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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
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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) Room/suite 1230 YORK AVENUE City or town, state or country, and ZIP + 4 NEW YORK, NY 100656307 F Name and address of principal officer James H Lapple 1230 York Avenue New York, NY 10065	D Employer identification number 13-1624158 E Telephone number (212) 327-8000 G Gross receipts \$ 624,058,236 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ www.rockefeller.edu		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1901 M State of legal domicile NY

Part I Summary

Activities & Governance	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.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	44
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	41
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1,774
	6 Total number of volunteers (estimate if necessary)	6	40
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-2,652,486
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-3,810,611
Revenue		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	154,402,640	211,148,284
9	Program service revenue (Part VIII, line 2g)	30,476,605	29,971,225
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	222,023,683	78,501,065
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,892,710	13,272,710
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	424,795,638	332,893,284
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,014,983	8,473,361
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	148,691,486	148,774,926
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,072,272		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	160,237,534	164,482,526
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	316,944,003	321,730,813
19	Revenue less expenses Subtract line 18 from line 12	107,851,635	11,162,471
Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,980,030,530	2,910,477,154
21	Total liabilities (Part X, line 26)	915,552,810	1,013,083,489
22	Net assets or fund balances Subtract line 21 from line 20	2,064,477,720	1,897,393,665

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	2013-02-13 Date
	JAMES H LAPPLE VP, Finance & Treasurer Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
				Phone no ▶ (212) 327-8704

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

Part III Statement of Program Service Accomplishments

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 226,729,673 including grants of \$ 8,473,361) (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 \$ 15,811,023 including grants of \$) (Revenue \$)

HOSPITAL-CONSISTS OF 40 BEDS AND SERVES AS A CLINICAL RESEARCH CENTER FOR OUTPATIENTS AND FOR INPATIENTS

4c (Code) (Expenses \$ 2,872,267 including grants of \$) (Revenue \$)

LIBRARY CONTAINS 61,763 VOLUMES (OF WHICH 17,841 ARE ON-LINE) AND 5,503 ON-LINE SUBSCRIPTIONS AND IS MAINTAINED ON AN OPEN STOCK POLICY

(Code) (Expenses \$ 31,135,631 including grants of \$) (Revenue \$ 10,243,607)

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

4d Other program services (Describe in Schedule O)
(Expenses \$ 31,135,631 including grants of \$) (Revenue \$ 10,243,607)

4e Total program service expenses \$ 276,548,594

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> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	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>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> <input checked="" type="checkbox"/>	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> <input checked="" type="checkbox"/>	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, Part II and IV.</i> <input checked="" type="checkbox"/>		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, Part III and IV.</i> <input checked="" type="checkbox"/>		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.</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> <input checked="" type="checkbox"/>	Yes	
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements. <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule I, Parts I and II</i> <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? <i>If "Yes," complete Schedule I, Parts I and III</i> <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? <i>If "Yes," complete Schedule J</i> <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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> <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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> <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? <i>If "Yes," complete Schedule L, Part III</i> <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? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28a	Yes	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <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 owner? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28c	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	29	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	30	Yes	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> <input checked="" type="checkbox"/>	33		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> <input checked="" type="checkbox"/>	34	Yes	
35a Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	35b		No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	36	Yes	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> <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 number, question text, and Yes/No columns. Rows include questions 1a-1b, 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.

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 44		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 41		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

Section C. Disclosure

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

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

(A) Name and Title	(B) Average hours per week per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							8,268,467	0	1,285,627	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **177**

	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>	3 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>	4 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>		5 No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TURNER CONSTRUCTION CO 375 HUDSON STREET NEW YORK, NY 10014	CONSTRUCTION SERVICES	39,816,466
RESTAURANT ASSOCIATES CORP 120 WEST 45TH STREET NEW YORK, NY 10036	FOOD SERVICES	1,853,952
THE SHERIDAN PRESS 450 FAME AVENUE HANOVER, PA 17331	PRINTING & PUBLICATIONS FOR JOURNALS	1,249,017
MITCHELL GIRUGOLA ARCHITECTS 170 WEST 97TH STREET NEW YORK, NJ 10036	ARCHITECTURAL SERVICES	967,785
GENEWIZ INC 675 US HIGHWAY 1 SOUTH NORTH BRUNSWICK, NJ 08902	DNA SEQUENCING	961,158

