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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Memorial Sloan-Kettering Cancer Center

% MARK K SVENNINGSON

Doing business as

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

1275 York Avenue

City or town, state or province, country, and ZIP or foreign postal code

New York, NY 10065

F Name and address of principal officer

CRAIG B THOMPSON MD

1275 York Avenue

New York, NY 10065

H(a) Is this a group return for subordinates?

☒ Yes ☐ No

H(b) Are all subordinates included?

☒ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

3475

D Employer identification number

91-2154267

E Telephone number

(646) 227-3092

G Gross receipts \$ 5,558,481,260

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: www.mskcc.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

M State of legal domicile

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

LEADERSHIP IN THE PREVENTION, TREATMENT, AND CURE OF CANCER THROUGH EXCELLENCE, VISION , AND COST EFFECTIVENESS IN PATIENT CARE, OUTREACH PROGRAMS, RESEARCH, AND EDUCATION

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

☐

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

115

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

105

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

21,014

6 Total number of volunteers (estimate if necessary)

960

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

-7,985,589

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

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

514,762,000

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

3,683,539,000

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

189,791,000

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

110,965,098

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

4,499,057,098

Expenses

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

25,459,000

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

0

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

2,319,603,271

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

128,216

b Total fundraising expenses (Part IX, column (D), line 25)

69,396,458

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

1,839,463,611

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

4,184,654,098

19 Revenue less expenses Subtract line 18 from line 12

314,403,000

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

10,632,552,000

21 Total liabilities (Part X, line 26)

4,529,742,000

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

6,102,810,000

Part II Signature Block

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

Sign Here

Signature of officer

2019-11-14

Date

MARK K SVENNINGSON SVP FINANCE

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

PTIN P00395735

Firm's name ERNST & YOUNG US LLP

Firm's EIN

Firm's address 111 MONUMENT CIRCLE SUITE 4000

Phone no (317) 681-7000

INDIANAPOLIS, IN 46204

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

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

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 EXC

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code)	(Expenses \$ 3,646,998,499	including grants of \$ 2,756,000)	(Revenue \$ 3,980,533,000)
See Additional Data				

4b	(Code)	(Expenses \$ 643,754,336	including grants of \$ 21,208,000)	(Revenue \$ 195,549,000)
See Additional Data				

4c	(Code)	(Expenses \$ 244,844,698	including grants of \$ 1,244,000)	(Revenue \$)
See Additional Data				

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses 4,535,597,533

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 Yes	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1,491	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	21,014			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15	Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI. ☒

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: **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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

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

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

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

☒

● 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]

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

(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			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								25,626,232	0	4,138,385

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 ▶ 6,463

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TURNER CONSTRUCTION, 375 HUDSON STREET NEW YORK, NY 10014	GENERAL CONSTRUCTION	259,211,227
HUNTER ROBERTS CONSTRUCTION GR LLC, 2 WORLD FINANCIAL CENTER NEW YORK, NY 10001	GENERAL CONSTRUCTION	75,715,154
JGN CONSTRUCTION CORP, 66-40 69TH STREET MIDDLE VILLAGE, NY 11379	GENERAL CONSTRUCTION	19,253,167
LEND LEASE US CONSTRUCTION, 200 PARK AVENUE NEW YORK, NY 10166	GENERAL CONSTRUCTION	16,718,877
FIDELUS TECHNOLOGIES, 240 W 35TH STREET NEW YORK, NY 10001	IT CONSULTANTS	9,449,691

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 233

Part VIII		Statement of Revenue						
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>								
			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . .	1b					
	c	Fundraising events . . .	1c	3,832,434				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	199,057,000				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	388,552,000				
	g	Noncash contributions included in lines 1a - 1f \$	7,865,351					
	h	Total. Add lines 1a-1f	591,441,434					
Program Service Revenue			Business Code					
	2a	MEDICAL CARE	622310	3,980,533,000	3,980,533,000			
	b	NON-GOVERNMENT SPONSORED RESEARCH	541711	195,549,000	195,549,000			
	c							
	d							
	e							
	f	All other program service revenue						
	9	Total. Add lines 2a-2f	4,176,082,000					
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	67,288,000		-7,881,828	75,169,828	
	4		Income from investment of tax-exempt bond proceeds	2,166,000			2,166,000	
	5		Royalties	75,679,000			75,679,000	
	6a	(i) Real		(ii) Personal				
		Gross rents						
		38,021,000						
		b Less rental expenses		45,154,000				
	c		Rental income or (loss)	-7,133,000	0			
	d		Net rental income or (loss)	-7,133,000			-7,133,000	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory						
		566,010,260						
		b Less cost or other basis and sales expenses		393,713,260				
	c		Gain or (loss)	172,297,000				
	d		Net gain or (loss)	172,297,000			172,297,000	
	8a	Gross income from fundraising events (not including \$ 3,832,434 of contributions reported on line 1c) See Part IV, line 18		a	945,536			
		b Less direct expenses		b	1,124,000			
		c		Net income or (loss) from fundraising events	-178,464			-178,464
	9a	Gross income from gaming activities See Part IV, line 19		a	0			
		b Less direct expenses		b	0			
c		Net income or (loss) from gaming activities	0					
10a	Gross sales of inventory, less returns and allowances		a	0				
	b Less cost of goods sold		b	0				
	c		Net income or (loss) from sales of inventory	0				
Miscellaneous Revenue		Business Code						
11a	CAFETERIA	722212	7,376,000			7,376,000		
b	VENDOR DISCOUNTS	561439	975,000			975,000		
c	SERVICES PROVIDED	561439	4,987,000			4,987,000		
d	All other revenue		27,510,030		-103,761	27,613,791		
e	Total. Add lines 11a-11d	40,848,030						
12	Total revenue. See Instructions	5,118,490,000				4,176,082,000	-7,985,589	358,952,155

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,000,000	1,000,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	24,208,000	24,208,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	20,032,870	15,668,644	3,413,876	950,350
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	457,950	447,128	10,822	
7 Other salaries and wages.	2,008,321,518	1,973,873,326	9,709,627	24,738,565
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	160,171,407	156,781,842	1,604,251	1,785,314
9 Other employee benefits.	264,426,449	258,617,755	945,364	4,863,330
10 Payroll taxes.	119,965,236	117,423,626	1,202,922	1,338,688
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	13,263,144	12,410,120	687,071	165,953
c Accounting.	1,232,679	978,785	252,627	1,267
d Lobbying.	872,735	872,735		
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	5,835,331		5,835,331	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	79,612,182	68,781,274	1,764,906	9,066,002
12 Advertising and promotion.	28,439,351	23,893,891	71,336	4,474,124
13 Office expenses.	276,013,456	254,106,615	5,311,424	16,595,417
14 Information technology.	50,050,933	48,948,270	361,391	741,272
15 Royalties.	1,834,895		1,834,895	
16 Occupancy.	121,971,838	107,916,232	13,837,096	218,510
17 Travel.	13,450,398	12,763,324	209,368	477,706
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	14,095,888	12,889,721	548,635	657,532
20 Interest.	47,044,528	41,402,593	5,641,935	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	300,239,282	293,351,232	5,670,755	1,217,295
23 Insurance.	15,790,159	15,474,573	183,571	132,015
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a PHARMACEUTICALS	904,359,502	904,359,502		
b MEDICAL/SURGICAL SUPPLIES	242,728,584	242,728,584		
c PROVISION BAD DEBT-REG ASSMT	12,210,237	12,210,237		
d UBIT EXPENSE	219,559		219,559	
e All other expenses	-68,278,000	-65,510,476	-4,740,642	1,973,118
25 Total functional expenses. Add lines 1 through 24e.	4,659,570,111	4,535,597,533	54,576,120	69,396,458
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	15,357,988	7,058,594		8,299,394

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	9,695,000	1	7,574,000
	2 Savings and temporary cash investments	1,130,188,000	2	758,689,000
	3 Pledges and grants receivable, net	587,401,000	3	549,698,000
	4 Accounts receivable, net	442,263,000	4	557,956,000
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	36,387,000	7	38,362,000
	8 Inventories for sale or use	73,204,000	8	64,303,000
	9 Prepaid expenses and deferred charges	118,020,000	9	117,714,000
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 7,474,813,000		
	b Less: accumulated depreciation	10b 3,190,475,000	3,855,532,000	10c 4,284,338,000
	11 Investments—publicly traded securities	3,502,211,000	11	3,464,900,000
	12 Investments—other securities. See Part IV, line 11	856,740,000	12	756,852,000
	13 Investments—program-related. See Part IV, line 11	20,911,000	13	20,156,000
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,632,552,000	16	10,620,542,000	
Liabilities	17 Accounts payable and accrued expenses	876,391,000	17	993,300,000
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	1,439,048,000	20	1,051,371,000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	1,350,000,000	24	1,350,000,000
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	864,303,000	25	799,780,000
	26 Total liabilities. Add lines 17 through 25	4,529,742,000	26	4,194,451,000
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,628,681,000	27	5,028,329,000
	28 Temporarily restricted net assets	798,880,000	28	695,455,000
	29 Permanently restricted net assets	675,249,000	29	702,307,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	6,102,810,000	33	6,426,091,000	
34 Total liabilities and net assets/fund balances	10,632,552,000	34	10,620,542,000	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,118,490,000
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,659,570,111
3	Revenue less expenses Subtract line 2 from line 1	3	458,919,889
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,102,810,000
5	Net unrealized gains (losses) on investments	5	-189,477,000
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	53,838,111
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,426,091,000

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

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
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
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

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

Form 990 (2018)

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

Form 990, Part III, Line 4c:

EDUCATION 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

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	3 0 0 0	X						0	0	0
IAN COOK SEE SCHEDULE O	3 0 0 0	X						0	0	0
STANLEY F DRUCKENMILLER SEE SCHEDULE O	10 0 0 0	X						0	0	0
ANTHONY B EVNIN SEE SCHEDULE O	10 0 0 0	X						0	0	0
ROGER W FERGUSON SEE SCHEDULE O	3 0 0 0	X						0	0	0
WILLIAM E FORD 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	3 0 0 0	X						0	0	0
LOUIS V GERSTNER 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			
JONATHAN N GRAYER SEE SCHEDULE O	3 0 0 0	X						0	0	0
JAMIE GREGORY SEE SCHEDULE O	3 0 0 0	X						0	0	0
BENJAMIN W HEINEMAN JR SEE SCHEDULE O	3 0 0 0	X						0	0	0
JEFFREY P JOHNSON SEE SCHEDULE O	3 0 0 0	X						0	0	0
DAVID H KOCH SEE SCHEDULE O	3 0 0 0	X						0	0	0
MARIE-JOSEE KRAVIS 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
JAMES G NIVEN 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
ALEXANDER T ROBERTSON 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			
JAMES D ROBINSON III SEE SCHEDULE O	3 0 0 0	X						0	0	0
VIRGINIA M ROMETTY SEE SCHEDULE O	3 0 0 0	X						0	0	0
STEPHEN C SHERRILL 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
PETER J SOLOMON SEE SCHEDULE O	3 0 0 0	X						0	0	0
JOHN R STRANGFELD SEE SCHEDULE O	10 0 0 0	X						0	0	0
SCOTT M STUART SEE SCHEDULE O	10 0 0 0	X						0	0	0
PETER A WEINBERG SEE SCHEDULE O	10 0 0 0	X						0	0	0
DEBORAH C WRIGHT SEE SCHEDULE O	3 0 0 0	X						0	0	0
CLIFTON S ROBBINS SEE SCHEDULE O	10 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			
NORMAN C SELBY SEE SCHEDULE O	10 0 0 0	X		X				0	0	0
DOUGLAS WARNER III SEE SCHEDULE O	10 0 0 0	X		X				0	0	0
JOSE BASELGA MD PHD PIC-CHIEF MED OFF TO 9/13/18	50 0 0 0	X		X				1,649,335	0	83,300
MICHAEL P GUTNICK EXECUTIVE VP & CFO	50 0 0 0	X		X				1,059,967	0	70,267
KATHRYN MARTIN CHIEF OPERATING OFFICER	50 0 0 0	X		X				1,375,127	0	586,105
MARK SVENNINGSON SVP FINANCE	50 0 0 0	X		X				679,765	0	76,620
CRAIG B THOMPSON MD PRESIDENT & CEO	50 0 0 0	X		X				2,185,786	0	1,240,566
KERRY BESSEY SVP & CHIEF HR OFFICER	50 0 0 0			X				718,302	0	75,910
ERIC M COTTINGTON PHD SVP RESEARCH & TECHNOLOGY MGMT	50 0 0 0			X				678,172	0	77,530
FREDRICK GROVES EVP & HOSPITAL ADMINISTRATOR	50 0 0 0			X				644,193	0	55,037

