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Form 990-PF

Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation

OMB No 1545-0052

2011

Department of the Treasury  
Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

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

G Check all that apply

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

Name of foundation  
ROCKEFELLER ARCHIVE CENTER

Number and street (or P O box number if mail is not delivered to street address)  
15 DAYTON AVENUE

Room/suite

A Employer identification number  
20-8030810

B Telephone number (see page 10 of the instructions)  
(914) 366-6310

C If exemption application is pending, check here ☐

D 1. Foreign organizations, check here ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

H Check type of organization ☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 113,735,048

J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) (Part I, column (d) must be on cash basis.)

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions) ) |                                                                                           | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| Revenue                                                                                                                                                                            | 1 Contributions, gifts, grants, etc , received (attach schedule)                          | 1,398,246                          |                           |                         |                                                             |
|                                                                                                                                                                                    | 2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 3 Interest on savings and temporary cash investments                                      | 1,817                              | 1,817                     | 1,817                   |                                                             |
|                                                                                                                                                                                    | 4 Dividends and interest from securities. . . . .                                         | 5,274,120                          | 5,274,120                 | 5,274,120               |                                                             |
|                                                                                                                                                                                    | 5a Gross rents . . . . .                                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | b Net rental income or (loss) _____                                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 6a Net gain or (loss) from sale of assets not on line 10                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | b Gross sales price for all assets on line 6a _____                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 7 Capital gain net income (from Part IV, line 2) . . . .                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 8 Net short-term capital gain . . . . .                                                   |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 9 Income modifications . . . . .                                                          |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 10a Gross sales less returns and allowances                                               |                                    |                           |                         |                                                             |
| Operating and Administrative Expenses                                                                                                                                              | b Less Cost of goods sold . . . . .                                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | c Gross profit or (loss) (attach schedule) . . . . .                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 11 Other income (attach schedule) . . . . .                                               | 34,386                             |                           |                         |                                                             |
|                                                                                                                                                                                    | 12 <b>Total.</b> Add lines 1 through 11 . . . . .                                         | 6,708,569                          | 5,275,937                 | 5,275,937               |                                                             |
|                                                                                                                                                                                    | 13 Compensation of officers, directors, trustees, etc                                     | 777,260                            |                           |                         | 739,860                                                     |
|                                                                                                                                                                                    | 14 Other employee salaries and wages . . . . .                                            | 2,149,969                          |                           |                         | 2,046,107                                                   |
|                                                                                                                                                                                    | 15 Pension plans, employee benefits . . . . .                                             | 773,804                            |                           |                         | 721,414                                                     |
|                                                                                                                                                                                    | 16a Legal fees (attach schedule). . . . .                                                 | 42,562                             |                           |                         | 36,568                                                      |
|                                                                                                                                                                                    | b Accounting fees (attach schedule). . . . .                                              | 43,150                             |                           |                         | 473                                                         |
|                                                                                                                                                                                    | c Other professional fees (attach schedule) . . . . .                                     | 748,935                            | 564,774                   | 564,774                 | 140,405                                                     |
|                                                                                                                                                                                    | 17 Interest . . . . .                                                                     | 6,956                              |                           |                         |                                                             |
|                                                                                                                                                                                    | 18 Taxes (attach schedule) (see page 14 of the instructions)                              | 70,118                             |                           | 70,118                  |                                                             |
|                                                                                                                                                                                    | 19 Depreciation (attach schedule) and depletion . . . .                                   | 527,687                            |                           |                         |                                                             |
|                                                                                                                                                                                    | 20 Occupancy . . . . .                                                                    | 858,631                            |                           |                         | 664,729                                                     |
|                                                                                                                                                                                    | 21 Travel, conferences, and meetings . . . . .                                            | 125,907                            |                           |                         | 122,444                                                     |
|                                                                                                                                                                                    | 22 Printing and publications . . . . .                                                    | 26,233                             |                           |                         | 26,233                                                      |
|                                                                                                                                                                                    | 23 Other expenses (attach schedule). . . . .                                              | 335,418                            |                           |                         | 440,290                                                     |
|                                                                                                                                                                                    | 24 <b>Total operating and administrative expenses.</b>                                    |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | Add lines 13 through 23 . . . . .                                                         | 6,486,630                          | 564,774                   | 634,892                 | 4,938,523                                                   |
|                                                                                                                                                                                    | 25 Contributions, gifts, grants paid . . . . .                                            | 99,077                             |                           |                         | 99,077                                                      |
|                                                                                                                                                                                    | 26 <b>Total expenses and disbursements.</b> Add lines 24 and 25                           | 6,585,707                          | 564,774                   | 634,892                 | 5,037,600                                                   |
|                                                                                                                                                                                    | 27 Subtract line 26 from line 12                                                          |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | a <b>Excess of revenue over expenses and disbursements</b>                                | 122,862                            |                           |                         |                                                             |
|                                                                                                                                                                                    | b <b>Net investment income</b> (if negative, enter -0-)                                   |                                    | 4,711,163                 |                         |                                                             |
|                                                                                                                                                                                    | c <b>Adjusted net income</b> (if negative, enter -0-)                                     |                                    |                           | 4,641,045               |                                                             |

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

Cat No 11289X

Form 990-PF (2011)

Part II

Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )

|                             |                                                                                                                                                   | Beginning of year | End of year    |                       |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|-----------------------|
|                             |                                                                                                                                                   | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| Assets                      | 1Cash—non-interest-bearing . . . . .                                                                                                              |                   | 6,494          | 6,494                 |
|                             | 2Savings and temporary cash investments . . . . .                                                                                                 | 918,444           | 1,115,167      | 1,115,167             |
|                             | 3Accounts receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                                      |                   |                |                       |
|                             | 4Pledges receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                                       |                   |                |                       |
|                             | 5Grants receivable . . . . .                                                                                                                      |                   | 9,000          | 9,000                 |
|                             | 6Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions) . . . . . |                   |                |                       |
|                             | 7Other notes and loans receivable (attach schedule) ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                       |                   |                |                       |
|                             | 8Inventories for sale or use . . . . .                                                                                                            |                   |                |                       |
|                             | 9Prepaid expenses and deferred charges . . . . .                                                                                                  |                   | 30,302         | 30,302                |
|                             | 10aInvestments—U S and state government obligations (attach schedule)                                                                             |                   |                |                       |
|                             | bInvestments—corporate stock (attach schedule) . . . . .                                                                                          |                   |                |                       |
|                             | cInvestments—corporate bonds (attach schedule). . . . .                                                                                           |                   |                |                       |
|                             | 11Investments—land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                             |                   |                |                       |
|                             | 12Investments—mortgage loans . . . . .                                                                                                            |                   |                |                       |
|                             | 13Investments—other (attach schedule) . . . . .                                                                                                   | 93,739,316        | 93,290,945     | 93,290,945            |
|                             | 14Land, buildings, and equipment basis ▶ 20,494,605<br>Less accumulated depreciation (attach schedule) ▶ 1,483,863                                | 21,343,153        | 19,010,742     | 19,010,742            |
| Liabilities                 | 15Other assets (describe ▶ _____)                                                                                                                 |                   | 272,398        | 272,398               |
|                             | 16Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)                                                      | 116,000,913       | 113,735,048    | 113,735,048           |
|                             | 17Accounts payable and accrued expenses . . . . .                                                                                                 | 454,410           | 505,903        |                       |
|                             | 18Grants payable . . . . .                                                                                                                        |                   |                |                       |
|                             | 19Deferred revenue . . . . .                                                                                                                      | 112,400           | 3,169,748      |                       |
|                             | 20Loans from officers, directors, trustees, and other disqualified persons                                                                        |                   |                |                       |
| Net Assets or Fund Balances | 21Mortgages and other notes payable (attach schedule) . . . . .                                                                                   |                   |                |                       |
|                             | 22Other liabilities (describe ▶ _____)                                                                                                            | 378,231           | 270,743        |                       |
|                             | 23Total liabilities (add lines 17 through 22) . . . . .                                                                                           | 945,041           | 3,946,394      |                       |
|                             | Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.          |                   |                |                       |
|                             | 24Unrestricted . . . . .                                                                                                                          | 54,100,082        | 52,496,004     |                       |
|                             | 25Temporarily restricted . . . . .                                                                                                                | 39,058,140        | 35,395,000     |                       |
|                             | 26Permanently restricted . . . . .                                                                                                                | 21,897,650        | 21,897,650     |                       |
|                             | Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.                                  |                   |                |                       |
|                             | 27Capital stock, trust principal, or current funds . . . . .                                                                                      |                   |                |                       |
|                             | 28Paid-in or capital surplus, or land, bldg , and equipment fund                                                                                  |                   |                |                       |
|                             | 29Retained earnings, accumulated income, endowment, or other funds                                                                                |                   |                |                       |
|                             | 30Total net assets or fund balances (see page 17 of the instructions) . . . . .                                                                   | 115,055,872       | 109,788,654    |                       |
|                             | 31Total liabilities and net assets/fund balances (see page 17 of the instructions) . . . . .                                                      | 116,000,913       | 113,735,048    |                       |

