KEY EMPLOYEE IS REASONABLE. TO ASSIST IN THE COMPLETION OF ITS RESPONSIBILITIES, THE COMMITTEE ENGAGES THE SERVICES OF A NATIONALLY RECOGNIZED CONSULTING FIRM SPECIALIZING IN EXECUTIVE COMPENSATION FOR NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS. EACH YEAR THE COMMITTEE REVIEWS A COMPREHENSIVE REPORT PREPARED BY THE FIRM THAT INCLUDES MARKET DATA FOR FUNCTIONALLY COMPARABLE ROLES IN COMPARABLE ORGANIZATIONS (I.E., NOT-FOR-PROFIT ACADEMIC/RESEARCH MEDICAL CENTERS, ESPECIALLY THOSE SHARING A MISSION SIMILAR TO MSKCC, WITH OTHER HEALTHCARE SECTORS CONSIDERED ON A SELECTED BASIS) AND SUMMARIZES THE RELATIVE MARKET POSITION OF EACH EXECUTIVE'S TOTAL COMPENSATION. THE LAST REVIEW WAS DECEMBER 2016. THIS REVIEW SETS THE COMPENSATION FOR THE FOLLOWING YEAR. 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, COTTER AND ASSOCIATES, INC., A WELL-REGARDED EXPERT IN THE AREA OF HEALTHCARE COMPENSATION. - THE COMMITTEE</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART VI, LINE 15	EE ADEQUATELY DOCUMENTS THE BASIS FOR ITS DETERMINATION CONCURRENTLY WITH MAKING THAT DETERMINATION, AGAIN AS REQUIRED IN THE REGULATIONS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART VI, LINE 19	OUR AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST IN ADDITION, THE FINANCIAL STATEMENTS CAN BE ACCESSED AT THE FOLLOWING WEB ADDRESS WWW DACBOND COM THE INSTITUTION HAS ENGAGED DAC BOND AS OUR INVESTOR RELATIONS AND DISCLOSURE/DISSEMINATION AGENT THE INFORMATION AVAILABLE ON THIS WEB SITE INCLUDES AUDITED FINANCIAL STATEMENTS, QUARTERLY UNAUDITED FINANCIAL STATEMENTS AND THE BOND OFFERING STATEMENTS FOR ALL OUR DEBT ISSUES IN ADDITION, COPIES OF THE GROUP 990 AND FILED 990T ARE ALSO AVAILABLE THE CONFLICT OF INTEREST POLICY IS AVAILABLE TO THE PUBLIC UPON 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 MADE AVAILABLE TO THE PUBLIC

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART VII, SECTION A	THIS IRS FORM 990 IS FILED UNDER GROUP EXEMPTION NUMBER 3475, EIN 91-2154267 THE ATTACHED LIST REPRESENTS MEMBERS FROM THE GOVERNING BOARDS OF THE FOLLOWING AFFILIATED INSTITUTIONS THAT MAKE UP OUR EXEMPT GROUP MEMORIAL SLOAN-KETTERING CANCER CENTER (MSK) EIN 13-1924236, MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES (MEM) EIN 13-1624082, SLOAN-KETTERING INSTITUTE FOR CANCER RESEARCH (SKI) EIN 13-1624182, S K I REALTY, INC (SKR) EIN 13-3389586, LOUIS V GERSTNER JR GRADUATE SCHOOL OF BIOMEDICAL SCIENCES (SKG) EIN 20-2212588, MSK INSURANCE US, INC (MVI) EIN 83-0363317, AND MSKCC PROTON INC ,(MPI) EIN 35-2397819 ALSO INCLUDED IN THE GROUP IS MSK PROPERTIES LLC EIN 35-2464610 WITH MEMORIAL HOSPITAL BEING THE SOLE MEMBER