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			
JASON KLEIN SVP-CHIEF INVESTMENT OFFICER	50 0 0 0			X				1,583,444	0	1,018,320
CAROLYN B LEVINE ESQ DEPUTY GEN COUNSEL CORP SECTY	50 0 0 0			X				406,458	0	60,467
JORGE LOPEZ ESQ EVP GENERAL COUNSEL	50 0 0 0			X				963,244	0	73,767
EDWARD MAHONEY SVP FACILITIES MGMT & CONST	50 0 0 0			X				751,074	0	70,639
AVICE MEEHAN SVP CH COMMUNICATION OFFICER	50 0 0 0			X				445,845	0	61,396
RICHARD K NAUM SVP DEVELOPMENT RETIRED 7/1/18	50 0 0 0			X				229,155	0	11,899
PATRICIA C SKARULIS SVP-CHIEF INFORMATION OFFICER	50 0 0 0			X				705,910	0	55,934
DEBRA BERNS ESQ SVP & CHIEF RISK OFICER	50 0 0 0			X				514,225	0	38,436
KENNETH MANOTTI SVP DEVELOPMENT	50 0 0 0			X				570,442	0	51,462
JOAN MASSAGUE PhD DIRECTOR SLOAN-KETTERING INST	50 0 0 0			X				1,103,781	0	60,988

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			
MARK BILSKY MD ATTENDING-DEPT OF NEUROSURGERY	50 0 0 0					X		1,709,434	0	72,426
JOSEPH DISA MD ATTENDING PLASTIC SURGERY	50 0 0 0					X		1,669,516	0	78,325
MARIO LEITAO MD ATTENDING SURGERY	50 0 0 0					X		1,539,849	0	68,615
JEFFREY DREBIN MD CHAIRMAN ATTENDING-SURGERY	50 0 0 0					X		2,458,037	0	72,110
BABAK MEHRARA MD CHIEF ATTENDING-SURGERY	50 0 0 0					X		1,863,632	0	68,631
EDWIN TALIAFERRO VP INTERNAL AUDIT & COMPLIANCE	0 0 0 0						X	121,539	0	9,635

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
91-2154267

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

The organization is not a private foundation because it is (For lines 1 through 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

4
- 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	4				0	0

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	544,924,247	437,479,585	484,699,242	514,556,000	591,422,434	2,573,081,508
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	544,924,247	437,479,585	484,699,242	514,556,000	591,422,434	2,573,081,508
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						43,292,614
6	Public support. Subtract line 5 from line 4						2,529,788,894

Section B. Total Support								
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total	
7	Amounts from line 4	544,924,247	437,479,585	484,699,242	514,556,000	591,422,434	2,573,081,508	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	210,605,148	245,714,279	201,917,796	100,111,000	190,676,000	949,024,223	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0	
11	Total support. Add lines 7 through 10						3,522,105,731	
12	Gross receipts from related activities, etc. (see instructions)						12	16,726,283,987
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 ► <input type="checkbox"/>							

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14 71.826 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15 70.347 %
16a	33 1/3% support test—2018. 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. ► <input checked="" type="checkbox"/>	
b	33 1/3% support test—2017. 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. ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. 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. ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. 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. ► <input type="checkbox"/>	
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. ► <input type="checkbox"/>	

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
	1	No
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	2	No
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3	No

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
	2b	
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
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>		
	3b	

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	0
2	Enter 85% of line 1	2	0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	0
4	Enter greater of line 2 or line 3	4	0
5	Income tax imposed in prior year	5	0
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	0

7 ☐ 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions		0	
3 Excess distributions carryover, if any, to 2018			
a From 2013. 0			
b From 2014. 0			
c From 2015. 0			
d From 2016. 0			
e From 2017. 0			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2018 distributable amount			0
i Carryover from 2013 not applied (see instructions)	0		
j Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4 Distributions for 2018 from Section D, line 7 \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4	0		
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		0	
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			0
7 Excess distributions carryover to 2019. Add lines 3j and 4c	0		
8 Breakdown of line 7			
a Excess from 2014. 0			
b Excess from 2015. 0			
c Excess from 2016. 0			
d Excess from 2017. 0			
e Excess from 2018. 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 12a MSK INSURANCE US 83-0363317 12a MSKCC PROTON INC 35-2397819 12a MSKCC PROPERTIES, LLC 35-2464610 12a

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) MEMORIAL HOSPITAL FOR CANCER & ALLIED DISEASES	131624082	3	Yes		0	0
(B) MEMORIAL SLOAN-KETTERING CANCER CENTER	131924236	3	Yes		0	0
(C) LOUIS V GERSTNER JR GRADUATE SCHOOL OF BIOMEDICAL SCIENCES	202212588	2	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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

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.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		577,094
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		295,641
j	Total. Add lines 1c through 1i			872,735
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Return Reference	Explanation
LOBBYING COSTS	MSKCC ENGAGES IN FEDERAL, STATE, AND LOCAL LOBBYING. THE CENTERS 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 PREVENTATIVE AND PALLIATIVE MEASURES. THE CENTER ALSO SEEKS 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 CENTERS STATE LOBBYING EFFORTS FOCUS ON ISSUES RELATING TO PATIENT CARE, PUBLIC HEALTH, AND HOSPITAL OPERATIONS. PATIENT CARE AND PUBLIC HEALTH ISSUES MAY INCLUDE ACCESS TO CARE AND CANCER PREVENTION AND SCREENING, INCLUDING AS PART OF STATE BUDGET LEGISLATION. OUR ADVOCACY ON HOSPITAL OPERATIONS CENTERS ON ISSUES RELATING TO PROFESSIONAL LICENSURE AND CONTINUING EDUCATION, SCOPE OF PRACTICE, HOSPITAL STAFFING, AND HEALTH AND SAFETY REQUIREMENTS. ON OCCASION, THE CENTER ENGAGES IN LOCAL LOBBYING ON ISSUES RANGING FROM BUILDING ORDINANCES TO RADIATION CONTROL. THE CENTER ALSO INCURS COSTS FOR FEDERAL, STATE, AND LOCAL LOBBYING BY ASSOCIATIONS AND OTHER ORGANIZATIONS OF WHICH IT IS A MEMBER. PART II-B LINE 1(I) OTHER ACTIVITIES LOBBYING PORTION OF DUES PAID IN 2018: GREATER NEW YORK HOSPITAL ASSOCIATION \$ 253,885; AMERICAN HOSPITAL ASSOCIATION 31,257; NYSSA 8,120; AMERICAN COLLEGE OF SURGEONS 1,020; OTHERS 1,359. TOTAL \$ 295,641.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493318024479	
<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. ▶ Go to www.irs.gov/Form990 for the latest information.</div>			<div>OMB No 1545-0047</div> <div>2018</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 7/25/06, and not on a historic structure listed in the National Register				2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶					
4 Number of states where property subject to conservation easement is located ▶					
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <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 <div><div>(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$</div><div>(ii) Assets included in Form 990, Part X ▶ \$</div></div>					
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 <div><div>a Revenue included on Form 990, Part VIII, line 1 ▶ \$</div><div>b Assets included in Form 990, Part X ▶ \$</div></div>					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2018	

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
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	869,056,000	802,748,000	778,565,000	772,740,000	753,249,000
b Contributions	152,114,000	52,800,000	18,986,000	17,561,000	25,760,000
c Net investment earnings, gains, and losses	101,997,000	13,508,000	5,197,000	-2,097,000	9,616,000
d Grants or scholarships					
e Other expenditures for facilities and programs				9,639,000	15,885,000
f Administrative expenses					
g End of year balance	1,123,167,000	869,056,000	802,748,000	778,565,000	772,740,000

2

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

a

Board designated or quasi-endowment

37 500 %

b

Permanent endowment

62 500 %

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

3a(i)

Yes

(ii) related organizations

3a(ii)

Yes

b

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

3b

No

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		380,703,000		380,703,000
b Buildings		5,256,264,000	1,825,208,000	3,431,056,000
c Leasehold improvements		117,699,000	75,197,000	42,502,000
d Equipment		1,720,147,000	1,290,070,000	430,077,000
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				4,284,338,000

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

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	390,984,000
INSURANCE RESERVES	279,617,000
DEFERRED COMPENSATION	65,895,000
ASSET RETIREMENT OBLIGATIONS	38,868,000
DEFERRED GIFT ANNUITY	17,268,000
OTHER LIABILITIES	7,148,000
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	799,780,000

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 ☐

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

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

1	Total revenue, gains, and other support per audited financial statements	1	4,961,027,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-189,477,000
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	46,278,000
e	Add lines 2a through 2d	2e	-143,199,000
3	Subtract line 2e from line 1	3	5,104,226,000
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,264,000
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	14,264,000
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	5,118,490,000

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

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

1	Total expenses and losses per audited financial statements	1	4,690,584,111
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	46,278,000
e	Add lines 2a through 2d	2e	46,278,000
3	Subtract line 2e from line 1	3	4,644,306,111
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,264,000
b	Other (Describe in Part XIII)	4b	1,000,000
c	Add lines 4a and 4b	4c	15,264,000
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	4,659,570,111

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 PART XI LINE 2D REVENUE RENTAL EXPENSES OFFSETS REVENUE \$ 45,154,000 FUNDRAISING COSTS OFFSETS REVENUE 1,124,000 TOTAL \$46,278,000 PART XII LINE 2D EXPENSES RENTAL EXPENSES OFFSETS REVENUE \$45,124,000 FUNDRAISING COSTS OFFSETS REVENUE 1,124,000 TOTAL \$46,278,000 PART XII LINE 4B PAYMENT OF A GRANT TO THE RALPH LAUREN CENTER FOR \$1,000,000 RECORDED AS NON-OPERATING EXPENSE FIN 48 LIABILITY FOR UNCERTAIN TAX POSITIONS A FIN 48 FOOTNOTE DISCLOSURE, RELATING TO THE ACCOUNTING FOR INCOME TAXES, WAS NOT REQUIRED BECAUSE THERE WAS NO MATERIAL IMPACT ON THE INSTITUTION'S FINANCIAL STATEMENTS

SCHEDULE E (Form 990 or 990-EZ)	<div>Schools</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.</div> <div>▶ Attach to Form 990 or Form 990-EZ.</div> <div>▶ Go to www.irs.gov/Form990EZ for the latest instructions.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

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

Part I		YES	NO	
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions? 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 HTTP //WWW SLOANKETTERING EDU/GERSTNER/HTML/54499 CFM ALL APPLICANTS TO THE LOUIS V GERSTNER JR , GRADUATE SCHOOL OF BIOMEDICAL SCIENCES ARE CONSIDERED ON THE BASIS OF MERIT THE SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF GENDER, RACE, COLOR, CREED, RELIGION, AGE, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS, MARITAL STATUS, SEXUAL ORIENTATION, OR CITIZENSHIP STATUS IN ACCORDANCE WITH INSTITUTIONAL POLICY AND IN COMPLIANCE WITH THE REQUIREMENTS OF THE CIVIL RIGHTS ACT, THE EDUCATION ADMENDMENTS, THE REHABILITATION ACT, THE AGE DISCRIMINATION ACT, AND THE AMERICANS WITH DISABILITIES ACT EXCISE TAX ON NET INVESTMENT INCOME THE LOUIS V GERSTNER JR, GRADUATE SCHOOL OF BIOMEDICAL SCIENCES DOES NOT MEET THE CRITERIA OF SECTION 4968 AND, THEREFORE, IS NOT SUBJECT TO THE EXCISE TAX ON NET INVESTMENT INCOME

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
Memorial Sloan-Kettering Cancer Center

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

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
See Add'l Data					
3a Sub-total					2,278,153
b Total from continuation sheets to Part I					1,699,810,281
c Totals (add lines 3a and 3b)	0	2			1,702,088,434

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

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

- 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.
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Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☒ Yes ☐ No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

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

Additional Data

Software ID:

Software Version:

EIN: 91-2154267

Name: Memorial Sloan-Kettering Cancer Center

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	PATIENT CARE CONF	402,135
East Asia and the Pacific			Program Services	INVESTMENT MEETINGS	73,168

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	RESEARCH CONFERENCES	62,720
Central America and the Caribbean			Program Services	PATIENT CARE CONF	38,240

