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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

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

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) 1230 YORK AVENUE
Room/suite
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 \$ 653,540,070

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) 501(c) () (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 a world renowned center for research (see schedule O) and graduate education in the biomedical sciences, chemistry, bioinformatics, and physics. The University's 74 laboratories conduct both basic and clinical research and study a diverse range of biological and biomedical problems with the mission of improving the understanding of life for the benefit of humanity. Laboratories are loosely clustered in six research areas, including biochemistry, structural biology, and chemistry, medical sciences and human genetics, molecular, cell, and developmental biology, immunology, virology, and microbiology, neuroscience, and physics and mathematical biology. The University does not charge tuition. Its revenues are derived primarily from investment income, government grants and contracts, and private gifts and grants.

Table with 2 columns: Description and Amount. Rows include: 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 (41); 4 Number of independent voting members of the governing body (38); 5 Total number of individuals employed in calendar year 2010 (1,767); 6 Total number of volunteers (40); 7a Total unrelated business revenue from Part VIII, column (C), line 12 (-1,229,824); 7b Net unrelated business taxable income from Form 990-T, line 34 (-2,958,453).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (150,559,671 / 154,402,640); 9 Program service revenue (30,526,570 / 30,476,605); 10 Investment income (74,930,036 / 222,023,683); 11 Other revenue (25,598,097 / 17,892,710); 12 Total revenue (281,614,374 / 424,795,638); 13 Grants and similar amounts paid (8,774,851 / 8,014,983); 14 Benefits paid to or for members (0 / 0); 15 Salaries, other compensation, employee benefits (147,274,934 / 148,691,486); 16a Professional fundraising fees (0 / 0); 16b Total fundraising expenses (6,727,799); 17 Other expenses (155,704,472 / 160,237,534); 18 Total expenses (311,754,257 / 316,944,003); 19 Revenue less expenses (-30,139,883 / 107,851,635).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (2,791,046,695 / 2,980,030,530); 21 Total liabilities (910,765,749 / 915,552,810); 22 Net assets or fund balances (1,880,280,946 / 2,064,477,720).

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 (2012-03-05), Type or print name and title (JAMES H LAPPLE Vice President for Finance)

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, 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

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

The Rockefeller University (the University) is a world renowned center for research and graduate education in the biomedical sciences, chemistry, bioinformatics, and physics. The University's 74 laboratories conduct both basic and clinical research and study a diverse range of biological and biomedical problems with the mission of improving the understanding of life for the benefit of humanity. Laboratories are loosely clustered in six research areas, including biochemistry, structural biology, and chemistry, medical sciences and human genetics, molecular, cell, and developmental biology, immunology, virology, and microbiology, neuroscience, and physics and mathematical biology. The University does not charge tuition. Its revenues are derived primarily from investment income, government grants and contracts, and private gifts and grants.

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 \$ 225,678,011 including grants of \$ 8,014,983) (Revenue \$)
RESEARCH EDUCATION -90 LABORATORIES (16 OF WHICH ARE EMERITI) INCLUDING 81 FACULTY MEMBERS, 296 POST-DOCTORAL SCHOLARS, 182 GRADUATE STUDENTS AND WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY MEDICAL STUDENTS

4b (Code) (Expenses \$ 16,049,596 including grants of \$) (Revenue \$)
HOSPITAL-CONSISTS OF 40 BEDS AND SERVES AS A CLINICAL RESEARCH CENTER FOR OUTPATIENTS AND FOR INPATIENTS

4c (Code) (Expenses \$ 2,741,059 including grants of \$) (Revenue \$)
LIBRARY CONTAINS 56,339 VOLUMES (OF WHICH 11,806 ARE ON-LINE) AND 5,335 ON-LINE SUBSCRIPTIONS AND IS MAINTAINED ON AN OPEN STOCK POLICY

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses \$ 31,230,143 including grants of \$) (Revenue \$ 10,035,937)

4e Total program service expenses \$ 275,698,809

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	Yes	
3 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
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
6 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
7 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
8 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	
9 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
10 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	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
12a 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>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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, Parts I and IV.</i>	Yes	
15 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, Parts II and IV.</i>		No
16 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, Parts III and IV.</i>		No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
19 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
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	Yes	
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	Yes	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V [X]

Table with columns for question ID, question text, and Yes/No columns. Rows include questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b. Includes numerical values like 758, 0, 1,767 and various 'Yes'/'No' responses.

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a 41		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 38		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	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
b	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		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	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?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
b	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

17	List the States with which a copy of this Form 990 is required to be filed <input type="checkbox"/> _____
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 <input type="checkbox"/> MICHAEL P VITALE 1230 YORK AVENUE NEW YORK, NY 100656307 (212) 327-8704

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							7,875,648	0	1,374,556	

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 **170**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TURNER CONSTRUCTION CO 375 HUDSON STREET NEW YORK, NY 10014	CONSTRUCTION SERVICES	57,034,121
MITCHELL GIRUGOLA ARCHITECTS LLP 170 WEST 97TH STREET NEW YORK, NY 10036	ARCHITECTURAL SERVICES	1,799,848
RESTAURANT ASSOCIATES CORP 120 WEST 45TH STREET NEW YORK, NY 10036	FOOD SERVICE	1,584,041
THE SHERIDAN PRESS 450 FAME AVENUE HANOVER, PA 17331	PRINTING & PUBLICATIONS FOR JOURNALS	1,364,833
GENEWIZ INC 675 US HIGHWAY 1 SOUTH NORTH BRUNSWICK, NJ 08902	DNA SEQUENCING	1,218,210