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
MEMORIAL SLOAN KETTERING CANCER CENTER BOARD OF MANAGERS	RICHARD I BEATTIE IAN COOK STANLEY F DRUCKENMILLER ANTHONY B EVNIN ROGER W FERGUSON, EFFECTIVE APRIL 2016 WILLIAM E FORD RICHARD N FOSTER STEPHEN FRIEDMAN ELLEN V FUTTER LOUIS V GERSTNER, JR JONATHAN N GRAYER BENJAMIN W HEINEMAN, JR DAVID H KOCH MARIE-JOSEE KRAVIS JAMIE C NICHOLLS, NOT INDEPENDENT SEE SCHEDULE L JAMES G NIVEN BRUCE C RATNER CLIFTON S ROBBINS, BOARD MEMBER & TREASURER ALEXANDER T ROBERTSON, EFFECTIVE APRIL 2016 JAMES D ROBINSON III, BOARD MEMBER & HONORARY CHAIRMAN OF THE BOARD VIRGINIA M ROMETTY NORMAN C SELBY, BOARD MEMBER & SECRETARY STEPHEN C SHERRILL LAVINIA BRANCA SNYDER PETER J SOLOMON JOHN R STRANGFELD, EFFECTIVE APRIL 2016 SCOTT M STUART, VICE CHAIRMAN OF THE BOARD CRAIG B THOMPSON, M D , BOARD MEMBER, PRESIDENT AND CHIEF EXECUTIVE OFFICER EMPLOYEE, NOT INDEPENDENT BOARD MEMBER DOUGLAS A WARNER III, CHAIRMAN OF THE BOARD PETER A WEINBERG DEBORAH C WRIGHT 31 TOTAL BOARD MEMBERS 29 INDEPENDENT BOARD MEMBERS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
MEMORIAL HOSPITAL BOARD OF MANAGERS	RICHARD I BEATTIE, HONORARY CHAIRMAN OF THE BOARD IAN COOK STANLEY F DRUCKENMILLER ANTHONY B EVNIN ROGER W FERGUSON, EFFECTIVE APRIL 2016 WILLIAM E FORD RICHARD N FOSTER STEPHEN FRIEDMAN ELLEN V FUTTER LOUIS V GERSTNER, JR JONATHAN N GRAYER BENJAMIN W HEINEMAN, JR DAVID H KOCH MARIE-JOSEE KRAVIS JAMIE C NICHOLLS JAMES G NIVEN BRUCE C RATNER CLIFTON S ROBBINS, BOARD MEMBER & TREASURER ALEXANDER T ROBERTSON, EFFECTIVE APRIL 2016 JAMES D ROBINSON III VIRGINIA M ROMETTY NORMAN C SELBY, BOARD MEMBER & SECRETARY, NOT INDEPENDENT SEE SCHEDULE L STEPHEN C SHERRILL LAVINIA BRANCA SNYDER PETER J SOLOMON JOHN R STRANGFELD, EFFECTIVE APRIL 2016 SCOTT M STUART, CHAIRMAN OF THE BOARD CRAIG B THOMPSON, M D , BOARD MEMBER, CHIEF EXECUTIVE OFFICER EMPLOYEE, NOT INDEPENDENT BOARD MEMBER DOUGLAS A WARNER III, CHAIRMAN OF THE BOARD PETER A WEINBERG DEBORAH C WRIGHT 31 TOTAL BOARD MEMBERS 29 INDEPENDENT BOARD MEMBERS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
SLOAN KETTERING INSTITUTE BOARD OF MANAGERS	<p>RICHARD I BEATTIE IAN COOK STANLEY F DRUCKENMILLER ANTHONY B EVNIN ROGER W FERGUSON, EFFECTIVE APRIL 2016 WILLIAM E FORD RICHARD N FOSTER STEPHEN FRIEDMAN ELLEN V FUTTER LOUIS V GERSTNER, JR , HONORARY CHAIRMAN OF THE BOARD JONATHAN N GRAYER BENJAMIN W HEINEMAN, JR DAVID H KOCH MARIE-JOSEE KRAVIS JAMIE C NICHOLLS JAMES G NIVEN BRUCE C RATNER CLIFTON S ROBBINS, BOARD MEMBER &amp; TREASURER ALEXANDER T ROBERTSON, EFFECTIVE APRIL 2016 JAMES D ROBINSON III VIRGINIA M ROMETTY NORMAN C SELBY, BOARD MEMBER &amp; SECRETARY LAVINIA BRANCA SNYDER STEPHEN C SHERRILL PETER J SOLOMON JOHN R STRANGFELD, EFFECTIVE APRIL 2016 SCOTT M STUART CRAIG B THOMPSON, M D , BOARD MEMBER, CHIEF EXECUTIVE OFFICER EMPLOYEE, NOT INDEPENDENT BOARD MEMBER DOUGLAS A WARNER III DEBORAH C WRIGHT 30 TOTAL BOARD MEMBERS 29 INDEPENDENT BOARD MEMBERS</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
S K I REALTY BOARD OF MANAGERS	RICHARD I BEATTIE LOUIS V GERSTNER, JR JAMES G NIVEN, PRESIDENT CLIFTON S ROBBINS SCOTT M STUART DOUGLAS A WARNER III, CHAIRMAN OF THE BOARD 6 TOTAL BOARD MEMBERS 6 INDEPENDENT BOARD MEMBERS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
GERSTNER GRADUATE SCHOOL BOARD OF MANAGERS	RICHARD I BEATTIE ELLEN V FUTTER LOUIS V GERSTNER, JR , CHAIRMAN OF THE BOARD DAVID H KOCH MARIE- JOSSE KRAVIS CRAIG B THOMPSON, M D BOARD MEMBER, PRESIDENT, EMPLOYEE, NOT INDEPENDENT BOARD MEMBER DOUGLAS A WARNER III 7 TOTAL BOARD MEMBERS 6 INDEPENDENT BOARD MEMBERS