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	RESEARCH CONFERENCES	2,709
Central America and the Caribbean			Program Services	INVESTMENT MEETINGS	772

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	PATIENT CARE CONF	990,907
Europe (Including Iceland and Greenland)			Program Services	RESEARCH CONFERENCES	209,673

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	INVESTMENT MEETINGS	71,879
Middle East and North Africa			Program Services	PATIENT CARE CONF	130,271

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	68,408
Middle East and North Africa			Program Services	INVESTMENT MEETINGS	1,093

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 CONF	154,026
North America			Program Services	RESEARCH CONFERENCES	23,130

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	17,294
Russia and the Newly Independent States			Program Services	PATIENT CARE CONF	974

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Program Services	PATIENT CARE CONF	30,754
South America			Program Services	RESEARCH CONFERENCES	1,141

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia			Program Services	PATIENT CARE CONF	69,078
South Asia			Program Services	RESEARCH CONFERENCES	13,265

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	INVESTMENT MEETINGS	23,426
Sub-Saharan Africa			Program Services	PATIENT CARE CONF	65,000

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		1,650,067,000
Europe (Including Iceland and Greenland)			Investments		40,944,000

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		8,272,000
Europe (Including Iceland and Greenland)	0	1	Program Services	Bioinformatics	191,551

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	0	1	Program Services	Bioinformatics	163,820

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 SPRING BALL (event type)	(b) Event #2 SPECIAL PROJ. (event type)	(c) Other events 5 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,418,937	914,800	2,444,233	4,777,970
	2 Less Contributions	980,224	872,680	1,979,530	3,832,434
	3 Gross income (line 1 minus line 2)	438,713	42,120	464,703	945,536
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	0	73,718	405,123	478,841
	7 Food and beverages	110,486		50,737	161,223
	8 Entertainment	10,539		66,650	77,189
	9 Other direct expenses	122,442	28,639	255,666	406,747
	10 Direct expense summary Add lines 4 through 9 in column (d) ►				1,124,000
	11 Net income summary Subtract line 10 from line 3, column (d) ►				-178,464

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))
Direct Expenses	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ►				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ►				

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

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

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$

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

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

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

Return Reference

Explanation

SCHEDULE 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.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-0047

2018

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	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
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)			19,311,575	1,388,094	17,923,481	0 380 %
b Medicaid (from Worksheet 3, column a)			243,362,496	62,500,486	180,862,010	3 880 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			262,674,071	63,888,580	198,785,491	4 260 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			16,423,287		16,423,287	0 350 %
f Health professions education (from Worksheet 5)			244,844,699	44,487,567	200,357,132	4 300 %
g Subsidized health services (from Worksheet 6)			3,139,730		3,139,730	0 070 %
h Research (from Worksheet 7)			529,690,023	337,014,552	192,675,471	4 140 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,160,760		1,160,760	0 020 %
j Total. Other Benefits			795,258,499	381,502,119	413,756,380	8 880 %
k Total. Add lines 7d and 7j			1,057,932,570	445,390,699	612,541,871	13 140 %

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
1 Physical improvements and housing						
2 Economic development						
3 Community support			828		828	
4 Environmental improvements			33,529		33,529	
5 Leadership development and training for community members						
6 Coalition building			296,190		296,190	
7 Community health improvement advocacy			371,229		371,229	
8 Workforce development			181,511	35,000	146,511	0.020 %
9 Other						
10 Total			883,287	35,000	848,287	0.020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		
	55,139,234		
3 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.	3		
	6,859,172		
4 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

5 Enter total revenue received from Medicare (including DSH and IME).	5	1,066,027,933
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	1,375,251,079
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-309,223,146
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
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12				
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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
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input checked="" type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.mskcc.org/communityserviceplans</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) <u>www.mskcc.org/communityserviceplans</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c 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			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	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	13	Yes
a	<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	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	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)	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c	<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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	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)	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE SCH H, PART V, SECTION C		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) www.mskcc.org/financial-assistance		
c	<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		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<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		
j	<input type="checkbox"/> Other (describe in Section C)		

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

MEMORIAL HOSP FOR CANCER & ALLIED DIS

Name of hospital facility or letter of facility reporting group

	Yes	No
17 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 nonpayment?	17 Yes	
18 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		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <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 d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 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?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <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 d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input checked="" 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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input type="checkbox"/> Made presumptive eligibility determinations e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <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 & 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
23		No
24		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.

