



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2013
Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

| | | |
|---|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization THE ROCKEFELLER UNIVERSITY Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 1230 YORK AVENUE City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 100656307 | D Employer identification number 13-1624158 E Telephone number (212) 327-8000 G Gross receipts \$ 701,040,445 |
| F Name and address of principal officer James H Lapple 1230 York Avenue New York, NY 10065 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: www.rockefeller.edu | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | L Year of formation 1901 M State of legal domicile NY |

Part I Summary

| | | | | | |
|------------------------------------|---|---|-----------|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities The Rockefeller University (the University) is a world renowned center for research (see schedule O) and graduate education in the biomedical sciences, chemistry, bioinformatics, and physics. The University's 72 laboratories conduct both basic and clinical research and study a diverse range of biological and biomedical problems with the mission of improving the understanding of life for the benefit of humanity. Laboratories are loosely clustered in six research areas, including biochemistry, structural biology, and chemistry, medical sciences and human genetics, molecular, cell, and developmental biology, immunology, virology, and microbiology, neuroscience, and physics and mathematical biology. The University does not charge tuition. Its revenues are derived primarily from investment income, government grants and contracts, and private gifts and grants. | | | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">3</td> <td align="right">46</td> </tr> </table> | 3 | 46 | |
| 3 | 46 | | | | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">4</td> <td align="right">43</td> </tr> </table> | 4 | 43 | |
| 4 | 43 | | | | |
| | 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">5</td> <td align="right">1,737</td> </tr> </table> | 5 | 1,737 | |
| 5 | 1,737 | | | | |
| | 6 Total number of volunteers (estimate if necessary) | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">6</td> <td align="right">0</td> </tr> </table> | 6 | 0 | |
| 6 | 0 | | | | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">7a</td> <td align="right">898,851</td> </tr> </table> | 7a | 898,851 | |
| 7a | 898,851 | | | | |
| | b Net unrelated business taxable income from Form 990-T, line 34 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">7b</td> <td align="right">0</td> </tr> </table> | 7b | 0 | |
| 7b | 0 | | | | |
| Revenue | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td align="center">Prior Year</td> <td align="center">Current Year</td> </tr> </table> | | Prior Year | Current Year |
| | Prior Year | Current Year | | | |
| | 8 Contributions and grants (Part VIII, line 1h) | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td align="right">158,956,381</td> <td align="right">197,291,706</td> </tr> </table> | | 158,956,381 | 197,291,706 |
| | 158,956,381 | 197,291,706 | | | |
| | 9 Program service revenue (Part VIII, line 2g) | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td align="right">31,276,609</td> <td align="right">32,786,633</td> </tr> </table> | | 31,276,609 | 32,786,633 |
| | 31,276,609 | 32,786,633 | | | |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td align="right">99,020,891</td> <td align="right">166,505,633</td> </tr> </table> | | 99,020,891 | 166,505,633 |
| | 99,020,891 | 166,505,633 | | | |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td align="right">42,627,924</td> <td align="right">30,306,206</td> </tr> </table> | | 42,627,924 | 30,306,206 |
| | 42,627,924 | 30,306,206 | | | |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td align="right">331,881,805</td> <td align="right">426,890,178</td> </tr> </table> | | 331,881,805 | 426,890,178 |
| | 331,881,805 | 426,890,178 | | | |
| Expenses | | | | | |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td align="right">8,184,344</td> <td align="right">9,244,466</td> </tr> </table> | | 8,184,344 | 9,244,466 |
| | 8,184,344 | 9,244,466 | | | |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td align="right">0</td> <td align="right">0</td> </tr> </table> | | 0 | 0 |
| | 0 | 0 | | | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td align="right">155,149,673</td> <td align="right">157,095,082</td> </tr> </table> | | 155,149,673 | 157,095,082 |
| | 155,149,673 | 157,095,082 | | | |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td align="right">0</td> <td align="right">0</td> </tr> </table> | | 0 | 0 |
| | 0 | 0 | | | |
| | b Total fundraising expenses (Part IX, column (D), line 25) 7,076,837 | | | | |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td align="right">182,132,825</td> <td align="right">184,090,244</td> </tr> </table> | | 182,132,825 | 184,090,244 |
| | 182,132,825 | 184,090,244 | | | |
| | 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td align="right">345,466,842</td> <td align="right">350,429,792</td> </tr> </table> | | 345,466,842 | 350,429,792 |
| | 345,466,842 | 350,429,792 | | | |
| | 19 Revenue less expenses Subtract line 18 from line 12 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td align="right">-13,585,037</td> <td align="right">76,460,386</td> </tr> </table> | | -13,585,037 | 76,460,386 |
| | -13,585,037 | 76,460,386 | | | |
| Net Assets or Fund Balances | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td align="center">Beginning of Current Year</td> <td align="center">End of Year</td> </tr> </table> | | Beginning of Current Year | End of Year |
| | Beginning of Current Year | End of Year | | | |
| | 20 Total assets (Part X, line 16) | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td align="right">3,007,659,283</td> <td align="right">3,214,164,130</td> </tr> </table> | | 3,007,659,283 | 3,214,164,130 |
| | 3,007,659,283 | 3,214,164,130 | | | |
| | 21 Total liabilities (Part X, line 26) | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td align="right">951,103,817</td> <td align="right">953,182,278</td> </tr> </table> | | 951,103,817 | 953,182,278 |
| | 951,103,817 | 953,182,278 | | | |
| | 22 Net assets or fund balances Subtract line 21 from line 20 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td align="right">2,056,555,466</td> <td align="right">2,260,981,852</td> </tr> </table> | | 2,056,555,466 | 2,260,981,852 |
| | 2,056,555,466 | 2,260,981,852 | | | |

Part II Signature Block

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

| | | |
|------------------|--|--------------------|
| Sign Here | ***** Signature of officer | 2015-02-14 Date |
| | JAMES H LAPPLE VP, Finance & Treasurer Type or print name and title | |

| | | | | | |
|-------------------------------|---------------------------|-------------------------|------|---|------|
| Paid Preparer Use Only | Prnt/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name | | | Firm's EIN | |
| | Firm's address | Phone no (212) 327-8704 | | | |

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

The Rockefeller University (the University) is a world renowned center for research and graduate education in the biomedical sciences, chemistry, bioinformatics, and physics. The University's 72 laboratories conduct both basic and clinical research and study a diverse range of biological and biomedical problems with the mission of improving the understanding of life for the benefit of humanity. Laboratories are loosely clustered in six research areas, including biochemistry, structural biology, and chemistry, medical sciences and human genetics, molecular, cell, and developmental biology, immunology, virology, and microbiology, neuroscience, and physics and mathematical biology. The University does not charge tuition. Its revenues are derived primarily from investment income, government grants and contracts, and private gifts and grants.

