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Form **990-T**Department of the Treasury
Internal Revenue Service**Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e))For calendar year 2011 or other tax year beginning _____, 2011, and
ending _____, 20 _____ **See separate instructions**

OMB No 1545-0087

2011Open to Public Inspection for
501(c)(3) Organizations OnlyA ☐ Check box if
address changedName of organization (☐ Check box if name changed and see instructions)D **Employer identification number**
(Employees' trust, see instructions)

B Exempt under section

<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 220(e)
<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)
<input type="checkbox"/> 408A	
<input type="checkbox"/> 529(a)	

**Print
or
Type**

MSK INSURANCE US, INC.

Number, street, and room or suite no. If a P.O. box, see instructions

100 BANK STREET, SUITE 610

City or town, state, and ZIP code

BURLINGTON, VT 05401-4697

83-0363317

E **Unrelated business activity codes**
(See instructions)

524298

C Book value of all assets
at end of year

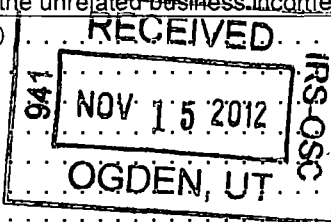
317,979,000.

F **Group exemption number** (See instructions) ▶G **Check organization type** ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trustH Describe the organization's primary unrelated business activity ▶ **INSURANCE-RELATED ACTIVITY**I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☒ Yes ☐ No
If "Yes," enter the name and identifying number of the parent corporation ▶ **ATTACHMENT 1**J The books are in care of ▶ **MARSH MANAGEMENT SERVICES** Telephone number ▶ **802-864-5599****Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶	1 c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4 a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c Capital loss deduction for trusts	4 c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions, attach schedule)	12	9,173,594.	9,173,594.
13 Total Combine lines 3 through 12.	13	9,173,594.	9,173,594.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule)	18		
19 Taxes and licenses	19		
20 Charitable contributions (See instructions for limitation rules)	20		
21 Depreciation (attach Form 4562).	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule)	28	5,934,990	
29 Total deductions Add lines 14 through 28	29	5,934,990.	
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	3,238,604.	
31 Net operating loss deduction (limited to the amount on line 30)	31		
32 Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32	3,238,604.	
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.	
34 Unrelated business taxable income Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32.	34	3,237,604.	



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62 65

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> See instructions and		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)		
(1) \$ 50,000. (2) \$ 25,000. (3) \$ 3,162,604.		
b Enter organization's share of (1) Additional 5% tax (not more than \$11,750)	\$ 11,750.	
(2) Additional 3% tax (not more than \$100,000)	\$	
c Income tax on the amount on line 34	ATCH. 4	35c 1,100,785.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36
37 Proxy tax See instructions		37
38 Alternative minimum tax		38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.		39 1,100,785.

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	40a		
b Other credits (see instructions)	40b		
c General business credit. Attach Form 3800 (see instructions)	40c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d		
e Total credits. Add lines 40a through 40d	40e		
41 Subtract line 40e from line 39	41		1,100,785.
42 Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42		
43 Total tax. Add lines 41 and 42	43		1,100,785.
44 a Payments. A 2010 overpayment credited to 2011	44a		
b 2011 estimated tax payments	44b		
c Tax deposited with Form 8868	44c	1,050,000.	
d Foreign organizations. Tax paid or withheld at source (see instructions)	44d		
e Backup withholding (see instructions)	44e		
f Credit for small employer health insurance premiums (Attach Form 8941)	44f		
g Other credits and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	44g		
45 Total payments. Add lines 44a through 44g	45		1,050,000.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached. <input checked="" type="checkbox"/>	46		27,729.
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47		78,514.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48		
49 Enter the amount of line 48 you want Credited to 2012 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	49		

Part V Statements Regarding Certain Activities and Other Information (see instructions)

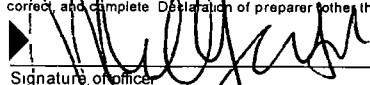
1 At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <input type="checkbox"/>	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ☐

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4 a Additional section 263A costs (attach schedule)	4a				X
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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

Sign Here

Signature of officer 

Date 11/13/12

Title

MICHAEL P. GUTNICK
SENIOR VICE PRESIDENT, FINANCE

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☒ No

Paid Preparer Use Only

Print preparer's name

Jennifer D Rhoderick

Preparer's signature



Date

11/13/2012

Check ☐ if self-employed

PTIN

P00395735

Firm's name

ERNST & YOUNG U.S. LLP

Firm's EIN

34-6565596

Firm's address

111 MONUMENT CIRCLE, SUITE 2600

Phone no

317-681-7000

INDIANAPOLIS, IN 46204

Form 990-T (2011)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)**1. Description of property**

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶(b) **Total deductions.**
Enter here and on page 1,
Part I, line 6, column (B) ▶**Schedule E - Unrelated Debt-Financed Income (see instructions)**

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8				

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10
 Enter here and on page 1,
 Part I, line 8, column (A)

Add columns 6 and 11
 Enter here and on page 1,
 Part I, line 8, column (B)

Totals ▶

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page 1, Part I, line 9, column (B)
Totals ▶				

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26
Totals ▶						

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) . . . ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) . . . ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14. ▶			

ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

MEMORIAL SLOAN-KETTERING CANCER CENTER 13-1924236

ATTACHMENT 2

PART I - LINE 12 - OTHER INCOME

PREMIUM REVENUE

9,173,594.

PART I - LINE 12 - OTHER INCOME

9,173,594.

ATTACHMENT 3FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

UNDERWRITING EXPENSE	5,864,543.
ADMINISTRATIVE EXPENSES	70,447.
PART II - LINE 28 - OTHER DEDUCTIONS	<u>5,934,990.</u>

FORM 990T - ORGANIZATIONS TAXABLE AS CORPORATIONS - TAX COMPUTATION

1	TAXABLE INCOME FROM LINE 34, PAGE 1, 990-T	3,237,604.
2	LINE 1 OR THE CORPORATION'S SHARE OF THE \$50,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS	50,000.
3	SUBTRACT LINE 2 FROM LINE 1	3,187,604.
4	LINE 3 OR THE CORPORATION'S SHARE OF THE \$25,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS	25,000.
5	SUBTRACT LINE 4 FROM LINE 3	3,162,604.
6	LINE 5 OR THE CORPORATION'S SHARE OF THE \$9,925,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS	3,162,604.
7	SUBTRACT LINE 6 FROM LINE 5	
8	ENTER 15% OF LINE 2	7,500.
9	ENTER 25% OF LINE 4	6,250.
10	ENTER 34% OF LINE 6	1,075,285.
11	ENTER 35% OF LINE 7	
12	MEMBER'S SHARE OF ADDITIONAL TAX: (A) 5% OF THE EXCESS OVER \$100,000 OR (B) \$11,750	11,750.
13	MEMBER'S SHARE OF ADDITIONAL TAX: (A) 3% OF THE EXCESS OVER \$15 MILLION OR (B) \$100,000	
14	TOTAL OF LINES 8 THROUGH 13. ENTER THIS AMOUNT ON LINE 35C, PAGE 2, 990-T	1,100,785.