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **45**

Part VIII Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c	1,424,082				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	86,323,449				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	123,400,753				
	g	Noncash contributions included in lines 1a-1f \$ 78,680,483					
	h	Total. Add lines 1a-1f ▶	211,148,284				
Program Service Revenue			Business Code				
	2a	Housing	532000	17,421,306		17,421,306	
	b	Press operations	511120	10,243,607	10,243,607		
	c	Food Service	722210	2,306,312		2,306,312	
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f ▶		29,971,225				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		5,546,886		5,546,886	
	4	Income from investment of tax-exempt bond proceeds . . ▶		43,885		43,885	
	5	Royalties ▶		4,484,866		4,484,866	
	6a	(i) Real		(ii) Personal			
			Gross rents	7,208,189			
		b	Less rental expenses	0			
		c	Rental income or (loss)	7,208,189			
	d	Net rental income or (loss) ▶		7,208,189		7,208,189	
	7a	(i) Securities		(ii) Other			
			Gross amount from sales of assets other than inventory	363,942,957			
		b	Less cost or other basis and sales expenses	291,032,663			
		c	Gain or (loss)	72,910,294			
	d	Net gain or (loss) ▶		72,910,294	-2,652,486	75,562,780	
	8a	Gross income from fundraising events (not including \$ 1,424,082 of contributions reported on line 1c) See Part IV, line 18					
a			52,375				
b		Less direct expenses b	132,289				
c	Net income or (loss) from fundraising events . . ▶		-79,914		-79,914		
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	448,872		448,872		
b	Reimbursement of Costs	900099	130,568		130,568		
c							
d	All other revenue		1,080,129		1,080,129		
e	Total. Add lines 11a-11d ▶		1,659,569				
12	Total revenue. See Instructions ▶		332,893,284	10,243,607	-2,652,486	114,153,879	

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	8,473,361	8,473,361		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	5,000,700	1,005,081	3,575,619	420,000
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	99,767,235	88,806,694	8,402,684	2,557,857
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,167,217	6,651,482	1,212,628	303,107
9	Other employee benefits	29,055,545	24,753,609	3,465,698	836,238
10	Payroll taxes	6,784,229	5,916,808	683,518	183,903
11	Fees for services (non-employees)				
a	Management				
b	Legal	366,001		366,001	
c	Accounting	442,859	65,008	377,851	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	1,935,274		1,935,274	
g	Other	11,886,258	10,956,932	816,516	112,810
12	Advertising and promotion	1,480,805	1,160,168	132,647	187,990
13	Office expenses	52,932,895	45,269,215	7,489,611	174,069
14	Information technology	2,969,434	1,253,541	1,518,650	197,243
15	Royalties	1,664,001	1,664,001		
16	Occupancy	13,953,226	11,617,175	1,255,790	1,080,261
17	Travel	889,345	837,224	39,979	12,142
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,276,685	944,787	59,968	271,930
20	Interest	26,852,542	24,032,905	2,819,637	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	37,139,313	34,250,011	2,154,580	734,722
23	Insurance	2,446,276	642,980	1,803,296	
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	8,247,612	8,247,612		
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	321,730,813	276,548,594	38,109,947	7,072,272
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	154,554,528	2	140,445,663
	3 Pledges and grants receivable, net	176,694,404	3	218,329,411
	4 Accounts receivable, net	7,404,167	4	9,925,874
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	6,880,195	5	8,784,092
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	17,189,057	7	22,342,079
	8 Inventories for sale or use	836,546	8	763,235
	9 Prepaid expenses and deferred charges	2,700,184	9	2,277,761
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,103,229,721		
	b Less accumulated depreciation	373,967,833	10c	729,261,888
	11 Investments—publicly traded securities	1,233,989,337	11	1,130,089,673
	12 Investments—other securities See Part IV, line 11	576,532,977	12	580,935,136
	13 Investments—program-related See Part IV, line 11	3,583,140	13	3,547,088
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	123,700,211	15	63,744,904
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,980,030,530	16	2,910,477,154	
Liabilities	17 Accounts payable and accrued expenses	42,177,567	17	44,036,362
	18 Grants payable		18	
	19 Deferred revenue	4,317,649	19	4,348,929
	20 Tax-exempt bond liabilities	629,566,633	20	628,207,668
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	239,490,961	25	336,490,530	
26 Total liabilities. Add lines 17 through 25	915,552,810	26	1,013,083,489	
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	523,643,298	27	395,253,067
	28 Temporarily restricted net assets	1,288,971,100	28	1,247,921,071
	29 Permanently restricted net assets	251,863,322	29	254,219,527
	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	2,064,477,720	33	1,897,393,665	
34 Total liabilities and net assets/fund balances	2,980,030,530	34	2,910,477,154	