Schedule H (Form 990) 2018

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? 5

Name and address	Type of Facility (describe)
1 MSK BASKING RIDGE 136 MOUNTAIN VIEW BLVD BASKING RIDGE, NJ 07920	EXTENSION CLINIC
2 MSK MONMOUTH 480 RED HILL ROAD MIDDLE TOWN, NJ 07748	EXTENSION CLINIC
3 MSK BERGEN 225 SUMMIT AVENUE MONTVALE, NJ 07901	EXTENSION CLINIC
4 BENDHEIM CENTER FOR INTEGRATIVE MEDICINE 1429 FIRST AVENUE NEW YORK, NY 10021	EXTENSION CLINIC
5 MSK CLINICAL GENETICS SERVICE 222 EAST 70TH STREET NEW YORK, NY 10021	EXTENSION CLINIC
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI	<p>PART 1, LINE 3A A PATIENT WITH INCOME LESS THAN OR EQUAL TO 500% OF THE FEDERAL POVERTY GUIDELINES (FPG) IS ELIGIBLE FOR THE INSTITUTION'S 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 PATIENT'S 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" MSK ALSO DEDUCTS A SPECIFIC AMOUNT (DEBT BURDEN) AS A MONTHLY CLOTHES AND FOOD ALLOWANCE BASED ON A PATIENT'S FAMILY SIZE IN EVALUATING THE TYPE AND AMOUNT OF ASSISTANCE NEEDED THE TABLE BELOW ILLUSTRATES THE INCOME GUIDELINE USED IN EVALUATING THE PATIENT'S FINANCIAL STATUS BELOW ILLUSTRATES THE INCOME GUIDELINE USED IN EVALUATING THE PATIENT'S FINANCIAL STATUS FAMILY SIZE ALLOWED INCOME RESOURCE LEVELS 1 \$ 60,700 2 \$ 37,875 3 \$ 82,300 4 \$ 55,500 5 \$ 103,900 6 \$ 62,535 7 \$ 125,500 8 \$ 70,688 9 \$ 147,100 10 \$ 78,848 11 \$ 168,700 12 \$ 87,000</p> <p>PART 1, LINE 3C THE MAXIMUM AMOUNT CHARGED TO PATIENTS DEEMED ELIGIBLE UNDER THE FAP FOR "EMERGENCY OR OTHER MEDICALLY NECESSARY CARE" IS THE AMOUNT THE INSTITUTION INITIALLY CONCLUDED A PATIENT CAN AFFORD TO PAY WHEN FINALIZING THE FAP APPLICATION THIS AMOUNT IS DERIVED BY CALCULATING A PATIENT'S HOUSEHOLD "NET MONTHLY INCOME" DEDUCTING THE TOTAL AMOUNT OF ROUTINE MONTHLY BILLS THE AMOUNT REMAINING IS WHAT WE CONSIDER THE PATIENT CAN PAY EACH MONTH IF THE PATIENT'S HOUSEHOLD MONTHLY ROUTINE BILLS ARE MORE THAN OR EQUAL TO "NET MONTHLY INCOME", THE INSTITUTION ACCEPTS WHATEVER THE PATIENT'S 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, CERTIFICATE OF DEPOSITS, LARGE SAVINGS OR ANY OTHER ASSETS EXCLUDING RETIREMENT AND EDUCATION ACCOUNTS PATIENTS WITH LARGE AMOUNTS OF ASSETS WHOSE ROUTINE MONTHLY BILLS ARE GREATER THAN THEIR "NET MONTHLY INCOME" MAY BE ELIGIBLE FOR REDUCED TIME AND PAYMENT ARRANGEMENT AND WOULD MAKE MONTHLY PAYMENTS (12 TO 18 MONTHS) TO PAY OFF THE AMOUNT THE INSTITUTION 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 EFFECTIVE FOR ONE YEAR AND INCLUDES BALANCES THE PATIENT HAD OUTSTANDING ALL PATIENTS ARE ADVISED OF MSK'S FAP, BUT AGAIN THE DETERMINATION IS ONLY DOCUMENTED IF THE PATIENT APPLIES FOR THE ASSISTANCE</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G	<p>MEMORIAL SLOAN KETTERING HAS CONSISTENTLY SET THE STANDARD OF CARE FOR PEOPLE WITH CANCER BY EMPHASIZING EARLY DETECTION, PRECISE DIAGNOSIS, AND INDIVIDUALLY TAILORED TREATMENT. THE HOSPITAL SUBSIDIZES CANCER SCREENING, TREATMENT, AND SUPPORT SERVICES TO FULFILL ITS MISSION AND TO HELP REDUCE CANCER HEALTH DISPARITIES AMONG MINORITY AND MEDICALLY UNDERSERVED POPULATIONS. MSK'S BREAST EXAMINATION CENTER OF HARLEM (BECH) PROVIDES BREAST AND CERVICAL CANCER SCREENING, COUNSELING, AND PATIENT FOLLOW-UP, AS WELL AS EDUCATIONAL PROGRAMS TO UNINSURED PATIENTS THROUGHOUT THE NEW YORK CITY AREA. BECH HAS A DEDICATED STAFF, INCLUDING A HEALTH EDUCATOR WHOSE ROLE IS TO INITIATE AND IMPLEMENT OUTREACH ACTIVITIES IN HARLEM AND THE SURROUNDING COMMUNITIES. SINCE ITS INCEPTION IN 1979, BECH HAS HAD MORE THAN 245,148 VISITS, WITH 1,752 OF THOSE VISITS TAKING PLACE IN 2018. 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 (RLC) OFFERS CANCER SCREENING AND TREATMENT SERVICES TO ITS MEDICALLY UNDERSERVED COMMUNITY. THE RLC, MADE POSSIBLE IN PART THROUGH A GIFT FROM THE POLO RALPH LAUREN CORPORATION, IS SOLELY OWNED AND MANAGED BY MSK. SINCE ITS INCEPTION, RLC HAS CONDUCTED MORE THAN 164,993 VISITS, OF WHICH APPROXIMATELY 9,791 OCCURRED IN 2018. RLC CONTINUES TO PROVIDE CARE TO INDIVIDUALS ON MEDICAID AND MEDICARE 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. TOGETHER THEY WILL ENSURE THAT THE PATIENTS HAVE THE BEST OUTCOME FROM DIAGNOSIS THROUGH SURVIVORSHIP. THE CENTER CONTINUES TO ASSESS INDIVIDUALS WHO ARE UNINSURED TO BETTER SERVE THEIR MEDICAL NEEDS. NEW PATIENTS ARE SCREENED BY A FINANCIAL NAVIGATOR WHO HELPS PATIENTS EITHER APPLY FOR MEDICAID IF THEY QUALIFY OR THE AFFORDABLE CARE ACT. TO-DATE THE CENTER HAS FINANCIALLY ASSESSED MORE THAN 2,000 PATIENTS. MEMORIAL SLOAN KETTERING'S PSYCHIATRY & BEHAVIORAL SERVICES DEPARTMENT OFFERS INPATIENT AND OUTPATIENT PSYCHOLOGICAL AND SOCIAL SUPPORT SERVICES TO PATIENTS, THEIR FAMILIES, AND CAREGIVERS. ALL MEDICAID OUTPATIENT VISITS AND INPATIENT ENCOUNTERS ARE SUBSIDIZED BY MSK, AS ARE UNREIMBURSED TIME AND EFFORT BY NURSES TO STAFF A SMOKING CESSATION CLINIC. APPROXIMATELY 1,440 PATIENTS AGREED TO PARTICIPATE IN TREATMENT BY THE NURSING STAFF DURING 2018, APPROXIMATELY \$2.5M OF PHILANTHROPIC FUNDS WERE USED TO SUPPORT A SIGNIFICANT NUMBER OF THE DEPARTMENT'S OVERALL CLINICAL AND TRAINING ACTIVITIES. THE INTEGRATIVE MEDICINE SERVICE PROVIDES FREE CLINICAL CARE FOR INPATIENTS AND OUTPATIENTS. DURING 2018, THE SERVICE PROVIDED 15,382 TREATMENTS WITH A RELATED PERSONAL COST OF \$1.5M. 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.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7, COL (F)	<p>THE BAD DEBT EXPENSE WAS NOT INCLUDED ON LINE 25 IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) HOWEVER, THE AMOUNT OF BAD DEBT EXPENSE FOR 2018 WAS \$35.1M. 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 INSTITUTION'S 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 MEDICARE COMMUNITY BENEFITS COST WERE BASED ON A COST TO CHARGE RATIO CALCULATION. THE TOTAL CHARGES ASSOCIATED WITH THESE PROGRAMS ARE MULTIPLIED BY A RATIO OF HISTORICAL EXPENSES TO CHARGES AS DERIVED FROM THE HOSPITAL'S NEW YORK STATE INSTITUTIONAL COST REPORT. THE COSTS ASSOCIATED WITH A PORTION OF THE HEALTH PROFESSIONAL EDUCATION COMMUNITY BENEFIT ARE OBTAINED FROM THE STEP-DOWN OF COSTS PREPARED AS PART OF THE NEW YORK STATE INSTITUTIONAL COST REPORT. COST OF PROVIDING FINANCIAL ASSISTANCE AS CALCULATED PER THE ABOVE IS NET OF AMOUNTS RECEIVED FROM THE NEW YORK STATE BAD DEBT AND CHARITY CARE POOLS. TO ARRIVE AT THE AMOUNTS REPORTED IN 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 INSTITUTION'S COST OF PROVIDING THESE SERVICES AS CALCULATED ABOVE. THE INSTITUTION SUBTRACTS ALL REVENUES RECEIVED FROM THE MEDICARE AND MEDICAID PROGRAMS TO DETERMINE THE COMMUNITY BENEFIT PROVIDED. RESEARCH COMMUNITY BENEFIT COSTS REPRESENT ALL COSTS FOR BASIC TRANSLATIONAL AND CLINICAL RESEARCH, SUPPORTED BY INSTITUTIONAL FUNDS, GOVERNMENTAL, AND OTHER NON-PROFIT ORGANIZATIONS. RESEARCH COSTS SUPPORTED BY PHILANTHROPIC FUNDS, TOTALING \$128.3M ARE NOT INCLUDED IN THE NET COMMUNITY BENEFIT AMOUNT IN SCHEDULE H, PART I, LINE 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 TRAINS PHYSICIANS, SCIENTISTS, MEDICAL STUDENTS, RADIOLOGY STUDENTS, NURSING STUDENTS, SOCIAL WORK STUDENTS AND INDIVIDUALS LOOKING TO CREATE A CAREER IN THE FIELD OF CANCER BIOLOGY. THE AMOUNTS REPORTED AS HEALTH TRAINING REPRESENT INSTITUTIONAL FUNDS, AS WELL AS COSTS IN EXCESS OF AMOUNTS REIMBURSED BY THIRD-PARTY PAYERS SUCH AS TRAINING GRANT REVENUES AND DIRECT MEDICAL EDUCATION PAYMENTS FROM THE MEDICARE PROGRAM. AS INDICATED EARLIER, MSK'S PSYCHIATRY & BEHAVIORAL SERVICES DEPARTMENT OFFERS INPATIENT AND OUTPATIENT PSYCHOLOGICAL SERVICES AND OTHER QUALIFYING SUBSIDIZED COMMUNITY BENEFIT PROGRAMS TO PATIENTS. SUBSIDIZED CANCER SCREENINGS ARE ALSO OFFERED AT THE INSTITUTION'S OTHER OUTPATIENT FACILITIES. THE COST ASSOCIATED WITH THESE PATIENTS' CARE ARE REPORTED IN THE TABLE ON LINE 7, BASED ON PATIENT CARE COST TO CHARGE. ALL SALARY EXPENSES RELATED TO OTHER SUBSIDIZED PATIENT CARE BY ATTENDING PHYSICIANS, CLINICAL AND RESEARCH FELLOWS AND NURSE PRACTITIONERS ARE ALSO REPORTED IN THE TABLE ON LINE 7G. PART II MSK ENGAGES IN AND SUPPORTS COALITION BUILDING ACTIVITIES THAT PROMOTE THE HEALTH OF THE COMMUNITIES THE INSTITUTION SERVES. STAFF MEMBERS ARE ENCOURAGED TO SHARE THEIR CLINICAL EXPERTISE AND EXPERIENCE WITH PARTNERING HEALTHCARE FACILITIES AND COMMUNITY ORGANIZATIONS. STAFF MEMBERS SERVE AND PARTICIPATE IN NUMEROUS COMMUNITY GROUPS INCLUDING THE AMERICAN CANCER SOCIETY, THE AMERICAN PUBLIC HEALTH ASSOCIATION, THE GREATER NEW YORK HOSPITAL ASSOCIATION, AND MANY HEALTH IMPROVEMENT ADVOCACY GROUPS FOR TYPES OF CANCER. ALTHOUGH THE SIGNIFICANT COST OF STAFF TIME DEVOTED TO THESE ACTIVITIES IS NOT QUANTIFIED BY THE CENTER, THE INSTITUTION CONSIDERS THESE EFFORTS TO COLLABORATE AND BUILD COMMUNITY RESOURCES TO BE OF SIZEABLE COMMUNITY BENEFIT.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	<p>THE AMOUNT ON LINE 2 OF PART III IS THE ACTUAL 2018 BAD DEBT WRITE-OFF WHICH IS DERIVED BY TAKING THE GROSS CHARGES ASSOCIATED WITH THE PROVISIONS FOR BAD DEBTS AND MULTIPLYING BY A RATIO OF HISTORICAL EXPENSES TO CHARGES AS DERIVED FROM THE HOSPITAL'S NEW YORK STATE INSTITUTIONAL COST REPORT. A SEPARATE RATIO IS CALCULATED FOR EACH TYPE OF PATIENT CARE ACTIVITY: INPATIENT, OUTPATIENT, AND PHYSICIAN. PART III, LINE 3 PATIENTS CAN PURSUE FINANCIAL ASSISTANCE THROUGH MSK'S FINANCIAL ASSISTANCE PROGRAM. IF A PATIENT IS FOUND TO HAVE THE APPROPRIATE RESOURCES TO PAY FOR HEALTH SERVICES AND DOES NOT, OR CHOOSES NOT TO PARTICIPATE IN AVAILABLE HEALTH BENEFIT PROGRAMS, THE INSTITUTION WILL BEGIN COLLECTION PROCEEDINGS IN ACCORDANCE WITH THE INSTITUTION'S POLICY. ONCE DEEMED UNCOLLECTABLE, THE CHARGES ARE CLASSIFIED AS BAD DEBTS AND ARE CHARGED OFF AS SUCH. THE AMOUNT ON LINE 3, OF PART III, REFLECTS THE COST OF THESE ACCOUNTS AS CALCULATED BASED ON THE COST-TO-CHARGE RATIO METHODOLOGY DESCRIBED EARLIER. IN DETERMINING THE AMOUNT THAT REASONABLY COULD BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE INSTITUTION'S POLICY, THE INSTITUTION REVIEWED THE CASES THAT WERE CLOSED WITH AN "INCOMPLETE" STATUS IN THE FINANCIAL ASSISTANCE PROGRAM DURING 2014 THROUGH 2018. THE INSTITUTION THEN COMPARED THESE CASES AGAINST THE BAD DEBT WRITE-OFFS FROM 2018. PART III, LINE 4 THE INSTITUTION FOLLOWS GENERALLY ACCEPTED ACCOUNTING PRINCIPLES IN REPORTING ON BAD DEBT EXPENSES. THEREFORE, A DETAILED DESCRIPTION OF THE BAD DEBT POLICY IS NOT REQUIRED IN THE FOOTNOTES TO THE AUDITED FINANCIAL STATEMENTS. PART III, LINE 8 THE MEDICARE LOSS REFLECTS LOSSES FROM BOTH HOSPITAL AND PHYSICIANS' ACTIVITY. PHYSICIAN REVENUE IS SHOWN AS OTHER REVENUE ON THE MEDICARE COST REPORT. COSTS DISALLOWED BY THE MEDICARE PROGRAM, BUT WHICH ARE INCURRED IN PROVIDING CARE TO MEDICARE BENEFICIARIES HAVE BEEN INCLUDED. PART III, LINE 9B THE INSTITUTION DOES NOT PURSUE COLLECTIONS FROM PATIENTS APPLYING FOR FINANCIAL ASSISTANCE. IF, HOWEVER, COLLECTIONS WERE INITIATED THE EFFORT IS IMMEDIATELY SUSPENDED WHEN THE PATIENT APPLIES FOR FINANCIAL ASSISTANCE. IF THE PATIENT QUALIFIES FOR THE FAP WITH ZERO FEE PAYMENT, THE INSTITUTION ACCEPTS AS FULL SETTLEMENT ANY AMOUNT PAID BY THE INSURANCE CARRIER ON THE PATIENT'S BEHALF. ADDITIONALLY, IF A PATIENT QUALIFIES FOR A TIME PAYMENT PLAN (TPP) ALL OTHER CHARGES APART FROM THE AGREED TPP AMOUNT IS WRITTEN OFF AS FINANCIAL ASSISTANCE. FOR EXAMPLE, IF THE AGREEMENT CALLS FOR THE PATIENT TO MAKE AN ANNUAL PAYMENT OF \$1,200 (\$100 MONTHLY), THEN ALL OTHER CHARGES ACCRUING TO THE PATIENT ARE CANCELED AND WRITTEN OFF AS FINANCIAL ASSISTANCE. ANNUALLY, THE PATIENT'S CASE IS RE-EVALUATED AND ADJUSTMENTS MADE BASED ON CHANGING CIRCUMSTANCES.</p>

