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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2009**  
**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**Please use IRS label or print or type. See Specific Instructions.**

**C** Name of organization  
 THE ROCKEFELLER UNIVERSITY  
 Doing Business As  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
 1230 YORK AVENUE  
 City or town, state or country, and ZIP + 4  
 NEW YORK, NY 100656307

**D** Employer identification number  
 13-1624158  
**E** Telephone number  
 (212) 327-8000  
**G** Gross receipts \$ 535,932,621

**F** Name and address of principal officer  
 James H Lapple  
 1230 York Avenue  
 New York, NY 10065

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number

**I** Tax-exempt status  501(c) ( 3 ) (insert no )  4947(a)(1) or  527

**J** Website: www.rockefeller.edu

**K** Form of organization  Corporation  Trust  Association  Other **L** Year of formation 1901 **M** State of legal domicile NY

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
 The Rockefeller University (the University) is an internationally recognized (see schedule O) not-for-profit center for advanced research and education in the natural sciences. The University's primary purpose is to better humankind through scientific research and to educate the scientists of the future. Today, the University is in the forefront of research in the areas of biochemistry, structural biology, and chemistry, molecular, cell, and developmental biology, immunology, virology, and microbiology, medical sciences and human genetics, neuroscience, and physics and mathematical biology.

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

**3** Number of voting members of the governing body (Part VI, line 1a) **3** 37  
**4** Number of independent voting members of the governing body (Part VI, line 1b) **4** 34  
**5** Total number of employees (Part V, line 2a) **5** 1,777  
**6** Total number of volunteers (estimate if necessary) **6** 0  
**7a** Total gross unrelated business revenue from Part VIII, column (C), line 12 **7a** -2,004,905  
**b** Net unrelated business taxable income from Form 990-T, line 34 **7b** -6,305,131

		Prior Year	Current Year
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	152,124,958	150,559,671
	<b>9</b> Program service revenue (Part VIII, line 2g)	29,620,674	30,526,570
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-70,634,389	74,930,036
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,006,500	25,598,097
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	128,117,743	281,614,374
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,545,327	8,774,851
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	145,495,948	147,274,934
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>6,387,761</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	140,972,137	155,704,472
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	296,013,412	311,754,257	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-167,895,669	-30,139,883	
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	2,694,001,191	2,791,046,695
	<b>21</b> Total liabilities (Part X, line 26)	797,153,327	910,765,749
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	1,896,847,864	1,880,280,946	

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: \*\*\*\*\* Date: 2011-02-13  
 JAMES H LAPPLE Vice President for Finance  
 Type or print name and title

**Paid Preparer's Use Only**  
 Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed   
 Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ Preparer's identifying number (see instructions): \_\_\_\_\_  
 EIN: \_\_\_\_\_ Phone no: (212) 327-8704

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

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission

The Rockefeller University (the University) is an internationally recognized not-for-profit center for advanced research and education in the natural sciences. The University's primary purpose is to better humankind through scientific research and to educate the scientists of the future. Today, the University is in the forefront of research in the areas of biochemistry, structural biology, and chemistry, molecular, cell, and developmental biology, immunology, virology, and microbiology, medical sciences and human genetics, neuroscience, and physics and mathematical biology.

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code ) (Expenses \$ 224,117,719 including grants of \$ 8,774,851 ) (Revenue \$ )

RESEARCH EDUCATION-88 LABORATORIES INCLUDING 77 FACULTY MEMBERS,321 POST-DOCTORAL SCHOLARS, 213 GRADUATE STUDENTS AND WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY MEDICAL STUDENTS

**4b** (Code ) (Expenses \$ 16,413,056 including grants of \$ ) (Revenue \$ )

HOSPITAL-CONSISTS OF 20 BEDS AND SERVES AS A CLINICAL RESEARCH CENTER FOR OUTPATIENTS AND FOR INPATIENTS

**4c** (Code ) (Expenses \$ 2,654,298 including grants of \$ ) (Revenue \$ )

LIBRARY CONTAINS 46,245 VOLUMES AND 2,554 ONLINE SUBSCRIPTIONS AND IS MAINTAINED ON AN OPEN STOCK POLICY

**4d** Other program services (Describe in Schedule O ) **See also Additional Data for Description**  
(Expenses \$ 30,123,859 including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** \$ 273,308,932

**Part IV Checklist of Required Schedules**

		Yes	No		
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes			
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors?	Yes			
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No		
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		No		
<b>5</b>	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>				
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No		
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No		
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	Yes			
<b>9</b>	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No		
<b>10</b>	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes			
<b>11</b>	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	Yes			
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>				
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>				
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>				
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>				
	◆ Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>				
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>				
<b>12</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	Yes			
<b>12A</b>	Was the organization included in consolidated, independent audited financial statements for the tax year?	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No	
Yes	No				
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	<table border="1"> <tr> <td></td> <td>No</td> </tr> </table>		No	
	No				
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	Yes			
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No		
<b>14b</b>	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	Yes			
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II</i>		No		
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i>		No		
<b>17</b>	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		No		
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	Yes			
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No		
<b>20</b>	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	Yes			

