Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
MEMORIAL SLOAN KETTERING CANCER CENTER RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 08/04/1947

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
MEMORIAL SLOAN KETTERING CANCER CENTER

1275 YORK AVENUE
NEW YORK, NY 10065

2b Employer Identification Number (EIN) 13-1924236

2c Plan Sponsor's telephone number 646-227-3096

2d Business code (see instructions) 622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	KAREN LISI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

EXECUTIVE BENEFITS COMMITTEE
MEMORIAL SLOAN KETTERING CANCER CENTER
1275 YORK AVENUE
NEW YORK, NY 10065

3b Administrator's EIN
13-1924236

3c Administrator's telephone number
646-227-3096

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	29892
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	18758
a(2) Total number of active participants at the end of the plan year	**6a(2)**	21395
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	10902
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	32297
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	110
f Total. Add lines **6d** and **6e**	**6f**	32407
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	32099
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	224
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2L 2M 2G 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
MEMORIAL SLOAN KETTERING CANCER CENTER RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
MEMORIAL SLOAN KETTERING CANCER CENTER

D Employer Identification Number (EIN)
13-1924236

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-1624203	69345	102488	10056	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	930102892
5	Current value of plan's interest under this contract in separate accounts at year end	5	59984099

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	925899629
c	Additions: (1) Contributions deposited during the year	7c(1)	16762438		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	29278996		
	(4) Transferred from separate account	7c(4)	81472213		
	(5) Other (specify below)	7c(5)	491554		
	▶ LOAN PAYMENTS; PLAN SERVICING CREDIT				
	(6) Total additions			7c(6)	128005201
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1053904830
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	49313303		
	(2) Administration charge made by carrier	7e(2)	4474		
	(3) Transferred to separate account	7e(3)	74092285		
	(4) Other (specify below)	7e(4)	391876		
	▶ LOAN DISTRIBUTIONS				
	(5) Total deductions			7e(5)	123801938
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	930102892

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan	**B** Three-digit plan number (PN) ▶
MEMORIAL SLOAN KETTERING CANCER CENTER RETIREMENT SAVINGS PLAN	005
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
MEMORIAL SLOAN KETTERING CANCER CENTER	13-1924236

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

TIAA

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15	NONE	78269	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

PARTNERCOMM, INC.

75-2541310

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 17	NONE	51579	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

COVINGTON & BURLING, LLP

53-0188411

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	50400	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MERCER (US), INC.

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 27 28	NONE	45000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III	**Termination Information on Accountants and Enrolled Actuaries (see instructions)** (complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
MEMORIAL SLOAN KETTERING CANCER CENTER RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 005

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MEMORIAL SLOAN KETTERING CANCER CENTER

D Employer Identification Number (EIN)
13-1924236

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA REAL ESTATE

b Name of sponsor of entity listed in (a): TIAA-CREF

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1624203-004	P	59984099

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
MEMORIAL SLOAN KETTERING CANCER CENTER RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
MEMORIAL SLOAN KETTERING CANCER CENTER

D Employer Identification Number (EIN)
13-1924236

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5386601	5565913
(2) Participant contributions	1b(2)	5454858	6403711
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	17235540	24284701
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	55741241	59984099
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3491423718	4192144877
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	925899629	930102892
(15) Other	1c(15)	0	4341948

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	4501141587	5222828141
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4501141587	5222828141

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	148115199	
	(B) Participants	2a(1)(B)	165682270	
	(C) Others (including rollovers)	2a(1)(C)	20067858	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		333865327
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	1089408	
	(F) Other	2b(1)(F)	3778843	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4868251
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	147177684	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		147177684
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		9361683
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		406569140
c Other income	2c		1365283
d Total income. Add all **income** amounts in column (b) and enter total	2d		903207368
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	172301751	
(2) To insurance carriers for the provision of benefits	2e(2)	7902966	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		180204717
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		1056550
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	51579	
(2) Contract administrator fees	2i(2)	78269	
(3) Investment advisory and management fees	2i(3)	95400	
(4) Other	2i(4)	34299	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		259547
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		181520814
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		721686554
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unmodified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 **(2)** ☐ DOL Regulation 2520.103-12(d) **(3)** ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: JOHNSON LAMBERT LLP **(2)** EIN: 52-1446779

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		15000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
MEMORIAL SLOAN KETTERING CANCER CENTER RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
MEMORIAL SLOAN KETTERING CANCER CENTER

D Employer Identification Number (EIN)
13-1924236

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-1624203

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 1375

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

JohnsonLambert LLP
cpas + consultants

Memorial Sloan Kettering Cancer Center Retirement Savings Plan

Financial Statements and Supplemental Schedule

As of December 31, 2021 and 2020
and for the year ended December 31, 2021
with Report of Independent Auditors

Memorial Sloan Kettering Cancer Center Retirement Savings Plan

Financial Statements and Supplemental Schedule

December 31, 2021 and 2020

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Report of Independent Auditors

Board of Managers
Memorial Sloan Kettering Cancer Center

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We were engaged to perform an audit of the financial statements of (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the 2021 financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the 2021 financial statements, is complete and accurate.