Form and Line Reference	Explanation
PART VI, LINE 2	<p>THE CHNA IS THE MEANS BY WHICH THE INSTITUTION ASSESSES THE HEALTH NEEDS OF THE COMMUNITY - SEE PART V, SECTION B PART VI, LINE 3 SINCE 1987, MSK HAS HAD A FINANCIAL ASSISTANCE PROGRAM IN PLACE TO ASSIST UNDERINSURED AND UNINSURED PATIENTS WHO ARE EXPERIENCING DIFFICULTIES MEETING THEIR FINANCIAL RESPONSIBILITIES TO MEMORIAL HOSPITAL AND ITS PHYSICIANS FINANCIAL COUNSELORS WORK WITH PATIENTS AND INSURANCE COMPANIES - INCLUDING MEDICARE AND MEDICAID - TO HELP THE PATIENTS TO ACCESS SERVICES THOSE WHO DO NOT QUALIFY FOR PUBLICLY AVAILABLE HEALTH INSURANCE OR WHO ARE UNABLE TO PAY THEIR PORTION OF FEES ABOVE INSURANCE REIMBURSEMENT, MAY OBTAIN HELP THROUGH THE INSTITUTION'S FAP IF THEY ARE ELIGIBLE THE PREMISE OF THE PROGRAM IS THAT ALL PATIENTS ARE EXPECTED TO CONTRIBUTE TO THEIR CARE BASED ON THEIR FINANCIAL ABILITY THE FINANCIAL ASSISTANCE PROGRAM EMPLOYS SEVERAL STRATEGIES TO INCREASE PATIENT'S AWARENESS OF THE PROGRAM DURING THE REGISTRATION PROCESS, FINANCIAL INTERVIEWERS EDUCATE PATIENTS ON THE VARIOUS PROGRAMS AVAILABLE TO THEM, INCLUDING GOVERNMENTAL PROGRAMS AND THE FINANCIAL ASSISTANCE PROGRAMS MSK PERSONNEL SENDS THE FAP BROCHURE WITH THE INITIAL HOSPITAL BILL TO EVERY NEW PATIENT TO MAKE THEM AWARE OF THE CHARITY CARE/FINANCIAL ASSISTANCE PROGRAM THE FAP IS ALSO MENTIONED IN EVERY PATIENT STATEMENT AND LETTER THAT IS SENT TO A PATIENT FAP IS ALSO MENTIONED IN EVERY COLLECTION LETTER SENT TO PATIENTS BY THE COLLECTION AGENCIES EVEN AFTER A PATIENT'S ACCOUNT IS SENT TO COLLECTIONS HE/SHE CAN STILL APPLY FOR FINANCIAL ASSISTANCE IT IS NEVER TOO LATE TO APPLY FOR FINANCIAL ASSISTANCE AND RETROACTIVE FAP COVERAGE WOULD BE GIVEN IF A PATIENT IS DETERMINED ELIGIBLE FOR ASSISTANCE INFORMATION ABOUT THE FINANCIAL ASSISTANCE PROGRAM IS ALSO AVAILABLE ON THE INSTITUTION'S WEBSITE AT WWW.MSKCC.ORG/FINANCIAL-ASSISTANCE OR BY CALLING OUR DEDICATED FINANCIAL ASSISTANCE LINE AT (212) 639-3810 PART VI, LINE 4 MSK'S INPATIENT HOSPITAL IS IN MID-MANHATTAN WITH ADDITIONAL OUTPATIENT TREATMENT CENTERS IN BROOKLYN, LONG ISLAND, WESTCHESTER COUNTY, AND NEW JERSEY OUR PRIMARY CATCHMENT AREA ENCOMPASSES 23 COUNTIES ACROSS THE FIVE BOROUGHES OF NEW YORK CITY, LONG ISLAND, SOUTHERN NEW YORK STATE, NEW JERSEY, AND SOUTHWESTERN CONNECTICUT A TOTAL OF 186,563 PATIENTS WERE SEEN AT MSK'S FACILITIES IN 2018, INCLUDING 167,527 PATIENTS FROM THE TRI-STATE AREA (NY, NJ, CT), 17,286 PATIENTS FROM OTHER PARTS OF THE UNITED STATES, AND 1,750 PATIENTS FROM OTHER COUNTRIES THESE PATIENTS ACCOUNTED FOR 24,243 ADMISSIONS TO OUR HOSPITAL WITH 129,207 RELATED HOSPITAL VISITS AND 647,339 OUTPATIENT VISITS AT OUR COMBINED FACILITIES IN NEW YORK CITY AND THE REGION PART VI, LINE 5 MSK'S MISSION IS TO LEAD IN THE PREVENTION, DIAGNOSIS, TREATMENT, AND CURE OF CANCER THROUGH PROGRAMS OF EXCELLENCE IN COST-EFFECTIVE RESEARCH, EDUCATION, OUTREACH AND PATIENT CARE OUR CLINICAL RESEARCHERS HAVE DEVELOPED NUMEROUS CHEMOTHERAPY AND RADIATION THERAPY REGIMENS, SURGICAL METHODS, AND DIAGNOSTIC TECHNIQUES THAT ARE NOW CONSIDERED THE STANDARD OF CARE FOR PATIENTS AROUND THE WORLD WE FOCUS ON MULTIDISCIPLINARY CARE, WHERE EXPERTS FROM MANY FIELDS OF MEDICINE COME TOGETHER TO DEVELOP THE BEST TREATMENTS FOR INDIVIDUAL PATIENTS AND FOR THE TREATMENT FOR PATIENTS WITH ALL TYPES OF CANCER THIS HAS ALLOWED US TO BE AT THE FOREFRONT OF DEVELOPING TREATMENTS THAT ARE MORE EFFECTIVE AT TREATING CANCER WHILE AT THE SAME TIME SPARING MANY PATIENTS FROM THE MOST SERIOUS SIDE EFFECTS OF TREATMENT OUR BASIC AND TRANSLATIONAL RESEARCHERS HAVE MADE MANY SIGNIFICANT CONTRIBUTIONS TO THE SCIENTIFIC COMMUNITY'S UNDERSTANDING OF CANCER BIOLOGY AND CANCER GENETICS AS WELL AS TO RELATED FIELDS -- CELL BIOLOGY, MOLECULAR BIOLOGY, STRUCTURAL BIOLOGY, DEVELOPMENTAL BIOLOGY, MOLECULAR PHARMACOLOGY AND CHEMISTRY, IMMUNOLOGY, COMPUTATIONAL BIOLOGY, AND DRUG DEVELOPMENT GENES FIRST IDENTIFIED IN OUR LABORATORIES ARE NOW THE FOCUS OF INTENSE RESEARCH IN OTHER LABORATORIES AROUND THE WORLD DRUGS, MONOCLONAL ANTIBODIES, AND OTHER AGENTS FIRST DEVELOPED IN OUR LABORATORIES HAVE GONE ON TO GAIN REGULATORY APPROVAL FOR TREATING PATIENTS WORLDWIDE RECENT EXPANSION OF OUR LABORATORY SPACE HAS ALLOWED US TO GROW OUR RESEARCH EFFORTS SO THAT GOING FORWARD WE CAN CONTINUE TO MAKE DISCOVERIES THAT WILL CHANGE THE WAY THE WORLD UNDERSTANDS CANCER AND AID IN THE DEVELOPMENT OF BETTER TREATMENTS FOR CANCER PATIENTS EVERYWHERE IN 2018, MEMORIAL SLOAN KETTERING SPENT \$529.5M IN SUPPORT OF ITS RESEARCH MISSION OF WHICH \$209.0M WAS SPONSORED BY GOVERNMENTAL AND OTHER NON-PROFIT ORGANIZATION, \$128.0M FROM PHILANTHROPY AND \$192.5M FROM THE INSTITUTION'S FUNDS EDUCATION AND TRAINING ARE KEY COMPONENTS OF MEMORIAL SLOAN KETTERING'S MISSION AND IMPORTANT EXAMPLES OF HOW THE INSTITUTION MAKES CONTRIBUTIONS TO THE CARE AND TREATMENT OF CANCER PATIENTS FAR BEYOND ITS OWN WALLS THROUGH WORKFORCE DEVELOPMENT OUR TRAINING, GRADUATE, AND CONTINUING EDUCATION PROGRAMS PREPARE PHYSICIANS, SC</p>

Form and Line Reference	Explanation
PART VI, LINE 2	<p>IENTISTS, NURSES, AND TECHNICIANS TO BE LEADERS IN THEIR CHOSEN FIELDS THESE HEALTHCARE PROVIDERS CAN THEN TAKE THE EXPERTISE GAINED FROM WORKING WITH OUR SPECIALISTS TO OTHER HEALTHCARE INSTITUTIONS AROUND THE COUNTRY AND THROUGHOUT THE WORLD MSK ALSO TRAINS GRADUATE STUDENTS AND POSTDOCTORAL RESEARCHERS WORKING IN MANY AREAS OF BASIC SCIENCE AND TRANSLATIONAL RESEARCH WHEN THESE YOUNG SCIENTISTS COMPLETE THEIR TRAINING, THEY BRING THE SKILLS OBTAINED IN OUR LABORATORIES INTO THE ACADEMIC COMMUNITY AT LARGE AS WELL AS THE PRIVATE SECTOR MSK SPONSORS SEVERAL PROGRAMS THAT GIVE MEDICAL STUDENTS, UNDERGRADUATES, AND HIGH SCHOOL STUDENTS THE OPPORTUNITY TO WORK AT THE INSTITUTION DOING CLINICAL AND LABORATORY RESEARCH THROUGH THESE PROGRAMS, MEMORIAL SLOAN KETTERING STRIVES TO INCREASE THE PIPELINE OF SCIENTISTS AND PHYSICIANS WORKING IN ONCOLOGY MSK'S OFFICE OF DIVERSITY PROGRAMS IN CLINICAL CARE, RESEARCH, AND TRAINING (ODP) PROVIDES FUNDING TO ENCOURAGE INTEREST IN PURSUING CAREERS IN THE FIELD OF ONCOLOGY FOR MEMBERS OF MINORITY GROUPS WHO ARE UNDERREPRESENTED IN MEDICINE AND WISH TO PARTICIPATE IN THE NATIONAL CANCER INSTITUTE'S MEDICAL STUDENTS SUMMER FELLOWSHIP PROGRAM THE ODP ALSO COORDINATES A SIX-WEEK SUMMER EXPOSURE PROGRAM TO EXPOSE UNDERREPRESENTED MINORITY HIGH SCHOOL STUDENTS TO CAREERS IN MEDICINE AND RESEARCH MEMORIAL SLOAN KETTERING UTILIZED \$244.8M OF THE INSTITUTION'S RESOURCES DURING 2018 TO SUPPORT ITS EDUCATION AND TRAINING MISSION, WHICH WE SEE AS VITAL GIVEN OUR LEADERSHIP ROLE IN CANCER CARE TREATMENT AND RESEARCH \$44.5M OF THE AMOUNT WAS SPONSORED BY GOVERNMENTAL AND OTHER REVENUE SOURCES AND \$200.4M FROM INSTITUTION'S GENERAL FUND THE INSTITUTION HAS A BOARD FOR EACH OF THE SEVEN ENTITIES AS OUTLINED IN SCHEDULE O, THERE IS A TOTAL OF 114 BOARD MEMBERS MANY ARE MEMBERS OF MORE THAN ONE ENTITY'S BOARD AND THEREFORE ARE COUNTED MORE THAN ONCE THE GOVERNING BODY IS COMPRISED OF INDEPENDENT BOARD MEMBERS FROM THROUGHOUT THE UNITED STATES MSK DOES NOT EXTEND MEDICAL STAFF PRIVILEGES TO COMMUNITY-BASED PHYSICIANS ALL PHYSICIANS ARE ON STAFF AND ARE EMPLOYEES OF MSK IN ITS PURSUIT TO FURTHER IMPROVE PATIENT CARE, MEDICAL EDUCATION AND RESEARCH, THE INSTITUTION REINVESTS ANY SURPLUS FUNDS IN THE INSTITUTION'S POOL OF RESERVES THESE RESERVES GENERATE INCOME TO SUPPORT FUTURE OPERATIONS AND RESTRICTED FUND SPENDING BY PROVIDING FUNDING FOR OPERATIONS AND CAPITAL PROJECTS, IMPROVEMENTS TO PATIENT CARE, MEDICAL EDUCATION, AND RESEARCH ARE MADE POSSIBLE PART VI, LINE 6 THE ORGANIZATION IS NOT PART OF AN AFFILIATED HEALTH CARE SYSTEM PLEASE SEE THE SUMMARY SECTION OF THE 990, ATTACHMENT 1 THROUGH ATTACHMENT 4 FOR FULL DETAIL ON THE ORGANIZATION'S STRUCTURE PART VI, LINE 7 NEW YORK STATE</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

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		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			Urgent Care Center SEE PART V OF SCH H	

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

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

OMB No 1545-0047

2018

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 noncash 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)	1,000,000				SUPPORT OPERATIONS

- 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) STIPENDS	399	24,208,000			
(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 2018, THE AMOUNT IS FOR STIPENDS PAID TO 325 RESEARCH FELLOWS AND 74 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 DURING 2018 MSKCC PAID \$1,000,000 TO THE RALPH LAUREN CENTER FOR CANCER CARE & PREVENTION (RLC) TO OFFSET OPERATING EXPENSES THE BOARD HAS APPROVED RESOLUTIONS TO SUPPORT THE RALPH LAUREN CENTER UP TO \$1,000,000 PER YEAR FROM 2017 - 2019 MANAGEMENT OF MSKCC MONITOR THE USE OF GRANT FUNDS BY PARTICIPATING IN THE GOVERNANCE PROCESS OF THE RALPH LAUREN CENTER MSKCC HAD PETITIONED NEW YORK STATE TO ALLOW RLC TO BECOME A FUNCTION OF MSKCC FINAL APPROVAL WAS GRANTED DURING THE FIRST QUARTER OF 2019

Schedule J

(Form 990)

Department of the Treasury

Internal Revenue Service

OMB No 1545-0047

2018

Open to Public Inspection

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.

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

Name of the organization

Memorial Sloan-Kettering Cancer Center

Employer identification number

91-2154267

Part I

Questions Regarding Compensation

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

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

Cat No 50053T

Schedule J (Form 990) 2018

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.