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	332,893,284
2	Total expenses (must equal Part IX, column (A), line 25)	2	321,730,813
3	Revenue less expenses Subtract line 2 from line 1	3	11,162,471
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,064,477,720
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-178,246,526
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	1,897,393,665

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

2011

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
THE ROCKEFELLER UNIVERSITY

Employer identification number

13-1624158

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

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

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

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

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
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 2011 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization THE ROCKEFELLER UNIVERSITY

Employer identification number 13-1624158

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

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

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

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

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

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

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

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

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
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	1,620,400,847	1,451,345,077	1,428,894,687	1,878,613,121	
b Contributions	6,402,176	5,982,193	7,123,572	12,472,234	
c Investment earnings or losses	-6,743,511	266,875,779	127,372,135	-353,884,925	
d Grants or scholarships					
e Other expenditures for facilities and programs	89,893,899	103,802,202	112,045,317	108,305,743	
f Administrative expenses					
g End of year balance	1,539,214,232	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 ▶ 21.300 %
- b** Permanent endowment ▶ 15.100 %
- c** Term endowment ▶ 63.600 %

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		13,829,113		13,829,113
b Buildings		1,019,838,003	327,068,443	692,769,560
c Leasehold improvements		424,726	385,734	38,992
d Equipment		67,612,403	45,821,468	21,790,935
e Other		1,525,476	692,188	833,288
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				729,261,888

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	332,893,284
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	321,730,813
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	11,162,471
4	Net unrealized gains (losses) on investments	4	-82,130,283
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-96,219,643
9	Total adjustments (net) Add lines 4 - 8	9	-178,349,926
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-167,187,455

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	157,373,948
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-82,130,283
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-90,004,001
e	Add lines 2a through 2d	2e	-172,134,284
3	Subtract line 2e from line 1	3	329,508,232
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	1,935,274
b	Other (Describe in Part XIV)	4b	1,449,778
c	Add lines 4a and 4b	4c	3,385,052
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	332,893,284

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

1	Total expenses and losses per audited financial statements	1	324,561,403
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	6,347,931
e	Add lines 2a through 2d	2e	6,347,931
3	Subtract line 2e from line 1	3	318,213,472
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	1,935,274
b	Other (Describe in Part XIV)	4b	1,582,067
c	Add lines 4a and 4b	4c	3,517,341
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	321,730,813

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 endowments investment policy and asset allocation, retaining and overseeing external investment managers, and monitoring the implementation and performance of the investment program The endowments assets are invested in marketable securities, including U S and non-U S equity and fixed income securities, and private investments, including venture capital, private equity and real assets The assets are invested by external investment managers through separate accounts or through commingled vehicles, including funds, trusts and limited partnerships
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 enterprises 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 Loss on Derivatives - (90,004,001) -90,004,001 Postretirement related changes - (3,151,000) -3,151,000 RU Faculty & Students Club, Inc - NET LOSS - (103,400) -103,400 Write-off of fixed assets - (2,961,242) -2,961,242 Total to Schedule D, Part XI, Line 8 -96,219,643
Part XII, Line 2d - Other Adjustments		Unrealized Net Loss on Derivative Instruments - (90,004,001)
Part XII, Line 4b - Other Adjustments		Fundraising expenses - (132,289) Royalty payments - 1,582,067
Part XIII, Line 2d - Other Adjustments		RU Faculty & Students Club, Inc - NET LOSS - 103,400 Postretirement related changes - 3,151,000 Fixed Asset Write-off - 2,961,242 Fundraising expenses - 132,289
Part XIII, Line 4b - Other Adjustments		Royalty payments - 1,582,067

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2011

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?
- b** 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.