Disclaimer of Opinion on the 2021 Financial Statements

We do not express an opinion on the accompanying 2021 financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion on the 2021 Financial Statements section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion on the 2021 Financial Statements

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion on the 2021 Financial Statements section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit.

2021 Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule of Assets (Held at End of Year) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion on the 2021 Financial Statements section of our report, it is inappropriate to and we do not express an opinion on this supplemental schedule.

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. Further, the Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

In our report dated October 6, 2021, we indicated that because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements.



Edison, New Jersey
October 5, 2022

Memorial Sloan Kettering Cancer Center Retirement Savings Plan

Statements of Net Assets Available for Benefits

	As of December 31, 2021	2020
Assets		
Investments, at fair value	$4,651,507,709	$ 3,939,066,683
Investments, at contract value	535,066,107	533,997,905
Loans receivable from participants	25,991,664	17,885,953
Contributions receivable	11,969,624	10,841,459
Net assets available for benefits	$5,224,535,104	$ 4,501,792,000

See accompanying notes to financial statements

Memorial Sloan Kettering Cancer Center Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2021

Additions	
Contributions:	
Employer	$148,115,199
Employee	165,682,270
Rollover	20,067,858
Total contributions	333,865,327
Investment income:	
Dividends and interest	152,045,935
Net appreciation in fair value of investments	415,930,823
	567,976,758
Other additions	1,365,283
Total additions	903,207,368
Deductions	
Distributions to participants	(180,204,717)
Other deductions	(259,547)
Total deductions	(180,464,264)
Net increase	722,743,104
Net assets available for benefits, beginning of year	4,501,792,000
Net assets available for benefits, end of year	$5,224,535,104

See accompanying notes to financial statements

Memorial Sloan Kettering Cancer Center Retirement Savings Plan

Notes to Financial Statements

Years ended December 31, 2021 and 2020

Note 1 – Description of Plan

General
The Memorial Sloan Kettering Cancer Center Retirement Plan (the Retirement Plan) was established to provide for contributions qualifying under Internal Revenue Code (the Code) section 403(b) to annuity contracts and custodial accounts for participants and their beneficiaries. Effective December 16, 2012, the Retirement Plan's design was amended and renamed the Memorial Sloan Kettering Cancer Center Retirement Savings Plan (the Plan). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The following descriptions provide only general information of the Plan. Participants should refer to the Plan agreement for a more complete description of the provisions.

Contributions
Prior to December 16, 2012, the Retirement Plan was a defined contribution plan and included a basic plan and a voluntary plan. The basic plan covered employees based on job descriptions where certain eligible employees were required to contribute 5% of their annual compensation with a 5% match from Memorial Sloan Kettering Cancer Center (MSKCC). For eligible employees in other job descriptions, MSKCC contributed 10% of their annual compensation with no participant contribution required. The voluntary plan provided for elective contributions made pursuant to salary reduction agreements, subject to the annual limitations imposed by the Code.

Effective December 16, 2012, MSKCC makes base contributions to the Plan for eligible employees, based on the employee's age (determined as of the preceding December 31). For eligible employees age 30 and younger, the MSKCC base contribution amount is 2.5% of eligible pay. For eligible employees age 31 and older, the MSKCC base contribution amount is 5% of eligible pay. Additionally, MSKCC matches contributions for voluntary employee contributions up to 3% of eligible pay. Under the Plan, all MSKCC employees are eligible to make voluntary employee contributions, subject to Internal Revenue Service (IRS) limits. Mandatory employee contributions are no longer required.

Effective December 20, 2020, MSKCC makes transition contributions to the Plan for eligible employees, who, on December 19, 2020, were accruing a benefit under the MSKCC Pension Plan and who would have qualified as an eligible employee on December 20, 2020, if she or he were hired on that date and are actively employed on the last day of the transition plan year. After the end of each transition plan year through 2023, MSKCC shall contribute on behalf of each individual who is at least age 45 and the sum of such eligible employee's age and years of service is at least 60 on the the last day of the transition plan year a MSKCC transition contribution in an amount equal to four percent of such participant's eligible compensation. The requirement to be actively employed on the last day of the transition plan year is waived if employment terminates during a transition plan year on account of death, long-term disability, or severance from employment on or after age 55.