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

<b>21</b>	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . . <input checked="" type="checkbox"/>	<b>21</b>		No
<b>22</b>	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . . <input checked="" type="checkbox"/>	<b>22</b>	Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . . <input checked="" type="checkbox"/>	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . . <input checked="" type="checkbox"/>	<b>24a</b>	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		No
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . . <input checked="" type="checkbox"/>	<b>25a</b>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . . <input checked="" type="checkbox"/>	<b>25b</b>		No
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . . <input checked="" type="checkbox"/>	<b>26</b>	Yes	
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . . <input checked="" type="checkbox"/>	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . <input checked="" type="checkbox"/>	<b>28a</b>	Yes	
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . <input checked="" type="checkbox"/>	<b>28b</b>	Yes	
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . <input checked="" type="checkbox"/>	<b>28c</b>	Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	<b>29</b>	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . . <input checked="" type="checkbox"/>	<b>30</b>	Yes	
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . . <input checked="" type="checkbox"/>	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . . <input checked="" type="checkbox"/>	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . . <input checked="" type="checkbox"/>	<b>34</b>	Yes	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input checked="" type="checkbox"/>	<b>35</b>		No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input checked="" type="checkbox"/>	<b>36</b>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/>	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
	<b>1a</b> 704		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> 1,777		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) . . . . .	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	Yes	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	Yes	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	Yes	
<b>b</b>	If "Yes," enter the name of the foreign country <b>BD, EI, CJ, VI, NT</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . . . . .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	Yes	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	Yes	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		No
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (37); 1b Enter the number of voting members that are independent (34); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (No); 6 Does the organization have members or stockholders? (No); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (No); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11A Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line a or b, describe the process in Schedule O (See instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply: Own website, Another's website, Upon request; 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MICHAEL P VITALE, 1230 YORK AVENUE, NEW YORK, NY 100656307, (212) 327-8704.



<b>1b Total</b> . . . . .	7,396,587	0	1,291,714
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**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶165**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
TURNER CONSTRUCTION CO 375 HUDSON STREET NEW YORK, NY 10014	CONSTRUCTION SERVICES	119,780,722
MITCHELL GIRUGOLA ARCHITECTS LLP 170 WEST 97TH STREET NEW YORK, NY 10036	ARCHITECHURAL SERVICES	2,616,596
RESTAURANT ASSOCIATES CORP 120 WEST 45TH STREET NEW YORK, NY 10036	FOOD SERVICE	1,737,539
THE SHERIDAN PRESS 450 FAME AVENUE HANOVER, PA 17331	PRINTING & PUBLICATIONS FOR JOURNALS	1,268,721
FOLEY & LARDNER 321 N CLARK STREET CHICAGO, IL 60610	LEGAL SERVICES	1,194,995