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 **48**

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c	7,959,394				
	d Related organizations 1d					
	e Government grants (contributions) 1e	99,385,778				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	47,057,468				
	g Noncash contributions included in lines 1a-1f \$	16,664,375				
	h Total. Add lines 1a-1f	154,402,640				
Program Service Revenue			Business Code			
	2a Housing	532000	17,877,024		17,877,024	
	b Press operations	511120	10,035,937	10,035,937		
	c Food Service	722210	2,563,644		2,563,644	
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		30,476,605			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)		4,005,503		4,005,503	
	4 Income from investment of tax-exempt bond proceeds		1,068,181		1,068,181	
	5 Royalties		10,186,902		10,186,902	
	6a Gross Rents	(i) Real	6,488,520			
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)	6,488,520			
	d Net rental income or (loss)		6,488,520		6,488,520	
	7a Gross amount from sales of assets other than inventory	(i) Securities	421,085,207			
		(ii) Other		24,000,000		
		b Less cost or other basis and sales expenses	213,181,326			
		c Gain or (loss)	207,903,881			
	d Net gain or (loss)		216,949,999		-1,229,824	218,179,823
	8a Gross income from fundraising events (not including \$ 7,959,394 of contributions reported on line 1c) See Part IV, line 18	a		140,750		
b Less direct expenses b			609,224			
c Net income or (loss) from fundraising events			-468,474		-468,474	
9a Gross income from gaming activities See Part IV, line 19 a	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
b Less cost of goods sold b						
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a Mortgage Interest		900099	715,950		715,950	
	b Reimbursement of Costs	900099	255,108		255,108	
	c _____					
	d All other revenue		714,704		714,704	
e Total. Add lines 11a-11d		1,685,762				
12 Total revenue. See Instructions		424,795,638	10,035,937	-1,229,824	261,586,885	

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
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	8,014,983	8,014,983		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	5,048,079	529,840	4,146,239	372,000
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	97,106,492	86,532,041	8,263,419	2,311,032
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,963,583	6,669,160	1,023,181	271,242
9	Other employee benefits	32,042,239	26,791,331	4,374,197	876,711
10	Payroll taxes	6,531,093	5,674,717	689,306	167,070
a	Fees for services (non-employees)				
	Management				
b	Legal	395,879		395,879	
c	Accounting	434,955	56,525	378,430	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	1,407,980		1,407,980	
g	Other	12,324,019	11,607,587	616,299	100,133
12	Advertising and promotion	1,701,526	1,418,508	131,817	151,201
13	Office expenses	45,817,107	42,663,183	2,961,031	192,893
14	Information technology	2,649,521	1,058,133	1,396,644	194,744
15	Royalties	3,465,896	3,465,896		
16	Occupancy	16,035,456	13,484,317	1,427,156	1,123,983
17	Travel	900,619	838,495	47,995	14,129
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,292,679	1,020,054	71,992	200,633
20	Interest	29,147,548	25,833,186	3,314,362	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	35,452,414	32,814,725	1,885,661	752,028
23	Insurance	2,701,241	715,434	1,985,807	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Subcontracts	6,510,694	6,510,694		
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	316,944,003	275,698,809	34,517,395	6,727,799
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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
Assets	1 Cash—non-interest-bearing	30,350	1	30,350
	2 Savings and temporary cash investments	134,090,825	2	154,554,528
	3 Pledges and grants receivable, net	199,250,782	3	176,694,404
	4 Accounts receivable, net	8,046,557	4	7,404,167
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	6,931,829	5	6,880,195
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L		6	
	7 Notes and loans receivable, net	15,432,609	7	17,189,057
	8 Inventories for sale or use	785,549	8	836,546
	9 Prepaid expenses and deferred charges	5,094,457	9	2,700,184
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	1,039,904,362		
	b Less accumulated depreciation	363,968,928	10c	675,935,434
	11 Investments—publicly traded securities	1,154,429,627	11	1,233,989,337
	12 Investments—other securities. See Part IV, line 11	491,579,881	12	576,532,977
	13 Investments—program-related. See Part IV, line 11	3,080,533	13	3,583,140
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	87,272,875	15	123,700,211
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,791,046,695	16	2,980,030,530	
Liabilities	17 Accounts payable and accrued expenses	45,720,623	17	42,177,567
	18 Grants payable		18	
	19 Deferred revenue	4,144,284	19	4,317,649
	20 Tax-exempt bond liabilities	580,326,616	20	629,566,633
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	20,000,000	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	260,574,226	25	239,490,961
	26 Total liabilities. Add lines 17 through 25	910,765,749	26	915,552,810
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,309,931,799	27	523,643,298
	28 Temporarily restricted net assets	323,900,761	28	1,288,971,100
	29 Permanently restricted net assets	246,448,386	29	251,863,322
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,880,280,946	33	2,064,477,720	
34 Total liabilities and net assets/fund balances	2,791,046,695	34	2,980,030,530	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	424,795,638
2	Total expenses (must equal Part IX, column (A), line 25)	2	316,944,003
3	Revenue less expenses Subtract line 2 from line 1	3	107,851,635
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,880,280,946
5	Other changes in net assets or fund balances (explain in Schedule O)	5	76,345,139
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,064,477,720

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	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		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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

2010

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 described in **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?

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

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above 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	
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (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 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2010. 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—2009.** 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—2010.** 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—2009.** 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 Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

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? Yes No

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? Yes No

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

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? Yes No

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)? Yes No

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 \$

(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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	1,451,345,077	1,428,894,687	1,878,613,121		
b Contributions	5,982,193	7,123,572	12,472,234		
c Investment earnings or losses	266,875,779	127,372,135	-353,884,925		
d Grants or scholarships					
e Other expenditures for facilities and programs	103,802,202	112,045,317	108,305,743		
f Administrative expenses					
g End of year balance	1,620,400,847	1,451,345,077	1,428,894,687		

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

- a** Board designated or quasi-endowment ▶ 20 600 %
- b** Permanent endowment ▶ 14 000 %
- c** Term endowment ▶ 65 400 %

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		13,681,660		13,681,660
b Buildings		935,545,705	296,178,352	639,367,353
c Leasehold improvements		424,726	348,471	76,255
d Equipment		88,726,795	66,768,894	21,957,901
e Other		1,525,476	673,211	852,265
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				675,935,434

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	424,795,638
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	316,944,003
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	107,851,635
4	Net unrealized gains (losses) on investments	4	59,208,305
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	17,054,790
9	Total adjustments (net) Add lines 4 - 8	9	76,263,095
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	184,114,730