Note 1 – Description of Plan (Continued)

Eligibility
Employees are eligible to participate in the Plan on the first day employed with MSKCC except for job classifications specified as ineligible in the Plan agreement.

Vesting of Employer Contributions
Participants employed prior to January 1, 1991 are immediately and fully vested in their accounts. Participants employed after January 1, 1991 and who made contributions to the Retirement Plan prior to January 1, 2007 are fully vested upon completion of five years of service or attainment of age 55. Participants employed after January 1, 2007 and existing employees who make contributions to the Plan subsequent to January 1, 2007 are fully vested upon completion of three years of service or attainment of age 55. Death and disability will result in immediate vesting.

Loans to Participants
Effective March 15, 2019, the Plan was amended so that all new participant loans are funded directly from the participant's account and are uncollateralized. Loans are only available to active employees and the maximum loan amount cannot exceed the lesser of 50% of the vested balance or $50,000. These loans totaling $25,991,664 and $17,885,953 at December 31, 2021 and 2020, respectively. The interest rate on outstanding loan balances ranged between 4.25 percent and 6.50 percent for 2021 and 2020. Principal and interest payments are deposited back to the participant's account using the individual's current investment elections. Earnings and interest are included as investment income in the statement of changes in net assets available for benefits. Upon origination of a loan, participants are charged a fee that is included in other deductions in the statement of changes in net assets available for benefits. The Plan administrator declares a default if the participant fails to pay any regular installment of principal and interest when due and such failure to continues until the last day of the calendar quarter following the quarter in which the failure first occurred. Should a default occur and be continuing, the trustee will report the amount of the principal and accrued interest as a deemed distribution as of the last day of the calendar year in which the default occurs. Loans deemed distributed totaling $1,706,963 and $650,413 at December 31, 2021 and 2020, respectively.

Prior to March 15, 2019, Plan loans were issued directly from funds owned by Teachers Insurance and Annuity Association of America and College Retirement Equities Fund (TIAA and CREF) and not directly from the participant's account. These loans are collateralized by the participant's account to cover 110% of the outstanding loan in case of default. Loans totaling $14,528,266 and $21,213,332 were collateralized by participant accounts at December 31, 2021 and 2020, respectively. The collateral balances of loans in default are held in a separate Plan Loan Default Fund. The Plan Loan Default Fund consists of fully benefit-responsive traditional annuities and is included as part of the TIAA Traditional Benefit-Responsive Annuity. The contract value of the Plan Loan Default Fund at December 31, 2021 and 2020 was $8,005,613 and $8,340,975, respectively.

Note 1 – Description of Plan (Continued)

Loans to Participants (Continued)
For the period beginning on March 27, 2020, and ending on September 22, 2020, and solely with respect to coronavirus (COVID-19) qualified individuals, the maximum of any participant loan shall equal the lesser of $100,000 or 100% of the borrower's vested interest. Any loan issued to a COVID-19 qualified individual and outstanding on or after March 27, 2020, that is scheduled to occur between March 27, 2020, and December 31, 2020 will be suspended for this period. Such loan will be reamortized, and the term of the loan extended by one year, in accordance with the safe harbor IRS Notice 2020-50 and repayments will resume after December 31, 2020.

Payment of Benefits
Following termination of employment, participants may elect to receive distribution in any form permitted under the funding vehicles in which they participate. Hardship distributions from the participant's voluntary contributions are also permitted by the Plan, subject to certain restrictions.

Qualified individuals were also able to withdraw, during the period beginning on April 3, 2020, and ending before December 31, 2020, an amount not to exceed $100,000 from his or her account. A participant may elect to repay his or her COVID-19 related distribution to the Plan. Such repayment may occur in one or more installments, but all such installments must be made within the three-year period beginning on the day after the date on which such COVID-19 related distribution was received by the participant.

Note 2 – Summary of Significant Accounting Policies

Basis of Presentation
The financial statements of the Plan are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States.

Use of Estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial reports and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Note 2 – Summary of Significant Accounting Policies (Continued)

Valuation of Investments and Income Recognition
The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Certain investments of the Plan are stated at fair value. If available, quoted market prices are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year-end. The Plan also has investments in CREF accounts, which are variable annuity funds consisting of eight portfolios: Stock, Global Equities, Growth, Equity Index, Bond Market, Inflation-linked Bond, Social Choice and Money Market accounts. These accounts invest principally in equity securities, fixed-income instruments and short-term investments based on each portfolio's objectives. All accounts noted above are valued using market quotations or prices obtained from an independent pricing source to obtain the fair value.