Part III

Analysis of Changes in Net Assets or Fund Balances

|   |                                                                                                                                                                    |   |             |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------|
| 1 | Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return) . . . . . | 1 | 115,055,872 |
| 2 | Enter amount from Part I, line 27a . . . . .                                                                                                                       | 2 | 122,862     |
| 3 | Other increases not included in line 2 (itemize) ▶ _____                                                                                                           | 3 |             |
| 4 | Add lines 1, 2, and 3 . . . . .                                                                                                                                    | 4 | 115,178,734 |
| 5 | Decreases not included in line 2 (itemize) ▶ _____                                                                                                                 | 5 | 5,390,080   |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .                                                      | 6 | 109,788,654 |

Part IV

Capital Gains and Losses for Tax on Investment Income

|                                                                                                                                   |                                                                                                                                                                                                                                       |                                              |                                                 |                                  |                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------|
| (a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co ) |                                                                                                                                                                                                                                       | (b) How acquired<br>P—Purchase<br>D—Donation | (c) Date acquired<br>(mo , day, yr )            | (d) Date sold<br>(mo , day, yr ) |                                                                                              |
| 1a                                                                                                                                |                                                                                                                                                                                                                                       |                                              |                                                 |                                  |                                                                                              |
|                                                                                                                                   |                                                                                                                                                                                                                                       |                                              |                                                 |                                  |                                                                                              |
|                                                                                                                                   |                                                                                                                                                                                                                                       |                                              |                                                 |                                  |                                                                                              |
|                                                                                                                                   |                                                                                                                                                                                                                                       |                                              |                                                 |                                  |                                                                                              |
|                                                                                                                                   |                                                                                                                                                                                                                                       |                                              |                                                 |                                  |                                                                                              |
|                                                                                                                                   |                                                                                                                                                                                                                                       |                                              |                                                 |                                  |                                                                                              |
| (e) Gross sales price                                                                                                             |                                                                                                                                                                                                                                       | (f) Depreciation allowed<br>(or allowable)   | (g) Cost or other basis<br>plus expense of sale |                                  | (h) Gain or (loss)<br>(e) plus (f) minus (g)                                                 |
| a                                                                                                                                 |                                                                                                                                                                                                                                       |                                              |                                                 |                                  |                                                                                              |
| b                                                                                                                                 |                                                                                                                                                                                                                                       |                                              |                                                 |                                  |                                                                                              |
| c                                                                                                                                 |                                                                                                                                                                                                                                       |                                              |                                                 |                                  |                                                                                              |
| d                                                                                                                                 |                                                                                                                                                                                                                                       |                                              |                                                 |                                  |                                                                                              |
| e                                                                                                                                 |                                                                                                                                                                                                                                       |                                              |                                                 |                                  |                                                                                              |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69                                       |                                                                                                                                                                                                                                       |                                              |                                                 |                                  | (i) Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
| (i) F M V as of 12/31/69                                                                                                          |                                                                                                                                                                                                                                       | (j) Adjusted basis<br>as of 12/31/69         | (k) Excess of col (i)<br>over col (j), if any   |                                  |                                                                                              |
| a                                                                                                                                 |                                                                                                                                                                                                                                       |                                              |                                                 |                                  |                                                                                              |
| b                                                                                                                                 |                                                                                                                                                                                                                                       |                                              |                                                 |                                  |                                                                                              |
| c                                                                                                                                 |                                                                                                                                                                                                                                       |                                              |                                                 |                                  |                                                                                              |
| d                                                                                                                                 |                                                                                                                                                                                                                                       |                                              |                                                 |                                  |                                                                                              |
| e                                                                                                                                 |                                                                                                                                                                                                                                       |                                              |                                                 |                                  |                                                                                              |
| 2                                                                                                                                 | Capital gain net income or (net capital loss)      { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 }                                                                                                |                                              |                                                 |                                  | 2                                                                                            |
| 3                                                                                                                                 | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br><br>If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions)<br>If (loss), enter -0- in Part I, line 8 . . . . . } |                                              |                                                 |                                  | 3                                                                                            |

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

|                                                                                                                                                                                        |                                          |                                              |                                                           |   |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-----------------------------------------------------------|---|------------|
| (a)<br>Base period years Calendar<br>year (or tax year beginning in)                                                                                                                   | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |   |            |
| 2010                                                                                                                                                                                   | 5,883,558                                | 90,793,519                                   | 0 06480                                                   |   |            |
| 2009                                                                                                                                                                                   | 5,192,209                                | 87,424,391                                   | 0 05939                                                   |   |            |
| 2008                                                                                                                                                                                   | 4,678,455                                | 95,890,788                                   | 0 04879                                                   |   |            |
| 2007                                                                                                                                                                                   |                                          |                                              |                                                           |   |            |
| 2006                                                                                                                                                                                   |                                          |                                              |                                                           |   |            |
| 2 Total of line 1, column (d). . . . .                                                                                                                                                 |                                          |                                              |                                                           | 2 | 0 17298    |
| 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years . . . . . |                                          |                                              |                                                           | 3 | 0 05766    |
| 4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5. . . . .                                                                                                |                                          |                                              |                                                           | 4 | 92,760,503 |
| 5 Multiply line 4 by line 3. . . . .                                                                                                                                                   |                                          |                                              |                                                           | 5 | 5,348,663  |
| 6 Enter 1% of net investment income (1% of Part I, line 27b). . . . .                                                                                                                  |                                          |                                              |                                                           | 6 | 47,112     |
| 7 Add lines 5 and 6. . . . .                                                                                                                                                           |                                          |                                              |                                                           | 7 | 5,395,775  |
| 8 Enter qualifying distributions from Part XII, line 4. . . . .                                                                                                                        |                                          |                                              |                                                           | 8 | 5,787,603  |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions on page 18

Part VIExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

|    |  |                                                                                                                                                                      |          |        |        |
|----|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|--------|
| 1a |  | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1                                          |          |        |        |
|    |  | Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)                                                                   |          |        |        |
| b  |  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . . |          | 1      | 47,112 |
| c  |  | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)                                                |          |        |        |
| 2  |  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)                                                             |          | 2      |        |
| 3  |  | Add lines 1 and 2. . . . .                                                                                                                                           |          | 3      | 47,112 |
| 4  |  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)                                                           |          | 4      |        |
| 5  |  | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- . . . . .                                                                     |          | 5      | 47,112 |
| 6  |  | Credits/Payments                                                                                                                                                     |          |        |        |
| a  |  | 2011 estimated tax payments and 2010 overpayment credited to 2011                                                                                                    | 6a       | 68,181 |        |
| b  |  | Exempt foreign organizations—tax withheld at source . . . . .                                                                                                        | 6b       |        |        |
| c  |  | Tax paid with application for extension of time to file (Form 8868)                                                                                                  | 6c       |        |        |
| d  |  | Backup withholding erroneously withheld . . . . .                                                                                                                    | 6d       |        |        |
| 7  |  | Total credits and payments Add lines 6a through 6d. . . . .                                                                                                          |          | 7      | 68,181 |
| 8  |  | Enter any penalty for underpayment of estimated tax Check here <input checked="" type="checkbox"/> if Form 2220 is attached                                          |          | 8      | 1,255  |
| 9  |  | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . .                                                                              |          | 9      |        |
| 10 |  | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. . . . .                                                                   |          | 10     | 19,814 |
| 11 |  | Enter the amount of line 10 to be Credited to 2012 estimated tax  19,814                                                                                             | Refunded | 11     |        |