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶44**

**Part VIII Statement of Revenue**

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>	380,475				
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b>	90,466,451				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	59,712,745				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ <u>26,329,937</u>					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶	150,559,671				
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b>	Housing	532,000	17,750,542		17,750,542	
	<b>b</b>	Press operations	511,120	10,571,292	10,571,292		
	<b>c</b>	Food Service	722,210	2,204,736		2,204,736	
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		30,526,570				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		5,671,261		5,671,261	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . ▶		248,191		248,191	
	<b>5</b>	Royalties . . . . . ▶		15,941,597		15,941,597	
	<b>6a</b>	(i) Real		(ii) Personal			
		<b>b</b>	Gross Rents	6,559,843			
		<b>b</b>	Less rental expenses				
		<b>c</b>	Rental income or (loss)	6,559,843			
	<b>d</b>	<b>Net rental income or (loss)</b> . . . . . ▶		6,559,843		6,559,843	
	<b>7a</b>	(i) Securities		(ii) Other			
		<b>b</b>	Gross amount from sales of assets other than inventory	323,291,491			
		<b>b</b>	Less cost or other basis and sales expenses	254,280,907			
		<b>c</b>	Gain or (loss)	69,010,584			
<b>d</b>	<b>Net gain or (loss)</b> . . . . . ▶		69,010,584	-2,004,905	71,015,489		
<b>8a</b>	Gross income from fundraising events (not including \$ <u>380,475</u> of contributions reported on line 1c) See Part IV, line 18 . . . . .						
	<b>a</b>			43,125			
	<b>b</b>	Less direct expenses . . . . . <b>b</b>		37,340			
<b>c</b>	<b>Net income or (loss) from fundraising events</b> . . . ▶		5,785		5,785		
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .						
	<b>a</b>						
	<b>b</b>	Less direct expenses . . . . . <b>b</b>					
<b>c</b>	<b>Net income or (loss) from gaming activities</b> . . . ▶						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . .						
	<b>a</b>						
	<b>b</b>	Less cost of goods sold . . . . . <b>b</b>					
<b>c</b>	<b>Net income or (loss) from sales of inventory</b> . . . ▶						
Miscellaneous Revenue		Business Code					
<b>11a</b>	Mortgage Interest	900,099	1,522,227		1,522,227		
<b>b</b>	Reimbursement of Costs	900,099	709,237		709,237		
<b>c</b>							
<b>d</b>	All other revenue . . . . .		859,408		859,408		
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		3,090,872				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . ▶		281,614,374	10,571,292	-2,004,905	122,488,316	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22	8,774,851	8,774,851		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	4,606,500	471,789	3,762,711	372,000
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	99,258,549	88,348,937	8,496,158	2,413,454
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	7,915,658	6,274,373	1,374,060	267,225
<b>9</b>	Other employee benefits . . . . .	28,807,683	24,839,123	3,172,545	796,015
<b>10</b>	Payroll taxes . . . . .	6,686,544	5,781,226	729,759	175,559
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	2,523,209		2,523,209	
<b>c</b>	Accounting . . . . .	452,869	63,652	389,217	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .	2,091,828		2,091,828	
<b>g</b>	Other . . . . .	15,539,380	14,972,380	514,014	52,986
<b>12</b>	Advertising and promotion . . . . .	1,517,892	1,361,651		156,241
<b>13</b>	Office expenses . . . . .	46,061,878	43,808,520	2,114,793	138,565
<b>14</b>	Information technology . . . . .	2,802,356	1,241,031	1,377,453	183,872
<b>15</b>	Royalties . . . . .	6,595,515	6,595,515		
<b>16</b>	Occupancy . . . . .	14,398,581	12,072,296	1,300,192	1,026,093
<b>17</b>	Travel . . . . .	928,313	847,253	53,354	27,706
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	1,384,689	1,096,665	80,030	207,994
<b>20</b>	Interest . . . . .	21,155,227	20,905,719	249,508	
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	30,261,578	27,871,351	1,820,176	570,051
<b>23</b>	Insurance . . . . .	2,743,931	735,374	2,008,557	
<b>24</b>	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
<b>a</b>	Subcontracts	7,272,705	7,272,705		
<b>b</b>	Patent Fees	-25,479	-25,479		
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	311,754,257	273,308,932	32,057,564	6,387,761
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	30,350	<b>1</b>	30,350
	<b>2</b> Savings and temporary cash investments . . . . .	87,993,743	<b>2</b>	134,090,825
	<b>3</b> Pledges and grants receivable, net . . . . .	224,763,288	<b>3</b>	199,250,782
	<b>4</b> Accounts receivable, net . . . . .	9,440,049	<b>4</b>	8,046,557
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	9,555,239	<b>5</b>	6,931,829
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	16,394,786	<b>7</b>	15,432,609
	<b>8</b> Inventories for sale or use . . . . .	675,930	<b>8</b>	785,549
	<b>9</b> Prepaid expenses and deferred charges . . . . .	5,320,325	<b>9</b>	5,094,457
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	1,027,031,067		
	<b>b</b> Less accumulated depreciation . . . . .	342,010,246	<b>10c</b>	685,020,821
	<b>11</b> Investments—publicly traded securities . . . . .	1,175,600,539	<b>11</b>	1,154,429,627
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	477,252,284	<b>12</b>	491,579,881
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	2,678,052	<b>13</b>	3,080,533
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	89,485,243	<b>15</b>	87,272,875
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,694,001,191	<b>16</b>	2,791,046,695	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	53,819,852	<b>17</b>	45,720,623
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	4,733,808	<b>19</b>	4,144,284
	<b>20</b> Tax-exempt bond liabilities . . . . .	483,015,895	<b>20</b>	580,326,616
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	40,000,000	<b>23</b>	20,000,000
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	215,583,772	<b>25</b>	260,574,226
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	797,153,327	<b>26</b>	910,765,749
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	1,309,635,946	<b>27</b>	1,309,931,799
	<b>28</b> Temporarily restricted net assets . . . . .	341,978,078	<b>28</b>	323,900,761
	<b>29</b> Permanently restricted net assets . . . . .	245,233,840	<b>29</b>	246,448,386
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	1,896,847,864	<b>33</b>	1,880,280,946	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	2,694,001,191	<b>34</b>	2,791,046,695	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>2c</b>	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	Yes	
<b>2d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	Yes	
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .	Yes	

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE ROCKEFELLER UNIVERSITY

Employer identification number

13-1624158

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
  
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
<b>11 Total support</b> (Add lines 7 through 10)						

**12** Gross receipts from related activities, etc (See instructions ) 12

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

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

**14** Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) 14

**15** Public Support Percentage for 2008 Schedule A, Part II, line 14 15

**16a 33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12)						

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

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

<b>15</b> Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 13-1624158  
**Name:** THE ROCKEFELLER UNIVERSITY

## Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

### 4d. Other program services

(Code ) (Expenses \$ 30,123,859 including grants of \$ ) (Revenue \$ )

AUXILIARY ENTERPRISES-HOUSING ON CAMPUS FOR SINGLE AND MARRIED STUDENTS, OFF CAMPUS HOUSING FOR FACULTY AND OTHER UNIVERSITY PERSONNEL, FOOD SERVICE CONSISTS OF CAFETERIA DINING FACILITIES, PRESS INCLUDES JOURNALS AND SUBSCRIPTIONS