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

Additional Data

Software ID:

Software Version:

EIN: 13-1624158

Name: THE ROCKEFELLER UNIVERSITY

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

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.

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 (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (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.

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 <u>Women & Science Luncheon</u> (event type)	(b) Event #2 _____ (event type)	(c) Other Events _____ (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	1,476,457			1,476,457
	2 Less Charitable contributions	1,424,082			1,424,082
	3 Gross income (line 1 minus line 2)	52,375			52,375
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	66,387			66,387
	7 Food and beverages	57,332			57,332
	8 Entertainment				
	9 Other direct expenses	8,570			8,570
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(132,289)
11 Net income summary Combine lines 3 and 10 in column (d) ▶				-79,914	

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)

Hospitals

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization THE ROCKEFELLER UNIVERSITY

Employer identification number

13-1624158

Part I Charity Care and Certain Other Community Benefits at Cost

1a Did the organization have a charity care policy? 1b If "Yes," is it a written policy? 2 If the organization had multiple hospitals... 3 Answer the following based on the charity care eligibility criteria... 4 Did the organization's policy provide free or discounted care... 5a Did the organization budget amounts... 5b If "Yes," did the organization's charity care expenses... 5c If "Yes" to line 5b... 6a Did the organization prepare a community benefit report... 6b If "Yes," did the organization make it available to the public?

7 Charity Care 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 Charity Care and Means-Tested Government Programs and Other Benefits.

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
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		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care 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	Did the organization have a written debt collection policy during the tax year?	9a	No
9b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	

Part IV Management Companies and Joint Ventures (see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size 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 B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

The Rockefeller University Hospital

Name of Hospital Facility: _____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): _____ 1 _____

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply)	1	
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	5	
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility		
d <input type="checkbox"/> Participation in community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input type="checkbox"/> Prioritization of health needs in the community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
8 Did the hospital facility have in place during the tax year a written financial assistance policy that explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	No
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care ____% If "No," explain in Part VI the criteria the hospital facility used	9	No

Part V Facility Information *(continued)*

		Yes	No
10	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care ___% If "No," explain in Part VI the criteria the hospital facility used		No
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		No
	a <input type="checkbox"/> Income level		
	b <input type="checkbox"/> Asset level		
	c <input type="checkbox"/> Medical indigency		
	d <input type="checkbox"/> Insurance status		
	e <input type="checkbox"/> Uninsured discount		
	f <input type="checkbox"/> Medicaid/Medicare		
	g <input type="checkbox"/> State regulation		
	h <input type="checkbox"/> Other (describe in Part VI)		
12	Explained the method for applying for financial assistance?		No
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		No
	a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site		
	b <input type="checkbox"/> The policy was attached to all billing invoices		
	c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
	d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
	e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility		
	f <input type="checkbox"/> The policy was available upon request		
	g <input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?		No
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP		
	a <input type="checkbox"/> Reporting to credit agency		
	b <input type="checkbox"/> Lawsuits		
	c <input type="checkbox"/> Liens on residences		
	d <input type="checkbox"/> Body attachments or arrests		
	e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		No
	a <input type="checkbox"/> Reporting to credit agency		
	b <input type="checkbox"/> Lawsuits		
	c <input type="checkbox"/> Liens on residences		
	d <input type="checkbox"/> Body attachments		
	e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)		
	a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission		
	b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
	c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
	d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
	e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

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

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input type="checkbox"/> Other (describe in Part VI)		
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI	20	No
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI	21	No

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 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	
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 descriptions 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, 6l, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health 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 40 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 7AM to 5PM. 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
		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

Identifier	ReturnReference	Explanation
		Part VI, Line 5 The Rockefeller University Hospital exists solely to conduct clinical research, at no charge to the research participants

Schedule I (Form 990)

OMB No 1545-0047

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

2011

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization THE ROCKEFELLER UNIVERSITY

Employer identification number

13-1624158

Part I General Information on Grants and Assistance

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

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

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

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

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	121	3,715,907			
(2) RESEARCH STIPENDS	165	4,757,454			

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

2011

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

	Yes	No
1a		
1b	Yes	
2	Yes	
3		
4a		No
4b	Yes	
4c		No
5a	Yes	
5b		No
6a		No
6b		No
7	Yes	
8		No
9		

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)

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

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

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

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

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

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

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

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

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

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). 2011 employee contributions (included in column B): Lisa Danzig \$5,500; Harriet Rabb \$16,500; James Lapple \$12,000; Sidney Strickland \$16,500; Maren Imhoff \$16,500; Michael Young \$16,500; Robert Roeder \$16,500; Paul Greengard \$16,500; Stanislas Leibler \$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.