Part VII-AStatements Regarding Activities

|    |                                                                                                                                                                                                                                                                                                                                                                                           |    |     |    |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .                                                                                                                                                                                                            |    | Yes | No |
|    |                                                                                                                                                                                                                                                                                                                                                                                           | 1a |     | No |
| b  | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? . . . . .                                                                                                                                                                                                                           |    |     | No |
|    | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.                                                                                                                                                                                             |    |     |    |
| c  | Did the foundation file Form 1120-POL for this year? . . . . .                                                                                                                                                                                                                                                                                                                            | 1c |     | No |
| d  | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation  \$ _____ (2) On foundation managers  \$ _____                                                                                                                                                                                                                    |    |     |    |
| e  | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers  \$ _____                                                                                                                                                                                                                                            |    |     |    |
| 2  | Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .                                                                                                                                                                                                                                                                                 | 2  |     | No |
|    | If "Yes," attach a detailed description of the activities.                                                                                                                                                                                                                                                                                                                                |    |     |    |
| 3  | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .                                                                                                                                                      | 3  |     | No |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                                                                                                                                                     | 4a |     | No |
| b  | If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .                                                                                                                                                                                                                                                                                                                | 4b |     | No |
| 5  | Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .                                                                                                                                                                                                                                                                                  | 5  |     | No |
|    | If "Yes," attach the statement required by General Instruction T.                                                                                                                                                                                                                                                                                                                         |    |     |    |
| 6  | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either <ul style="list-style-type: none"><li>By language in the governing instrument, or</li><li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .</li></ul> | 6  |     | No |
| 7  | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV                                                                                                                                                                                                                                                          | 7  | Yes |    |
| 8a | Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions)  NY _____                                                                                                                                                                                                                                                               |    |     |    |
| b  | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .                                                                                                                                                                             | 8b | Yes |    |
| 9  | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV . . . . .                                                                                                                 | 9  | Yes |    |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses                                                                                                                                                                                                                                                        | 10 |     | No |

Part VII-A

Statements Regarding Activities *(continued)*

|                                                                                                                                   |                                                                                                                                                                                                                        |    |     |    |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 11                                                                                                                                | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions).                | 11 |     | No |
| 12                                                                                                                                | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?                                                                                                  | 12 |     | No |
| 13                                                                                                                                | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?<br>Website address <b>www.rockarch.org</b>                                                         | 13 | Yes |    |
| 14                                                                                                                                | The books are in care of <b>ROBERT D ROSENDALE CPA</b> Telephone no <b>(914) 366-6310</b><br>Located at <b>15 DAYTON AVENUE SLEEPY HOLLOW NY</b> ZIP+4 <b>10591</b>                                                    |    |     |    |
| 15                                                                                                                                | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the year. | 15 |     |    |
| 16                                                                                                                                | At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?                              | 16 | Yes | No |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes", enter the name of the foreign country |                                                                                                                                                                                                                        |    |     |    |

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

|                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    |     |    |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    | Yes | No |
| 1a                                                                                      | During the year did the foundation (either directly or indirectly)<br>(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |     |    |
| b                                                                                       | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?<br>Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1b |     | No |
| c                                                                                       | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1c |     | No |
| 2                                                                                       | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |     |    |
| a                                                                                       | At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," list the years 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |     |    |
| b                                                                                       | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see page 20 of the instructions ).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2b |     | No |
| c                                                                                       | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here<br>20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |     |    |
| 3a                                                                                      | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |     |    |
| b                                                                                       | If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011.</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3b |     | No |
| 4a                                                                                      | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4a |     | No |
| b                                                                                       | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4b |     | No |

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a

During the year did the foundation pay or incur any amount to

(1)

Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes

☒ No

(2)

Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes

☒ No

(3)

Provide a grant to an individual for travel, study, or other similar purposes?

☒ Yes

☐ No

(4)

Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1 ), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions).

☐ Yes

☒ No

(5)

Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes

☒ No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here.

☒

5b

No

c

If the answer is "Yes" to question 5a(4 ), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

☐ Yes

☒ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes

☒ No

6b

No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes

☒ No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

☐

7b

No

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

| (a) Name and address      | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| See Additional Data Table |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |

2

Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---------------------------------------------------------------|-----------------------------------------------------------|------------------|-----------------------------------------------------------------------|---------------------------------------|
| CAROL RADOVICH                                                | ASST DIRECTOR                                             | 81,370           | 17,589                                                                | 12,220                                |
| 15 DAYTON AVENUE                                              | 35 00                                                     |                  |                                                                       |                                       |
| SLEEPY HOLLOW,NY 10591                                        |                                                           |                  |                                                                       |                                       |
| MICHELE HILTZIK                                               | ASST DIRECTOR                                             | 83,065           | 17,580                                                                | 4,989                                 |
| 15 DAYTON AVENUE                                              | 35 00                                                     |                  |                                                                       |                                       |
| SLEEPY HOLLOW,NY 10591                                        |                                                           |                  |                                                                       |                                       |
| ROBERT BATTALY JR                                             | ASST DIRECTOR                                             | 83,065           | 17,036                                                                |                                       |
| 15 DAYTON AVENUE                                              | 35 00                                                     |                  |                                                                       |                                       |
| SLEEPY HOLLOW,NY 10591                                        |                                                           |                  |                                                                       |                                       |
| ERWIN LEVOLD                                                  | SENIOR RESEARCH                                           | 86,435           | 23,352                                                                | 2,604                                 |
| 15 DAYTON AVENUE                                              | AR                                                        |                  |                                                                       |                                       |
| SLEEPY HOLLOW,NY 10591                                        | 35 00                                                     |                  |                                                                       |                                       |
| LEE R HILTZIK                                                 | ASST DIRECTOR                                             | 87,893           | 44,049                                                                | 3,598                                 |
| 15 DAYTON AVENUE                                              | 35 00                                                     |                  |                                                                       |                                       |
| SLEEPY HOLLOW,NY 10591                                        |                                                           |                  |                                                                       |                                       |
| Total number of other employees paid over \$50,000.           |                                                           |                  |                                                                       | 18                                    |

Form 990-PF (2011)

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

|                                                                                                                                 |                     |                  |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------|
| 3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE". |                     |                  |
| (a) Name and address of each person paid more than \$50,000                                                                     | (b) Type of service | (c) Compensation |
| THE ROCKEFELLER UNIVERSITY                                                                                                      | FINANCIAL SERVICES  | 450,575          |
| 1230 YORK AVENUE                                                                                                                |                     |                  |
| NEW YORK, NY 10065                                                                                                              |                     |                  |
|                                                                                                                                 |                     |                  |
|                                                                                                                                 |                     |                  |
|                                                                                                                                 |                     |                  |
|                                                                                                                                 |                     |                  |
|                                                                                                                                 |                     |                  |
| Total number of others receiving over \$50,000 for professional services. . . . .                                               |                     |                  |