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 256,244,147 including grants of \$ 9,244,466) (Revenue \$)

RESEARCH EDUCATION - 87 LABORATORIES (15 OF WHICH ARE EMERITI) INCLUDING 89 FACULTY MEMBERS, 280 POST-DOCTORAL SCHOLARS, 179 GRADUATE STUDENTS AND WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY MEDICAL STUDENTS

4b (Code) (Expenses \$ 14,672,811 including grants of \$) (Revenue \$)

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

4c (Code) (Expenses \$ 2,695,766 including grants of \$) (Revenue \$)

LIBRARY CONTAINS 62,046 VOLUMES (OF WHICH 17,956 ARE ON-LINE) AND 5,502 ON-LINE SUBSCRIPTIONS AND IS MAINTAINED ON AN OPEN STOCK POLICY

(Code) (Expenses \$ 33,653,815 including grants of \$) (Revenue \$ 10,163,960)

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

4d Other program services (Describe in Schedule O)
 (Expenses \$ 33,653,815 including grants of \$) (Revenue \$ 10,163,960)

4e Total program service expenses 307,266,539

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> | Yes | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? | Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> | | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> | | No |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> | | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> | | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> | | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> | Yes | |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> | | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> | Yes | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> | Yes | |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> | Yes | |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> | | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> | | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> | Yes | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> | Yes | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> | | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> | Yes | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> | Yes | |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> | Yes | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> | | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> | | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i> | | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> | Yes | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> | | No |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> | Yes | |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | Yes | |

Part IV Checklist of Required Schedules *(continued)*

| | | | | |
|------------|--|------------|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> | 26 | Yes | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | Yes | |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | Yes | |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | Yes | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | Yes | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

| | | Yes | No |
|--|-----------------|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a 474 | | |
| b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b 0 | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | Yes | |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 1,737 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | Yes | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | Yes | |
| b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> | | Yes | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | Yes | |
| b If "Yes," enter the name of the foreign country VI, CJ, UK See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | No |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | Yes | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | Yes | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | No |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | No |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | No |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a Did the organization make any taxable distributions under section 4966? | | | |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | | | |
| 10 Section 501(c)(7) organizations. Enter | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | |
| 11 Section 501(c)(12) organizations. Enter | | | |
| a Gross income from members or shareholders | 11a | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | |
| c Enter the amount of reserves on hand | 13c | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | No |
| b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> | | | |

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|---|---|---|--|---|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns 1a | | | | | |
| | b | Membership dues 1b | | | | | |
| | c | Fundraising events 1c | 2,921,222 | | | | |
| | d | Related organizations 1d | | | | | |
| | e | Government grants (contributions) 1e | 82,429,263 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f | 111,941,221 | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | 59,493,230 | | | | |
| | h | Total. Add lines 1a-1f | 197,291,706 | | | | |
| Program Service Revenue | 2a | Housing | | | | | |
| | | | 532000 | 19,466,301 | | 19,466,301 | |
| | b | Press operations | 511120 | 10,163,960 | 10,163,960 | | |
| | c | Food Service | 722210 | 3,156,372 | | 3,156,372 | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 32,786,633 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 3,451,523 | | 3,451,523 | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | 20,932,807 | | 20,932,807 | |
| | 6a | Gross rents | (i) Real | 7,317,027 | | | |
| | | | (ii) Personal | | | | |
| | | | b Less rental expenses | 0 | | | |
| | | | c Rental income or (loss) | 7,317,027 | | | |
| | d | Net rental income or (loss) | | 7,317,027 | | 7,317,027 | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | 436,794,946 | | | |
| | | | (ii) Other | | | | |
| | | | b Less cost or other basis and sales expenses | 273,740,836 | | | |
| | | | c Gain or (loss) | 163,054,110 | | | |
| | d | Net gain or (loss) | | 163,054,110 | 898,851 | 162,155,259 | |
| | 8a | Gross income from fundraising events (not including \$ 2,921,222 of contributions reported on line 1c) See Part IV, line 18 | a | | | | |
| | | | b Less direct expenses b | 97,025 | | | |
| | | | c Net income or (loss) from fundraising events | 409,431 | | | |
| | | | | -312,406 | | -312,406 | |
| | 9a | Gross income from gaming activities See Part IV, line 19 | a | | | | |
| | | | b Less direct expenses b | | | | |
| | | | c Net income or (loss) from gaming activities | | | | |
| 10a | Gross sales of inventory, less returns and allowances | a | | | | | |
| | | b Less cost of goods sold b | | | | | |
| | | c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a | Reimbursement of Costs | 900099 | 1,174,320 | | 1,174,320 | | |
| b | Other | 900099 | 895,419 | | 895,419 | | |
| c | Mortgage Interest | 900099 | 299,039 | | 299,039 | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | 2,368,778 | | | | |
| 12 | Total revenue. See Instructions | | 426,890,178 | 10,163,960 | 898,851 | 218,535,661 | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21. | | | | |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22. | 9,244,466 | 9,244,466 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. | | | | |
| 4 | Benefits paid to or for members. | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees. | 5,773,630 | 1,297,000 | 3,997,630 | 479,000 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | 82,425 | 82,425 | | |
| 7 | Other salaries and wages. | 103,276,368 | 90,796,426 | 9,647,941 | 2,832,001 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). | 8,920,243 | 7,114,138 | 1,441,752 | 364,353 |
| 9 | Other employee benefits. | 31,638,900 | 26,726,585 | 3,970,037 | 942,278 |
| 10 | Payroll taxes. | 7,403,516 | 6,369,660 | 811,229 | 222,627 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management. | | | | |
| b | Legal. | 694,372 | | 694,372 | |
| c | Accounting. | 372,240 | 60,900 | 311,340 | |
| d | Lobbying. | | | | |
| e | Professional fundraising services. See Part IV, line 17. | | | | |
| f | Investment management fees. | 2,232,410 | | 2,232,410 | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 13,423,746 | 11,954,709 | 1,223,452 | 245,585 |
| 12 | Advertising and promotion. | 1,146,074 | 889,115 | 108,510 | 148,449 |
| 13 | Office expenses. | 55,164,013 | 52,824,300 | 2,159,166 | 180,547 |
| 14 | Information technology. | 2,582,235 | 1,017,840 | 1,178,751 | 385,644 |
| 15 | Royalties. | 12,421,999 | 12,421,999 | | |
| 16 | Occupancy. | 12,339,479 | 11,500,007 | 740,369 | 99,103 |
| 17 | Travel. | 989,639 | 918,984 | 45,719 | 24,936 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 | Conferences, conventions, and meetings. | 1,334,547 | 1,043,165 | 68,579 | 222,803 |
| 20 | Interest. | 29,980,444 | 26,890,237 | 3,090,207 | |
| 21 | Payments to affiliates. | | | | |
| 22 | Depreciation, depletion, and amortization. | 40,512,909 | 37,146,027 | 2,437,371 | 929,511 |
| 23 | Insurance. | 2,716,794 | 789,213 | 1,927,581 | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a | Subcontracts. | 8,179,343 | 8,179,343 | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | All other expenses. | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e. | 350,429,792 | 307,266,539 | 36,086,416 | 7,076,837 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) | | (B) |
|---|---|--------------------------|---------------|------------------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash—non-interest-bearing | 30,350 | 1 | 43,635 |
| | 2 Savings and temporary cash investments | 133,884,764 | 2 | 121,634,811 |
| | 3 Pledges and grants receivable, net | 193,952,239 | 3 | 226,590,148 |
| | 4 Accounts receivable, net | 8,365,883 | 4 | 8,534,964 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | 12,262,955 | 5 | 11,080,538 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | 20,296,138 | 7 | 20,974,779 |
| | 8 Inventories for sale or use | 730,167 | 8 | 839,897 |
| | 9 Prepaid expenses and deferred charges | 2,453,112 | 9 | 2,413,188 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 1,204,059,790 | | |
| | b Less accumulated depreciation | 10b 452,708,631 | 758,983,525 | 10c 751,351,159 |
| | 11 Investments—publicly traded securities | 1,249,713,545 | 11 | 1,335,962,468 |
| | 12 Investments—other securities See Part IV, line 11 | 595,659,288 | 12 | 701,912,344 |
| | 13 Investments—program-related See Part IV, line 11 | 3,826,018 | 13 | 4,388,104 |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets See Part IV, line 11 | 27,501,299 | 15 | 28,438,095 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 3,007,659,283 | 16 | 3,214,164,130 | |
| Liabilities | 17 Accounts payable and accrued expenses | 49,130,485 | 17 | 42,791,230 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 5,201,427 | 19 | 5,196,817 |
| | 20 Tax-exempt bond liabilities | 622,841,318 | 20 | 617,249,968 |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 273,930,587 | 25 | 287,944,263 |
| | 26 Total liabilities. Add lines 17 through 25 | 951,103,817 | 26 | 953,182,278 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 497,904,189 | 27 | 522,210,011 |
| | 28 Temporarily restricted net assets | 1,302,224,416 | 28 | 1,475,719,623 |
| | 29 Permanently restricted net assets | 256,426,861 | 29 | 263,052,218 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 2,056,555,466 | 33 | 2,260,981,852 | |
| 34 Total liabilities and net assets/fund balances | 3,007,659,283 | 34 | 3,214,164,130 | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|-----------|---|-----------|---------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 426,890,178 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 350,429,792 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 76,460,386 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2,056,555,466 |
| 5 | Net unrealized gains (losses) on investments | 5 | 125,686,121 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 2,279,879 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 2,260,981,852 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