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				
Marc Tessier-Lavigne PhD	(i) 793,478 (ii) 0	0 0	364,312 0	23,972 0	76,941 0	1,258,703 0	0 0
Lisa Danzig	(i) 130,761 (ii) 0	347,000 0	137,501 0	9,052 0	11,152 0	635,466 0	0 0
Amy Falls	(i) 337,500 (ii) 0	0 0	98,016 0	22,489 0	25,092 0	483,097 0	0 0
Barry Coller	(i) 473,850 (ii) 0	0 0	43,614 0	42,827 0	26,684 0	586,975 0	0 0
Harriet Rabb	(i) 396,900 (ii) 0	0 0	36,029 0	42,797 0	26,684 0	502,410 0	0 0
Maren Imhoff	(i) 396,000 (ii) 0	0 0	41,896 0	42,868 0	26,684 0	507,448 0	0 0
John Tooze	(i) 387,750 (ii) 0	0 0	63,256 0	42,793 0	33,456 0	527,255 0	0 0
Michael Young	(i) 379,400 (ii) 0	0 0	29,065 0	42,742 0	33,456 0	484,663 0	0 0
James Lapple	(i) 351,200 (ii) 0	0 0	38,825 0	42,897 0	9,628 0	442,550 0	0 0
Sidney Strickland	(i) 315,700 (ii) 0	0 0	18,382 0	42,840 0	26,684 0	403,606 0	0 0
Virginia Huffman	(i) 306,000 (ii) 0	0 0	28,451 0	42,606 0	33,456 0	410,513 0	0 0
Jane Rendall	(i) 238,550 (ii) 0	0 0	17,311 0	41,403 0	26,852 0	324,116 0	0 0
Roberta Maloney	(i) 213,550 (ii) 0	0 0	24,428 0	36,328 0	33,456 0	307,762 0	0 0
Jean-Laurent Casanova	(i) 310,600 (ii) 0	0 0	78,906 0	42,805 0	33,456 0	465,767 0	0 0
Jeffery Ravetch	(i) 287,900 (ii) 0	0 0	66,431 0	27,376 0	33,456 0	415,163 0	0 0
Robert Roeder	(i) 386,350 (ii) 0	0 0	51,713 0	42,719 0	33,456 0	514,238 0	0 0
Stanislas Leibler	(i) 318,850 (ii) 0	0 0	61,772 0	27,469 0	33,456 0	441,547 0	0 0
Paul Greengard	(i) 369,650 (ii) 0	0 0	16,110 0	42,787 0	26,684 0	455,231 0	0 0

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				
Thomas Sakmar	(i)	299,450	0	12,010	42,668	33,456	387,584	0
	(ii)	0	0	0	0	0	0	0

**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

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

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

2011

**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 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
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	1998	2012
	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	X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	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 If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?	X			X	X			X
d If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X				X			
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 Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations Yes No

Part VI 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, lineA 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, have been 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 (\$400,676)
Part II - line 3 - Total Proceeds	Date issued 9/1/10	Total proceeds consists of issue price (\$53,818,500) + investment income (\$121,743)

**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.**

2011

**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
C	Dormitory Authority of the State of New York	14-6000293	649906RZ9	03-08-2012	30,018,979	Current Refunding		X		X		X
D	Dormitory Authority of the State of New York	14-6000293	649906SB1	04-04-2012	56,441,595	Current Refunding		X		X		X

Part II Proceeds

	A	B	C	D				
1 Amount of bonds retired								
2 Amount of bonds defeased								
3 Total proceeds of issue	101,954,676	53,940,243	30,018,979	56,441,595				
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	390,846	321,511				
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	101,118,526	16,317,613	257,954	465,580				
11 Other spent proceeds								
12 Other unspent proceeds		37,069,009						
13 Year of substantial completion	2012	2012	1998	2002				
	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 If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X	X		X	
d If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?					X		X	
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 Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations Yes No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