Investments in CREF Accounts enable a unit holder to acquire units whose accumulation unit value is calculated each business day. Daily unit values for the CREF funds are listed on the National Association of Securities Dealers Automated Quotations (NASDAQ) website. The unit values are updated overnight for each day that NASDAQ is open. The value of a unit holder's investment rises and falls with the returns on the underlying assets in the CREF Account's portfolio. In an effort to reduce market timing and excessive trading, participants will be locked out of a fund for 90 days if a purchase, sale and repurchase within that fund is made within a 60-day period, other than for the CREF Money Market Account. Effective March 15, 2019, the CREF Money Market fund stopped new contributions or rollovers and transitioned into a new investment option, Vanguard Federal Money Market Fund, which is stated at fair value.

Additionally, the Plan has investments in TIAA Real Estate Account ("REA"), which is a pooled separate account that invests mainly in real estate and real estate-related investments. The REA's value is principally derived from the market value of the underlying real estate holdings or other real estate-related investments. Real estate holdings are valued principally using external appraisals, which are estimates of property values based on a professional's opinion. The REA sometimes holds securities as well. These are generally priced using values obtained from independent pricing sources. Contributions to the REA enable a unit holder to acquire units whose accumulation unit value is calculated every business day. Daily unit values for the REA are listed on NASDAQ's website. The unit values are updated overnight for each day that NASDAQ is open. The value of a participant's investment rises and falls with the return on the underlying assets in the REA along with the income generated by those assets. Transfers out of the REA are limited to one per calendar quarter. Although the underlying assets of REA cannot be quickly sold and converted to liquid assets, the TIAA general account provides the REA with liquidity guarantee.

Note 2 – Summary of Significant Accounting Policies (Continued)

Valuation of Investments and Income Recognition (Continued)
The Plan has investments in TIAA Traditional Annuities which are considered non-benefit-responsive fixed annuity contracts. These investments are reported at fair value (see Note 4). The TIAA Traditional Annuity guarantees principal and a specified interest rate, with the opportunity for additional amounts determined annually by TIAA's Board of Trustees. Certain restrictions limit participant access to funds based on the type of contract held. Participants with a Retirement Annuity contract are unable to receive lump-sum cash withdrawals from the TIAA Traditional Annuity and transfers must be spread over a ten-year period. All other transfers from the Retirement Annuity contract must be spread over a ten-year period (five years for withdrawals after termination of employment). Given the aforementioned limitations on participant access to the funds, management does not consider the contracts to be fully benefit-responsive.

Effective March 15, 2019, the Plan transitioned from individual to group annuity contracts with respect to its TIAA Traditional Annuities investments for new funds invested. Existing plan assets in the TIAA Traditional Annuities did not automatically transfer as part of this transition and remained in the current contracts unless a participant requested a cross-contract transfer. The new group annuity contracts are known as the Retirement Choice (RC) and Retirement Choice Plus (RCP). The RC guarantees variable interest between 1% and 3% which is redetermined annually. Premiums deposited during the applicable calendar year are guaranteed for 10 years, at which point the minimum rate for these premiums will be reset. Certain restrictions limit participant access to funds based on the type of contract held. All transfers from the RC must be spread over a seven-year period, except for withdrawals after termination of employment which require 120 days and a 2.5% surrender charge. Given the aforementioned limitations on participant access to the funds, management does not consider the RC to be fully benefit-responsive and it will be reported at fair value (Note 4).

The Plan also has investments in TIAA Traditional Annuities which are considered fully benefit-responsive investment contracts. As described above, effective March 15, 2019, the Plan transitioned from individual to group annuity contracts with respect to its TIAA Traditional Annuities investments. The RCP is considered fully benefit-responsive and both the TIAA Traditional Annuities investment contracts and the RCP are recorded at contract value (Note 5). The TIAA Traditional Annuity within the Supplemental Retirement Annuity (SRA) contract and Group Supplemental Retirement Annuity (GSRA) contract have no liquidity restrictions applicable to participant withdrawals and transfers. The RCP allows participant withdrawals and transfers except for certain contracts that require a 90-day equity wash restriction if competing funds exist.