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

Additional Data

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Allen R Adler Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Holly Andersen Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Robert M Bass Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Edward J Benz Jr MD Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Judith Roth Berkowitz Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Debra Black Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| David Botstein PhD Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Russell L Carson Trustee, Chairman | 0 00 | X | | | | | | 0 | 0 | 0 |
| Anna M Chapman MD Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| H Rodgin Cohen Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Elizabeth R Curry Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Andreas Dracopoulos Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Anthony B Evnin PhD Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Michael D Fascitelli Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Peter A Flaherty Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| William E Ford Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Joseph L Goldstein Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Peter T Grauer Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Paul B Guenther Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Marlene Hess Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| David I Hirsch PhD Trustee, Vice Chair | 0 00 | X | | | | | | 0 | 0 | 0 |
| Michael B Hoffman Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Sandra J Horbach Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| William I Huyett Jr Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Ajit Jain Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| David H Koch Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Henry R Kravis Trustee, Vice Chair | 0 00 | X | | | | | | 0 | 0 | 0 |
| Karen M Levy Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Evelyn G Lipper MD Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Susan Lyne Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Thomas Maniatis PhD Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Surya Mohapatra Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Jonathan Nelson Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Robin Chemers Neustein Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Willard J Overlock Jr Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Mamie S Pillsbury Trustee, Vice Chair | 0 00 | X | | | | | | 0 | 0 | 0 |
| Patricia Rosenwald Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Richard E Salomon Trustee, Vice Chair | 0 00 | X | | | | | | 0 | 0 | 0 |
| Lewis A Sanders Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| John M Shapiro Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Sydney R Shuman Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| James H Simons PhD Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Dinakar Singh Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| David Sze Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Lulu C Wang Trustee | 0 00 | X | | | | | | 0 | 0 | 0 |
| Marc Tessier-Lavigne PhD President | 35 00 | X | | X | | | | 1,314,456 | 0 | 173,223 |
| Amy Falls VP & CIO | 35 00 | | | X | | | | 840,828 | 0 | 293,860 |
| Barry Coller VP & Physician-in-Chief | 35 00 | | | X | | | | 558,311 | 0 | 74,686 |
| Harriet Rabb VP & General Counsel | 35 00 | | | X | | | | 454,823 | 0 | 74,638 |
| Maren Imhoff VP, Development | 35 00 | | | X | | | | 527,890 | 0 | 74,680 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| John Tooze until 122013 VP, Facilities & Scientific | 35 00 | | | X | | | | 257,670 | 0 | 82,097 |
| Michael Young VP, Academic Affairs | 35 00 | | | X | | | | 479,551 | 0 | 82,438 |
| James Lapple VP, Finance & Treasurer | 35 00 | | | X | | | | 415,364 | 0 | 54,745 |
| Sidney Strickland VP, Education Affairs | 35 00 | | | X | | | | 354,567 | 0 | 74,671 |
| Virginia Huffman VP, Human Resources | 35 00 | | | X | | | | 384,369 | 0 | 74,590 |
| Jane Rendall Corporate Secretary | 35 00 | | | X | | | | 262,619 | 0 | 74,801 |
| Roberta Maloney Asst VP, Finance | 35 00 | | | X | | | | 223,541 | 0 | 77,536 |
| Timothy O'Connor VP, University Strategy & | 35 00 | | | X | | | | 461,007 | 0 | 35,461 |
| Jean-Laurent Casanova Professor, Head of Laborat | 35 00 | | | | | X | | 531,088 | 0 | 74,689 |
| Jeffery V Ravetch Professor, Head of Laborat | 35 00 | | | | | X | | 396,800 | 0 | 66,403 |
| Robert Roeder Professor, Head of Laborat | 35 00 | | | | | X | | 473,692 | 0 | 82,415 |
| Thomas Lenehan Deputy CIO | 35 00 | | | | | X | | 659,440 | 0 | 155,788 |
| Paul Greengard Professor, Head of Laborat | 35 00 | | | | | X | | 465,908 | 0 | 74,656 |
| Thomas Sakmar Professor, Head of Laborat | 35 00 | | | | | | X | 324,747 | 0 | 82,395 |

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE ROCKEFELLER UNIVERSITY

Employer identification number
13-1624158

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

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

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

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

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

(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s)