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

1	Total revenue, gains, and other support per audited financial statements	1	495,067,705
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	59,208,305
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	24,377,980
e	Add lines 2a through 2d	2e	83,586,285
3	Subtract line 2e from line 1	3	411,481,420
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,407,980
b	Other (Describe in Part XIV)	4b	11,906,238
c	Add lines 4a and 4b	4c	13,314,218
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	424,795,638

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

1	Total expenses and losses per audited financial statements	1	310,952,975
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	-1,113,704
e	Add lines 2a through 2d	2e	-1,113,704
3	Subtract line 2e from line 1	3	312,066,679
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,407,980
b	Other (Describe in Part XIV)	4b	3,469,344
c	Add lines 4a and 4b	4c	4,877,324
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	316,944,003

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
Description of Intended Use of Endowment Funds	Part V, Line 4	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 endowment's investment policy and asset allocation, retaining and overseeing external investment managers, and monitoring the implementation and performance of the investment program. The endowment's 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.
Description of Uncertain Tax Positions Under FIN 48	Part X	The University is exempt from federal income taxes under the provisions of Section 501(c)(3) of the Internal Revenue Code. The University follows the guidance of ASC 740-10, Accounting for Income Taxes Overall, which addresses accounting for uncertainties in income taxes recognized in an enterprise's financial statements. The University utilizes a threshold of more likely-than-not for recognition and derecognition of tax positions taken or expected to be taken in a tax return.
Part XI, Line 8 - Other Adjustments		Unrealized Gains on Derivatives - 24,377,980 Postretirement related changes - 8,731,000 RU Faculty & Students Club, Inc - NET LOSS - (82,044) Write-off of fixed assets - (13,050,083) Write-off of uncollectable pledges receivable - (2,922,063)
Part XII, Line 2d - Other Adjustments		Unrealized Net Gain on Derivative Instruments - 24,377,980
Part XII, Line 4b - Other Adjustments		Fundraising expenses - (609,224) Royalty payments - 3,469,344 Gain on Sale of Fixed Assets - 9,046,118
Part XIII, Line 2d - Other Adjustments		RU Faculty & Students Club, Inc - NET LOSS - 82,044 Postretirement related changes - (8,731,000) Provision for uncollectable pledges - 2,922,063 Flexner Write-off - 13,050,083 Fundraising expenses - 609,224 Gain on Sale of Fixed Assets - (9,046,118)
Part XIII, Line 4b - Other Adjustments		Royalty payments - 3,469,344

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2010

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

Part I

- 1** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 2** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.

	YES	NO
1	Yes	
2	Yes	
3	Yes	

- 4** Does the organization maintain the following?
 - a** Records indicating the racial composition of the student body, faculty, and administrative staff?
 - b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
 - c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
 - d** Copies of all material used by the organization or on its behalf to solicit contributions?
 If you answered "No" to any of the above, please explain. If you need more space, use Part II.

4a	Yes	
4b	Yes	
4c	Yes	
4d	Yes	

- 5** Does the organization discriminate by race in any way with respect to
 - a** Students' rights or privileges?
 - b** Admissions policies?
 - c** Employment of faculty or administrative staff?
 - d** Scholarships or other financial assistance?
 - e** Educational policies?
 - f** Use of facilities?
 - g** Athletic programs?
 - h** Other extracurricular activities?
 If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

5a		No
5b		No
5c		No
5d		No
5e		No
5f		No
5g		No
5h		No

- 6a** Does the organization receive any financial aid or assistance from a governmental agency?
- 6b** Has the organization's right to such aid ever been revoked or suspended?

6a	Yes	
6b		No

- 7** Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II.

7	Yes	
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Part III Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

Identifier	Return Reference	Explanation
Explanation of Nondiscriminatory Policy Publication	Schedule E, Part I, Line 3	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.
Explanation of Government Financial Assistance	Schedule E, Part I, Line 6	The University receives financial assistance from the State of New York under the Bundy Aid Program.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2010

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? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Part V 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 or independent contractors, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for region/investments in region. Includes rows for Central America and the Caribbean, Europe (Including Iceland & Greenland), East Asia and the Pacific, and a Totals section.

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* Yes No

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization THE ROCKEFELLER UNIVERSITY

Employer identification number 13-1624158

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and e-mail solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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
		<u>Women & Science Luncheon</u> (event type)	<u>Hospital Centennial</u> (event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	729,442	7,370,702		8,100,144
	2 Less Charitable contributions	671,192	7,288,202		7,959,394
	3 Gross income (line 1 minus line 2)	58,250	82,500		140,750
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	36,184	231,979		268,163
	7 Food and beverages	58,250	98,486		156,736
	8 Entertainment		12,000		12,000
	9 Other direct expenses	8,330	163,995		172,325
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				609,224
11 Net income summary Combine lines 3 and 10 in column (d) ▶				-468,474	

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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a
b An outside facility	13b

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

Name ▶

Address ▶

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

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

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization THE ROCKEFELLER UNIVERSITY

Employer identification number

13-1624158

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a. 1b If "Yes," is it a written policy? 2 If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. 3 Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. 3a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? 3b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? 4 Did the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? 5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Does the organization prepare a community benefit report during the tax year? 6b If "Yes," did 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 Financial Assistance and Certain Other Community Benefits at Cost

Table with 6 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 Financial Assistance and Means-Tested Government Programs (a-d) and Other Benefits (e-k).