Note 2 – Summary of Significant Accounting Policies (Continued)

Valuation of Investments and Income Recognition (Continued)
The Plan also has investments in the TIAA Stable Value Fund, which is a fully benefit-responsive fixed rate group annuity contract recorded at contract value (Note 5). Contributions into the TIAA Stable Value Fund are maintained in a non-unitized separate account of TIAA and buy a contractual or guaranteed amount of future benefits for the participant. TIAA Stable Value is immediately liquid to a participant for withdrawals and transfers and does not have withdrawal restrictions (except that immediate transfers cannot be made to competing investment options pursuant to the contract's "equity wash" provisions). In addition, transfers into TIAA Stable Value may not be made for 30 days following a transfer out. Plan sponsors choosing to terminate the Plan's investment in the TIAA Stable Value will receive contract value in, at most, two years.

Contract value is the relevant measurement attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The contract value of the fully benefit-responsive investment contracts represents contributions plus earnings, less participant withdrawals and administrative expenses.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is accrued when earned. Dividends are recorded on the ex-dividend date. Capital gain distributions are included in dividend income. The net appreciation in fair value of investments reported in the statement of changes in net assets available for benefits includes gains and losses on investments bought and sold, as well as held during the year. Realized gains and losses on sales of securities are determined using the average cost method.

Effective June 1, 2021 the TIAA Self-Directed Brokerage Account was made available to participants in the Plan as an optional feature. With this feature, participants can direct investments (including existing balances and future contributions) to a wide range of mutual funds outside of the plan's core fund lineup.

Payment of Benefits
Benefits are recorded as deductions to net assets available for benefits when paid.

Contributions
Employee contributions and employer contributions under the Plan are recorded for each payroll period related to the Plan year.

Note 2 – Summary of Significant Accounting Policies (Continued)

Forfeitures
Forfeitures represent only non-vested Plan sponsor contributions. Forfeitures reduce the amount of contribution remitted to the Plan by MSKCC. For the year ended December 31, 2021, $6,217,628 of forfeitures was used to offset employer contributions remitted. The balance of forfeitures available to offset future employer contributions totaled $1,141,363 and $1,105,006 at December 31, 2021 and 2020, respectively.

Expenses
Certain expenses of maintaining the Plan are paid directly by MSKCC and are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments. The Plan receives revenue credits from TIAA and CREF from these investment related expenses. Revenue credits may be used to pay other administrative expenses of the Plan or may be reallocated to participants' accounts. These revenue credits are recorded as other additions in the statement of changes in net assets available for benefits.

Note 3 – Certified Financial Information

For the years ended December 31, 2021 and 2020, the Plan administrator elected the method of compliance as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. TIAA and CREF certified the investments included in the Plan's financial statements as of December 31, 2021 and for the year then ended and as of December 31, 2020. All investment information disclosed in the accompanying financial statements and supplemental schedule, including investments and the Plan Loan Default Fund held at December 31, 2021 and 2020, and related investment information, including net appreciation in fair value of investments and interest and dividends for the year ended December 31, 2021 were obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by TIAA and CREF. This certification also extends, with respect to those investments, if any, which TIAA, FSB, a federal saving association for the plan years ended December 31, 2021 and 2020, held as directed trustee or custodian that were record kept by TIAA and CREF. These certifications are made solely by TIAA and CREF and not on behalf of TIAA, FSB with respect to annuity contracts whether or not TIAA, FSB holds other investments as directed trustee or custodian. TIAA, FSB does not hold annuity contracts as trustee or custodian and has no responsibility with respect to such annuity contracts.

Note 4 – Fair Value Measurements

A three-level hierarchy exists that prioritizes the inputs to valuation techniques used to measure fair value. The framework provides a fair value hierarchy that prioritizes the inputs valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable

inputs (Level 3). The three levels of the fair value hierarchy and those investments included in each are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Note 4 – Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021:

Investments measured at fair value:	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds:				
Equity	$1,702,567,051	$ -	$ -	$1,702,567,051
Fixed income	206,664,434	-	-	206,664,434
Money market	69,970,021	-	-	69,970,021
Target retirement	1,444,649,661	-	-	1,444,649,661
Self-Directed Brokerage Account	4,341,948	-	-	4,341,948
CREF variable annuity contracts:				
Equity	679,808,698	-	-	679,808,698
Fixed income	37,687,319	-	-	37,687,319
Money market	18,566,643	-	-	18,566,643
Balanced	32,231,050	-	-	32,231,050
Real Estate pooled separate account	59,984,099	-	-	59,984,099
TIAA fixed annuity contracts				
TIAA Traditional Non-Benefit-Responsive	-	-	395,036,785	395,036,785
Total investments, at fair value	$4,256,470,924	$ -	$395,036,785	$4,651,507,709