Part IX-A

Summary of Direct Charitable Activities

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Expenses  |
| 1ARCHIVAL PROGRAM - The Rockefeller Archive Center is an independent operating foundation that preserves and makes available for research the archival collections of members of the Rockefeller family, institutions and organizations founded by Rockefeller family members (including the Rockefeller Foundation, Rockefeller Brothers Fund, Winthrop Rockefeller Foundation, General Education Board, Rockefeller University, Population Council, Asia Society, and many other organizations) and the records of other philanthropic and service organizations such as the Commonwealth Fund, Russell Sage Foundation, W T Grant Foundation, Markle Foundation, the Social Science Research Council and the Foundation Center. The Center also holds extensive collections of the personal papers of trustees, officers, faculty, and associates who were affiliated with these institutions. The Archive Center is located in Hillcrest, a home of Westchester County field stone built for Martha Baird Rockefeller (1895-1971), th | 2,573,497 |
| 2RESEARCH & EDUCATION - The Research and Education Department oversees many of the external programs of the Rockefeller Archive Center. It administers a competitive grant program that awards 40 to 50 research grants each year to graduate students, faculty members, and independent scholars. It organizes and hosts several workshops and conferences each year. And staff members on the research and education team edit and publish a series of research reports describing scholarly work at the RAC, a publishing program that is now primarily electronic and web-based. The 2009 renovation of the Archive Center's Carriage House provides space for the research and education staff as well as three to six visiting scholars. The scholar-in-residence program serves researchers who have done research at the Archive Center and learned that they need to spend an extended period of time, ranging from several months to a full academic year, on their archival research. The staff has also expanded an annual te | 663,519   |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |

Part IX-B

Summary of Program-Related Investments (see page 23 of the instructions)

|                                                                                                                  |        |
|------------------------------------------------------------------------------------------------------------------|--------|
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
| 1                                                                                                                |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| 2                                                                                                                |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| All other program-related investments. See page 24 of the instructions.                                          |        |
| 3                                                                                                                |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| Total. Add lines 1 through 3. . . . .                                                                            |        |

Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

|   |                                                                                                                                  |    |            |
|---|----------------------------------------------------------------------------------------------------------------------------------|----|------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes                       |    |            |
| a | Average monthly fair market value of securities. . . . .                                                                         | 1a | 89,926,083 |
| b | Average of monthly cash balances. . . . .                                                                                        | 1b | 1,746,511  |
| c | Fair market value of all other assets (see page 24 of the instructions). . . . .                                                 | 1c | 2,500,505  |
| d | Total (add lines 1a, b, and c). . . . .                                                                                          | 1d | 94,173,099 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .               | 1e | 0          |
| 2 | Acquisition indebtedness applicable to line 1 assets. . . . .                                                                    | 2  |            |
| 3 | Subtract line 2 from line 1d. . . . .                                                                                            | 3  | 94,173,099 |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions). . . . . | 4  | 1,412,596  |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4                              | 5  | 92,760,503 |
| 6 | Minimum investment return. Enter 5% of line 5. . . . .                                                                           | 6  | 4,638,025  |

Part XI

Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

|    |                                                                                                           |    |  |
|----|-----------------------------------------------------------------------------------------------------------|----|--|
| 1  | Minimum investment return from Part X, line 6. . . . .                                                    | 1  |  |
| 2a | Tax on investment income for 2011 from Part VI, line 5. . . . .                                           | 2a |  |
| b  | Income tax for 2011 (This does not include the tax from Part VI ). . . . .                                | 2b |  |
| c  | Add lines 2a and 2b. . . . .                                                                              | 2c |  |
| 3  | Distributable amount before adjustments Subtract line 2c from line 1. . . . .                             | 3  |  |
| 4  | Recoveries of amounts treated as qualifying distributions. . . . .                                        | 4  |  |
| 5  | Add lines 3 and 4. . . . .                                                                                | 5  |  |
| 6  | Deduction from distributable amount (see page 25 of the instructions). . . . .                            | 6  |  |
| 7  | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . . | 7  |  |

Part XII

Qualifying Distributions (see page 25 of the instructions)

|                                                                                                                                                                                              |                                                                                                                                                                             |    |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------|
| 1                                                                                                                                                                                            | Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes                                                                                   |    |           |
| a                                                                                                                                                                                            | Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .                                                                                        | 1a | 5,037,600 |
| b                                                                                                                                                                                            | Program-related investments—total from Part IX-B. . . . .                                                                                                                   | 1b |           |
| 2                                                                                                                                                                                            | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .                                                          | 2  | 750,003   |
| 3                                                                                                                                                                                            | Amounts set aside for specific charitable projects that satisfy the                                                                                                         |    |           |
| a                                                                                                                                                                                            | Suitability test (prior IRS approval required). . . . .                                                                                                                     | 3a |           |
| b                                                                                                                                                                                            | Cash distribution test (attach the required schedule). . . . .                                                                                                              | 3b |           |
| 4                                                                                                                                                                                            | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4                                                                   | 4  | 5,787,603 |
| 5                                                                                                                                                                                            | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see page 26 of the instructions). . . . . | 5  | 47,112    |
| 6                                                                                                                                                                                            | Adjusted qualifying distributions. Subtract line 5 from line 4. . . . .                                                                                                     | 6  | 5,740,491 |
| Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years |                                                                                                                                                                             |    |           |

Part XIII

Undistributed Income (see page 26 of the instructions)

|                                                                                                                                                                                     | (a)<br>Corpus | (b)<br>Years prior to 2010 | (c)<br>2010 | (d)<br>2011 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2011 from Part XI, line 7                                                                                                                                |               |                            |             |             |
| 2 Undistributed income, if any, as of the end of 2011                                                                                                                               |               |                            |             |             |
| a Enter amount for 2010 only. . . . .                                                                                                                                               |               |                            |             |             |
| b Total for prior years 20____, 20____, 20____                                                                                                                                      |               |                            |             |             |
| 3 Excess distributions carryover, if any, to 2011                                                                                                                                   |               |                            |             |             |
| a From 2006. . . . .                                                                                                                                                                |               |                            |             |             |
| b From 2007. . . . .                                                                                                                                                                |               |                            |             |             |
| c From 2008. . . . .                                                                                                                                                                |               |                            |             |             |
| d From 2009. . . . .                                                                                                                                                                |               |                            |             |             |
| e From 2010. . . . .                                                                                                                                                                |               |                            |             |             |
| f Total of lines 3a through e. . . . .                                                                                                                                              |               |                            |             |             |
| 4 Qualifying distributions for 2011 from Part XII, line 4 ➤ \$ _____                                                                                                                |               |                            |             |             |
| a Applied to 2010, but not more than line 2a                                                                                                                                        |               |                            |             |             |
| b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)                                                                                |               |                            |             |             |
| c Treated as distributions out of corpus (Election required—see page 26 of the instructions). . .                                                                                   |               |                            |             |             |
| d Applied to 2011 distributable amount. . . . .                                                                                                                                     |               |                            |             |             |
| e Remaining amount distributed out of corpus                                                                                                                                        |               |                            |             |             |
| 5 Excess distributions carryover applied to 2011<br>(If an amount appears in column (d), the same amount must be shown in column (a).)                                              |               |                            |             |             |
| 6 Enter the net total of each column as indicated below:                                                                                                                            |               |                            |             |             |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                                   |               |                            |             |             |
| b Prior years' undistributed income Subtract line 4b from line 2b. . . . .                                                                                                          |               |                            |             |             |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . |               |                            |             |             |
| d Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions . . .                                                                                                |               |                            |             |             |
| e Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions . . . . .                                                              |               |                            |             |             |
| f Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011. . . . .                                                                |               |                            |             |             |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions). . . . .                   |               |                            |             |             |
| 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see page 27 of the instructions). . . . .                                                               |               |                            |             |             |
| 9 Excess distributions carryover to 2012.<br>Subtract lines 7 and 8 from line 6a. . . . .                                                                                           |               |                            |             |             |
| 10 Analysis of line 9                                                                                                                                                               |               |                            |             |             |
| a Excess from 2007. . . .                                                                                                                                                           |               |                            |             |             |
| b Excess from 2008. . . .                                                                                                                                                           |               |                            |             |             |
| c Excess from 2009. . . .                                                                                                                                                           |               |                            |             |             |
| d Excess from 2010. . . .                                                                                                                                                           |               |                            |             |             |
| e Excess from 2011. . . .                                                                                                                                                           |               |                            |             |             |

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling.