Part II Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		No
2	Enter the amount of the organization's bad debt expense (at cost)		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy		
4	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 a portion of bad debt amounts as community benefit		

Section B. Medicare

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

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	No
9b	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	9b	

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 %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

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

Name and address

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	The Rockefeller University Hospital 1230 York Avenue New York, NY 10065	X					X			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? _____

Name and address

Type of Facility (Describe)

1

1

2

3

4

5

6

7

8

9

10

Part VI Supplemental Information

Complete this part to provide the following information

- 1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g, open medical staff, community board, use of surplus funds, etc)
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		Part III, Line 9b THE ROCKEFELLER UNIVERSITY HOSPITAL DOES NOT HAVE ANY NET PATIENT SERVICE REVENUE AS IT DOES NOT CHARGE ITS PATIENTS THE PATIENTS ARE SUBJECT VOLUNTEERS WHO GET PAID A STIPEND FOR CERTAIN CLINICAL TRIALS THAT ARE PERFORMED ON A ROUTINE BASIS

Identifier	ReturnReference	Explanation
		<p>Part V, Section A The Rockefeller University Hospital exists solely to conduct clinical research The specialized personnel and other resources available at the Hospital facilitate clinical research for both the investigator and the research participant The Hospital's facilities include a 20 bed inpatient unit which operates 24 hours a day, 365 days a year All patient rooms are single-occupancy, private accommodations Specialized facilities include a four-room procedure suite, suitable for endoscopy and biopsy procedures, 2 hardwired cardiac monitored beds and 2 telemetry cardiac monitoring units, and a broad-band/narrow-band ultraviolet light box for psoriasis treatment The Robert & Harriet Heilbrunn Outpatient Research Center opened in January 2003 and includes 9 exam rooms, 2 consultation rooms, and 2 phlebotomy rooms, as well as other patient and staff facilities The Outpatient Research Center is open weekdays from 7 AM to 5 PM A new, state-of-the-art digital radiology suite opened in Spring 2003 The Rockefeller University Hospital and Center for Clinical and Translational Science is particularly suitable to conducting studies involving moderate and low acuity patients, as well as high-intensity, high-complexity protocols such as pharmacokinetics and metabolic studies The Hospital's strengths include a specialized Research Bionutrition Department, an on-site Research Pharmacy, and facilities to support long-stay inpatient studies, including an Art & Recreation Department, which offers participants pleasant and rewarding craft, video and computer activities in a safe and comfortable environment Full clinical laboratory services are provided via contract with Memorial-Sloan Kettering Cancer Center, Radiology and EKG interpretations are provided by arrangement with New York-Presbyterian Hospital, on-site apheresis services are provided by contract The Hospital is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and licensed by the State of New York</p>

Identifier	ReturnReference	Explanation
		<p>Part VI, Line 2 Patients and volunteers who consent to participate in research studies (protocols) are treated without charge Unlike most hospitals, the Rockefeller University Hospital does not routinely provide standard diagnostic and treatment services Admission is selective patients are chosen by Hospital physicians solely because they have an illness or condition being studied, or because they are healthy volunteers and are also needed for study Thus, all research participants are volunteers, and as such are important partners in the research process Without volunteers and patients, significant advances in biomedical knowledge could not otherwise be achieved</p>

Identifier	ReturnReference	Explanation
		Part VI, Line 6 The Rockefeller University Hospital exists solely to conduct clinical research, at no charge to the research participants

Schedule H (Form 990) 2010

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
Attach to Form 990

2010

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. Part II can be duplicated 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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) FELLOWSHIPS	136	3,731,152			
(2) RESEARCH STIPENDS	156	4,283,831			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Stipends and research fellowships are funds paid to offset living expenses for trainees while they further their education at Rockefeller These amounts are not considered salary or wages given in consideration for specific job duties nor are they grants given in anticipation of specific scientific achievements on the individuals parts There is no restriction on the use of the funds once they are received by the trainees

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

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 from the organization or a related organization?

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

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

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. The house is provided to enable the President to be on campus 24/7 in order to respond to emergent situations that may arise and for other business purposes.
	Part I, Line 4b	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). 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, Stanislas Leibler \$16,500, Ralph Steinman \$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. The plan was developed using comparative data from similar institutions.
	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.

**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).**

2010

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

**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		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Dormitory Authority of the State of New York	14-6000293	64983QEPO	06-02-2005	65,000,000	Const & renov of campus		X		X		X
B Dormitory Authority of the State of New York	14-6000293	649903YA3	01-31-2008	103,215,000	Const & renov of campus		X		X		X
C Dormitory Authority of the State of New York	14-6000293	649905BE5	04-08-2009	62,119,152	Current Refunding		X		X		X
D Dormitory Authority of the State of New York	14-6000293	649905BF2	04-08-2009	100,000,000	Const & renov of campus		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	68,164,712		104,734,474		62,119,152		100,578,341	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	494,117		641,319		528,854		527,175	
8	Credit enhancement from proceeds	35,000						35,000	
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	67,897,288		104,093,155		440,097		100,016,166	
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2008		2012		2009		2012	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X			X	X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 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
2 Is the bond issue a variable rate issue?	X		X			X	X	
3a Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was a hedge terminated?								
4a Were gross proceeds invested in a GIC?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?	X			X		X		X
6 Did the bond issue qualify for an exception to rebate?		X	X		X		X	

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
Part II - line 3 - Total Proceeds	Date issued 6/2/05	Total Proceeds include issue price (\$65,000,000) + investment income (\$3,391,405) - Rebate (\$226,692.21) Part I, line A Pursuant to Treasury Reg sections 1.145-2(a) and 1.141-12(e)(2), the bonds originally issued on 6/2/05 are treated as reissued under certain sections of the Internal Revenue Code, but not as a reissuance under other sections of the Code, in the amount of \$13,743,577. Such amount, together with other amounts treated as disposition proceeds in the aggregate amount of \$24,000,000, plus investment earnings thereon, will be applied to pay the cost of certain construction and renovation projects in accordance with Treas Reg section 1.141-12(e)(1).
Part II - line 3 - Total Proceeds	Date issued 1/31/08	Total Proceeds includes issue price (\$103,215,000) + investment income (\$1,519,474)
Part II - line 3 - Total Proceeds	Date issued 4/8/09	Total proceeds include issue price (\$100,000,000) + investment income (\$578,341)
Part II - line 3 - Total Proceeds	Date issued 8/12/09	Total proceeds include issue price (\$101,554,000) + investment income (\$473,221)
Part II - line 3 - Total Proceeds	Date issued 9/1/10	Total proceeds consists of issue price (\$53,818,500) + investment income (\$73,087)
See Additional Data Table		