990 Schedule O, Supplemental Information

Return Reference	Explanation
MSK INSURANCE U S BAORD OF MANAGERS	KATHRYN MARTIN, DIRECTOR AND SECRETARY, EMPLOYEE NOT AN INDEPENDENT BOARD MEMBER STEPHEN C SHERRILL, CHAIRMAN OF THE BOARD MARK SVENNINGSON, BOARD MEMBER AND PRESIDENT EMPLOYEE, NOT INDEPENDENT BOARD MEMBER JEFFREY P JOHNSON, BOARD MEMBER AND VICE PRESIDENT MICHAEL P GUTNICK, BOARD MEMBER AND TREASURER EMPLOYEE, NOT INDEPENDENT BOARD MEMBER 5 TOTAL BOARD MEMBERS 2 INDEPENDENT BOARD MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
MSKCC PROTON INC , BOARD OF MANAGERS	JOSE BASELGA MD PHD, EMPLOYEE NOT AN INDEPENDENT DIRECTOR MICHAEL P GUTNICK, EMPLOYEE NOT AN INDEPENDENT DIRECTOR SIMON NICHOLAS POWELL MD, EMPLOYEE NOT AN INDEPENDENT DIRECTOR 3 TOTAL DIRECTORS 0 INDEPENDENT DIRECTORS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART VII, SECTION B	AMOUNTS PAID TO INDEPENDENT CONTRACTORS INCLUDE AMOUNTS PAID TO SUBCONTRACTORS AS WELL AS REIMBURSABLE EXPENSES

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XI RECONCILIATION OF NET ASSETS, OTHER	NON-OPERATING (EXPENSE) CHANGE IN POSTRETIREMENT \$(30,222,000) INTEREST & COST OF ISSUANCE OF TAXABLE BONDS (37,863,899) CUNY RECEIVABLE WRITE OFF (11,089,440) 2006 SERIES I BOND DEFEASEMENT (1,256,198) OTHER (288,463) NET (EXPENSES) \$(80,720,000)

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
Memorial Sloan-Kettering Cancer Center

Employer identification number  
91-2154267

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

(a) Name, address, and EIN (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	4,152,000	1,364,000	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)RALPH LAUREN CTR FOR CANCER & PREVENTION 1919 MADISON AVE  NEW YORK, NY 10036 02-0597827	CANCER CARE	NY	501( C)3	10	MSKCC	Yes	
(2)MEMORIAL MEDICAL CARE PC 1275 YORK AVENUE  NEW YORK, NY 10065 35-2491455	CANCER CARE	NY	501( C)3	10	MSKCC	Yes	
(3)BYRNE FD FBO MSKCC 3 LARMIE ROAD - BOX 599  ETNA, NH 03750 02-0462932	SUPPORTING	DE	501 (C) 3	12d III-0	NA		No

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

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 178									

**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?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b> Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b> Yes	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b> Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b> Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b> Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b> Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)RALPH LAUREN CTR FOR CANCER & PREVENTION	Q	2,573,209	COST
(2)RALPH LAUREN CTR FOR CANCER & PREVENTION	B	1,100,000	COST
(3)MEMORIAL MEDICAL CARE PC	Q	74,024	COST

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
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Additional Data