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Allen R Adler Trustee	0 00	X						0	0	0
Robert M Bass Trustee	0 00	X						0	0	0
Edward J Benz Jr MD Trustee	0 00	X						0	0	0
Judith Roth Berkowitz Trustee	0 00	X						0	0	0
Debra Black Trustee	0 00	X						0	0	0
David Botstein PhD Trustee	0 00	X						0	0	0
Christopher H Browne Trustee	0 00	X						0	0	0
Russell L Carson Trustee, Chairman	0 00	X						0	0	0
Andreas Dracopoulos Trustee	0 00	X						0	0	0
Anthony B Evnin Trustee	0 00	X						0	0	0
Michael D Fascitelli Trustee	0 00	X						0	0	0
Peter A Flaherty Trustee	0 00	X						0	0	0
William E Ford Trustee	0 00	X						0	0	0
Joseph L Goldstein Trustee	0 00	X						0	0	0
Neva R Goodwin Trustee	0 00	X						0	0	0
Peter T Grauer Trustee	0 00	X						0	0	0
Paul B Guenther Trustee	0 00	X						0	0	0
Marlene Hess Trustee	0 00	X						0	0	0
David I Hirsch PhD Trustee, Vice Chair	0 00	X						0	0	0
Sandra J Horbach Trustee	0 00	X						0	0	0
William J Huyett Jr Trustee	0 00	X						0	0	0
Ajit Jain Trustee	0 00	X						0	0	0
David H Koch Trustee	0 00	X						0	0	0
Henry R Kravis Trustee, Vice Chair	0 00	X						0	0	0
Karen M Levy Trustee	0 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Evelyn G Lipper MD Trustee	0 00	X						0	0	0
Robin Chemers Neustein Trustee	0 00	X						0	0	0
Willard J Overlock Trustee	0 00	X						0	0	0
Marnie S Pillsbury Trustee, Vice Chair	0 00	X						0	0	0
Don Michael Randel PhD Trustee	0 00	X						0	0	0
Patricia Rosenwald Trustee	0 00	X						0	0	0
Richard E Salomon Trustee, Vice Chair	0 00	X						0	0	0
Lewis A Sanders Trustee	0 00	X						0	0	0
Sydney R Shuman Trustee	0 00	X						0	0	0
James H Simons PhD Trustee	0 00	X						0	0	0
Lulu C Wang Trustee	0 00	X						0	0	0
Paul Nurse President	35 00	X		X				856,192	0	166,616
Lisa Danzig VP & Chief Investment Of	35 00			X				565,860	0	42,349
Barry Coller VP & Physician-in-Chief	35 00			X				497,352	0	71,278
Harriet Rabb VP & General Counsel	35 00			X				415,104	0	70,277
Maren Imhoff VP, Development	35 00			X				401,592	0	70,055
John Tooze VP, Facilities & Scienti	35 00			X				440,939	0	75,894
Michael Young VP, Academic Affairs	35 00			X				434,383	0	75,644
James Lapple VP, Finance & Treasurer	35 00			X				364,224	0	54,878
Sidney Strickland VP, Education Affairs	35 00			X				322,386	0	69,251
Virginia Huffman VP, Human Resources	35 00			X				319,792	0	73,494
Jane Rendall Corporate Secretary	35 00			X				248,300	0	65,452
Robin Maloney Asst VP, Finance	35 00			X				207,003	0	65,469
Jean-Laurent Casanova Professor, Head of Labor	35 00					X		397,693	0	71,169
Jeffery Ravetch Professor, Head of Labor	35 00					X		395,950	0	59,160

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael Rout Professor, Head of Labor	35 00					X		388,297	0	57,057
Robert Roeder Professor, Head of Labor	35 00					X		425,937	0	75,771
Paul Greengard Professor, Head of Labor	35 00					X		357,915	0	69,640
Thomas Sakmar Professor, Head of Labor	35 00						X	357,668	0	58,260
David Rockefeller Life Trustee	0 00						X	0	0	0

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization THE ROCKEFELLER UNIVERSITY

Employer identification number

13-1624158

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (\$46,000), (ii) Assets included in Form 990, Part X (\$770,239)
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

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

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows include 1a-1g.

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment 80.600%
b Permanent endowment 15.200%
c Term endowment 4.200%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Table with 3 columns: Description (3a(i), 3a(ii), 3b) and Yes/No

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a-1e and Total.



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	281,614,374
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	311,754,257
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	-30,139,883
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	49,710,904
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	-36,231,224
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	13,479,680
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	-16,660,203

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	292,940,336
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	49,710,904
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	-29,734,939
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	19,975,965
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	272,964,371
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	2,091,828
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	6,558,175
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	8,650,003
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	281,614,374

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	309,600,539
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	130,625
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	130,625
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	309,469,914
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	2,091,828
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	192,515
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	2,284,343
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	311,754,257

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part III, Line 4		Works of art are displayed in various locations throughout the campus
Part V, Line 4	Description of Intended Use of Endowment Funds	The primary role of the endowment is to advance the research mission of the University through support of the annual operating budget The Investment Committee of the Board of Trustees is responsible for overseeing the endowment With the support of the Office of Investments, the Committee is responsible for establishing the endowments investment policy and asset allocation, retaining and overseeing external investment managers, and monitoring the implementation and performance of the investment program The endowments assets are invested in marketable securities, including U S and non-U S equity and fixed income securities, and private investments, including venture capital, private equity and real assets The assets are invested by external investment managers through separate accounts or through commingled vehicles, including funds, trusts and limited partnerships
Part X	Description of Uncertain Tax Positions Under FIN 48	Effective July 1, 2007, the University adopted FASB Interpretation No 48 (FIN 48), Accounting for Uncertainty in Income Taxes an interpretation of FASB Statement No 109 FIN 48 addresses the accounting for uncertainties in income taxes recognized in an organizations financial statements and prescribes a threshold of more likely than not for recognition and derecognition of tax positions taken or expected to be taken in a tax return FIN 48 also provides related guidance on measurement, classification, interest and penalties, and disclosure The adoption of FIN 48 in fiscal 2008 did not have a material impact on the Universitys financial statements
Part XI, Line 8 - Other Adjustments		Unrealized Losses on Derivatives - (29,734,939) Postretirement related changes - (6,403,000) RU Faculty & Students Club, Inc - NET LOSS - (93,285)
Part XII, Line 2d - Other Adjustments		Unrealized Net Loss on Derivative Instruments - (29,734,939)
Part XII, Line 4b - Other Adjustments		Fundraising expenses - (37,340) Royalty payments - 6,595,515
Part XIII, Line 2d - Other Adjustments		RU Faculty & Students Club, Inc - NET LOSS - 93,285 Fundraising expenses - 37,340
Part XIII, Line 4b - Other Adjustments		Postretirement related changes - (6,403,000) Royalty payments - 6,595,515