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 150,559,671 | 154,402,640 | 211,148,284 | 158,956,391 | 197,291,706 | 872,358,692 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 150,559,671 | 154,402,640 | 211,148,284 | 158,956,391 | 197,291,706 | 872,358,692 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 52,854,403 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 819,504,289 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|---------------|
| 7 Amounts from line 4 | 150,559,671 | 154,402,640 | 211,148,284 | 158,956,391 | 197,291,706 | 872,358,692 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 28,172,701 | 20,680,925 | 17,239,941 | 44,037,926 | 31,701,357 | 141,832,850 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | -2,004,905 | -1,229,824 | -2,652,486 | -316,154 | 898,851 | -5,304,518 |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support (Add lines 7 through 10) | | | | | | 1,008,887,024 |

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

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|----------|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | 81 230 % |
| 15 Public support percentage for 2012 Schedule A, Part II, line 14 | 15 | |

16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | |

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Facts And Circumstances Test

| Return Reference | Explanation |
|------------------------------|--|
| Form 990, Schedule A, Line 7 | The University is a "School" described in Section 170(b)(1)(A)(ii) Line 7 on Schedule A is checked as a result of the University applying the "Special Rule" in disclosing donors on Schedule B in excess of 2% of contributions |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization THE ROCKEFELLER UNIVERSITY

Employer identification number 13-1624158

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and questions about donor informed consent.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, and monitoring requirements. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and amounts for revenues and assets.

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 1,642,492,685 | 1,539,214,232 | 1,620,400,847 | 1,451,345,077 | 1,428,894,687 |
| b Contributions | 2,774,814 | 5,351,242 | 6,402,176 | 5,982,193 | 7,123,572 |
| c Net investment earnings, gains, and losses | 287,158,774 | 194,327,582 | -6,743,511 | 266,875,779 | 127,372,135 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 96,005,032 | 96,400,371 | 80,845,280 | 103,802,202 | 112,045,317 |
| f Administrative expenses | | | | | |
| g End of year balance | 1,836,421,241 | 1,642,492,685 | 1,539,214,232 | 1,620,400,847 | 1,451,345,077 |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment 21 700 %
 - b** Permanent endowment 13 100 %
 - c** Temporarily restricted endowment 65 200 %
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

| | Yes | No |
|------------------------------------|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b**

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 19,124,071 | | 19,124,071 |
| b Buildings | | 1,105,086,964 | 399,422,335 | 705,664,629 |
| c Leasehold improvements | | 424,726 | 424,726 | 0 |
| d Equipment | | 77,860,953 | 52,138,316 | 25,722,637 |
| e Other | | 1,563,076 | 723,254 | 839,822 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 751,351,159 |

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 537,005,567 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | 125,686,121 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | -1,628,121 |
| e | Add lines 2a through 2d | 2e | 124,058,000 |
| 3 | Subtract line 2e from line 1 | 3 | 412,947,567 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 2,232,410 |
| b | Other (Describe in Part XIII) | 4b | 11,710,201 |
| c | Add lines 4a and 4b | 4c | 13,942,611 |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | 426,890,178 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 332,697,715 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | -3,380,035 |
| e | Add lines 2a through 2d | 2e | -3,380,035 |
| 3 | Subtract line 2e from line 1 | 3 | 336,077,750 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 2,232,410 |
| b | Other (Describe in Part XIII) | 4b | 12,119,632 |
| c | Add lines 4a and 4b | 4c | 14,352,042 |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | 350,429,792 |

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------------------|---|
| Part III, Line 4 | Works of art are displayed in various locations throughout the campus |
| Part V, Line 4 | The primary role of the endowment is to advance the research mission of the University through support of the annual operating budget The Investment Committee of the Board of Trustees is responsible for overseeing the endowment With the support of the Office of Investments, the Committee is responsible for establishing the endowments investment policy and asset allocation, retaining and overseeing external investment managers, and monitoring the implementation and performance of the investment program The endowments assets are invested in marketable securities, including U S and non-U S equity and fixed income securities, and private investments, including venture capital, private equity and real assets The assets are invested by external investment managers through separate accounts or through commingled vehicles, including funds, trusts and limited partnerships |
| Part X, Line 2 | The University is exempt from federal income taxes under the provisions of Section 501(c)(3) of the Internal Revenue Code The University follows the guidance of ASC 740 10, Accounting for Income Taxes Overall, which addresses accounting for uncertainties in income taxes recognized in an enterprises financial statements The University utilizes a threshold of more likely-than not for recognition and derecognition of tax positions taken or expected to be taken in a tax return |
| Part XI, Line 2d - Other Adjustments | Unrealized Net (loss) on Derivative Instruments - (1,628,121) |
| Part XI, Line 4b - Other Adjustments | Fundraising expenses - 409,431 Royalty payments (net in Financials) - 12,119,632 |
| Part XII, Line 2d - Other Adjustments | RU Faculty & Students Club, Inc - NET LOSS - 118,534 Postretirement related changes - (3,908,000) Fundraising expenses - 409,431 |
| Part XII, Line 4b - Other Adjustments | Royalty payments (net in Financials) - 12,119,632 |

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2013

Open to Public Inspection

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

▶ **Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE ROCKEFELLER UNIVERSITY

Employer identification number

13-1624158

Part I

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

| | YES | NO |
|----------|-----|----|
| 1 | Yes | |
| 2 | Yes | |
| 3 | Yes | |

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

| | | |
|-----------|-----|--|
| 4a | Yes | |
| 4b | Yes | |
| 4c | Yes | |
| 4d | Yes | |

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

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

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

| | | |
|-----------|-----|----|
| 6a | Yes | |
| 6b | | No |

- 7** Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.

| | | |
|----------|-----|--|
| 7 | Yes | |
|----------|-----|--|

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

| Return Reference | Explanation |
|----------------------------|--|
| Schedule E, Part I, Line 3 | It is the policy of The Rockefeller University to support equality of educational and employment opportunity. No individual shall be denied admission to the Graduate Program of the University or otherwise be discriminated against with respect to any program or in the administration of any policy of the University because of race, color, religion, sex, age, national or ethnic origin, citizenship, sexual orientation, veteran status, or disability. The Rockefeller University is committed to the maintenance of affirmative action programs that will assure the continuation of such equality of opportunity. |
| Schedule E, Part I, Line 6 | The University receives financial assistance from the State of New York under the Bundy Aid Program. |

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2013

**Open to Public
Inspection**

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE ROCKEFELLER UNIVERSITY

Employer identification number
13-1624158

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| (1) Europe (Including Iceland & Greenland) - | | | Investments | | 73,822,208 |
| (2) Central America & Caribbean | | | Investments | | 505,109,837 |
| (3) North America | | | Investments | | 5,523,784 |
| (4) Europe (Including Iceland & Greenland) - | | | Travel | | 911,715 |
| (5) East Asia and the Pacific | | | Travel | | 101,301 |
| 3a Sub-total | 0 | 0 | | | 585,468,845 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 585,468,845 |

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------|---------------------------------|---|-------------------|-----------------------------|---------------------------------|--|--|---|--|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|--|-------------------|---------------------------------|---------------------------------|--|--|---|--|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

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

Additional Data

Software ID:

Software Version:

EIN: 13-1624158

Name: THE ROCKEFELLER UNIVERSITY

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

Open to Public Inspection

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

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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization THE ROCKEFELLER UNIVERSITY

Employer identification number

13-1624158

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes rows 1-10 and a Total row.