Part V Supplemental Information

Identifier	Return Reference	Explanation
Part II - line 3 - Total Proceeds	Date issued 6/2/05	Total Proceeds include issue price (\$65,000,000) + investment income (\$3,391,405)- Rebate (\$226,692 21) Part I, lineA Pursuant to Treas Reg sections 1 145-2(a) and 1 141-12(e)(2), the bonds originally issued on 6/2/05 are treated as reissued under certain sections of the Internal Revenue Code, but not as a reissuance under other sections of the Code, in the amount of \$13,743,577 Such amount, together with other amounts treated as disposition proceeds in the aggregate amount of \$24,000,000, plus investment earnings thereon, will be applied to pay the cost of certain construction and renovation projects in accordance with Tres Reg section 1 141-12(e)(1)
Part II - line 3 - Total Proceeds	Date issued 1/31/08	Total Proceeds includes issue price (\$103,215,000) + investment income (\$1,519,474)
Part II - line 3 - Total Proceeds	Date issued 4/8/09	Total proceeds include issue price (\$100,000,000) + investment income (\$578,341)
Part II - line 3 - Total Proceeds	Date issued 8/12/09	Total proceeds include issue price (\$101,554,000)+ investment income (\$473,221)
Part II - line 3 - Total Proceeds	Date issued 9/1/10	Total proceeds consists of issue proced (\$53,818,500) + investment income (\$73,087)

**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.**

2010

**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		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Dormitory Authority of the State of New York	14-6000293	649905PN0	08-12-2009	101,554,000	Const & renov of campus		X		X		X
B Dormitory Authority of the State of New York	14-6000293	6499053H7	09-01-2010	53,818,500	Const & renov of campus		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	102,027,221		53,891,587					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	836,150		553,621					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	74,212,161		491,501					
11	Other spent proceeds								
12	Other unspent proceeds	26,978,910		52,846,464					
13	Year of substantial completion	2012		2012					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?		X		X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 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				
2 Is the bond issue a variable rate issue?		X		X				
3a Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was a hedge terminated?								
4a Were gross proceeds invested in a GIC?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?								
6 Did the bond issue qualify for an exception to rebate?		X	X					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

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

Table with 3 main columns: (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

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization (To/From), (c) Original principal amount, (d) Balance due, (e) In default? (Yes/No), (f) Approved by board or committee? (Yes/No), (g) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Anthony Evnin	RU Trustee	569,000	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
(2) Howard Berkowitz	Spouse of Judith Berkowitz (RU Trsteee)	615,000	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

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2010

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 or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining oncash contribution amounts. Rows include Art, Books and publications, Collectibles, 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 reporting and policies.

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)	Collectibles - One donor contributed a coin collection to the University

Schedule M (Form 990) 2010

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

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

Identifier	Return Reference	Explanation
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 Trustees reviewed and approved the form 990 prior to its submission.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	<p>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.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p>

Identifier	Return Reference	Explanation
	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.

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
The Rockefeller University Faculty and Students Club, Inc	Form 990, Schedule R, Part V, #2	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 \$1,599,341 as of June 30, 2011.

Identifier	Return Reference	Explanation
Women & Science Luncheon	Form 990, Schedule G, Part II, Fundraising Events	The Women & Science program is 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.

Identifier	Return Reference	Explanation
Hospital Centennial	Form 990, Schedule G, Part II, Fundraising Events	<p>The Rockefeller University celebrated the centennial anniversary of its research hospital in 2010. The Rockefeller Hospital was the countrys first clinical research facility, as well as the birthplace of clinical research in the United States. A fund-raising campaign for the Hospitals second century was launched in 2009. The centennial was celebrated with events throughout 2010, including a dinner on October 7, 2010 to which all major donors to the Hospital were invited, based on their lifetime support and their gifts to the Hospital Campaign. Physician-scientists and staff of the Hospital, and the Universitys top administrators, were also included in the dinner. A modest number of tickets to the dinner were sold.</p>

Identifier	Return Reference	Explanation
	Form 990, Part XI, line 5, Changes in Net Assets	Net Unrealized gains on investments - 59,208,305 Unrealized Gains on Derivatives - 24,377,980 Postretirement related changes - 8,731,000 Write-off of fixed assets - (13,050,083) Write-off of uncollectable pledges receivable - (2,922,063) Total to Form 990, Part XI, Line 5 76,345,139

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) The Rockefeller University Faculty & Students Club Inc 1230 York Avenue New York, NY 10065	Social Club	NY	501(c)(7)		The Rockefeller University		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m	Yes	
1n	Yes	
1o		No
1p		No
1q		No
1r		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	(d) Method of determining amount involved
(1) THE ROCKEFELLER UNIVERSITY FACULTY & STUDENTS CLUB INC	M	156,439	Actual
(2) THE ROCKEFELLER UNIVERSITY FACULTY & STUDENTS CLUB INC	N	88,348	Actual
(3) THE ROCKEFELLER UNIVERSITY FACULTY & STUDENTS CLUB INC	P	-162,743	Actual
(4)			
(5)			
(6)			

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
------------	------------------	-------------

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

4d. Other program services

(Code) (Expenses \$ 31,230,143 including grants of \$) (Revenue \$ 10,035,937)
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

Additional Data

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

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
Holly Andersen 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
Russell L Carson Trustee, Chairman	0 00	X						0	0	0
H Rodgin Cohen Trustee	0 00	X						0	0	0
Andreas Dracopoulos Trustee	0 00	X						0	0	0
Anthony B Evin PhD 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