2006-06-20

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☒ 4942(j)(3) or ☐ 4942(j)(5)

|    |                                                                                                                                                             |           |               |           |           |            |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|-----------|-----------|------------|
| 2a | Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .                         | Tax year  | Prior 3 years |           |           | (e) Total  |
|    |                                                                                                                                                             | (a) 2011  | (b) 2010      | (c) 2009  | (d) 2008  |            |
|    |                                                                                                                                                             | 4,638,025 | 4,539,676     | 4,371,220 | 4,017,197 | 17,566,118 |
| b  | 85% of line 2a . . . . .                                                                                                                                    | 3,942,321 | 3,858,725     | 3,715,537 | 3,414,617 | 14,931,200 |
| c  | Qualifying distributions from Part XII, line 4 for each year listed . . . . .                                                                               | 5,787,603 | 5,935,256     | 5,251,174 | 5,301,556 | 22,275,589 |
| d  | Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .                                                             |           |               |           |           |            |
| e  | Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .                                      | 5,787,603 | 5,935,256     | 5,251,174 | 5,301,556 | 22,275,589 |
| 3  | Complete 3a, b, or c for the alternative test relied upon                                                                                                   |           |               |           |           |            |
| a  | "Assets" alternative test—enter                                                                                                                             |           |               |           |           |            |
|    | (1) Value of all assets . . . . .                                                                                                                           |           |               |           |           |            |
|    | (2) Value of assets qualifying under section 4942(j)(3)(B)(i)                                                                                               |           |               |           |           |            |
| b  | "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .                                  | 3,092,016 | 3,026,450     | 2,914,146 | 3,196,359 | 12,228,971 |
| c  | "Support" alternative test—enter                                                                                                                            |           |               |           |           |            |
|    | (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . . |           |               |           |           |            |
|    | (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .                                       |           |               |           |           |            |
|    | (3) Largest amount of support from an exempt organization                                                                                                   |           |               |           |           |            |
|    | (4) Gross investment income                                                                                                                                 |           |               |           |           |            |

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see page 27 of the instructions.)

1

Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a

The name, address, and telephone number of the person to whom applications should be addressed

GRANTS ADMINSTRATOR  
15 DAYTON AVENUE  
SLEEPY HOLLOW, NY 10591  
(914) 366-6311

b

The form in which applications should be submitted and information and materials they should include

GRANTEES COMPLETE A FOUR-PAGE APPLICATION AND MAIL IT TO THE ADDRESS PROVIDED ABOVE APPLCANTS MAY ALSO E-MAIL AN APPLICATION TO RACGRANTS@ROCKARCH.ORG

c

Any submission deadlines

NOVEMBER 15TH OF EACH CALENDAR YEAR AWARDS ARE ANNOUNCED I

d

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

AWARDS ARE MADE TO INDIVIDUALS, INSTITUIONS ARE NOT ELIGIBLE TO APPLY THE GRANT DOES NOT SUPPORT RESEARCH AT OTHER INSTITUTIONS, AND IT DOES NOT PROVIDE GENERAL TUITION SUPPORT APPLICATION TO THE GRANT-IN-AID PROGRAM IS OPEN TO U S CITIZENS AND CITIZENS OF FOREIGN COUNTRIES CERTAIN U S GOVERNMENT REQUIREMENTS WILL APPLY TO NON-U S CITIZENS

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient                                                   | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| Name and address (home or business)                         |                                                                                                                    |                                      |                                     |        |
| <div>a Paid during the year</div> See Additional Data Table |                                                                                                                    |                                      |                                     |        |
| <div>Total . . . . .</div>                                  |                                                                                                                    |                                      | <div>3a</div>                       | 99,077 |
| <div>b Approved for future payment</div>                    |                                                                                                                    |                                      |                                     |        |
| <div>Total . . . . .</div>                                  |                                                                                                                    |                                      | <div>3b</div>                       |        |

Enter gross amounts unless otherwise indicated

(See worksheet in line 13 instructions on page 28 to verify calculations )

| Line No. | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) (See page 28 of the instructions ) |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          |                                                                                                                                                                                                                                                                   |

Form **990-PF** (2011)

## Part XVII

|          |                                                                                                                                                                                                                                                     |              |            |           |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------|-----------|
| <b>1</b> | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? |              | <b>Yes</b> | <b>No</b> |
|          |                                                                                                                                                                                                                                                     |              |            |           |
| <b>a</b> | Transfers from the reporting foundation to a noncharitable exempt organization of                                                                                                                                                                   |              |            |           |
|          | (1) Cash. . . . .                                                                                                                                                                                                                                   | <b>1a(1)</b> |            | <b>No</b> |
|          | (2) Other assets. . . . .                                                                                                                                                                                                                           | <b>1a(2)</b> |            | <b>No</b> |
| <b>b</b> | Other transactions                                                                                                                                                                                                                                  |              |            |           |
|          | (1) Sales of assets to a noncharitable exempt organization. . . . .                                                                                                                                                                                 | <b>1b(1)</b> |            | <b>No</b> |
|          | (2) Purchases of assets from a noncharitable exempt organization. . . . .                                                                                                                                                                           | <b>1b(2)</b> |            | <b>No</b> |
|          | (3) Rental of facilities, equipment, or other assets. . . . .                                                                                                                                                                                       | <b>1b(3)</b> |            | <b>No</b> |
|          | (4) Reimbursement arrangements. . . . .                                                                                                                                                                                                             | <b>1b(4)</b> |            | <b>No</b> |
|          | (5) Loans or loan guarantees. . . . .                                                                                                                                                                                                               | <b>1b(5)</b> |            | <b>No</b> |
|          | (6) Performance of services or membership or fundraising solicitations. . . . .                                                                                                                                                                     | <b>1b(6)</b> |            | <b>No</b> |
| <b>c</b> | Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .                                                                                                                                                           | <b>1c</b>    |            | <b>No</b> |

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

|                                                    |                      |                             |
|----------------------------------------------------|----------------------|-----------------------------|
| <b>b</b> If "Yes," complete the following schedule |                      |                             |
| <b>(a)</b>                                         | <b>(b)</b>           | <b>(c)</b>                  |
| Name of organization                               | Type of organization | Description of relationship |

|                |                                                                                                                                                                                                                                                                                                                                   |                      |            |            |                                                            |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------|------------|------------------------------------------------------------|
| Sign Here      | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge |                      |            |            |                                                            |
|                | *****                                                                                                                                                                                                                                                                                                                             |                      |            | 2013-05-15 | *****                                                      |
|                | Signature of officer or trustee                                                                                                                                                                                                                                                                                                   |                      |            | Date       | Title                                                      |
|                | Paid<br>Preparer's<br>Use Only                                                                                                                                                                                                                                                                                                    | Preparer's Signature |            | Date       | Check if self-employed <input checked="" type="checkbox"/> |
| Firm's name    |                                                                                                                                                                                                                                                                                                                                   |                      | Firm's EIN |            |                                                            |
| Firm's address |                                                                                                                                                                                                                                                                                                                                   |                      | Phone no   |            |                                                            |