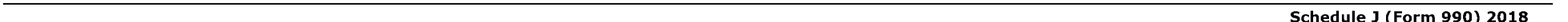
See Additional Data Table

Schedule J (Form 990) 2018

Part III Supplemental Information

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

Return Reference	Explanation
Supplemental Compensation Information	SCHEDULE J, PART I, LINE 1A BUSINESS OR FIRST-CLASS TRAVEL IS ALLOWED FOR FLIGHTS GREATER THAN SIX CONTINUOUS HOURS FOR ANY EMPLOYEE NOT FUNDED BY FEDERAL GRANTS. EXCEPTIONS TO THE SIX HOUR RULE ARE REVIEWED ON AN INDIVIDUAL BASIS. ALL TRAVEL MUST BE APPROVED BEFORE ANY ARRANGEMENTS ARE MADE. MSKCC HAS AN ACCOUNTABLE TRAVEL POLICY AND THEREFORE, DOES NOT INCLUDE TRAVEL AS TAXABLE COMPENSATION. THE DUTIES TO BE PERFORMED BY OUR PRESIDENT REQUIRE HIM TO BE ON CALL AND TO PERFORM DUTIES AS AND WHEN APPROPRIATE DURING HIS OFF-DUTY PERIODS AS WELL AS DURING NORMAL OFFICE HOURS. AN EMPLOYMENT CONTRACT REQUIRES OUR PRESIDENT TO LIVE IN THE OFFICIAL RESIDENCE OWNED AND MAINTAINED BY THE INSTITUTION. THE CONTRACT REQUIRES OUR PRESIDENT TO USE THE RESIDENCE FOR INSTITUTIONAL PURPOSES, INCLUDING, BUT NOT LIMITED TO, MEETINGS WITH STAFF, DONORS AND POTENTIAL DONORS, VISITING PROFESSORS AND SCIENTISTS, AND OTHER PERSONS INVOLVED WITH THE AFFAIRS OF THE INSTITUTION, CONFIDENTIAL INTERVIEWS WITH MEMBERS AND PROSPECTIVE MEMBERS OF THE STAFF, AND FOR OTHER INSTITUTIONAL ACTIVITIES CONDUCTED DURING AND OUTSIDE OF NORMAL OFFICE HOURS. THE COST IS REPORTED AS COMPENSATION ON FORM 990 AND IS EXCLUDED FROM TAXABLE COMPENSATION IN ACCORDANCE WITH CODE SECTION 119. SCHEDULE J, PART I LINE 4A - INCLUDED IN FORM 990 IS SEVERANCE PAY. EDWIN TALIAFERRO, VP INTERNAL AUDIT & COMPLIANCE, OF \$116,800. TERMINATED IN APRIL 2017. JOSE BASELGA, MD, PHD, PHYSICIAN IN CHIEF & CHIEF MEDICAL OFFICER OF \$289,900. TERMINATED IN SEPTEMBER 2018. LINE 4B - THE INSTITUTION MAINTAINS A NONQUALIFIED DEFERRED COMPENSATION PLAN WHICH IS USED FOR EMPLOYER CONTRIBUTIONS IN EXCESS OF THOSE ALLOWED BY THE RETIREMENT PLAN. LINE 7 - INCENTIVE PAY IS PROVIDED TO OFFICERS AND KEY EMPLOYEES BASED ON THEIR ACHIEVEMENT OF PRE-DETERMINED GOALS RELATING TO QUALITY OF CARE, PATIENT SAFETY, OPERATIONAL EFFICIENCY AND FINANCIAL PERFORMANCE. THE COMPENSATION COMMITTEE OF THE BOARD AUTHORIZES ALL EXECUTIVE BONUSES AND INCENTIVE PLANS ON AN ANNUAL BASIS. LINE 8 - AN EMPLOYMENT CONTRACT WAS ENTERED INTO AND SIGNED PRIOR TO EMPLOYMENT.



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				
JOSE BASELGA MD PHD PIC-CHIEF MED OFF TO 9/13/18	(i)	1,239,494	0	409,841	40,000	43,300	1,732,635	18,000
	(ii)							
MICHAEL P GUTNICK EXECUTIVE VP & CFO	(i)	996,953	0	63,014	40,000	30,267	1,130,234	18,000
	(ii)							
KATHRYN MARTIN CHIEF OPERATING OFFICER	(i)	1,341,683	0	33,444	540,000	46,105	1,961,232	18,000
	(ii)							
MARK SVENNINGSON SVP FINANCE	(i)	639,591	0	40,174	40,000	36,620	756,385	18,000
	(ii)							
CRAIG B THOMPSON MD PRESIDENT & CEO	(i)	1,801,838	0	383,948	1,026,675	213,891	3,426,352	348,830
	(ii)							
KERRY BESSEY SVP & CHIEF HR OFFICER	(i)	665,466	0	52,836	40,000	35,910	794,212	18,000
	(ii)							
ERIC M COTTINGTON PHD SVP RESEARCH & TECHNOLOGY MGMT	(i)	633,699	0	44,473	40,000	37,530	755,702	18,000
	(ii)							
FREDRICK GROVES EVP & HOSPITAL ADMINISTRATOR	(i)	603,458	0	40,735	31,000	24,037	699,230	9,000
	(ii)							
JASON KLEIN SVP-CHIEF INVESTMENT OFFICER	(i)	1,549,962	0	33,482	974,476	43,844	2,601,764	18,000
	(ii)							
CAROLYN B LEVINE ESQ DEPUTY GEN COUNSEL CORP SECTY	(i)	396,324	0	10,134	28,514	31,953	466,925	5,716
	(ii)							
JORGE LOPEZ ESQ EVP GENERAL COUNSEL	(i)	895,245	0	67,999	31,000	42,767	1,037,011	9,000
	(ii)							
EDWARD MAHONEY SVP FACILITIES MGMT & CONST	(i)	717,311	0	33,763	40,000	30,639	821,713	18,000
	(ii)							
AVICE MEEHAN SVP CH COMMUNICATION OFFICER	(i)	433,140	0	12,705	30,386	31,010	507,241	7,835
	(ii)							
RICHARD K NAUM SVP DEVELOPMENT RETIRED 7/1/18	(i)	153,255	57,900	18,000	8,191	3,708	241,054	18,000
	(ii)							
PATRICIA C SKARULIS SVP-CHIEF INFORMATION OFFICER	(i)	687,910	0	18,000	40,000	15,934	761,844	18,000
	(ii)							
EDWIN TALIAFERRO VP INTERNAL AUDIT & COMPLIANCE	(i)	0	0	121,539	0	9,635	131,174	0
	(ii)							
MARK BILSKY MD ATTENDING-DEPT OF NEUROSURGERY	(i)	1,690,372	0	19,062	31,000	41,426	1,781,860	9,000
	(ii)							
JOSEPH DISA MD ATTENDING PLASTIC SURGERY	(i)	1,610,597	0	58,919	31,000	47,325	1,747,841	9,000
	(ii)							
MARIO LEITAO MD ATTENDING SURGERY	(i)	1,517,049	0	22,800	31,000	37,615	1,608,464	9,000
	(ii)							
JEFFREY DREBIN MD CHAIRMAN ATTENDING- SURGERY	(i)	2,378,068	0	79,969	31,000	41,110	2,530,147	9,000
	(ii)							

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

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number
91-2154267

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	649906RK2	02-16-2012	388,814,944	SEE PART VI		X		X		X
B DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	6499063Z7	06-28-2013	80,000,000	SEE PART VI		X		X		X
C DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	000000000	04-28-2016	110,000,000	SEE PART VI		X		X		X
D NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY	22-2045817	000000000	09-09-2016	145,000,000	SEE PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	9,145,000		42,000,000		7,610,507		32,625,000	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	389,043,483		80,000,000		110,239,999		145,000,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	9,172,031		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	2,651,698		0		155,282		72,861	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	92,720,595		0		110,009,717		144,627,139	
11	Other spent proceeds	284,499,159		80,000,000		75,000		300,000	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2014		2013		2017		2018	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		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		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?								
			X		X		X		X

Part III

Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X		X		X		X
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6 Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .	0 %		0 %		0 %		0 %	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
PART I, COLUMN (F) DESCRIPTION OF PURPOSE	2012 & 2012-I SERIES BONDS - CUSIP #649906RK2 2012 SERIES BONDS WERE USED TO CONSTRUCT AND EQUIP AN AMBULATORY FACILITY AND TO ADVANCE REFUND A PORTION OF THE 2003 SERIES BONDS ISSUED MAY 14, 2003 2013 SERIES BONDS - CUSIP #6499063Z7 2013 SERIES BONDS WERE USED TO CURRENT REFUND THE 2010 DASNY SERIES BONDS ISSUED 9/2/2010 2016 SERIES BONDS (DASNY) - CUSIP #000000000 2016 DASNY SERIES BONDS WERE USED TO CONSTRUCT/RENOVATE AND UPGRADE AND EQUIP VARIOUS FACILITIES 2016 SERIES BONDS (NJEDA) - CUSIP #000000000 2016 SERIES (NJEDA) BONDS WERE USED TO CONSTRUCT AND EQUIP VARIOUS FACILITIES 2017 SERIES BONDS - CUSIP #000000000 2017 SERIES BONDS WERE USED TO CURRENT REFUND THE 2015 SERIES BONDS ISSUED JULY 16, 2015 AND CONSTRUCT VARIOUS FACILITIES PART II LINE 3 - THE AMOUNT OF PROCEEDS ON PART II LINE 3 IS DIFFERENT FROM PART I COLUMN (E) BECAUSE PART II LINE 3 INCLUDES INVESTMENT INCOME AND GAINS/LOSSES PART III LINE 3(D) - ANY MANAGEMENT CONTRACTS AND RESEARCH AGREEMENTS THAT MAY RESULT IN PRIVATE BUSINESS USE OF BONDS FINANCED PROPERTIES ARE REVIEWED FIRST BY IN-HOUSE STAFF WHO ARE KNOWLEDGEABLE OF AND RESPONSIBLE FOR THE FORM 990 OUTSIDE COUNSEL IS CONSULTED IF QUESTIONS ARISE PART IV LINE 2 - THE 2012 SERIES BONDS REBATE CALCULATIONS WERE LAST PERFORMED ON FEBRUARY 16, 2017 THE 2013 SERIES BONDS REBATE CALCULATIONS ARE CURRENTLY BEING PERFORMED

Additional Data

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

Return Reference	Explanation
PART I, COLUMN (F) DESCRIPTION OF PURPOSE	2012 & 2012-I SERIES BONDS - CUSIP #649906RK2 2012 SERIES BONDS WERE USED TO CONSTRUCT AND EQUIP AN AMBULATORY FACILITY AND TO ADVANCE REFUND A PORTION OF THE 2003 SERIES BONDS ISSUED MAY 14, 2003 2013 SERIES BONDS - CUSIP #6499063Z7 2013 SERIES BONDS WERE USED TO CURRENT REFUND THE 2010 DASNY SERIES BONDS ISSUED 9/2/2010 2016 SERIES BONDS (DASNY) - CUSIP #000000000 2016 DASNY SERIES BONDS WERE USED TO CONSTRUCT/RENOVATE AND UPGRADE AND EQUIP VARIOUS FACILITIES 2016 SERIES BONDS (NJEDA) - CUSIP #000000000 2016 SERIES (NJEDA) BONDS WERE USED TO CONSTRUCT AND EQUIP VARIOUS FACILITIES 2017 SERIES BONDS - CUSIP #000000000 2017 SERIES BONDS WERE USED TO CURRENT REFUND THE 2015 SERIES BONDS ISSUED JULY 16, 2015 AND CONSTRUCT VARIOUS FACILITIES PART II LINE 3 - THE AMOUNT OF PROCEEDS ON PART II LINE 3 IS DIFFERENT FROM PART I COLUMN (E) BECAUSE PART II LINE 3 INCLUDES INVESTMENT INCOME AND GAINS/LOSSES PART III LINE 3(D) - ANY MANAGEMENT CONTRACTS AND RESEARCH AGREEMENTS THAT MAY RESULT IN PRIVATE BUSINESS USE OF BONDS FINANCED PROPERTIES ARE REVIEWED FIRST BY IN-HOUSE STAFF WHO ARE KNOWLEDGEABLE OF AND RESPONSIBLE FOR THE FORM 990 OUTSIDE COUNSEL IS CONSULTED IF QUESTIONS ARISE PART IV LINE 2 - THE 2012 SERIES BONDS REBATE CALCULATIONS WERE LAST PERFORMED ON FEBRUARY 16, 2017 THE 2013 SERIES BONDS REBATE CALCULATIONS ARE CURRENTLY BEING PERFORMED

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

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

- Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
- Attach to Form 990.
- Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Memorial Sloan-Kettering Cancer Center

Employer identification number

91-2154267

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	000000000	12-20-2017	335,567,386	SEE PART VI		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	4,000,000							
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	337,296,892							
4	Gross proceeds in reserve funds	0							
5	Capitalized interest from proceeds	0							
6	Proceeds in refunding escrows	0							
7	Issuance costs from proceeds	2,262,236							
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	0							
10	Capital expenditures from proceeds	155,915,529							
11	Other spent proceeds	91,432,989							
12	Other unspent proceeds	87,686,139							
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?	X							
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X						
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6 Total of lines 4 and 5	0 %							
7 Does the bond issue meet the private security or payment test? . . .		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .	0 %							
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X						
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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
Total						▶ \$						

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MS T LINDSTEN	SEE PART V	219,857	FAMILY EMPLOYMENT		No
(2) MR I GUTNICK	SEE PART V	106,919	FAMILY EMPLOYMENT		No
(3) KING STREET CAPITAL MANAGEMENT	SEE PART V	742,339	INVESTMENT MANAGEMENT FEES		No
(4) JOSE BASELGA MD PHD	SEE PART V	209,476	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 2018 WAS \$219,857</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 2018 WAS \$106,919</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 2018, THE CENTER PAID KING STREET \$742,339 IN MANAGEMENT FEES MSK gave a redemption notice at the end of 2018, and pursuant to standard redemption terms, will maintain a small and declining exposure to King Street throughout 2019 and into 2020 THE INSTITUTION INVESTED IN KING STREET PRIOR TO MS NICHOLLS JOINING THE BOARD OF MEMORIAL SLOAN KETTERING CANCER CENTER</p> <p>4 Jose Baselga, M D was the Physician in Chief and Chief Medical Officer of the Organization until September 2018 As of December 31, 2018, he was also 100% owner of Memorial Medical Care PC, a Section 501(c)(3) tax-exempt captive medical group Memorial Medical Care PC provides home healthcare to the hospitals bone marrow transplant patients The Section 501(c)(3) captive 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 captive PC for services rendered The amount reported is the cost of such services provided to the Section 501(c)(3) captive 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 OTHERS</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.
►Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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				
6 Cars and other vehicles . . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .	X	259	7,865,351	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?