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			
Karen M Levy Trustee	0 00	X						0	0	0
Evelyn G Lipper MD Trustee	0 00	X						0	0	0
Susan Lyne Trustee	0 00	X						0	0	0
Surya Mohapatra Trustee	0 00	X						0	0	0
Robin Chemers Neustein Trustee	0 00	X						0	0	0
Willard J Overlock Jr 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
John M Shapiro 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
Dinakar Singh Trustee	0 00	X						0	0	0
Lulu C Wang Trustee	0 00	X						0	0	0
Marc Tessier-Lavigne PhD President (effective 4/2011)	35 00	X		X				0	0	0
Paul Nurse President (departs 4/2011)	35 00	X		X				940,063	0	171,388
Lisa Danzig VP & CIO (departs 4/2011)	35 00			X				524,738	0	59,210
Amy Falls VP & CIO (effective 4/2011)	35 00			X				0	0	0
Barry Coller VP & Physician-in-Chief	35 00			X				504,621	0	73,593
Harriet Rabb VP & General Counsel	35 00			X				418,432	0	72,874
Maren Imhoff VP, Development	35 00			X				408,084	0	68,701
John Tooze VP, Facilities & Scientific	35 00			X				445,227	0	79,920
Michael Young VP, Academic Affairs	35 00			X				433,555	0	79,717

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			
James Lapple VP, Finance & Treasurer	35 00			X				384,220	0	53,957
Sidney Strickland VP, Education Affairs	35 00			X				325,713	0	72,174
Virginia Huffman VP, Human Resources	35 00			X				320,832	0	78,140
Jane Rendall Corporate Secretary	35 00			X				265,228	0	69,005
Roberta Maloney Asst VP, Finance	35 00			X				218,312	0	70,636
Jean-Laurent Casanova Professor, Head of Laborat	35 00					X		796,623	0	78,786
Jeffery Ravetch Professor, Head of Laborat	35 00					X		369,389	0	63,575
Robert Roeder Professor, Head of Laborat	35 00					X		430,152	0	79,836
Stanislas Leibler Professor, Head of Laborat	35 00					X		359,257	0	63,222
Ralph Steinman Professor, Head of Laborat	35 00					X		360,450	0	72,524
Thomas Sakmar Professor, Head of Laborat	35 00						X	370,752	0	67,298
David Rockefeller Life Trustee	0 00						X	0	0	0

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) 765,000 (ii) 0	0 0	175,063 0	42,876 0	128,512 0	1,111,451 0	0 0
Lisa Danzig	(i) 347,000 (ii) 0	85,071 0	92,667 0	22,417 0	36,793 0	583,948 0	85,071 0
Barry Coller	(i) 463,000 (ii) 0	0 0	41,621 0	42,828 0	30,765 0	578,214 0	0 0
Harriet Rabb	(i) 391,000 (ii) 0	0 0	27,432 0	42,788 0	30,086 0	491,306 0	0 0
Maren Imhoff	(i) 372,000 (ii) 0	0 0	36,084 0	42,844 0	25,857 0	476,785 0	0 0
John Tooze	(i) 382,000 (ii) 0	0 0	63,227 0	42,797 0	37,123 0	525,147 0	0 0
Michael Young	(i) 366,000 (ii) 0	0 0	67,555 0	42,745 0	36,972 0	513,272 0	0 0
James Lapple	(i) 346,000 (ii) 0	0 0	38,220 0	42,897 0	11,060 0	438,177 0	0 0
Sidney Strickland	(i) 311,000 (ii) 0	0 0	14,713 0	42,843 0	29,331 0	397,887 0	0 0
Virginia Huffman	(i) 292,008 (ii) 0	0 0	28,824 0	42,694 0	35,446 0	398,972 0	0 0
Jane Rendall	(i) 235,000 (ii) 0	0 0	30,228 0	40,695 0	28,310 0	334,233 0	0 0
Roberta Maloney	(i) 209,100 (ii) 0	0 0	9,212 0	35,416 0	35,220 0	288,948 0	0 0
Jean-Laurent Casanova	(i) 306,000 (ii) 0	406,175 0	84,448 0	43,094 0	35,692 0	875,409 0	0 0
Jeffery Ravetch	(i) 283,600 (ii) 0	0 0	85,789 0	27,381 0	36,194 0	432,964 0	0 0
Robert Roeder	(i) 380,600 (ii) 0	0 0	49,552 0	42,726 0	37,110 0	509,988 0	0 0
Stanislas Leibler	(i) 314,100 (ii) 0	0 0	45,157 0	27,568 0	35,654 0	422,479 0	0 0
Ralph Steinman	(i) 316,000 (ii) 0	0 0	44,450 0	43,145 0	29,379 0	432,974 0	0 0
Thomas Sakmar	(i) 295,300 (ii) 0	0 0	75,452 0	31,820 0	35,478 0	438,050 0	0 0

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 Bohlen Mortgage Loan		X	325,000	208,937		No	Yes		Yes	
Emil Gotschlich Mortgage Loan		X	322,245	113,380		No	Yes		Yes	
Virginia Huffman Mortgage Loan		X	150,000	133,984		No	Yes		Yes	
Maren I Imhoff Mortgage Loan		X	150,000	79,093		No	Yes		Yes	
Alice Lustig Mortgage Loan		X	630,000	0		No	Yes		Yes	
James Lapple Mortgage Loan		X	1,579,378	1,526,181		No	Yes		Yes	
Roberta Maloney Mortgage Loan		X	502,932	386,567		No	Yes		Yes	
Harriet Rabb Mortgage Loan		X	300,000	223,985		No	Yes		Yes	
Jane Rendall Mortgage Loan		X	1,353,315	1,295,350		No	Yes		Yes	
Thomas Sakmar Mortgage Loan		X	599,000	568,500		No	Yes		Yes	
Sidney Strickland Mortgage Loan		X	197,528	178,183		No	Yes		Yes	
John Tooze Mortgage Loan		X	787,500	177,204		No	Yes		Yes	
Michael Young Mortgage Loan		X	1,238,068	1,187,764		No	Yes		Yes	
Ralph Steinman Mortgage Loan		X	996,880	801,067		No	Yes		Yes	

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment Sequence No 67

See separate instructions. Attach to your tax return.

Name(s) shown on return THE ROCKEFELLER UNIVERSITY

Business or activity to which this form relates Form 990 Page 10

Identifying number 13-1624158

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.