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☐ Yes ☒ No

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

| (a) Name and address                       | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|--------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| JAMES A SMITH                              | Vice President<br>35 00                                   | 177,000                                   | 38,662                                                                | 4,386                                 |
| 15 DAYTON AVENUE<br>SLEEPY HOLLOW,NY 10591 |                                                           |                                           |                                                                       |                                       |
| ROBERT D ROSENDALE                         | COO<br>35 00                                              | 198,000                                   | 52,483                                                                | 7,905                                 |
| 15 DAYTON AVENUE<br>SLEEPY HOLLOW,NY 10591 |                                                           |                                           |                                                                       |                                       |
| JACK MEYERS                                | President & CEO<br>35 00                                  | 220,000                                   | 70,120                                                                | 8,704                                 |
| 15 DAYTON AVENUE<br>SLEEPY HOLLOW,NY 10591 |                                                           |                                           |                                                                       |                                       |
| ERIC WANNER                                | Trustee<br>1 00                                           | 0                                         |                                                                       |                                       |
| 15 DAYTON AVENUE<br>SLEEPY HOLLOW,NY 10591 |                                                           |                                           |                                                                       |                                       |
| MEGAN SNIFFIN-MARINOFF                     | Trustee<br>1 00                                           | 0                                         |                                                                       |                                       |
| 15 DAYTON AVENUE<br>SLEEPY HOLLOW,NY 10591 |                                                           |                                           |                                                                       |                                       |
| JUDITH RODIN                               | Trustee<br>1 00                                           | 0                                         |                                                                       |                                       |
| 15 DAYTON AVENUE<br>SLEEPY HOLLOW,NY 10591 |                                                           |                                           |                                                                       |                                       |
| DAVID ROCKEFELLER JR                       | Trustee<br>1 00                                           | 0                                         |                                                                       |                                       |
| 15 DAYTON AVENUE<br>SLEEPY HOLLOW,NY 10591 |                                                           |                                           |                                                                       |                                       |
| MARC TESSIER-LAVIGNE                       | Trustee<br>1 00                                           | 0                                         |                                                                       |                                       |
| 15 DAYTON AVENUE<br>SLEEPY HOLLOW,NY 10591 |                                                           |                                           |                                                                       |                                       |
| STEPHEN HEINTZ                             | Trustee<br>1 00                                           | 0                                         |                                                                       |                                       |
| 15 DAYTON AVENUE<br>SLEEPY HOLLOW,NY 10591 |                                                           |                                           |                                                                       |                                       |
| FRED BOHEN                                 | Sec/Tres<br>1 00                                          | 0                                         |                                                                       |                                       |
| 15 DAYTON AVENUE<br>SLEEPY HOLLOW,NY 10591 |                                                           |                                           |                                                                       |                                       |
| NEIL L RUDENSTINE                          | Chairman<br>1 00                                          | 0                                         |                                                                       |                                       |
| 15 DAYTON AVENUE<br>SLEEPY HOLLOW,NY 10591 |                                                           |                                           |                                                                       |                                       |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient                                                                        | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|--------|
| Name and address (home or business)                                              |                                                                                                           |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>                                             |                                                                                                           |                                |                                  |        |
| REBECCA WILLIAMS2 PERSHORE ROAD<br>WORCESTERSHIRE,ENGLAND WR7 4NR<br>UK          | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 1,886  |
| BEN WHITEWASSENAARSESTRAAT 137<br>AN THE HAGUE,AN THE HAGUE 2586<br>NL           | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 3,000  |
| MARILYN E WEIGOLD333 N ROAD UNIT 50<br>BRIARCLIFF MANOR,NY 10510                 | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 2,500  |
| BRITTANY SHIEDS249 SOUTH 36TH STREET SUITE 303<br>PHILADELPHIA,PA 19104          | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 780    |
| FUNKE SANGODEYI4715 CEDAR AVENUE,PA 19143                                        | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 2,401  |
| ARABINA SAMANTA3422 TULANE DRIVE 34<br>HYATTCVILLE,MD 20783                      | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 2,921  |
| GABRIEL ROSENBERG1111 CLARENDON STREET<br>DURHAM,NC 22705                        | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 1,275  |
| DAVINE RODOGNOAV PERDTEMPS 1260<br>NYON,NYON 1260 SZ                             | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 2,000  |
| DARLENE RIVAS28908 ALLMAN STREET<br>AGOURA HILLS,CA 91301                        | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 5,000  |
| TAMMY PROCTOR561 E CECIL STREET<br>SPRINGFIELD,OH 45503                          | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 1,500  |
| KURT PIEHLER7109 DOWNING DRIVE<br>KNOXVILLE,TN 37909                             | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 1,500  |
| MARK A MCLAY312 KIRKINTILLOCH ROAD<br>GLASGOW,SCOTLAND G64 2HF<br>UK             | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 2,828  |
| PATRICK MCELWEE8918 MILLERS BEND<br>BAHAMA,NC 27503                              | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 1,200  |
| TAMARA MANN505 S PARKVIEW 103<br>COLUMBUS,OH 43209                               | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 821    |
| CHRISTOPHER PAUL MANIAS4 RIPLEY MEWS WADLEY ROAD<br>LONDON,ENGLAND E11 1HF<br>UK | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 2,952  |
| JAMES LIN2240 BLAKE STREET 211<br>BERKELEY,CA 94704                              | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 1,425  |
| JAIME LAPEYRE205 FREDERICK STREET<br>TORONTO,TORONTO M5A 4V3<br>CA               | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 2,500  |
| MORGANE LABBE4 RUE DES PINS MONTESSON,MONTESSON 78360<br>FR                      | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 2,905  |
| ANNA KROME-LUKENS407 N COLUMBIA STREET<br>CHAPEL HILL,NC 27516                   | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 772    |
| SUSANNE KREUTZERSOLMSSTR12 BERLIN,BERLIN 10961<br>GM                             | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 3,000  |
| JENNIFER KOSLOW3218 CONSTELLATION CT<br>TALLAHASSEE,FL 32312                     | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 1,500  |
| DINO KNUDSENLYONGATE 73TH COPENHAGEN S ,COPENHAGEN S 2300<br>DA                  | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 3,000  |
| YUKO KIKUCHI74 WARRINER GARDENS<br>LONDON,ENGLAND SW11 4DU<br>UK                 | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 3,221  |
| THERESA KEELEY3831 N KENMORE AVENUE UNIT 1<br>CHICAGO,IL 60613                   | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 993    |
| JULIA HORNE45 GROSVENOR STREET<br>WOOLLAHRA,WOOLLAHRA NSW2025<br>AS              | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 3,500  |
| BRIAN GOLDSTEIN31 SPRINGFIELD STREET APT 2<br>SOMERVILLE,MA 02143                | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 531    |
| SHALOMA GAUTHIERONTARIO TORONTO,TORONTO M2L 1J4<br>CA                            | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 1,972  |
| JULIA FOULKES202 ST MARKS AVENUE 3<br>BROOKLYN,NY 11238                          | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 2,000  |
| KAREN FLYNN2417 MORRISSEY PARK DRIVE<br>CHAMPAIGN,IL 61821                       | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 1,465  |
| JUSTINE FAURE56 RUE DE DUNKERQUE<br>PARIS,PARIS 75009<br>FR                      | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 3,000  |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient                                                                                                              | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|--------|
| Name and address (home or business)                                                                                    |                                                                                                           |                                |                                  |        |
| <b>a</b> Paid during the year                                                                                          |                                                                                                           |                                |                                  |        |
| JOSHUA D FARRINGTON319 JOHNS TURN TRAIL LEXINGTON,KY 40514                                                             | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 1,500  |
| SUSANNAH ENGSTROM1015 N PAULINA STREET UNIT 2 CHICAGO,IL 60622                                                         | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 1,202  |
| CARLOS ROBERTO DE SOUZA808 UVALE AVENUE 103 MC ALLEN,TX 78503                                                          | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 1,500  |
| RODRIGO CESAR DA SILVA MARGAIHAES15 PARKWAY APR K GREENBELT,MD 20770                                                   | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 2,633  |
| CLAITON MARCIO DA SILVARUA FRANCISCO DIAS VELHO PASSO DOS FORTES,PASSO DOS FORTES 930D BR                              | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 2,500  |
| PATRICIA D'ANTONIO231 AVON ROAD NARBERTH,PA 19070                                                                      | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 1,335  |
| WINIFRED CONNERTON469 RIPKA STREET PHILADELPHIA,PA 19128                                                               | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 866    |
| ZHEN CHENGXUEYUSN ROSD BEIJING,BEIJING 100191 CH                                                                       | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 5,000  |
| MATHIEU CAULIER115 RUE ANTOINE DE SAINT-EXUPERY AMIENS,AMIENS 80090 FR                                                 | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 2,962  |
| FRANCESCO CASSATAVIA BALBI 6 GENOA,GENOA 16126 IT                                                                      | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 2,000  |
| LIPING BU123 W DOWNIE STREET ALMA,MI 48801                                                                             | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 1,913  |
| YEHONATHAN BRODSKI7650 MAESTRO AVENUE WEST HILLS,CA 91304                                                              | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 2,500  |
| JILL BRIGGS4619 FLORIDA STREET SAN DIEGO,CA 92116                                                                      | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 2,376  |
| MARSHA BARRETT4731 LONGCOURT DRIVE SMYRNA,GA 30080                                                                     | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 4,961  |
| PAUL L ADLER3313 17TH STREET NW WASHINGTON,DC 20010                                                                    | NONE                                                                                                      | NONE                           | REIMBURSEMENT OF TRAVEL EXPENSES | 1,481  |
| <b>Total . . . . .</b>  <b>3a</b> |                                                                                                           |                                |                                  | 99,077 |