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

**Schools**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**

▶ **Attach to Form 990 or Form 990-EZ.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
THE ROCKEFELLER UNIVERSITY

**Employer identification number**

13-1624158

	YES	NO
<b>1</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes	
<b>2</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	Yes	
<b>3</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. It is the policy of The Rockefeller University to support equality of educational and employment opportunity. No individual shall be denied admission to the Graduate Program of the University or otherwise be discriminated against with respect to any program or in the administration of any policy of the University because of race, color, religion, sex, age, national or ethnic origin, citizenship, sexual orientation, veteran status, or disability. The Rockefeller University is committed to the maintenance of affirmative action programs that will assure the continuation of such equality of opportunity.	Yes	
<b>4</b> Does the organization maintain the following? <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? <b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? <b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? <b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990).	Yes	
<b>5a</b> Does the organization discriminate by race in any way with respect to Students' rights or privileges?		No
<b>5b</b> Admissions policies?		No
<b>5c</b> Employment of faculty or administrative staff?		No
<b>5d</b> Scholarships or other financial assistance?		No
<b>5e</b> Educational policies?		No
<b>5f</b> Use of facilities?		No
<b>5g</b> Athletic programs?		No
<b>5h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990).		No
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
<b>6b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990).		No
<b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990).	Yes	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization THE ROCKEFELLER UNIVERSITY

Employer identification number 13-1624158

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region, (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for region. Includes rows for Central America and the Caribbean, Europe (Including Iceland & Greenland), and a Totals row.









**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<b>Women &amp; Science Luncheon</b> (event type)	(event type)	(total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	423,600			423,600
	<b>2</b> Less Charitable contributions . . . . .	380,475			380,475
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	43,125			43,125
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	29,560			29,560
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	7,780			7,780
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				37,340
<b>11</b> Net income summary Combine lines 3, column d, and line 10. . . . . ▶				5,785	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary Combine lines 1, column d, and line 7 . . . . . ▶					

		Yes	No
<b>9</b>	Enter the state(s) in which the organization operates gaming activities _____		
<b>a</b>	Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b>	If "No," Explain _____		
<b>10a</b>	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	
<b>b</b>	If "Yes," Explain _____		
<b>11</b>	Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b>	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	<b>12</b>	

		Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in			
<b>a</b> The organization's facility . . . . .	<b>13a</b>		
<b>b</b> An outside facility . . . . .	<b>13b</b>		
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ _____			
Address ▶ _____			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .		<b>15a</b>	
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
<b>c</b> If "Yes," enter name and address			
Name ▶ _____			
Address ▶ _____			
<b>16</b> Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .		<b>17a</b>	
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, question 20. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization THE ROCKEFELLER UNIVERSITY

Employer identification number 13-1624158

Part I Charity Care and Certain Other Community Benefits at Cost

1a Does the organization have a charity care policy? 1b If "Yes," is it a written policy? 2 If the organization has multiple hospitals... 3 Answer the following based on the charity care eligibility criteria... 3a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility... 3b Does the organization use FPG to determine eligibility for providing discounted care... 4 Does the organization's policy provide free or discounted care to the "medically indigent"? 5a Does the organization budget amounts for free or discounted care... 5b If "Yes," did the organization's charity care expenses exceed the budgeted amount? 5c If "Yes" to line 5b... 6a Does the organization prepare an annual community benefit report? 6b If "Yes," does the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

7 Charity Care and Certain Other Community Benefits at Cost

Table with 7 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community benefit expense, (d) Direct offsetting revenue, (e) Net community benefit expense, (f) Percent of total expense. Rows include Charity Care and Means-Tested Government Programs (a-d) and Other Benefits (e-k).

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>						

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

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b>	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .		No
<b>2</b>	Enter the amount of the organization's bad debt expense (at cost) . . . . .		
<b>3</b>	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy . . . . .		
<b>4</b>	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.		

**Section B. Medicare**

<b>5</b>	Enter total revenue received from Medicare (including DSH and IME) . . . . .	<b>5</b>	0
<b>6</b>	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b>	
<b>7</b>	Subtract line 6 from line 5. This is the surplus or (shortfall) . . . . .	<b>7</b>	
<b>8</b>	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

<b>9a</b>	Does the organization have a written debt collection policy? . . . . .	<b>9a</b>	No
<b>9b</b>	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI . . . . .	<b>9b</b>	

**Part IV Management Companies and Joint Ventures**

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				
<b>14</b>				

**Part V Facility Information**

Name and address

Other  
(Describe)

ER-other

ER-24 hours

Research facility

Critical access hospital

Teaching hospital

Children's hospital

General medical & surgical

Licensed hospital

X

X

The Rockefeller University Hospital  
1230 York Avenue  
New York, NY 10065



Schedule I (Form 990)

OMB No 1545-0047

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

2009

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization THE ROCKEFELLER UNIVERSITY