Table with 5 rows for election details: 1 Maximum amount, 2 Total cost, 3 Threshold cost, 4 Reduction in limitation, 5 Dollar limitation.

Table with 13 rows for property details: 6-13 (a) Description of property, (b) Cost, (c) Elected cost, 7 Listed property, 8 Total elected cost, 9 Tentative deduction, 10 Carryover, 11 Business income limitation, 12 Section 179 expense deduction, 13 Carryover.

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)

Table with 3 rows: 14 Special depreciation allowance, 15 Property subject to section 168(f)(1) election, 16 Other depreciation.

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

Section A

Table with 2 rows: 17 MACRS deductions for assets placed in service in tax years beginning before 2010, 18 Grouping election.

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 19a-f (3-25 year property) and h-i (residential/nonresidential).

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

Table with 3 rows: 20a Class life, b 12-year, c 40-year.

Part IV Summary (see instructions)

Table with 3 rows: 21 Listed property, 22 Total, 23 For assets shown above and placed in service during the current year.

Part V Listed Property (Include automobiles, certain other vehicles, 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.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

26 Property used more than 50% in a qualified business use

27 Property used 50% or less in a qualified business use

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

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 include 30-33 (miles driven) and 34-36 (availability and 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 include 37-41 regarding policy statements and requirements.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

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.

42 A amortization of costs that begins during your 2010 tax year (see instructions)

43 A amortization of costs that began before your 2010 tax year **43**

44 Total. Add amounts in column (f) See the instructions for where to report **44**



THE ROCKEFELLER UNIVERSITY HOSPITAL
(A Division of The Rockefeller University)

Financial Statements

December 31, 2010 and 2009

(With Independent Auditors' Report Thereon)



KPMG LLP
345 Park Avenue
New York, NY 10154

Independent Auditors' Report

The Board of Trustees
The Rockefeller University

We have audited the accompanying balance sheets of The Rockefeller University Hospital (a division of The Rockefeller University) (the Hospital) as of December 31, 2010 and 2009, and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of the University's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Rockefeller University Hospital as of December 31, 2010 and 2009, and the changes in its net assets and its cash flows for the years then ended, in conformity with U.S. generally accepted accounting principles.

KPMG LLP

June 21, 2011

THE ROCKEFELLER UNIVERSITY HOSPITAL
(A Division of The Rockefeller University)

Balance Sheets

December 31, 2010 and 2009

Assets	<u>2010</u>	<u>2009</u>
Industry-sponsored receivables	\$ 163	260
Due from The Rockefeller University (note 2)	5,159,291	4,552,810
Land, buildings, and equipment, net (note 4)	<u>8,889,765</u>	<u>9,377,301</u>
Total assets	<u><u>\$ 14,049,219</u></u>	<u><u>13,930,371</u></u>
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	\$ <u>847,118</u>	<u>744,014</u>
Total liabilities	<u>847,118</u>	<u>744,014</u>
Net assets - Unrestricted		
Expended for land, buildings, and equipment	8,889,765	9,377,301
Designated for plant replacement and expansion	<u>4,312,336</u>	<u>3,809,056</u>
Total net assets	<u>13,202,101</u>	<u>13,186,357</u>
Total liabilities and net assets	<u><u>\$ 14,049,219</u></u>	<u><u>13,930,371</u></u>

See accompanying notes to financial statements

THE ROCKEFELLER UNIVERSITY HOSPITAL
(A Division of The Rockefeller University)

Statements of Activities

Years ended December 31, 2010 and 2009

	2010	2009
Revenues		
Government grants (note 3)	\$ 10,486,509	10,161,031
Other revenue	121,556	145,503
Contributions	75,000	50,010
Total revenues	10,683,065	10,356,544
Expenses		
Patient care	7,092,350	6,948,245
Research	6,248,181	5,507,246
Administrative and general	3,499,965	3,624,404
Total expenses	16,840,496	16,079,895
Deficiency of revenues over expenses	(6,157,431)	(5,723,351)
Other changes in net assets		
Operating subsidy grant from The Rockefeller University	6,157,431	5,723,351
Capital subsidy grant from The Rockefeller University	15,744	519,011
Increase in net assets	15,744	519,011
Net assets at beginning of year	13,186,357	12,667,346
Net assets at end of year	\$ 13,202,101	13,186,357

See accompanying notes to financial statements

THE ROCKEFELLER UNIVERSITY HOSPITAL
(A Division of The Rockefeller University)

Statements of Cash Flows

Years ended December 31, 2010 and 2009

	2010	2009
Cash flows from operating activities		
Increase in net assets	\$ 15,744	519,011
Adjustments to reconcile increase in net assets to net cash used in operating activities		
Depreciation	503,280	503,793
Operating subsidy grant from The Rockefeller University classified as financing activities	(6,157,431)	(5,723,351)
Capital subsidy grant from The Rockefeller University classified as financing activities	(15,744)	(519,011)
Decrease in industry-sponsored receivables	97	130
Increase (decrease) in accounts payable and accrued expenses	103,104	(22,499)
Net cash used in operating activities	(5,550,950)	(5,241,927)
Cash flows from investing activity		
Purchases of lands, buildings, and equipment	(15,744)	(519,011)
Net cash used in investing activity	(15,744)	(519,011)
Cash flows from financing activities		
Operating subsidy grant from The Rockefeller University classified as financing activities	6,157,431	5,723,351
Capital subsidy grant from The Rockefeller University classified as financing activities	15,744	519,011
Increase in due from The Rockefeller University	(606,481)	(481,424)
Net cash provided by financing activities	5,566,694	5,760,938
Net change in cash	—	—
Cash at beginning of year	—	—
Cash at end of year	\$ —	—

See accompanying notes to financial statements

THE ROCKEFELLER UNIVERSITY HOSPITAL
(A Division of The Rockefeller University)

Notes to Financial Statements

December 31, 2010 and 2009

(1) Nature of Operations

The Rockefeller University Hospital (the Hospital) operates under the charter of The Rockefeller University (the University) and is not incorporated as a separate legal entity. The Hospital conducts research on volunteer patients. These activities are funded primarily through a grant provided by the U.S. Department of Health and Human Services (DHHS). Approximately 62% and 63% of the Hospital's operations were funded by this grant in 2010 and 2009, respectively. The balance of the operating costs is funded primarily by an operating subsidy grant from the University.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The Hospital prepares its financial statements on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles (GAAP). The accompanying financial statements include the economic resources and financial activities of the Hospital.