Note 4 – Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020:

Investments measured at fair value:	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds:				
Equity	$ 1,377,144,760	$ -	$ -	$ 1,377,144,760
Fixed income	188,674,315	-	-	188,674,315
Money market	84,081,971	-	-	84,081,971
Target retirement	1,129,396,483	-	-	1,129,396,483
CREF variable annuity contracts:				
Equity	614,170,931	-	-	614,170,931
Fixed income	40,571,183	-	-	40,571,183
Money market	26,585,550	-	-	26,585,550
Balanced	30,798,525	-	-	30,798,525
Real Estate pooled separate account	55,741,241	-	-	55,741,241
TIAA fixed annuity contracts				
TIAA Traditional Non-Benefit-Responsive	-	-	391,901,724	391,901,724
Total investments, at fair value	$ 3,547,164,959	$ -	$ 391,901,724	$ 3,939,066,683

The following table sets forth a summary of purchases of the Plan's Level 3 assets measured at fair value for the year ended December 31:

	TIAA Fixed Annuity Contracts	
	2021	**2020**
Purchases	$ 36,837,881	$ 45,923,839

There were no transfers into or out of Level 3 during 2021 and 2020.

Note 4 – Fair Value Measurements (Continued)

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements
The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the range of values for those inputs at December 31, 2021:

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
TIAA Traditional Annuity – Retirement Annuity	$ 381,986,438	Discounted cash flow Theoretical transfer (exit value)	Risk-adjusted discount rate applied	Accumulating Stage Interest Rates: RA (Retirement Annuity): 3.70%-4.65 % Payout Stage Interest Rates: RA: 6.40%-10.10%
TIAA Traditional Annuity – Retirement Choice	$ 13,050,347	Discounted cash flow Theoretical transfer (exit value)	Risk-adjusted discount rate applied	Accumulating Stage Interest Rates: RC (Retirement Choice): 3.95% - 4.90% Payout Stage Interest Rates: RC: 6.40% - 10.10%

Note 4 – Fair Value Measurements (Continued)

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the range of values for those inputs at December 31, 2020:

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
TIAA Traditional Annuity – Retirement Annuity	$ 383,965,102	Discounted cash flow Theoretical transfer (exit value)	Risk-adjusted discount rate applied	Accumulating Stage Interest Rates: RA (Retirement Annuity): 3.00%-3.80% Payout Stage Interest Rates: RA: 5.10%-8.10%
TIAA Traditional Annuity – Retirement Choice	$ 7,936,622	Discounted cash flow Theoretical transfer (exit value)	Risk-adjusted discount rate applied	Accumulating Stage Interest Rates: RC (Retirement Choice): 2.90%-3.90% Payout Stage Interest Rates: RC: 5.10%-8.10%

Note 5 – Investment Contracts with Insurance Companies

The Plan has investment contracts with TIAA and CREF providing benefits to eligible employees. The contracts are credited with earnings on the underlying investments and charged for participant-initiated withdrawals or transfer requests. TIAA and CREF may terminate the contracts and settle transactions at amounts different from contract value if the Plan ceases to comply with Section 401(a) of the Code or fails to fulfill its obligations under the contract. At December 31, 2021, no events are probable of occurring that would cause the Plan to transact at an amount different than contract value.

Note 5 – Investment Contracts with Insurance Companies (Continued)

The following table sets forth a summary of the Plan's assets measured at contract value for the year ended December 31:

		Contract Value	
Investment Type	**Contract Type**	**2021**	**2020**
TIAA Traditional Benefit-Responsive	GSRA Contracts	$318,709,167	$ 326,107,609
TIAA Traditional Benefit-Responsive	SRA Contracts	131,157,803	137,578,814
TIAA Traditional Benefit-Responsive	Retirement Choice Plus	33,725,026	23,184,159
TIAA Traditional Benefit-Responsive	Retirement Loan Contracts	1,992,698	1,995,245
TIAA Stable Value	Retirement Annuity Contracts	42,609,643	40,879,883
TIAA Stable Value	Retirement Choice	6,871,770	4,252,195
		$535,066,107	$ 533,997,905

There are no reserves against contract values for credit risk, contract issues or otherwise.