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|---|--|---|--|----------------------------|-------------------------------|
| | | <u>Women & Science Luncheon</u> (event type) | <u>Celebrating Science Benefit</u> (event type) | <u>1</u> (total number) | (add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 1,778,686 | 1,158,261 | 81,300 | 3,018,247 |
| | 2 Less Contributions | 1,747,311 | 1,107,861 | 66,050 | 2,921,222 |
| | 3 Gross income (line 1 minus line 2) | 31,375 | 50,400 | 15,250 | 97,025 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 70,819 | 111,372 | 10,560 | 192,751 |
| | 7 Food and beverages | 47,984 | 94,554 | 7,374 | 149,912 |
| | 8 Entertainment | | | 3,470 | 3,470 |
| | 9 Other direct expenses | 9,350 | 34,708 | 19,240 | 63,298 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | |
| 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | | -312,406 |

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

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

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

| | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶

Address ▶

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

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

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer

Employee

Independent contractor

17 Mandatory distributions

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

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

| Return Reference | Explanation |
|---|---|
| Form 990, Schedule G, Part II, Fundraising Events | The Women & Science program is an important outreach and fundraising initiative of The Rockefeller University. Comprised of a wide circle of friends and benefactors, Women & Science provides support for education and career advancement of scientists in biomedical research and related fields. One component of this initiative is the annual Women & Science Lecture and Luncheon. |
| Form 990, Schedule G, Part II, Fundraising Events | The Parents & Science program is an important outreach and fundraising initiative of The Rockefeller University. Parents & Science sponsors events that feature distinguished Rockefeller University scientists and eminent guest speakers from such fields as psychology, medicine, education, and the social sciences. A major focus is emerging discoveries and biomedical breakthroughs that are improving the health and well-being of children. One component of this initiative is the annual Celebrating Science Benefit. |

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, question 20. Attach to Form 990. See separate instructions. Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization THE ROCKEFELLER UNIVERSITY

Employer identification number 13-1624158

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a. 1b If "Yes," was it a written policy? 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. 3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. 3a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? 3b Did the organization use FPG as a factor in determining eligibility for providing discounted care? 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? 5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Did the organization prepare a community benefit report during the tax year? 6b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost

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

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | | Yes | No |
|---|--|-----|----|
| 1 | Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15? | 1 | No |
| 2 | Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount | | |
| 3 | Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit | | |
| 4 | Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements | | |

Section B. Medicare

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

Section C. Collection Practices

| | | | |
|----|---|----|----|
| 9a | Did the organization have a written debt collection policy during the tax year? | 9a | No |
| 9b | If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI | 9b | |

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
 How many hospital facilities did the organization operate during the tax year?

1

Name, address, primary website address, and state license number

| Name, address, primary website address, and state license number | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) | Facility reporting group |
|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

The Rockefeller University Hospital

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

| | | Yes | No |
|--|--|-----|----|
| Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012) | | | |
| 1 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b | <input checked="" type="checkbox"/> Demographics of the community | | |
| c | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d | <input checked="" type="checkbox"/> How data was obtained | | |
| e | <input checked="" type="checkbox"/> The health needs of the community | | |
| f | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i | <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs | | |
| j | <input type="checkbox"/> Other (describe in Part VI) | | |
| 2 | Indicate the tax year the hospital facility last conducted a CHNA <u>20 12</u> | | |
| 3 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | Yes | |
| 4 | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI | | No |
| 5 | Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> Hospital facility's website (list url) _____ | | |
| b | <input type="checkbox"/> Other website (list url) _____ | | |
| c | <input checked="" type="checkbox"/> Available upon request from the hospital facility | | |
| d | <input type="checkbox"/> Other (describe in Part VI) | | |
| 6 | If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year) | | |
| a | <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA | | |
| b | <input checked="" type="checkbox"/> Execution of the implementation strategy | | |
| c | <input type="checkbox"/> Participation in the development of a community-wide plan | | |
| d | <input type="checkbox"/> Participation in the execution of a community-wide plan | | |
| e | <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans | | |
| f | <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA | | |
| g | <input checked="" type="checkbox"/> Prioritization of health needs in its community | | |
| h | <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community | | |
| i | <input type="checkbox"/> Other (describe in Part VI) | | |
| 7 | Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs | Yes | |
| 8a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | | No |
| 8b | If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c | If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V Facility Information (continued)

| Financial Assistance Policy | | Yes | No |
|------------------------------------|--|------------|-----------|
| 9 | Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? | | No |
| 10 | Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care ___% If "No," explain in Part VI the criteria the hospital facility used | | No |
| 11 | Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care ___% If "No," explain in Part VI the criteria the hospital facility used | | No |
| 12 | Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) | | No |
| a | <input type="checkbox"/> Income level | | |
| b | <input type="checkbox"/> Asset level | | |
| c | <input type="checkbox"/> Medical indigency | | |
| d | <input type="checkbox"/> Insurance status | | |
| e | <input type="checkbox"/> Uninsured discount | | |
| f | <input type="checkbox"/> Medicaid/Medicare | | |
| g | <input type="checkbox"/> State regulation | | |
| h | <input type="checkbox"/> Residency | | |
| i | <input type="checkbox"/> Other (describe in Part VI) | | |
| 13 | Explained the method for applying for financial assistance? | | No |
| 14 | Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | | No |
| a | <input type="checkbox"/> The policy was posted on the hospital facility's website | | |
| b | <input type="checkbox"/> The policy was attached to billing invoices | | |
| c | <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms | | |
| d | <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices | | |
| e | <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility | | |
| f | <input type="checkbox"/> The policy was available upon request | | |
| g | <input type="checkbox"/> Other (describe in Part VI) | | |

| Billing and Collections | | | |
|--------------------------------|---|--|----|
| 15 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? | | No |
| 16 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP | | |
| a | <input type="checkbox"/> Reporting to credit agency | | |
| b | <input type="checkbox"/> Lawsuits | | |
| c | <input type="checkbox"/> Liens on residences | | |
| d | <input type="checkbox"/> Body attachments | | |
| e | <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| 17 | Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged | | No |
| a | <input type="checkbox"/> Reporting to credit agency | | |
| b | <input type="checkbox"/> Lawsuits | | |
| c | <input type="checkbox"/> Liens on residences | | |
| d | <input type="checkbox"/> Body attachments | | |
| e | <input type="checkbox"/> Other similar actions (describe in Section C) | | |