Employer identification number 13-1624158

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations



**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE ROCKEFELLER UNIVERSITY

Employer identification number

13-1624158

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items
- |   |   |
|---|---|
| <input type="checkbox"/> First-class or charter travel            | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                    | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account           | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)            |

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>	Yes	
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>	Yes	
<b>8</b>		No
<b>9</b>		



**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	The University provides a residence for the President on campus. The residence is a condition of employment as stated in the President's appointment letter.
	Part I, Line 4a	The University maintains a 457(b) deferred compensation plan for executive level employees. This plan was developed consistent with the 2001 Economic Growth and Tax Relief Reconciliation Act (EGTRRA). The University does not contribute to the plan (employee contributions only). FY 2010 employee contributions (included in column B): Paul Nurse \$16,500, Lisa Danzig \$16,500, Harriet Rabb \$16,500, James Lapple \$12,000, Sidney Strickland \$16,500, Maren Imhoff \$16,500, Robert Roeder \$16,500, Paul Greengard \$16,500.
	Part I, Line 5	The University maintains a bonus plan for the Chief Investment Officer which is based upon the fiscal year return of the University's endowment. The plan was approved by the University's Compensation Committee of the Board of Trustees.
	Part I, Line 7	The University maintains a policy to provide recruitment and retention supplements to faculty as necessary. The purpose of this supplement is to provide an incentive for a candidate to join the University and for incumbent faculty to make Rockefeller their professional home, recognizing the high cost of living in the New York metropolitan area over the course of a whole career. The decision whether to grant a supplement and its size will turn on the exceptional quality of the faculty member's research and the strategic needs of the University, and will be made by the President in the exercise of his discretion.

**Software ID:**  
**Software Version:**  
**EIN:** 13-1624158  
**Name:** THE ROCKEFELLER UNIVERSITY

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Paul Nurse	(i) 757,500 (ii) 0	0 0	98,692 0	42,896 0	123,720 0	1,022,808 0	0 0
Lisa Danzig	(i) 343,500 (ii) 0	127,400 0	94,960 0	22,501 0	19,848 0	608,209 0	127,400 0
Barry Coller	(i) 459,300 (ii) 0	0 0	38,052 0	42,832 0	28,446 0	568,630 0	0 0
Harriet Rabb	(i) 387,500 (ii) 0	0 0	27,604 0	42,800 0	27,477 0	485,381 0	0 0
Maren Imhoff	(i) 368,000 (ii) 0	0 0	33,592 0	42,842 0	27,213 0	471,647 0	0 0
John Tooze	(i) 378,000 (ii) 0	0 0	62,939 0	42,809 0	33,085 0	516,833 0	0 0
Michael Young	(i) 363,200 (ii) 0	0 0	71,183 0	42,750 0	32,894 0	510,027 0	0 0
James Lapple	(i) 339,500 (ii) 0	0 0	24,724 0	42,898 0	11,980 0	419,102 0	0 0
Sidney Strickland	(i) 308,000 (ii) 0	0 0	14,386 0	42,848 0	26,403 0	391,637 0	0 0
Virginia Huffman	(i) 289,000 (ii) 0	0 0	30,792 0	42,632 0	30,862 0	393,286 0	0 0
Jane Rendall	(i) 232,500 (ii) 0	0 0	15,800 0	40,194 0	25,258 0	313,752 0	0 0
Robin Maloney	(i) 207,050 (ii) 0	0 0	-47 0	35,000 0	30,469 0	272,472 0	0 0
Jean-Laurent Casanova	(i) 303,000 (ii) 0	0 0	94,693 0	43,101 0	28,068 0	468,862 0	0 0
Jeffery Ravetch	(i) 280,800 (ii) 0	0 0	115,150 0	27,387 0	31,773 0	455,110 0	0 0
Michael Rout	(i) 191,900 (ii) 0	201,653 0	-5,256 0	32,665 0	24,392 0	445,354 0	0 0
Robert Roeder	(i) 376,850 (ii) 0	0 0	49,087 0	42,702 0	33,069 0	501,708 0	0 0
Paul Greengard	(i) 340,900 (ii) 0	0 0	17,015 0	42,793 0	26,847 0	427,555 0	0 0
Thomas Sakmar	(i) 292,600 (ii) 0	0 0	65,068 0	27,156 0	31,104 0	415,928 0	0 0

**Schedule K  
(Form 990)**

OMB No 1545-0047

**Supplemental Information on Tax Exempt Bonds**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**

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

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE ROCKEFELLER UNIVERSITY

Employer identification number

13-1624158

**Part I Bond Issues**

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
<b>A</b>	Dormitory Authority of the State of New York	14-6000293	64983QEPO	06-02-2005	65,000,000	Const & renov of campus		X		X
<b>B</b>	Dormitory Authority of the State of New York	14-6000293	649903YA3	01-31-2008	103,215,000	Const & renov of campus		X		X
<b>C</b>	Dormitory Authority of the State of New York	14-6000293	649905BE5	04-08-2009	62,119,152	Current Refunding		X		X
<b>D</b>	Dormitory Authority of the State of New York	14-6000293	649905BF2	04-08-2009	100,000,000	Const & renov of campus		X		X
<b>E</b>	Dormitory Authority of the State of New York	14-6000293	649905PN0	08-12-2009	100,000,000	Const & renov of campus		X		X