Note 6 – Plan Termination

Although they have not expressed any intent to do so, MSKCC has the right, under the Plan, to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

Note 7 – Party In Interest Transactions

Certain personnel of MSKCC provide administrative services to the Plan and no fees are charged for these services. As of December 31, 2021 and 2020, the Plan invests in fixed and variable annuity contracts managed by TIAA and CREF. TIAA and CREF act as an insurance company for only those investments as defined by the Plan, and also as the Plan recordkeeper. Transactions in such investments qualify as party in interest transactions which are exempt from the prohibited transaction rules. Loans issued directly from funds owned by TIAA and CREF that are collateralized by participant accounts and loans funded directly from participant accounts also represent transactions with parties in interest.

Note 8 – Income Tax Status

The Plan has been designed to qualify under Section 403(b) of the Code; therefore, it is not currently eligible to receive a determination letter from the IRS. The Plan received a private letter ruling from the IRS dated November 30, 1995, stating that the form of the Plan satisfies the requirements of Section 403(b). The Plan is required to operate in conformity with the Code to maintain its qualification under Section 403(b). The Plan administrator believes that the Plan is operating in accordance with the applicable requirements of Section 403(b) of the Code and, therefore, it believes the Plan is qualified and the related custodial accounts and tax-deferred annuities are tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements. Accounting principles generally accepted in the United States require the Plan administrator to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions.

Note 9 – Risks and Uncertainties

The Plan provides for various investment options in any combination of mutual funds and annuities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 10 – Prior Period Information

Effective for plan years beginning on or after January 1, 2009, the Department of Labor has issued regulations that eliminated special limited reporting for Code Section 403(b) plans. Prior to the 2009 plan year, the Plan was not required to file audited financial statements with its Federal Form 5500.

The Plan has been in existence for over fifty years and has not maintained sufficient accounting records nor documents relating to annuity contracts and custodial accounts issued to current and former employees for certain years prior to January 1, 2009 to support the historical balances within the Plan's financial statements. Accordingly, management is unable to verify the completeness and accuracy of all accounts for periods prior to January 1, 2009.

Note 11 – Subsequent Events

The Plan has performed an evaluation of subsequent events through October 5, 2022, the date these financial statements were available to be issued and has considered any relevant matters in the preparation of the financial statements and footnotes.

Note 12 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for plan benefits per the financial statements to Form 5500:

	December 31,	
	2021	**2020**
Total net assets available for plan benefits per the financial statements	$ 5,224,535,104	$4,501,792,000
Less: Deemed distributions (default loans)	(1,706,963)	(650,413)
Adjusted Value of Net Assets per Form 5500	$ 5,222,828,141	$4,501,141,587

The following is a reconciliation of the change in net assets available for plan benefits per the financial statements for Form 5500:

	Year ended December 31, 2021
Net change in assets available for plan benefits per the financial statements	$ 722,743,104
Changes in deemed distributions (default loans)	(1,056,550)
Net income per Form 5500	$ 721,686,554

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
Memorial Sloan Kettering Cancer Center Retirement Savings Plan

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 08/04/1947

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

Memorial Sloan Kettering Cancer Center

1275 York Avenue

New York NY 10065

2b Employer Identification Number (EIN) 13-1924236

2c Plan Sponsor's telephone number 646-227-3096

2d Business code (see instructions) 622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Karen Lisi	10/13/22	Karen Lisi
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

Executive Benefits Committee
Memorial Sloan Kettering Cancer Center
1275 York Avenue

New York NY 10065

3b Administrator's EIN: 13-1924236

3c Administrator's telephone number: 646-227-3096

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	29,892
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	18,758
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	21,395
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	10,902
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	32,297
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	110
f	Total. Add lines **6d** and **6e**.	**6f**	32,407
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	32,099
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	224
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2L 2M 2G 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	☒	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☒	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	☒	**R** (Retirement Plan Information)
(2)	☐	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	☐	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	☒		**H** (Financial Information)
(2)	☐		**I** (Financial Information – Small Plan)
(3)	☒	1	**A** (Insurance Information)
(4)	☒		**C** (Service Provider Information)
(5)	☒		**D** (DFE/Participating Plan Information)
(6)	☐		**G** (Financial Transaction Schedules)

Memorial Sloan Kettering Cancer Center Retirement Savings Plan
EIN 13-1924236, PN 005

Schedule of Assets (Held at End of Year)

Year ended December 31, 2021

Attachment to Form 5500, Schedule H, Line 4(i)