Part V Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

| | | Yes | No |
|-----------------------|---|-----|----|
| 19 | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? | | No |
| If "No," indicate why | | | |
| a | <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions | | |
| b | <input type="checkbox"/> The hospital facility's policy was not in writing | | |
| c | <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI) | | |
| d | <input checked="" type="checkbox"/> Other (describe in Part VI) | | |

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

| | | | |
|------------------------------|--|--|----|
| 20 | Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care | | |
| a | <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged | | |
| b | <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged | | |
| c | <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged | | |
| d | <input type="checkbox"/> Other (describe in Part VI) | | |
| 21 | During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? | | No |
| If "Yes," explain in Part VI | | | |
| 22 | During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? | | No |
| If "Yes," explain in Part VI | | | |

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Part V Facility Information *(continued)*

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

(list in order of size, from largest to smallest)

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

| Name and address | Type of Facility (describe) |
|------------------|-----------------------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|--|
| Part II, Community Building Activities | |
| Part III, Line 9b | THE ROCKEFELLER UNIVERSITY HOSPITAL DOES NOT HAVE ANY NET PATIENT SERVICE REVENUE AS IT DOES NOT CHARGE ITS PATIENTS THE PATIENTS ARE SUBJECT VOLUNTEERS WHO GET PAID A STIPEND FOR CERTAIN CLINICAL TRIALS THAT ARE PERFORMED ON A ROUTINE BASIS |
| Part VI, Line 2 | Patients and volunteers who consent to participate in research studies (protocols) are treated without charge. Unlike most hospitals, the Rockefeller University Hospital does not routinely provide standard diagnostic and treatment services. Admission is selective; patients are chosen by Hospital physicians solely because they have an illness or condition being studied, or because they are healthy volunteers and are also needed for study. Thus, all research participants are volunteers, and as such are important partners in the research process. Without volunteers and patients, significant advances in biomedical knowledge could not otherwise be achieved. |
| Part VI, Line 3 | See Part VI, Line 2 explanation |
| Part VI, Line 5 | The Rockefeller University Hospital exists solely to conduct clinical research, at no charge to the research participants |
| PART VI, LINE 7 | NEW YORK |

Additional Data

Software ID:

Software Version:

EIN: 13-1624158

Name: THE ROCKEFELLER UNIVERSITY

990 Schedule H, Supplemental Information

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|-------------------------------------|---|
| Part V, Section A | |
| The Rockefeller University Hospital | Part V, Section B, Line 19d See Part V, Section A Explanation |

Schedule I (Form 990)

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

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

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

Attach to Form 990

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization THE ROCKEFELLER UNIVERSITY

Employer identification number

13-1624158

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

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

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|---------------------------------|---------------------------------|--|--|---|
| (1) FELLOWSHIPS | 135 | 4,340,087 | | | |
| (2) RESEARCH STIPENDS | 156 | 4,904,379 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

**Schedule J
(Form 990)**

Compensation Information

OMB No 1545-0047

2013

**Open to Public
Inspection**

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

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

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

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE ROCKEFELLER UNIVERSITY

Employer identification number

13-1624158

Part I Questions Regarding Compensation

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

- b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III.
- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III.

- 7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.
- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

| Return Reference | Explanation |
|------------------|--|
| Part I, Line 1a | The University provides a residence for the President on campus. The residence is a condition of employment as stated in the President's appointment letter. The house is provided to enable the President to be on campus 24/7 in order to respond to emergent situations that may arise and for other business purposes. |
| Part I, Line 4b | The University maintains a 457(b) deferred compensation plan for executive level employees. This plan was developed consistent with the 2001 Economic Growth and Tax Relief Reconciliation Act (EGTRRA). The University does not contribute to the plan (employee contributions only). 2013 employee contributions (not included in column B): Paul Greengard \$17,500; Maren Imhoff \$17,500; James Lapple \$17,500; Roberta Maloney \$17,500; Timothy O'Connor \$17,500; Harriet Rabb \$17,500; Robert Roeder \$17,500; Sidney Strickland \$17,500; Marc Tessier-Lavigne \$17,500; Michael Young \$17,500. |
| Part I, Line 5 | The University maintains a bonus plan for the Chief Investment Officer and the Deputy Chief Investment Officer which is partially based upon the fiscal year return of the University's endowment in addition to other quantitative and qualitative measures. The plan was approved by the University's Compensation Committee of the Board of Trustees. The plan was developed using comparative data from similar institutions. For retention purposes, a portion of the annual bonus is deferred and paid in subsequent years. |
| Part I, Line 7 | The University maintains a policy to provide recruitment and retention supplements to faculty as necessary. The purpose of this supplement is to provide an incentive for a candidate to join the University and for incumbent faculty to make Rockefeller their professional home, recognizing the high cost of living in the New York metropolitan area over the course of a whole career. The decision whether to grant a supplement and its size will turn on the exceptional quality of the faculty member's research and the strategic needs of the University, and will be made by the President in the exercise of his discretion. |