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2011

|                                                    |                                              |
|----------------------------------------------------|----------------------------------------------|
| Name of organization<br>ROCKEFELLER ARCHIVE CENTER | Employer identification number<br>20-8030810 |
|----------------------------------------------------|----------------------------------------------|

Organization type (check one)

|                    |                                                                                                                                                                                                                                                                       |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Filers of:         | Section:                                                                                                                                                                                                                                                              |
| Form 990 or 990-EZ | <div><input type="checkbox"/> 501(c)( ) (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div>         |
| Form 990-PF        | <div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div> |

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule—

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution.** An Organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer “No” on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|                                                    |                                              |
|----------------------------------------------------|----------------------------------------------|
| Name of organization<br>ROCKEFELLER ARCHIVE CENTER | Employer identification number<br>20-8030810 |
|----------------------------------------------------|----------------------------------------------|

Part I

Contributors (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                | (c)<br>Aggregate contributions | (d)<br>Type of contribution                                                                                                                                              |
|------------|------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| _____      | See Additional Data Table<br><br>_____<br><br>_____<br><br>_____ | <br><br>\$ _____               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is<br>a noncash contribution ) |
| _____      | _____<br><br>_____<br><br>_____                                  | <br><br>\$ _____               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is<br>a noncash contribution ) |
| _____      | _____<br><br>_____<br><br>_____                                  | <br><br>\$ _____               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is<br>a noncash contribution ) |
| _____      | _____<br><br>_____<br><br>_____                                  | <br><br>\$ _____               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is<br>a noncash contribution ) |
| _____      | _____<br><br>_____<br><br>_____                                  | <br><br>\$ _____               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is<br>a noncash contribution ) |
| _____      | _____<br><br>_____<br><br>_____                                  | <br><br>\$ _____               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is<br>a noncash contribution ) |
| _____      | _____<br><br>_____<br><br>_____                                  | <br><br>\$ _____               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is<br>a noncash contribution ) |
| _____      | _____<br><br>_____<br><br>_____                                  | <br><br>\$ _____               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is<br>a noncash contribution ) |
| _____      | _____<br><br>_____<br><br>_____                                  | <br><br>\$ _____               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is<br>a noncash contribution ) |

|                                                    |                                              |
|----------------------------------------------------|----------------------------------------------|
| Name of organization<br>ROCKEFELLER ARCHIVE CENTER | Employer identification number<br>20-8030810 |
|----------------------------------------------------|----------------------------------------------|

|                                                                                                                                 |                                                 |                                                |                      |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------|----------------------|
| <div>Part II</div> <div>Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed</div> |                                                 |                                                |                      |
| (a) No.<br>from<br>Part I                                                                                                       | (b)<br>Description of noncash property given    | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| —                                                                                                                               | <div></div> <div></div> <div></div> <div></div> | \$ <div></div>                                 | <div></div>          |
| (a) No.<br>from<br>Part I                                                                                                       | (b)<br>Description of noncash property given    | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| —                                                                                                                               | <div></div> <div></div> <div></div> <div></div> | \$ <div></div>                                 | <div></div>          |
| (a) No.<br>from<br>Part I                                                                                                       | (b)<br>Description of noncash property given    | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| —                                                                                                                               | <div></div> <div></div> <div></div> <div></div> | \$ <div></div>                                 | <div></div>          |
| (a) No.<br>from<br>Part I                                                                                                       | (b)<br>Description of noncash property given    | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| —                                                                                                                               | <div></div> <div></div> <div></div> <div></div> | \$ <div></div>                                 | <div></div>          |
| (a) No.<br>from<br>Part I                                                                                                       | (b)<br>Description of noncash property given    | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| —                                                                                                                               | <div></div> <div></div> <div></div> <div></div> | \$ <div></div>                                 | <div></div>          |
| (a) No.<br>from<br>Part I                                                                                                       | (b)<br>Description of noncash property given    | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| —                                                                                                                               | <div></div> <div></div> <div></div> <div></div> | \$ <div></div>                                 | <div></div>          |

|                                                    |                                              |
|----------------------------------------------------|----------------------------------------------|
| Name of organization<br>ROCKEFELLER ARCHIVE CENTER | Employer identification number<br>20-8030810 |
|----------------------------------------------------|----------------------------------------------|

Part III

**Exclusively** religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry )  
For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of **\$1,000 or less** for the year (Enter this information once See instructions ) ➤ \$  
Use duplicate copies of Part III if additional space is needed

| (a) No.<br>from<br>Part I | (b)<br>Purpose of gift                | (c)<br>Use of gift | (d)<br>Description of how gift is held   |
|---------------------------|---------------------------------------|--------------------|------------------------------------------|
| —                         | <div></div>                           | <div></div>        | <div></div>                              |
|                           | <div></div>                           | <div></div>        | <div></div>                              |
|                           | <div></div>                           | <div></div>        | <div></div>                              |
|                           | (e)<br>Transfer of gift               |                    |                                          |
|                           | Transferee's name, address, and ZIP 4 |                    | Relationship of transferor to transferee |
|                           | <div></div>                           | <div></div>        |                                          |
|                           | <div></div>                           | <div></div>        |                                          |
| —                         | <div></div>                           | <div></div>        | <div></div>                              |
|                           | <div></div>                           | <div></div>        | <div></div>                              |
|                           | <div></div>                           | <div></div>        | <div></div>                              |
|                           | (e)<br>Transfer of gift               |                    |                                          |
|                           | Transferee's name, address, and ZIP 4 |                    | Relationship of transferor to transferee |
|                           | <div></div>                           | <div></div>        |                                          |
|                           | <div></div>                           | <div></div>        |                                          |
| —                         | <div></div>                           | <div></div>        | <div></div>                              |
|                           | <div></div>                           | <div></div>        | <div></div>                              |
|                           | <div></div>                           | <div></div>        | <div></div>                              |
|                           | (e)<br>Transfer of gift               |                    |                                          |
|                           | Transferee's name, address, and ZIP 4 |                    | Relationship of transferor to transferee |
|                           | <div></div>                           | <div></div>        |                                          |
|                           | <div></div>                           | <div></div>        |                                          |
| —                         | <div></div>                           | <div></div>        | <div></div>                              |
|                           | <div></div>                           | <div></div>        | <div></div>                              |
|                           | <div></div>                           | <div></div>        | <div></div>                              |
|                           | (e)<br>Transfer of gift               |                    |                                          |
|                           | Transferee's name, address, and ZIP 4 |                    | Relationship of transferor to transferee |
|                           | <div></div>                           | <div></div>        |                                          |
|                           | <div></div>                           | <div></div>        |                                          |
| —                         | <div></div>                           | <div></div>        | <div></div>                              |
|                           | <div></div>                           | <div></div>        | <div></div>                              |
|                           | <div></div>                           | <div></div>        | <div></div>                              |
|                           | (e)<br>Transfer of gift               |                    |                                          |
|                           | Transferee's name, address, and ZIP 4 |                    | Relationship of transferor to transferee |
|                           | <div></div>                           | <div></div>        |                                          |
|                           | <div></div>                           | <div></div>        |                                          |