**Part II Proceeds**

		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>		<b>E</b>	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Total proceeds of issue	68,391,405		104,734,474		62,119,152		100,578,341		101,633,650	
<b>2</b>	Gross proceeds in reserve funds										
<b>3</b>	Proceeds in refunding or defeasance escrows										
<b>4</b>	Other unspent proceeds	70,615,883								70,615,883	
<b>5</b>	Issuance costs from proceeds	494,117		641,319		528,854		562,175		836,150	
<b>6</b>	Working capital expenditures from proceeds										
<b>7</b>	Capital expenditures from proceeds	67,897,288		104,093,155		440,097		100,016,166		30,181,617	
<b>8</b>	Year of substantial completion	2008		2009		2009					
<b>9</b>	Were the bonds issued as part of a current refunding issue?	X		X		X		X		X	
<b>10</b>	Were the bonds issued as part of an advance refunding issue?	X		X		X		X		X	
<b>11</b>	Has the final allocation of proceeds been made?	X		X		X		X		X	
<b>12</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

**Part III Private Business Use**

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

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

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X		X		X		X	
<b>3b</b> Are there any research agreements with respect to the financed property which may result in private business use?	X		X		X		X		X	
<b>3c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X		X	
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		0 %		0 %		0 %
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %		0 %		0 %		0 %
<b>6</b> Total of lines 4 and 5		0 %		0 %		0 %		0 %		0 %
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X			X		X		X		X
<b>2</b> Is the bond issue a variable rate issue?	X		X			X		X		X
<b>3a</b> Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		X
<b>b</b> Name of provider										
<b>c</b> Term of hedge										
<b>4a</b> Were gross proceeds invested in a GIC?		X		X		X		X		X
<b>b</b> Name of provider										
<b>c</b> Term of GIC										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
<b>5</b> Were any gross proceeds invested beyond an available temporary period?	X			X		X		X		X
<b>6</b> Did the bond issue qualify for an exception to rebate?		X	X			X		X		X

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
THE ROCKEFELLER UNIVERSITY

**Employer identification number**

13-1624158

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

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

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

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	See Additional Data Table									

Total . . . . . ▶ \$ 6,931,829

**Part III Grants or Assistance Benefitting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
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**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Anthony Evnin	RU Trustee	914,261	The Rockefeller University endowment is an investor in several partnerships where Anthony Evnin (RU Trustee) is General Partner or Member of the General Partner Anthony Evnin is not and has never been a member of the Rockefeller University Investment Committee, which means that he does not participate in the University's investment decisions		No
Howard Berkowitz	Spouse of Judith Berkowitz (RU Trustee)	661,497	The Rockefeller University's endowment is an investor in a partnership where the general partner is Howard Berkowitz (spouse of Judith Berkowitz, an RU Trustee) Judith Berkowitz is not and has never been a member of the Rockefeller University Investment Committee, which means that she does not participate in the University's investment decisions		No

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 13-1624158  
**Name:** THE ROCKEFELLER UNIVERSITY

**Form 990, Schedule L, Part II - Loans to and from Interested Persons**

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount \$	(d) Balance due \$	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Frederick Bohem Mortgage Loan		X	325,000	218,534		No	Yes		Yes	
Emil Gotschlich Mortgage Loan		X	322,245	142,148		No	Yes		Yes	
Virginia Huffman Mortgage Loan		X	150,000	135,876		No	Yes		Yes	
Maren I Imhoff Mortgage Loan		X	150,000	88,995		No	Yes		Yes	
Alice Lustig Mortgage Loan		X	630,000	580,166		No	Yes		Yes	
James Lapple Mortgage Loan		X	1,579,378	1,548,666		No	Yes		Yes	
Roberta Maloney Mortgage Loan		X	402,932	304,289		No	Yes		Yes	
Harriet Rabb Mortgage Loan		X	300,000	227,845		No	Yes		Yes	
Jane Rendall Mortgage Loan		X	1,353,315	1,314,499		No	Yes		Yes	
Thomas Sakmar Mortgage Loan		X	599,000	577,353		No	Yes		Yes	
Sidney Strickland Mortgage Loan		X	197,528	180,758		No	Yes		Yes	
John Tooze Mortgage Loan		X	787,500	406,917		No	Yes		Yes	
Michael Young Mortgage Loan		X	1,238,068	1,205,783		No	Yes		Yes	

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization THE ROCKEFELLER UNIVERSITY

Employer identification number

13-1624158

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. Rows include Art-Works of art, Books and publications, Securities-Publicly traded, etc.

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

29

Table with 3 columns: Question, Yes, No. Rows include 30a, 31, 32a, 33 regarding contribution policies and reporting requirements.