Yes

No

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 nonstandard contributions?

Yes

31

32a

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

No

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 \$5,073,926 PROMISES TO GIVE ARE REPORTED AT THE DATE THE INTENT IS MADE IN WRITING PUBLICLY TRADED DONATED STOCK IS SOLD BY MERRILL LYNCH ON BEHALF OF MEMORIAL SLOAN-KETTERING CANCER CENTER AND ITS AFFILIATED ORGANIZATIONS

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public
Inspection

Department of the Treasury

Name of the organization

Memorial Sloan-Kettering Cancer Center

Employer identification number

91-2154267

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, LINE 2	FOR THE TAX YEAR 2018, THE FOLLOWING BUSINESS RELATIONSHIPS WERE REPORTED 1 DIRECTORS ELLEN V FUTTER, LOUIS V GERSTNER JR AND PETER J SOLOMON 2 DIRECTORS NORMAN C SELBY, STANLEY F DRUCKENMILLER, ALEXANDER T ROBERTSON AND OFFICER ERIC M COTTINGTON PHD 3 DIRECTORS ANTHONY B EVNIN AND NORMAN C SELBY 4 DIRECTORS ELLEN V FUTTER AND RICHARD I BEATTIE 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 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 AND MSKCC PROTON, INC WHO HAS ELECTED TO BE TREATED AS A CORPORATION FOR TAX PURPOSES MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES EIN 13-1624082, (MEM), IS THE SINGLE MEMBER OF MSKCC PROPERTIES LLC, WHO HAS ELECTED TO BE TREATED AS A CORPORATION FOR TAX PURPOSES PART VI, LINE 11B PRIOR TO FILING THE RETURN, A REVIEW OF THE 990 WAS CONDUCTED BY THE SR VP OF FINANCE AND THE CHIEF FINANCIAL OFFICER IT IS THEN PRESENTED TO, AND 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 AND 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, LINE 12C	<p>MSKs conflict of interest program during 2018 was based on the following three policies for Memorial Sloan Kettering Cancer Center, Memorial Hospital for Cancer and Allied Diseases and Sloan-Kettering Institute for Cancer Research</p> <p>1 Policy on Financial Conflict of Interest and Conflict of Commitment (Individual COI Policy) A The Individual COI Policy applied to (i) employed physicians and scientists with academic appointments, (ii) fellows and postdoctoral researchers, (iii) administrative employees with authority to make purchasing decisions or who are otherwise able to bind or negotiate on behalf of MSK, (iv) designated individuals, including non-employees, who are senior or key personnel undertaking Public Health Service-funded research, and (v) employees and non-employees whose jobs include the design, conduct or reporting of research or whose job functions or committee membership give them the authority to influence purchasing decisions B Upon becoming covered by the Individual COI Policy, annually thereafter and as interests arise, an individual was required to disclose financial interests and outside activities that reasonably appear to be related to the individuals institutional responsibilities C Depending on the circumstances, disclosures were reviewed by either the Chair of the Conflict of Interest Advisory Committee (COIAC) and the Compliance Officer or their designee(s), or by the entire COIAC, to determine whether financial conflicts of interest existed D When a financial conflict of interest was identified, the Chair of the COIAC, the Compliance Officer or the entire COIAC determined how to address it, including by eliminating the interest or implementing a management plan Management strategies included disclosure, recusal or other limitation of role, and independent oversight</p> <p>2 MSK Policy on Institutional Financial Conflicts of Interest (Institutional COI Policy) A The Institutional COI Policy applied to institutional financial interests and financial interests of three key executives - the President of MSK, the Physician-in-Chief of Memorial Hospital for Cancer and Allied Diseases and the Director of the Sloan-Kettering Institute for Cancer Research (Key Executives) The policy required institutional and Key Executive financial interests to be reported to the Office of General Counsel (OGC) B OGC was responsible for determining whether the financial interest was related to research or purchasing decisions, if so, the policy required determination of whether an institutional financial conflict of interest existed, i.e., whether the interest had the potential to directly and significantly affect the design, conduct or reporting of research or the outcome of purchasing decisions, to be made at the Board of Managers (Board) level C The policy required any institutional financial conflict of interest to be eliminated or managed (and, in some cases, reduced) Management strategies included recusal of the applicable Key</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, LINE 12C	<p>Executive from decision-making regarding the arrangement and disclosure to relevant personnel to implement the recusal, disclosure of the interest in relevant publications, presentations, consent forms and educational materials, and independent clinical oversight by a disinterested senior personnel member or committee</p> <p>3 Conflict of Interest Policy (Board COI Policy) A This policy required covered individuals, including officers and Board members, to disclose financial interests annually and on an ongoing basis Other entities in the same tax-exempt group had overlapping officers and Board members as described in Schedule O, such persons reported financial interests through this or related process B The policy required the Board or an authorized committee to determine whether any disclosed interest gave rise to a conflict of interest C If it was determined that a conflict of interest existed with respect to a transaction or arrangement, the policy required, prior to authorizing the transaction or arrangement, determination by the Board or committee that authorizing the transaction or arrangement was in MSK's best interests, and that it was fair and reasonable to MSK The covered individual with the conflict could make a presentation to the Board or committee, but could not participate in or influence the discussion of, or vote on, the proposed transaction or arrangement The existence and resolution of any conflict of interest, along with associated determinations made and votes taken, were required to be documented in writing D For any approved transaction or arrangement that involved a conflict of interest, a conflict management plan could be implemented if doing so was in the best interests of MSK Management plans could require disclosure, recusal or other limitation of role, independent oversight and confidentiality MSK's conflict of interest program provides for monitoring and enforcement of compliance its conflict of interest policies MSK conducted a focused review in 2018 and 2019, identifying certain instances of non-compliance with its policies Since 2018, MSK has undertaken a process of reviewing and enhancing its policies and procedures and associated governance structures and practices, including (1) creation of a designated Conflict of Interest Committee of the Board and (2) adoption of an updated Individual COI Policy, Institutional COI Policy and Board COI Policy</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 REGARD TO EXECUTIVE COMPENSATION) WITH MAKING ALL DECISIONS RELATED TO COMPENSATION FOR OFFICERS AND KEY EMPLOYEES. THE COMMITTEE REVIEWS THE TOTAL COMPENSATION OF THE INDIVIDUALS, INCLUDING BOTH CURRENT AND DEFERRED COMPENSATION, AND ALL EMPLOYEE BENEFITS, ON AN ANNUAL BASIS TO ENSURE THAT THE TOTAL COMPENSATION OF EACH OFFICER AND KEY EMPLOYEE IS REASONABLE. TO ASSIST IN THE COMPLETION OF ITS RESPONSIBILITIES, THE COMMITTEE ENGAGES THE SERVICES OF A NATIONALLY RECOGNIZED CONSULTING FIRM SPECIALIZING IN EXECUTIVE COMPENSATION FOR NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS. EACH YEAR THE COMMITTEE REVIEWS A COMPREHENSIVE REPORT PREPARED BY THE FIRM THAT INCLUDES MARKET DATA FOR FUNCTIONALLY COMPARABLE ROLES IN COMPARABLE ORGANIZATIONS (I.E., NOT-FOR-PROFIT ACADEMIC/RESEARCH MEDICAL CENTERS, ESPECIALLY THOSE SHARING A MISSION SIMILAR TO MSKCC, WITH OTHER HEALTHCARE SECTORS CONSIDERED ON A SELECTED BASIS) AND SUMMARIZES THE RELATIVE MARKET POSITION OF EACH EXECUTIVE'S TOTAL COMPENSATION. THE LAST REVIEW WAS DECEMBER 2017. THIS REVIEW SETS THE COMPENSATION FOR THE FOLLOWING YEAR. ADDITIONALLY, A SENIOR MEMBER OF THE CONSULTING FIRM ATTENDS COMMITTEE 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. 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 ARRANGEMENTS 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 ADEQUATELY DOCUMENTS THE BASIS FOR ITS DETERMINATION CONCURRENTLY WITH MAKING THAT DETERMINATION, AGAIN AS REQUIRED.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, LINE 15	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 POLICY ON FINANCIAL CONFLICT OF INTEREST AND COMMITMENT 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	<p>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 INSTITUTION S THAT MAKE UP OUR EXEMPT GROUP MEMORIAL SLOAN-KETTERING CANCER CENTER (MSK) EIN 13-19242 36, 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 13-3389 586, LOUIS V GERSTNER JR GRADUATE SCHOOL OF BIOMEDICAL SCIENCES (SKG) EIN 20-2212588, MS K INSURANCE US, INC (MVI) EIN 83-0363317, AND MSKCC PROTON INC ,(MPI) EIN 35-2397819 ALS O INCLUDED IN THE GROUP IS MSK PROPERTIES LLC EIN 35-2464610 WITH MEMORIAL HOSPITAL BEING THE SOLE MEMBER MEMORIAL SLOAN KETTERING BOARD OF MANAGERS RICHARD I BEATTIE IAN COOK STANLEY F DRUCKENMILLER ANTHONY B EVNIN ROGER W FERGUSON WILLIAM E FORD RICHARD N FOS TER STEPHEN FRIEDMAN ELLEN V FUTTER LOUIS V GERSTNER, JR JONATHAN N GRAYER JAMIE GREGO RY BENJAMIN W HEINEMAN, JR DAVID H KOCH MARIE-JOSEE KRAVIS, VICE CHAIR OF THE BOARD JAM IE C NICHOLLS, VICE CHAIR OF THE BOARD, NOT INDEPENDENT SEE SCHED L JAMES G NIVEN BRUCE C RATNER CLIFTON S ROBBINS, BOARD MEMBER & TREASURER ALEXANDER T ROBERTSON JAMES D ROBINSON III, BOARD MEMBER & HONORARY CHAIRMAN OF THE BOARD VIRGINIA M ROMETTY NORMAN C SELBY, BOARD MEMBER & SECRETARY STEPHEN C SHERRILL PETER J SOLOMON JOHN R STRANGFELD SCOTT M STUART, CHAIR-ELECT OF THE BOARD CRAIG B THOMPSON, M D , BOARD MEMBER, PRESIDENT AND CHIEF EXECUTIVE OFFICER EMPLOYEE, NOT INDEPENDENT BOARD MEMBER DOUGLAS A WARNER III, CHAI RMAN OF THE BOARD UNTIL DECEMBER 2018 PETER A WEINBERG DEBORAH C WRIGHT 31 TOTAL BOARD M EMBERS 29 INDEPENDENT BOARD MEMBERS MEMORIAL HOSPITAL BOARD OF MANAGERS RICHARD I BEATTI E, HONORARY CHAIRMAN OF THE BOARD IAN COOK STANLEY F DRUCKENMILLER ANTHONY B EVNIN ROGER W FERGUSON WILLIAM E FORD RICHARD N FOSTER STEPHEN FRIEDMAN ELLEN V FUTTER LOUIS V G ERSTNER, JR JONATHAN N GRAYER JAMEE Gregory BENJAMIN W HEINEMAN, JR , VICE CHAIR OF THE BOARD DAVID H KOCH MARIE-JOSEE KRAVIS JAMIE C NICHOLLS, CHAIR OF THE BAORD JAMES G NIV EN BRUCE C RATNER CLIFTON S ROBBINS, BOARD MEMBER & TREASURER ALEXANDER T ROBERTSON JAM ES D ROBINSON III VIRGINIA M ROMETTY NORMAN C SELBY, BOARD MEMBER & SECRETARY STEPHEN C SHERRILL PETER J SOLOMON JOHN R STRANGFELD SCOTT M STUART CRAIG B THOMPSON, M D , BOA RD MEMBER, CHIEF EXECUTIVE OFFICER EMPLOYEE, NOT INDEPENDENT BOARD MEMBER DOUGLAS A WARNE R III PETER A WEINBERG DEBORAH C WRIGHT 31 TOTAL BOARD MEMBERS 30 INDEPENDENT BOARD MEMB ERS SLOAN KETTERING INSTITUTE BOARD OF MANAGERS RICHARD I BEATTIE IAN COOK STANLEY F DR UCKENMILLER ANTHONY B EVNIN ROGER W FERGUSON WILLIAM E FORD RICHARD N FOSTER STEPHEN F RIEDMAN ELLEN V FUTTER LOUIS V GERSTNER, JR , HONORARY CHAIRMAN OF THE BOARD JONATHAN N GRAYER BENJAMIN W HEINEMAN, JR JAMEE GREGORY DAVID H KOCH MARIE-JOSEE KRAVIS JAMIE C NICHOLLS JAMES G NIVEN BRUCE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VII, SECTION A	<p>C RATNER CLIFTON S ROBBINS, BOARD MEMBER & TREASURER ALEXANDER T ROBERTSON JAMES D ROB INSON III VIRGINIA M ROMETTY NORMAN C SELBY, BOARD MEMBER & SECRETARY STEPHEN C SHERRILL PETER J SOLOMON JOHN R STRANGFELD SCOTT M STUART CRAIG B THOMPSON, M D , BOARD MEMBER , CHIEF EXECUTIVE OFFICER EMPLOYEE, NOT INDEPENDENT BOARD MEMBER DOUGLAS A WARNER III PET ER A WEINBERG DEBORAH C WRIGHT 31 TOTAL BOARD MEMBERS 30 INDEPENDENT BOARD MEMBERS S K I REALTY BOARD OF MANAGERS RICHARD I BEATTIE LOUIS V GERSTNER, JR JAMES G NIVEN, PRES IDENT CLIFTON S ROBBINS SCOTT M STUART DOUGLAS A WARNER III, CHAIRMAN OF THE BOARD, UNT IL DECEMBER 2018 6 TOTAL BOARD MEMBERS 6 INDEPENDENT BOARD MEMBERS GERSTNER GRADUATE SCHOO L BOARD OF MANAGERS RICHARD I BEATTIE ELLEN V FUTTER LOUIS V GERSTNER, JR , CHAIRMAN O F THE BOARD DAVID H KOCH MARIE-JOSEE KRAVIS PETER J SOLOMON SCOTT M STUART, EFFECTIVE AP RIL 2018 CRAIG B THOMPSON, M D BOARD MEMBER, PRESIDENT, EMPLOYEE, NOT INDEPENDENT BOARD MEMBER DOUGLAS A WARNER III 9 TOTAL BOARD MEMBERS 8 INDEPENDENT BOARD MEMBERS MSK INSURAN CE U S BOARD OF MANAGERS DEBRA BERNS-EMPLOYEE NOT AN INDEPENDENT BOARD MEMBER KATHRYN MA RTIN, DIRECTOR AND SECRETARY, EMPLOYEE NOT AN INDEPENDENT BOARD MEMBER STEPHEN C SHERRILL , CHAIRMAN OF THE BOARD MARK SVENNINGSON, BOARD MEMBER AND PRESIDENT EMPLOYEE, NOT INDEPEN DENT BOARD MEMBER JEFFREY P JOHNSON, BOARD MEMBER AND VICE PRESIDENT MICHAEL P GUTNICK, BOARD MEMBER AND TREASURER EMPLOYEE, NOT INDEPENDENT BOARD MEMBER 6 TOTAL BOARD MEMBERS 2 INDEPENDENT BOARD MEMBERS MSKCC PROTON INC , BOARD OF DIRECTORS JOSE BASELGA MD PHD, EMPL OYEE NOT AN INDEPENDENT DIRECTOR, UNTIL SEPTEMBER 2018 MICHAEL P GUTNICK, EMPLOYEE NOT AN INDEPENDENT DIRECTOR 1 TOTAL DIRECTOR, 0 INDEPENDENT DIRECTORS</p>