Additional Data

Software ID: 11000144

Software Version: 2011v1.5

EIN: 20-8030810

Name: ROCKEFELLER ARCHIVE CENTER

Form 990 Schedule B, Part 1 - Contributors (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                  | (c)<br>Aggregate contributions | (d)<br>Type of contribution                                                                                                                                                                                     |
|------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>11</u>  | <div>SOCIAL SCIENCE RESEARCH COUNCIL</div> <div>ONE PIERREPORT PLAZA 15TH FL</div> <div>BROOKLYN, NY 11201</div>   | \$ 10,000                      | <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution )</div> |
| <u>10</u>  | <div>ROCKEFELLER PHILANTHROPY ADVISORS</div> <div>6 WEST 48TH STREET 10TH FLOOR</div> <div>NEWYORK, NY 10036</div> | \$ 15,000                      | <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution )</div> |
| <u>9</u>   | <div>LAURANCE S ROCKEFELLER FUND</div> <div>30 ROCKEFELLER PLAZA RM 5600</div> <div>NEWYORK, NY 10112</div>        | \$ 20,000                      | <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution )</div> |
| <u>8</u>   | <div>FOUNDATION FOR CHILD DEVELOPMENT</div> <div>295 MADISON AVENUE 40TH FL</div> <div>NEWYORK, NY 10017</div>     | \$ 14,447                      | <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution )</div> |
| <u>7</u>   | <div>TACONIC FOUNDATION</div> <div>100 WALL STREET 12TH FLOOR</div> <div>NEWYORK, NY 10005</div>                   | \$ 210,000                     | <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution )</div> |
| <u>6</u>   | <div>FORD FOUNDATION</div> <div>320 EAST 43RD STREET</div> <div>NEWYORK, NY 10017</div>                            | \$ 248,000                     | <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II if there is a noncash contribution )</div> |

Form 990 Schedule B, Part 1 - Contributors (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                         | (c)<br>Aggregate contributions | (d)<br>Type of contribution                                                                                                                                                      |
|------------|---------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5          | THE ROCKEFELLER FOUNDATION<br>420 FIFTH AVENUE<br><br>NEW YORK, NY 10018  | \$ 271,800                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is a noncash contribution ) |
| 4          | THE NEAR EAST FOUNDATION<br>900 S CROUSE AVENUE<br><br>SYRACUSE, NY 13244 | \$ 5,000                       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is a noncash contribution ) |
| 3          | RUSSELL SAGE FOUNDATION<br>112 EAST 64TH STREET<br><br>NEW YORK, NY 10065 | \$ 10,000                      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is a noncash contribution ) |
| 2          | THE COMMONWEALTH FUND<br>ONE EAST 75TH STREET<br><br>NEW YORK, NY 10021   | \$ 93,500                      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is a noncash contribution ) |
| 1          | THE ROCKEFELLER UNIVERSITY<br>1230 YORK AVENUE<br><br>NEW YORK, NY 10065  | \$ 500,000                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is a noncash contribution ) |

TY 2011 Accounting Fees Schedule

**Name:** ROCKEFELLER ARCHIVE CENTER

**EIN:** 20-8030810

**Software ID:** 11000144

**Software Version:** 2011v1.5

| Category                       | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|--------------------------------|--------|--------------------------|------------------------|---------------------------------------------|
| accounting and tax<br>services | 43,150 | 0                        | 0                      | 473                                         |

## TY 2011 Contractor Compensation Explanation

**Name:** ROCKEFELLER ARCHIVE CENTER

**EIN:** 20-8030810

**Software ID:** 11000144

**Software Version:** 2011v1.5

| Contractor                 | Explanation |
|----------------------------|-------------|
| THE ROCKEFELLER UNIVERSITY |             |

**TY 2011 Land, Etc. Schedule****Name:** ROCKEFELLER ARCHIVE CENTER**EIN:** 20-8030810**Software ID:** 11000144**Software Version:** 2011v1.5

| Category / Item             | Cost / Other Basis | Accumulated Depreciation | Book Value | End of Year Fair Market Value |
|-----------------------------|--------------------|--------------------------|------------|-------------------------------|
| Land                        | 4,861,978          |                          | 4,861,978  | 4,861,978                     |
| Buildings                   | 13,758,212         | 1,437,760                | 12,320,452 | 12,320,452                    |
| Machinery and Equipment     | 1,790,926          | 43,953                   | 1,746,973  | 1,746,973                     |
| Furniture and Fixtures      | 42,994             | 2,150                    | 40,844     | 40,844                        |
| Auto./Transportation Equip. | 40,495             |                          | 40,495     | 40,495                        |

**TY 2011 Legal Fees Schedule****Name:** ROCKEFELLER ARCHIVE CENTER**EIN:** 20-8030810**Software ID:** 11000144**Software Version:** 2011v1.5

| Category     | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|--------------|--------|--------------------------|------------------------|---------------------------------------------|
| LEGAL ADVISE | 42,562 | 0                        | 0                      | 36,568                                      |

TY 2011 Other Assets Schedule

**Name:** ROCKEFELLER ARCHIVE CENTER

**EIN:** 20-8030810

**Software ID:** 11000144

**Software Version:** 2011v1.5

| Description                  | Beginning of Year - Book Value | End of Year - Book Value | End of Year - Fair Market Value |
|------------------------------|--------------------------------|--------------------------|---------------------------------|
| CAPITAL PROJECTS IN PROGRESS |                                | 272,398                  | 272,398                         |

TY 2011 Other Decreases Schedule

**Name:** ROCKEFELLER ARCHIVE CENTER

**EIN:** 20-8030810

**Software ID:** 11000144

**Software Version:** 2011v1.5

| Description                 | Amount    |
|-----------------------------|-----------|
| nET INVESTMENT DEPRECIATION | 5,390,080 |

## TY 2011 Other Expenses Schedule

**Name:** ROCKEFELLER ARCHIVE CENTER

**EIN:** 20-8030810

**Software ID:** 11000144

**Software Version:** 2011v1.5

| Description                         | Revenue and Expenses<br>per Books | Net Investment<br>Income | Adjusted Net Income | Disbursements for<br>Charitable Purposes |
|-------------------------------------|-----------------------------------|--------------------------|---------------------|------------------------------------------|
| scholarly conferences and workshops | 48,570                            |                          |                     | 46,513                                   |
| POSTAGE AND SUPPLIES                | 124,924                           |                          |                     | 225,741                                  |
| Penalty                             | 8,778                             |                          |                     |                                          |
| PAYROLL SERVICE FEES                | 6,946                             |                          |                     | 6,946                                    |
| MISCELLANEOUS                       | 9,176                             |                          |                     | 7,152                                    |
| MEMBERSHIPS                         | 24,142                            |                          |                     | 19,239                                   |
| DIGITIZATION AND MICROFILMING       | 95,595                            |                          |                     | 104,245                                  |
| COMPUTER, SOFTWARE & LICENSING      | 17,287                            |                          |                     | 30,454                                   |

TY 2011 Other Income Schedule

**Name:** ROCKEFELLER ARCHIVE CENTER

**EIN:** 20-8030810

**Software ID:** 11000144

**Software Version:** 2011v1.5

| Description               | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |
|---------------------------|-----------------------------------|--------------------------|---------------------|
| copy service for research | 34,386                            |                          |                     |

## TY 2011 Other Liabilities Schedule

**Name:** ROCKEFELLER ARCHIVE CENTER

**EIN:** 20-8030810

**Software ID:** 11000144

**Software Version:** 2011v1.5

| Description                       | Beginning of Year -<br>Book Value | End of Year - Book<br>Value |
|-----------------------------------|-----------------------------------|-----------------------------|
| Rounding                          |                                   | 1                           |
| DUE TO THE ROCKEFELLER UNIVERSITY | 210,230                           | 230,556                     |
| EXCISE TAXES PAYABLE              | 168,001                           | 40,186                      |

**TY 2011 Other Professional Fees Schedule****Name:** ROCKEFELLER ARCHIVE CENTER**EIN:** 20-8030810**Software ID:** 11000144**Software Version:** 2011v1.5

| Category                              | Amount  | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|---------------------------------------|---------|--------------------------|------------------------|---------------------------------------------|
| FINANCIAL<br>SERVICES/INVESTMENT FEES | 564,774 | 564,774                  | 564,774                | 0                                           |
| ADVISORY & PROFESSIONAL<br>SUPPORT    | 184,161 | 0                        | 0                      | 140,405                                     |

# TY 2011 Taxes Schedule

**Name:** ROCKEFELLER ARCHIVE CENTER

**EIN:** 20-8030810

**Software ID:** 11000144

**Software Version:** 2011v1.5

| Category     | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|--------------|--------|--------------------------|------------------------|---------------------------------------------|
| EXCISE TAXES | 70,118 |                          | 70,118                 |                                             |