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Fixed annuity contracts			
*	TIAA and CREF	TIAA Stable Value	N/R	$ 49,481,413
*	TIAA and CREF	TIAA Traditional Benefit-Responsive	N/R	485,584,694
*	TIAA and CREF	TIAA Traditional Non-Benefit-Responsive	N/R	395,036,785
	Variable annuity contracts			
*	TIAA and CREF	CREF Bond Market Account	N/R	27,080,640
*	TIAA and CREF	CREF Equity Index Account	N/R	43,919,734
*	TIAA and CREF	CREF Global Equities Account	N/R	51,773,992
*	TIAA and CREF	CREF Growth Account	N/R	85,476,332
*	TIAA and CREF	CREF Inflation-Linked Bond Account	N/R	10,606,679
*	TIAA and CREF	CREF Money Market Account	N/R	18,566,643
*	TIAA and CREF	CREF Social Choice Account	N/R	32,231,050
*	TIAA and CREF	CREF Stock Account	N/R	498,638,640
	Self-Directed Brokerage Account			
*	TIAA and CREF	Self-Directed Brokerage Account	N/R	4,341,948
	Real estate pooled separate account			
*	TIAA and CREF	TIAA Real Estate Account	N/R	59,984,099
	Mutual funds			
	Pacific Funds	Pacific Funds Sm Md Cp Advisor	N/R	13,281,589
	Principal Funds	Principal Global Real Estate Sec	N/R	22,268,041
	Prudential	Prudential Total Return Bond	N/R	39,766,243
	Vanguard Fiduciary Trust Company	Vanguard Extend Mkt Index Inv	N/R	278,593,730
	Vanguard Fiduciary Trust Company	Vanguard Fed Money Mkt	N/R	69,970,021
	Vanguard Fiduciary Trust Company	Vanguard FTSE Social Idx	N/R	29,073,311
	Vanguard Fiduciary Trust Company	Vanguard Global Equity Inv	N/R	49,333,506
	Vanguard Fiduciary Trust Company	Vanguard Inflation Prot Sec	N/R	44,549,961
	Vanguard Fiduciary Trust Company	Vanguard Institutional Index	N/R	515,302,086
	Vanguard Fiduciary Trust Company	Vanguard Int'l Growth Fund Inv	N/R	205,236,461
	Vanguard Fiduciary Trust Company	Vanguard Inst Tgt Retirement	N/R	13,035,784
	Vanguard Fiduciary Trust Company	Vanguard Inst Tgt Retirement 2015	N/R	18,062,170
	Vanguard Fiduciary Trust Company	Vanguard Inst Tgt Retirement 2020	N/R	69,979,343
	Vanguard Fiduciary Trust Company	Vanguard Inst Tgt Retirement 2025	N/R	122,699,915
	Vanguard Fiduciary Trust Company	Vanguard Inst Tgt Retirement 2030	N/R	131,042,026

Memorial Sloan Kettering Cancer Center Retirement Savings Plan
EIN 13-1924236, PN 005

Schedule of Assets (Held at End of Year) (Continued)
Year ended December 31, 2021

Attachment to Form 5500, Schedule H, Line 4(i)

a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Mutual funds (continued)			
	Vanguard Fiduciary Trust Company	Vanguard Inst Tgt Retirement 2035	N/R	$183,037,815
	Vanguard Fiduciary Trust Company	Vanguard Inst Tgt Retirement 2040	N/R	212,051,240
	Vanguard Fiduciary Trust Company	Vanguard Inst Tgt Retirement 2045	N/R	236,832,156
	Vanguard Fiduciary Trust Company	Vanguard Inst Tgt Retirement 2050	N/R	229,474,047
	Vanguard Fiduciary Trust Company	Vanguard Inst Tgt Retirement 2055	N/R	160,698,780
	Vanguard Fiduciary Trust Company	Vanguard Inst Tgt Retirement 2060	N/R	64,291,239
	Vanguard Fiduciary Trust Company	Vanguard Inst Tgt Retirement 2065	N/R	3,445,146
	Vanguard Fiduciary Trust Company	Vanguard Total Int'l Stk Indx	N/R	91,001,096
	Vanguard Fiduciary Trust Company	Vanguard Ttl Bond Mkt Idx Inst	N/R	122,348,230
	Vanguard Fiduciary Trust Company	Vanguard US Growth Adm	N/R	251,948,152
	Vanguard Fiduciary Trust Company	Vanguard Windsor II Admiral	N/R	246,529,079
				5,186,573,816
*	Loans receivable from participants	Range of interest rates from 4.25% - 6.50% with maturity dates through 2031	N/R	25,991,664
				$5,212,565,480

See accompanying report of independent auditors.

The information in this schedule has been certified as to its completeness and accuracy by TIAA and CREF.

* Parties in interest
N/R - Participant-directed investment, cost not required