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 PART XI RECONCILIATION OF NET ASSETS, OTHER NON-OPERATING (EXPENSE) CHANGE IN POSTRETIREMENT \$114,966,000 PENSION SETTLEMENT (40,414,000) OTHER NON-OPER EXPENSE (20,713,889) TOTAL \$ 53,838,111

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

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	9,974,000	2,251,000	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	

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 239			N/A						
(2) TWO SIGMA US ALL CAP 89 NEXUS WAY CAMANA BAY GRAND CAYMAN KY1-9007 CJ	INVESTMENT	CJ	MSK	C	13,146,621	105,994,044	100 000 %	Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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	3,966,839	COST
(2)RALPH LAUREN CTR FOR CANCER & PREVENTION	B	1,000,000	COST
(3)MEMORIAL MEDICAL CARE PC	Q	209,476	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

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) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MEM INFECT DISEASE 1275 YORK AVE NY, NY 10065 13-3278582	HEALTH CARE	NY	MEM	RELATED	2,819,838	0		No	0	Yes		100 000 %
(1) MEM MEDICAL CONSULT 1275 YORK AVE NY, NY 10065 13-3278550	HEALTH CARE	NY	MEM	RELATED	8,116,583	0		No	0	Yes		100 000 %
(2) MEM NUTRITION GRP 1275 YORK AVE NY, NY 10065 13-3278576	HEALTH CARE	NY	MEM	RELATED	995	0		No	0	Yes		100 000 %
(3) MEM SOLID TUMOR GRP 1275 YORK AVE NY, NY 10065 13-3278578	HEALTH CARE	NY	MEM	RELATED	42,653,198	0		No	0	Yes		100 000 %
(4) MEM PULMONARY FUNC 1275 YORK AVE NY, NY 10065 13-3304834	HEALTH CARE	NY	MEM	RELATED	4,143,697	0		No	0	Yes		100 000 %
(5) MEM CARDIOPULMONARY 1275 YORK AVE NY, NY 10065 13-3278552	HEALTH CARE	NY	MEM	RELATED	5,849,400	0		No	0	Yes		100 000 %
(6) MSK RADIOLOGY GRP 1275 YORK AVE NY, NY 10065 13-3375559	HEALTH CARE	NY	MEM	RELATED	81,314,228	0		No	0	Yes		100 000 %
(7) MEM NUCLEAR MED 1275 YORK AVE NY, NY 10065 13-3278580	HEALTH CARE	NY	MEM	RELATED	8,533,456	0		No	0	Yes		100 000 %
(8) MEM RADIATION ONCOL 1275 YORK AVE NY, NY 10065 13-3237927	HEALTH CARE	NY	MEM	RELATED	28,241,110	0		No	0	Yes		100 000 %
(9) MEM PATHOLOGY GRP 1275 YORK AVE NY, NY 10065 13-3365998	HEALTH CARE	NY	MEM	RELATED	49,800,463	0		No	0	Yes		100 000 %
(10) MEM ANESTHESIOLOGY 1275 YORK AVE NY, NY 10065 13-3367135	HEALTH CARE	NY	MEM	RELATED	59,531,714	0		No	0	Yes		100 000 %
(11) MEM PEDIATRICS GRP 1275 YORK AVE NY, NY 10065 13-3346908	HEALTH CARE	NY	MEM	RELATED	10,190,627	0		No	0	Yes		100 000 %
(12) MEM NEUROLOGY GRP 1275 YORK AVE NY, NY 10065 13-3399377	HEALTH CARE	NY	MEM	RELATED	11,336,882	0		No	0	Yes		100 000 %
(13) MEM PSYCHIATRY GRP 1275 YORK AVE NY, NY 10065 13-3430629	HEALTH CARE	NY	MEM	RELATED	4,680,463	0		No	0	Yes		100 000 %
(14) MSK PHYS AT PHELPS 1275 YORK AVE NY, NY 10065 13-3897156	HEALTH CARE	NY	MEM	RELATED	-1,830	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) Disproporportionate 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 MERCY 1275 YORK AVE NY, NY 10065 13-3954858	HEALTH CARE	NY	MEM	RELATED	6,241,545	0		No	0	Yes		100 000 %
(1) MSK SURGERY GROUP 1275 YORK AVE NY, NY 10065 13-4010372	HEALTH CARE	NY	MEM	RELATED	158,174,435	0		No	0	Yes		100 000 %
(2) MSK HAUPPAUGE 1275 YORK AVE NY, NY 10065 13-4059247	HEALTH CARE	NY	MEM	RELATED	5,592,413	0		No	0	Yes		100 000 %
(3) INTERGRATIVE MED 1275 YORK AVE NY, NY 10065 54-2092060	HEALTH CARE	NY	MEM	RELATED	1,060,955	0		No	0	Yes		100 000 %
(4) MSK-REGIONAL NETWK 1275 YORK AVE NY, NY 10065 02-0594889	HEALTH CARE	NY	MEM	RELATED	15,544,025	0		No	0	Yes		100 000 %
(5) MSK BASKING RIDGE 1275 YORK AVE NY, NY 10065 59-3801080	HEALTH CARE	NY	MEM	RELATED	14,228,100	0		No	0	Yes		100 000 %
(6) MEM URGENT CARE GRP 1275 YORK AVE NY, NY 10065 65-1263291	HEALTH CARE	NY	MEM	RELATED	7,330,938	0		No	0	Yes		100 000 %
(7) MEM CLN GENETICS 1275 YORK AVE NY, NY 10065 65-1263292	HEALTH CARE	NY	MEM	RELATED	312,207	0		No	0	Yes		100 000 %
(8) MEM DEVELOP CHEMO 1275 YORK AVE NY, NY 10065 13-3278548	HEALTH CARE	NY	MEM	RELATED	5,940,428	0		No	0	Yes		100 000 %
(9) MSK CLINIC PRACTICE 1275 YORK AVE NY, NY 10065 51-0616510	HEALTH CARE	NY	MEM	RELATED	13,212,566	0		No	0	Yes		100 000 %
(10) MEM CLINICAL PHY 1275 YORK AVE NY, NY 10065 13-3278556	HEALTH CARE	NY	MEM	RELATED	2,241,983	0		No	0	Yes		100 000 %
(11) MEM DERMATOLOGY GRP 1275 YORK AVE NY, NY 10065 13-3278581	HEALTH CARE	NY	MEM	RELATED	6,911,241	0		No	0	Yes		100 000 %
(12) MEM ENDOCRINE GRP 1275 YORK AVE NY, NY 10065 13-3278583	HEALTH CARE	NY	MEM	RELATED	3,591,314	0		No	0	Yes		100 000 %
(13) GASTROENTEROLOGY 1275 YORK AVE NY, NY 10065 13-3278574	HEALTH CARE	NY	MEM	RELATED	7,921,807	0		No	0	Yes		100 000 %
(14) MEM HEMATOLOGYLYMP 1275 YORK AVE NY, NY 10065 13-3278575	HEALTH CARE	NY	MEM	RELATED	20,452,111	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	
(31) MSK HARRISON 1275 YORK AVE NY, NY 10065 30-0831483	HEALTH CARE	NY	MEM	RELATED	17,086,503	0		No	0	Yes		100 000 %
(1) MSK BERGEN 1275 YORK AVE NY, NY 10065 61-1791803	HEALTH CARE	NY	MEM	RELATED	1,718,339	0		No	0	Yes		100 000 %
(2) MSK MONMOUTH 1275 YORK AVE NY, NY 10065 30-0937486	HEALTH CARE	NY	MEM	RELATED	11,327,691	0		No	0	Yes		100 000 %
(3) PANAKEIA ENERGY 10000 MEMORIAL DR HOUSTON, TX 77024 80-0891961	INVESTMENT	DE	MSK	EXCLUDED UNDER 512	1,252,884	17,746,632		No	-1,333,710	Yes		99 223 %
(4) BTS LIQUIDATING LLC 1430 BROADWAY NY, NY 10018 26-2602952	INVESTMENT	NY	MSK	EXCLUDED UNDER 512	-66,554,970	1,286,339		No	0	Yes		70 000 %