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?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

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	512,053	The Rockefeller University's 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 Trustee)	167,446	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
------------	------------------	-------------

Additional Data

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

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount \$	(d) Balance due \$	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Frederick Bohem Mortgage Loan		X	325,000	196,171		No	Yes		Yes	
Emil Gotschlich Mortgage Loan		X	322,245	82,110		No	Yes		Yes	
Virginia Huffman Mortgage Loan		X	150,000	160,630		No	Yes		Yes	
Maren I Imhoff Mortgage Loan		X	150,000	68,679		No	Yes		Yes	
James Lapple Mortgage Loan		X	1,579,378	1,501,883		No	Yes		Yes	
Roberta Maloney Mortgage Loan		X	502,932	365,610		No	Yes		Yes	
Harriet Rabb Mortgage Loan		X	300,000	219,107		No	Yes		Yes	
Jane Rendall Mortgage Loan		X	1,353,315	1,274,147		No	Yes		Yes	
Thomas Sakmar Mortgage Loan		X	599,000	558,781		No	Yes		Yes	
Sidney Strickland Mortgage Loan		X	197,528	174,512		No	Yes		Yes	
John Tooze Mortgage Loan		X	787,500	104,897		No	Yes		Yes	
Michael Young Mortgage Loan		X	1,238,068	1,167,388		No	Yes		Yes	
Ralph Steinman Mortgage Loan		X	996,880	742,519		No	Yes		Yes	
Jean-Laurent Casanova Mortgage Loan		X	2,000,000	2,167,658		No	Yes		Yes	

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2011

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) Contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining contribution amounts. Rows include Art, Books, Securities, Real estate, 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 (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods and gift acceptance 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
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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.**

2011

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
	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.
	Form 990, Part VI, Section B, line 12c	All members of the University community are covered by the applicable University conflict of interest policies. Trustees, Officers, and Key Employees are covered by the Policy on Business Conflict of Interest and Family/Business Relationships. All other members of the University community are covered by the Conflict of Interest Policy Governing Business Practices. (a) For trustees (including the President), the conflict of interest disclosure form is submitted to the Executive Committee of the Board of Trustees. The Executive Committee, with help from others it may designate, investigates any conflicts or potential conflicts of interest and implements management plans where conflicts or potential conflicts are found to exist. Trustees having made disclosures of current or potential conflict of interest situations may participate in the information-gathering stage of the Executive Committee's review of the disclosures, but will be asked to excuse themselves during the Executive Committee discussion, consideration and vote on the matters in question. (b) For officers and key employees, the conflict of interest disclosure form is submitted to the President. The President, with the help from others he may designate, investigates any conflicts or potential conflicts of interest, and implements management plans where conflicts are found to exist. (c) For heads of laboratory, the conflict of interest disclosure form is submitted to the Vice President for Academic Affairs. The Vice President for Academic Affairs, with help from others he may designate, investigates any conflicts or potential conflicts of interest, and implements management plans where conflicts are found to exist. (d) For all other members of the University community, the conflict of interest disclosure form is submitted to the Vice President for Human Resources. The Vice President for Human Resources, with help from others she may designate, investigates any conflicts or potential conflicts of interest, and implements management plans where conflicts are found to exist.
	Form 990, Part VI, Section B, line 15	Compensation for the President and Officers is established and approved by the Compensation Committee of the Board of Trustees. Such compensation is established through review of comparability data and contemporaneous substantiation of the deliberation and decision. Specific reviews occur on an annual basis.
	Form 990, Part VI, Section C, line 19	Conflict of interest policy and financial statements are available to the public through the University's website.
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 \$1,702,741 as of June 30, 2012.
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.
OTHER CHANGES IN NET ASSETS	990, PART XI, LINE 5	Net Unrealized losses on investments - (82,130,283) Unrealized losses on Derivatives - (90,004,001) Postretirement related changes - (3,151,000) Write-off of fixed assets - (2,961,242) Total to Form 990, Part XI, Line 5 (178,246,526)