Additional Data

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

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

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|--|-------------|--|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|--|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | | | | |
| Marc Tessier-Lavigne PhD President | (i) (ii) | 1,045,450 0 | 0 0 | 269,006 0 | 28,412 0 | 144,811 0 | 1,487,679 0 | 0 0 |
| Amy Falls VP & CIO | (i) (ii) | 472,000 0 | 270,000 0 | 98,828 0 | 255,796 0 | 38,064 0 | 1,134,688 0 | 37,500 0 |
| Barry Collier VP & Physician-in-Chief | (i) (ii) | 507,900 0 | 0 0 | 50,411 0 | 44,452 0 | 30,234 0 | 632,997 0 | 0 0 |
| Harriet Rabb VP & General Counsel | (i) (ii) | 421,250 0 | 0 0 | 33,573 0 | 44,404 0 | 30,234 0 | 529,461 0 | 0 0 |
| Maren Imhoff VP, Development | (i) (ii) | 472,000 0 | 0 0 | 55,890 0 | 44,446 0 | 30,234 0 | 602,570 0 | 0 0 |
| John Tooze until 12/2013 VP, Facilities & Scientific | (i) (ii) | 256,667 0 | 0 0 | 1,003 0 | 44,411 0 | 37,686 0 | 339,767 0 | 0 0 |
| Michael Young VP, Academic Affairs | (i) (ii) | 437,900 0 | 0 0 | 41,651 0 | 44,374 0 | 38,064 0 | 561,989 0 | 0 0 |
| James Lapple VP, Finance & Treasurer | (i) (ii) | 380,650 0 | 0 0 | 34,714 0 | 44,501 0 | 10,244 0 | 470,109 0 | 0 0 |
| Sidney Strickland VP, Education Affairs | (i) (ii) | 334,950 0 | 0 0 | 19,617 0 | 44,437 0 | 30,234 0 | 429,238 0 | 0 0 |
| Virginia Huffman VP, Human Resources | (i) (ii) | 337,800 0 | 0 0 | 46,569 0 | 44,356 0 | 30,234 0 | 458,959 0 | 0 0 |
| Jane Rendall Corporate Secretary | (i) (ii) | 258,150 0 | 0 0 | 4,469 0 | 44,314 0 | 30,487 0 | 337,420 0 | 0 0 |
| Roberta Maloney Asst VP, Finance | (i) (ii) | 232,000 0 | 0 0 | -8,459 0 | 39,556 0 | 37,980 0 | 301,077 0 | 0 0 |
| Timothy O'Connor VP, University Strategy & | (i) (ii) | 210,938 0 | 100,000 0 | 150,069 0 | 20,496 0 | 14,965 0 | 496,468 0 | 0 0 |
| Jean-Laurent Casanova Professor, Head of Laborat | (i) (ii) | 353,500 0 | 0 0 | 177,588 0 | 44,455 0 | 30,234 0 | 605,777 0 | 0 0 |
| Jeffery V Ravetch Professor, Head of Laborat | (i) (ii) | 345,100 0 | 0 0 | 51,700 0 | 28,339 0 | 38,064 0 | 463,203 0 | 0 0 |
| Robert Roeder Professor, Head of Laborat | (i) (ii) | 410,000 0 | 0 0 | 63,692 0 | 44,351 0 | 38,064 0 | 556,107 0 | 0 0 |
| Thomas Lenehan Deputy CIO | (i) (ii) | 313,650 0 | 261,375 0 | 84,415 0 | 117,724 0 | 38,064 0 | 815,228 0 | 46,875 0 |
| Paul Greengard Professor, Head of Laborat | (i) (ii) | 436,450 0 | 0 0 | 29,458 0 | 44,422 0 | 30,234 0 | 540,564 0 | 0 0 |
| Thomas Sakmar Professor, Head of Laborat | (i) (ii) | 316,600 0 | 0 0 | 8,147 0 | 44,331 0 | 38,064 0 | 407,142 0 | 0 0 |

**Schedule K
(Form 990)**

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2013

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE ROCKEFELLER UNIVERSITY

Employer identification number
13-1624158

Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
|----------|--|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|--------------------|----|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | Dormitory Authority of the State of New York | 14-6000293 | 64983QEPO | 06-02-2005 | 65,000,000 | Const & renov of campus | | X | | X | | X |
| B | Dormitory Authority of the State of New York | 14-6000293 | 649903YA3 | 01-31-2008 | 103,215,000 | Const & renov of campus | | X | | X | | X |
| C | Dormitory Authority of the State of New York | 14-6000293 | 649905BE5 | 04-08-2009 | 62,119,152 | Current Refunding | | X | | X | | X |
| D | Dormitory Authority of the State of New York | 14-6000293 | 649905BF2 | 04-08-2009 | 100,000,000 | Const & renov of campus | | X | | X | | X |

Part II Proceeds

| | A | | B | | C | | D | | |
|--|------|----|------------|----|-------------|----|------------|----|-------------|
| | Yes | No | Yes | No | Yes | No | Yes | No | |
| 1 Amount of bonds retired | | | | | | | | | |
| 2 Amount of bonds legally defeased | | | | | | | | | |
| 3 Total proceeds of issue | | | 68,164,712 | | 104,734,474 | | 62,119,152 | | 100,578,341 |
| 4 Gross proceeds in reserve funds | | | | | | | | | |
| 5 Capitalized interest from proceeds | | | | | | | | | |
| 6 Proceeds in refunding escrows | | | | | | | | | |
| 7 Issuance costs from proceeds | | | 494,117 | | 641,319 | | 528,854 | | 527,175 |
| 8 Credit enhancement from proceeds | | | 35,000 | | | | | | 35,000 |
| 9 Working capital expenditures from proceeds | | | | | | | | | |
| 10 Capital expenditures from proceeds | | | 67,897,288 | | 104,093,155 | | 440,098 | | 100,016,166 |
| 11 Other spent proceeds | | | 61,150,200 | | | | 61,150,200 | | |
| 12 Other unspent proceeds | | | | | | | | | |
| 13 Year of substantial completion | 2008 | | 2012 | | 1998 | | 2012 | | |
| 14 Were the bonds issued as part of a current refunding issue? | | X | | X | X | | | X | |
| 15 Were the bonds issued as part of an advance refunding issue? | | X | | X | | X | | X | |
| 16 Has the final allocation of proceeds been made? | X | | X | | X | | X | | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | | |

Part III Private Business Use

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

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | X | | X | | X |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | X | | X | | X | | X | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | X | | X | | X | | X | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | 0 % | | 0 % | | 0 % | | 0 % | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | 0 % | | 0 % | | 0 % | | 0 % | |
| 6 Total of lines 4 and 5 | 0 % | | 0 % | | 0 % | | 0 % | |
| 7 Does the bond issue meet the private security or payment test? | | X | | X | | X | | X |
| 8a Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | X | | X |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | X | | X | | X | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T? | X | | | X | | X | | X |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | X | | X | | X |
| b Exception to rebate? | X | | X | | X | | X | |
| c No rebate due? | X | | X | | X | | X | |
| If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | X | | X | | | X | X | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | X | | | X | | X | | X |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | X | | X | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | X | | X | | X | | X | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

| Return Reference | Explanation |
|--|--|
| Date Rebate Computation Performed | Issuer Name Dormitory Authority of the State of New York Date the Rebate Computation was Performed 02/01/2011 Issuer Name Dormitory Authority of the State of New York Date the Rebate Computation was Performed 09/27/2013 Issuer Name Dormitory Authority of the State of New York Date the Rebate Computation was Performed 02/01/2011 Issuer Name Dormitory Authority of the State of New York Date the Rebate Computation was Performed 11/15/2013 Issuer Name Dormitory Authority of the State of New York Date the Rebate Computation was Performed 11/15/2013 |
| Part II - line 3 - Total Proceeds (Issue date 6/2/2005) | Total Proceeds include issue price (\$65,000,000) + investment income (\$3,391,405)- Rebate (\$226,692 21) Part I, lineA Pursuant to Treasury Reg sections 1 145-2(a) and 1 141-12(e)(2), the bonds originally issued on 6/2/05 are treated as reissued under certain sections of the Internal Revenue Code, but not as a reissuance under other sections of the Code, in the amount of \$13,743,577 Such amount, together with other amounts treated as disposition proceeds in the aggregate amount of \$24,000,000, plus investment earnings thereon, have been applied to pay the cost of certain construction and renovation projects in accordance with Treas Reg section 1 141-12(e)(1) |
| Part II - line 3 - Total Proceeds (Issue date 1/31/2008) | Total Proceeds includes issue price (\$103,215,000) + investment income (\$1,519,474) |
| Part II - line 3 - Total Proceeds (Issue date 4/8/2009) | Total proceeds include issue price (\$100,000,000) + investment income (\$578,341) |
| Part II - line 3 - Total Proceeds (Issue date 8/12/2009) | Total proceeds include issue price (\$101,554,000)+ investment income (\$400,676) |
| Part II - line 3 - Total Proceeds (Issue date 9/1/2010) | Total proceeds consists of issue price (\$53,818,500) + investment income (\$185,048) |