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Method for Determining Number of Contributors	Part I, Column (b)	Art - Works of Art - One contributor donated two paintings to the University Securities - publically traded - 14 individuals contributed various amounts of securities on various dates throughout the fiscal year

**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**  
▶ **Attach to Form 990.**

**Name of the organization**  
THE ROCKEFELLER UNIVERSITY

**Employer identification number**  
13-1624158

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Russell Carson (RU Trustee - Chairman) has a business relationship with Henry Kravis (RU Trustee, Vice Chair) -- serve on another board together
Form 990, Part VI, Section B, line 11		The Organization made available to the governing Board of Trustees the completed form 990 on a restricted website prior to submission Any comments or questions pertaining to the form 990 were sent to the Vice President, Finance or a member of the Audit Committee of the Board of Trustees The Audit Committee of the Board of Trustee reviewed and approved the form 990 prior to its submission
Form 990, Part VI, Section B, line 12c		All members of the University community are covered by the applicable University conflict of interest policies Trustees, Officers, and Key Employees are covered by the Policy on Business Conflict of Interest and Family/Business Relationships All other members of the University community are covered by the Conflict of Interest Policy Governing Business Practices (a) For trustees (including the President), the conflict of interest disclosure form is submitted to the Executive Committee of the Board of Trustees The Executive Committee, with help from others it may designate, investigates any conflicts or potential conflicts of interest and implements management plans where conflicts or potential conflicts are found to exist Trustees having made disclosures of current or potential conflict of interest situations may participate in the information-gathering stage of the Executive Committee's review of the disclosures, but will be asked to excuse themselves during the Executive Committee discussion, consideration and vote on the matters in question (b) For officers and key employees, the conflict of interest disclosure form is submitted to the President The President, with the help from others he may designate, investigates any conflicts or potential conflicts of interest, and implements management plans where conflicts are found to exist (c) For heads of laboratory, the conflict of interest disclosure form is submitted to the Vice President for Academic Affairs The Vice President for Academic Affairs, with help from others he may designate, investigates any conflicts or potential conflicts of interest, and implements management plans where conflicts are found to exist (d) For all other members of the University community, the conflict of interest disclosure form is submitted to the Vice President for Human Resources The Vice President for Human Resources, with help from others she may designate, investigates any conflicts or potential conflicts of interest, and implements management plans where conflicts are found to exist
Form 990, Part VI, Section B, line 15		Compensation for the President and Officers is established and approved by the Compensation Committee of the Board of Trustees Such compensation is established through review of comparability data and contemporaneous substantiation of the deliberation and decision Specific reviews occur on an annual basis
Form 990, Part VI, Section C, line 19		Conflict of interest policy and financial statements are available to the public through the University's website
Schedule K Supplemental Information		Issuance cost for bonds issued on 4/8/09 (\$100 million par) contains \$35,000 in legal fees connected with securing the credit facility enhancement
Form 990, Schedule R, Part V, #2	The Rockefeller University Faculty and Students Club, Inc	The Rockefeller University Faculty and Students Club, Inc (the Club) is a 501(c)(7) organization that operates a social Club on the campus of The Rockefeller University The purpose of the Club is to encourage the friendly association of its members and their guests for scientific and other intellectual discourse, and/or pleasure and recreation The books and records of the Club are maintained by the University The University collects annual Club dues on behalf of the Club The Club also relies on certain University systems in order to operate The Club has a liability to the University which represents the University's subsidized portion of the Club's operations in the amount of \$1,517,297 as of June 30, 2010
Form 990, Schedule G, Part II, Fundraising Events	Women & Science Luncheon	The Women & Science program in an important outreach and fundraising initiative of The Rockefeller University Comprised of a wide circle of friends and benefactors, Women & Science provides support for education and career advancement of scientists in biomedical research and related fields One component of this initiative is the annual Women & Science Lecture and Luncheon

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047  
**2009**  
**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
THE ROCKEFELLER UNIVERSITY

**Employer identification number**

13-1624158

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
The Rockefeller University Faculty & Students Club Inc 1230 York Avenue New York, NY 10065	Social Club	NY	501(c)(7)		The Rockefeller University

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)

- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>	Yes	
<b>1n</b>	Yes	
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	THE ROCKEFELLER UNIVERSITY FACULTY & STUDENTS CLUB INC	M	93,285
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Form **4562**

**Depreciation and Amortization  
(Including Information on Listed Property)**

OMB No 1545-0172

**2009**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Attachment  
Sequence No **67**

Name(s) shown on return THE ROCKEFELLER UNIVERSITY	Business or activity to which this form relates Form 990 Page 10	Identifying number 13-1624158
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**Part I Election To Expense Certain Property Under Section 179**

*Note: If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses . . . . .	<b>1</b>	250,000
2 Total cost of section 179 property placed in service (see instructions) . . . . .	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	<b>3</b>	800,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions . . . . .	<b>5</b>	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property Enter the amount from line 29 . . . . .	<b>7</b>	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .		<b>8</b>
9 Tentative deduction Enter the smaller of line 5 or line 8 . . . . .		<b>9</b>
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 . . . . .		<b>10</b>
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .		<b>11</b>
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .		<b>12</b>
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 .▶	<b>13</b>	

**Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	<b>14</b>	
15 Property subject to section 168(f)(1) election . . . . .	<b>15</b>	
16 Other depreciation (including ACRS) . . . . .	<b>16</b>	30,261,578

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions.)

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2009 . . . . .	<b>17</b>	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . .		▶ <input type="checkbox"/>

**Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life				S/L	
b 12-year			12 yrs	S/L	
c 40-year			40 yrs	MM	S/L

Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0

**Part IV Summary** (see instructions)

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions . . . . .	<b>22</b>	30,261,578
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	<b>23</b>	

21 Listed property

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special depreciation and business use percentages.

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for Vehicle 1 through Vehicle 6. Rows 30-36 cover total miles driven, commuting miles, other personal miles, and availability for personal use.

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with columns Yes/No. Rows 37-41 cover written policies, personal use, and demonstration use. Includes a Note at the bottom.

**Part VI Amortization**

Table for Section VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.