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

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 related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related 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	194,820	Actual
(2) THE ROCKEFELLER UNIVERSITY FACULTY & STUDENTS CLUB INC	N	96,587	Actual
(3) THE ROCKEFELLER UNIVERSITY FACULTY & STUDENTS CLUB INC	R	-188,007	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****Schedule R (Form 990) 2011**

Form **4562**

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

OMB No 1545-0172
2011
Attachment
Sequence No **179**

Department of the Treasury
Internal Revenue Service (99)

▶ 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
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Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		8
9 Tentative deduction Enter the smaller of line 5 or line 8		9
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562		10
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		12
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13	

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	0
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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 6. Rows include 30-33 (miles driven) and 34-36 (availability and use questions).

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 (policy and use questions).

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 Amortization of costs that begins during your 2011 tax year (see instructions)

43 Amortization of costs that began before your 2011 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, 2011 and 2010

(With Independent Auditors' Report Thereon)



KPMG LLP
345 Park Avenue
New York, NY 10154-0102

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, 2011 and 2010, 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, 2011 and 2010, 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

May 30, 2012

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

Balance Sheets

December 31, 2011 and 2010

Assets	2011	2010
Industry-sponsored receivables	\$ 650	163
Due from The Rockefeller University (note 2)	5,684,695	5,159,291
Land, buildings, and equipment, net (note 4)	<u>8,486,552</u>	<u>8,889,765</u>
Total assets	<u>\$ 14,171,897</u>	<u>14,049,219</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	\$ <u>876,254</u>	<u>847,118</u>
Total liabilities	<u>876,254</u>	<u>847,118</u>
Net assets – unrestricted		
Expended for land, buildings, and equipment	8,486,552	8,889,765
Designated for plant replacement and expansion	<u>4,809,091</u>	<u>4,312,336</u>
Total net assets	<u>13,295,643</u>	<u>13,202,101</u>
Total liabilities and net assets	<u>\$ 14,171,897</u>	<u>14,049,219</u>

See accompanying notes to financial statements

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

Statements of Activities

Years ended December 31, 2011 and 2010

	2011	2010
Revenues		
Government grants (note 3)	\$ 9,705,584	10,486,509
Other revenue	135,323	121,556
Contributions	75,000	75,000
Total revenues	9,915,907	10,683,065
Expenses		
Patient care	7,013,320	7,092,350
Research	5,791,866	6,248,181
Administrative and general	3,422,551	3,499,965
Total expenses	16,227,737	16,840,496
Deficiency of revenues over expenses	(6,311,830)	(6,157,431)
Other changes in net assets		
Operating subsidy grant from The Rockefeller University	6,311,830	6,157,431
Capital subsidy grant from The Rockefeller University	93,542	15,744
Increase in net assets	93,542	15,744
Net assets at beginning of year	13,202,101	13,186,357
Net assets at end of year	\$ 13,295,643	13,202,101

See accompanying notes to financial statements

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

Statements of Cash Flows

Years ended December 31, 2011 and 2010

	2011	2010
Cash flows from operating activities		
Increase in net assets	\$ 93,542	15,744
Adjustments to reconcile increase in net assets to net cash used in operating activities		
Depreciation	496,755	503,280
Operating subsidy grant from The Rockefeller University classified as financing activities	(6,311,830)	(6,157,431)
Capital subsidy grant from The Rockefeller University classified as financing activities	(93,542)	(15,744)
(Increase) decrease in industry-sponsored receivables	(487)	97
Increase in accounts payable and accrued expenses	29,136	103,104
Net cash used in operating activities	(5,786,426)	(5,550,950)
Cash flows from investing activity		
Purchases of lands, buildings, and equipment	(93,542)	(15,744)
Net cash used in investing activity	(93,542)	(15,744)
Cash flows from financing activities		
Operating subsidy grant from The Rockefeller University classified as financing activities	6,311,830	6,157,431
Capital subsidy grant from The Rockefeller University classified as financing activities	93,542	15,744
Increase in due from The Rockefeller University	(525,404)	(606,481)
Net cash provided by financing activities	5,879,968	5,566,694
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, 2011 and 2010

(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 60% and 62% of the Hospital's operations were funded by this grant in 2011 and 2010, 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 standards established by the Financial Accounting Standards Board for external reporting by not-for-profit organizations. 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, 2011 and 2010

(e) Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles 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) Land, Buildings, and Equipment

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 Subtopic 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 de-recognition 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, 2011, awards totaling \$7,993,559 had been granted for the period from July 1, 2011 to June 30, 2012, of which \$3,773,015 was unexpended as of December 31, 2011. 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 \$4,870,608 was unexpended as of December 31, 2010 and \$4,699,134 was expended as of December 31, 2011. Additionally, the Hospital expended \$785,906 in awards relating to the American Recovery and Reinvestment Act in 2011.