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

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

(a) 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	
(1) MEM CRITICAL CARE  1275 YORK AVE NY, NY 10065 13-3348785	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(1) MEM INFECT DISEASE  1275 YORK AVE NY, NY 10065 13-3278582	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(2) MEM MEDICAL CONSULT  1275 YORK AVE NY, NY 10065 13-3278550	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(3) MEM NUTRITION GRP  1275 YORK AVE NY, NY 10065 13-3278576	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(4) MEM SOLID TUMOR GRP  1275 YORK AVE NY, NY 10065 13-3278578	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(5) MEM PULMONARY FUNC  1275 YORK AVE NY, NY 10065 13-3304834	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(6) MEM CARDIOPULMONARY  1275 YORK AVE NY, NY 10065 13-3278552	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(7) MSK RADIOLOGY GRP  1275 YORK AVE NY, NY 10065 13-3375559	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(8) MEM NUCLEAR MED  1275 YORK AVE NY, NY 10065 13-3278580	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(9) MEM RADIATION ONCOL  1275 YORK AVE NY, NY 10065 13-3237927	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(10) MEM PATHOLOGY GRP  1275 YORK AVE NY, NY 10065 13-3365998	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(11) MEM ANESTHESIOLOGY  1275 YORK AVE NY, NY 10065 13-3367135	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(12) MEM PEDIATRICS GRP  1275 YORK AVE NY, NY 10065 13-3346908	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(13) MEM NEUROLOGY GRP  1275 YORK AVE NY, NY 10065 13-3399377	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(14) MEM PSYCHIATRY GRP  1275 YORK AVE NY, NY 10065 13-3430629	HEALTH CARE	NY	MEM	related	0	0		No	0	Yes		100 000 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) 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	
(16) MSK AT GUTTMAN  1275 YORK AVE NY, NY 10065 13-3875002	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(1) MSK PHYS AT PHELPS  1275 YORK AVE NY, NY 10065 13-3897156	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(2) MSK AT MERCY  1275 YORK AVE NY, NY 10065 13-3954858	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(3) MSK PHYS-ST CLARE'S  1275 YORK AVE NY, NY 10065 13-3897154	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(4) MSK REHABILITATION  1275 YORK AVE NY, NY 10065 13-4010371	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(5) MSK SURGERY GROUP  1275 YORK AVE NY, NY 10065 13-4010372	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(6) MSK HAUPPAUGE  1275 YORK AVE NY, NY 10065 13-4059247	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(7) MEM NEUROSURGERY  1275 YORK AVE NY, NY 10065 13-3251621	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(8) INTERGRATIVE MED  1275 YORK AVE NY, NY 10065 54-2092060	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(9) MSK-REGIONAL NETWK  1275 YORK AVE NY, NY 10065 02-0594889	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(10) MSK BASKING RIDGE  1275 YORK AVE NY, NY 10065 59-3801080	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(11) MEM URGENT CARE GRP  1275 YORK AVE NY, NY 10065 65-1263291	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(12) MEM CLN GENETICS  1275 YORK AVE NY, NY 10065 65-1263292	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(13) MEM DEVELOP CHEMO  1275 YORK AVE NY, NY 10065 13-3278548	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(14) MSK CLINIC PRACTICE  1275 YORK AVE NY, NY 10065 51-0616510	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
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							Yes	No		Yes	No	
(31) MEM BREAST GROUP  1275 YORK AVE NY, NY 10065 56-2568640	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(1) MEM COLORECTAL GRP  1275 YORK AVE NY, NY 10065 56-2568642	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(2) MEM DENTAL GRP  1275 YORK AVE NY, NY 10065 56-2568630	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(3) MEM CLINICAL IMMUNO  1275 YORK AVE NY, NY 10065 13-3278559	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(4) MEM GASTRIC MIX TMR  1275 YORK AVE NY, NY 10065 56-2568650	HEALTH CARE	NY	MEM	related	0	0		No	0	Yes		100 000 %
(5) MEM GYNECOLOGY GRP  1275 YORK AVE NY, NY 10065 56-2568655	HEALTH CARE	NY	MEM	related	0	0		No	0	Yes		100 000 %
(6) MEM HEAD & NECK GRP  1275 YORK AVE NY, NY 10065 56-2568656	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(7) MEM HEPATOBIILIARY  1275 YORK AVE NY, NY 10065 56-2568667	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(8) MEM NEUROSURGERY  1275 YORK AVE NY, NY 10065 56-2568663	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(9) MEM OPT ABRAMSON  1275 YORK AVE NY, NY 10065 56-2568627	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(10) MEM OPHTHALMIC ONOCO  1275 YORK AVE NY, NY 10065 56-2568675	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(11) MEM OPHTHALMOLOGY  1275 YORK AVE NY, NY 10065 56-2568669	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(12) MEM ORTHOPEDIC GRP  1275 YORK AVE NY, NY 10065 56-2568680	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(13) MEM PEDIATRIC SURG  1275 YORK AVE NY, NY 10065 56-2568683	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(14) MEM CLINICAL PHY  1275 YORK AVE NY, NY 10065 13-3278556	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(46) MEM PLASTIC RECON  1275 YORK AVE NY, NY 10065 56-2568623	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(1) MEM THORACIC GRP  1275 YORK AVE NY, NY 10065 56-2568677	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(2) MEM UROLOGY GRP  1275 YORK AVE NY, NY 10065 56-2568638	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(3) MEM PAIN SERVICE  1275 YORK AVE NY, NY 10065 65-1283822	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(4) MEM DERMATOLOGY GRP  1275 YORK AVE NY, NY 10065 13-3278581	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(5) MEM ENDOCRINE GRP  1275 YORK AVE NY, NY 10065 13-3278583	HEALTH CARE	NY	MEM	related	0	0		No	0	Yes		100 000 %
(6) GASTROENTEROLOGY  1275 YORK AVE NY, NY 10065 13-3278574	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %
(7) MEM HEMATOLOGYLYMP  1275 YORK AVE NY, NY 10065 13-3278575	HEALTH CARE	NY	MEM	RELATED	0	0		No	0	Yes		100 000 %