All net assets not restricted by donors are accounted for as unrestricted net assets. Donor-restricted contributions whose restrictions are met in the same reporting period are reported as unrestricted support. The Hospital has designated a portion of the unrestricted net assets for plant replacement and expansion.

(b) Deficiency of Revenues over Expenses

The accompanying statements of activities include deficiency of revenues over expenses. Changes in unrestricted net assets that are excluded from deficiency of revenues over expenses, consistent with industry practice, include operating and capital subsidy grants received from the University.

(c) Patient Service Revenue

Net patient service revenue represents the estimated net realizable amounts from patients and third-party payors for services rendered, net of contractual and courtesy allowances. Estimated contractual adjustments, including prospective rate adjustments arising under third-party reimbursement programs, are accrued in the period the services are rendered to the patients. Differences between estimated retroactive third-party reimbursement settlements for prior years and subsequent final settlements are recorded in the year of settlement as contractual adjustments.

(d) Government Grants

Revenue from grants is recognized as earned, that is, as related costs are incurred under the grant agreements.

THE ROCKEFELLER UNIVERSITY HOSPITAL
(A Division of The Rockefeller University)

Notes to Financial Statements

December 31, 2010 and 2009

(e) Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates. The current economic environment has increased the degree of uncertainty inherent in those estimates and assumptions.

(f) Plant Assets

Plant assets are stated at cost, or at fair value at date of donation in the case of gifts. Depreciation of buildings and building improvements is recorded over estimated useful lives ranging from 15 to 50 years. Equipment is depreciated over estimated useful lives ranging from 5 to 20 years.

(g) Income Taxes

The Hospital is a division of the University, which is classified by the Internal Revenue Service as exempt from federal income taxes under provisions of Section 501(c)(3) of the Internal Revenue Code.

The Hospital is exempt from federal income taxes under the provisions of Section 501(c)(3) of the Internal Revenue Code. The Hospital follows the guidance of Accounting Standards Codification 740-10, (*Accounting for Uncertainty in Income Taxes*), which addresses accounting for uncertainties in income taxes recognized in an enterprise's financial statements. The Hospital utilizes a threshold of more-likely-than-not for recognition and derecognition of tax positions taken or expected to be taken in a tax return.

(3) Grants Revenue

The Hospital's primary funding is the Clinical and Translational Science Awards (CTSA) from DHHS for clinical research projects that are administered through the Hospital's Center for Clinical and Translational Science. The Center is designed to provide an optimal infrastructure to conduct clinical and translational research and to educate the next generation of physician scientists committed to patient-oriented research.

As of December 31, 2010, awards totaling \$10,573,823 had been granted for the period from July 1, 2010 to June 30, 2011, of which \$5,703,215 was unexpended as of December 31, 2010. As of December 31, 2009, awards totaling \$10,261,392 had been granted for the period from July 1, 2009 to June 30, 2010, of which \$4,583,360 was expended as of December 31, 2009 and \$5,615,901 was expended as of December 31, 2010.

THE ROCKEFELLER UNIVERSITY HOSPITAL
(A Division of The Rockefeller University)

Notes to Financial Statements

December 31, 2010 and 2009

(4) Land, Buildings, and Equipment

Land, buildings, and equipment, all of which are funded by the University, are stated at cost at December 31, 2010 and 2009 and consist of the following

	2010	2009
Land	\$ 1,191,709	1,191,709
Buildings and equipment	15,331,256	15,315,512
Total	16,522,965	16,507,221
Less accumulated depreciation	(7,633,200)	(7,129,920)
	\$ 8,889,765	9,377,301

(5) Retirement Benefits

The Hospital participates with the University in a contributory retirement plan covering substantially all personnel. The plan is fully funded by the purchase of annuity contracts. Pension costs attributable to the Hospital amounted to approximately \$519,000 and \$463,000 for the years ended December 31, 2010 and 2009, respectively.

In addition, the Hospital participates with the University in providing certain healthcare and life insurance benefits for retired professional and administrative employees who meet certain age and length-of-service requirements upon retirement. Postretirement benefit costs allocated to the Hospital amounted to approximately \$524,000 and \$415,000 for the years ended December 31, 2010 and 2009, respectively. Information as to vested and nonvested earned benefits, as well as plan assets, as they relate to the Hospital, is not readily available.

(6) Medical Malpractice Insurance

The University, acting on behalf of the Hospital, has obtained occurrence-based medical malpractice liability insurance coverage from commercial carriers for losses in excess of \$2,000,000 per occurrence and \$4,000,000 in the aggregate annually. This policy expires December 1, 2010, and is renewed annually. In addition, the University carries umbrella policies providing \$35,000,000 per annual policy period over the aforementioned limits. As of December 31, 2010 and 2009, there were no medical malpractice claims filed against the Hospital. The cost of providing for medical malpractice insurance coverage amounted to \$394,409 and \$411,683 for the years ended December 31, 2010 and 2009, respectively. The University indemnifies the Hospital for all unrecorded self-insured liabilities related to claims incurred but not reported.

THE ROCKEFELLER UNIVERSITY HOSPITAL
(A Division of The Rockefeller University)

Notes to Financial Statements

December 31, 2010 and 2009

(7) Contingent Liabilities

Amounts expended by the Hospital under the government grants are subject to audit by governmental agencies. In the opinion of management, audit adjustments, if any, will not have a significant effect on the Hospital's financial position.

(8) Subsequent Events

The Hospital evaluated events subsequent to December 31, 2010 through June 21, 2011 the date which the financial statements were issued and concluded that no additional disclosures are required.