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

Notes to Financial Statements

December 31, 2011 and 2010

(4) Land, Buildings, and Equipment

Land, buildings, and equipment, all of which are funded by the University, are stated at cost at December 31, 2011 and 2010 and consist of the following

	2011	2010
Land	\$ 1,191,709	1,191,709
Buildings and equipment	15,424,798	15,331,256
Total	16,616,507	16,522,965
Less accumulated depreciation	(8,129,955)	(7,633,200)
	\$ 8,486,552	8,889,765

(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 \$510,000 and \$519,000 for the years ended December 31, 2011 and 2010, 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 \$530,000 and \$524,000 for the years ended December 31, 2011 and 2010, 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 expired December 1, 2011. In addition, the University carries umbrella policies providing \$35,000,000 per annual policy period over the aforementioned limits. On December 1, 2011 the policy was renewed, maintaining the previous umbrella coverage. The occurrence-based medical malpractice coverage was changed to provide coverage for losses in excess of \$1,500,000 per occurrence and \$3,000,000 as well as adding Clinical Trial liability insurance for losses in excess of \$25,000 per occurrence with a limit liability of \$5,000,000 each occurrence and in the aggregate.

As of December 31, 2011 and 2010, there were no medical malpractice claims filed against the Hospital. The cost of providing for medical malpractice insurance coverage amounted to approximately \$377,000 and \$394,000 for the years ended December 31, 2011 and 2010, respectively.

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

Notes to Financial Statements

December 31, 2011 and 2010

(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, 2011 through May 30, 2012 the date which the financial statements were issued and concluded that no additional disclosures are required.

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

(Code) (Expenses \$ 31,135,631 including grants of \$) (Revenue \$ 10,243,607)

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Allen R Adler Trustee	0 00	X						0	0	0
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 I 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
Thomas Maniatis PhD 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
David Sze Trustee	0 00	X						0	0	0
Lulu C Wang Trustee	0 00	X						0	0	0
Marc Tessier-Lavigne PhD President	35 00	X		X				1,157,790	0	100,913
Lisa Danzig VP & CIO (until 4/2011)	35 00			X				615,262	0	20,204
Amy Falls VP & CIO (effective 4/2011)	35 00			X				435,516	0	47,581
Barry Collier VP & Physician-in-Chief	35 00			X				517,464	0	69,511
Harriet Rabb VP & General Counsel	35 00			X				432,929	0	69,481
Maren Imhoff VP, Development	35 00			X				437,896	0	69,552
John Tooze VP, Facilities & Scientific	35 00			X				451,006	0	76,249

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael Young VP, Academic Affairs	35 00			X				408,465	0	76,198
James Lapple VP, Finance & Treasurer	35 00			X				390,025	0	52,525
Sidney Strickland VP, Education Affairs	35 00			X				334,082	0	69,524
Virginia Huffman VP, Human Resources	35 00			X				334,451	0	76,062
Jane Rendall Corporate Secretary	35 00			X				255,861	0	68,255
Roberta Maloney Asst VP, Finance	35 00			X				237,978	0	69,784
Jean-Laurent Casanova Professor, Head of Laborat	35 00					X		389,506	0	76,261
Jeffery Ravetch Professor, Head of Laborat	35 00					X		354,331	0	60,832
Robert Roeder Professor, Head of Laborat	35 00					X		438,063	0	76,175
Stanislas Leibler Professor, Head of Laborat	35 00					X		380,622	0	60,925
Paul Greengard Professor, Head of Laborat	35 00					X		385,760	0	69,471
Thomas Sakmar Professor, Head of Laborat	35 00						X	311,460	0	76,124