**Schedule K
(Form 990)**

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2013

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
 ▶ **Attach to Form 990.** ▶ **See separate instructions.**
 ▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE ROCKEFELLER UNIVERSITY

Employer identification number
13-1624158

Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
|----------|--|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|--------------------|----|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | Dormitory Authority of the State of New York | 14-6000293 | 649905PN0 | 08-12-2009 | 101,554,000 | Const & renov of campus | | X | | X | | X |
| B | Dormitory Authority of the State of New York | 14-6000293 | 6499053H7 | 09-01-2010 | 53,818,500 | Const & renov of campus | | X | | X | | X |
| C | Dormitory Authority of the State of New York | 14-6000293 | 649906RZ9 | 03-08-2012 | 30,018,979 | Current Refunding | | X | | X | | X |
| D | Dormitory Authority of the State of New York | 14-6000293 | 649906SB1 | 04-04-2012 | 56,441,595 | Current Refunding | | X | | X | | X |

Part II Proceeds

| | | A | | B | | C | | D | |
|-----------|--|-------------|----|------------|----|------------|----|------------|----|
| 1 | Amount of bonds retired | | | | | | | | |
| 2 | Amount of bonds legally defeased | | | | | | | | |
| 3 | Total proceeds of issue | 101,954,676 | | 54,003,548 | | 30,018,979 | | 56,441,595 | |
| 4 | Gross proceeds in reserve funds | | | | | | | | |
| 5 | Capitalized interest from proceeds | | | | | | | | |
| 6 | Proceeds in refunding escrows | | | | | | | | |
| 7 | Issuance costs from proceeds | 836,150 | | 553,621 | | 390,846 | | 321,511 | |
| 8 | Credit enhancement from proceeds | | | | | | | | |
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | 101,118,526 | | 53,449,927 | | 257,954 | | 465,580 | |
| 11 | Other spent proceeds | 29,370,179 | | | | 29,370,179 | | 55,654,504 | |
| 12 | Other unspent proceeds | | | | | | | | |
| 13 | Year of substantial completion | 2012 | | 2012 | | 1998 | | 2002 | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | | X | | X | X | | X | |
| 15 | Were the bonds issued as part of an advance refunding issue? | | X | | X | | X | | X |
| 16 | Has the final allocation of proceeds been made? | X | | X | | X | | X | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | |

Part III Private Business Use

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

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | X | | X | | X |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | X | | X | | X | | X | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | X | | X | | X | | X | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | 0 % | | 0 % | | 0 % | | 0 % | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | 0 % | | 0 % | | 0 % | | 0 % | |
| 6 Total of lines 4 and 5 | 0 % | | 0 % | | 0 % | | 0 % | |
| 7 Does the bond issue meet the private security or payment test? | | X | | X | | X | | X |
| 8a Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | X | | X |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | X | | X | | X | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T? | | X | | X | | X | | X |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | X | | X | | X | | X | |
| b Exception to rebate? | | X | | X | X | | X | |
| c No rebate due? | X | | X | | X | | X | |
| If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | X | | X | | X | | X |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | X | | X | | | X | | X |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | X | | X | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | X | | X | | X | | X | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
| | |

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization THE ROCKEFELLER UNIVERSITY

Employer identification number

13-1624158

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

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

Table with 4 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--|---|----|
| | | | | Yes | No |
| (1) Anthony Evnin | RU Trustee | 379,308 | The Rockefeller University's endowment is an investor in several partnerships where Anthony Evnin (RU Trustee) is General Partner or Member of the General Partner Anthony Evnin is not and has never been a member of the Rockefeller University Investment Committee, which means that he does not participate in the University's investment decisions All transactions are conducted at arms length and at FMV | | No |
| (2) William J Overlock Jr | RU Trustee | 115,395 | The son-in-law of Willard J Overlock, Jr (RU Trustee) is employed by The Rockefeller University The salary paid was \$82,425 + fringe benefits at 40% of salary | | No |
| (3) David Sze | RU Trustee | 82,346 | The Rockefeller University's endowment is an investor in several partnerships where David Sze (RU Trustee) is General Partner or Member of the General Partner David Sze is not and has never been a member of the Rockefeller University Investment Committee, which means that he does not participate in the University's investment decisions All transactions are conducted at arms length and at FMV | | No |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

| Return Reference | Explanation |
|------------------|-------------|
| | |

Additional Data

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

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

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| (1) Jean-Laurent Casanova | | Mortgage Loan | | X | 2,540,000 | 2,377,332 | | No | Yes | | Yes | |
| (2) Virginia Huffman | | Mortgage Loan | | X | 180,000 | 170,345 | | No | Yes | | Yes | |
| (3) Maren I Imhoff | | Mortgage Loan | | X | 300,000 | 187,335 | | No | Yes | | Yes | |
| (4) James Lapple | | Mortgage Loan | | X | 1,579,378 | 1,440,667 | | No | Yes | | Yes | |
| (5) Thomas Lenehan | | Mortgage Loan | | X | 1,000,000 | 970,760 | | No | Yes | | Yes | |
| (6) Roberta Maloney | | Mortgage Loan | | X | 502,932 | 319,060 | | No | Yes | | Yes | |
| (7) Harriet Rabb | | Mortgage Loan | | X | 300,000 | 207,291 | | No | Yes | | Yes | |
| (8) Jane Rendall | | Mortgage Loan | | X | 1,353,315 | 1,220,849 | | No | Yes | | Yes | |
| (9) Thomas Sakmar | | Mortgage Loan | | X | 599,000 | 534,546 | | No | Yes | | Yes | |
| (10) Sidney Strickland | | Mortgage Loan | | X | 197,528 | 165,421 | | No | Yes | | Yes | |
| (11) Marc Tessier-Lavigne | | Mortgage Loan | | X | 2,500,000 | 2,370,526 | | No | Yes | | Yes | |
| (12) Michael Young | | Mortgage Loan | | X | 1,238,068 | 1,116,406 | | No | Yes | | Yes | |

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2013

Open to Public Inspection

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

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization THE ROCKEFELLER UNIVERSITY

Employer identification number 13-1624158

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art, Books, Cars, Securities, etc.

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

29

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods and gift acceptance policies.

Part III Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference | Explanation |
|--------------------|---|
| Part I, Column (b) | Contributions receivable are pledges made by donors where the cash has not been received as of June 30, 2014 Private gifts and grants receivable are grants made to the University where the cash has not been received as of June 30, 2014 |
| Part I, Line 32b | The University utilizes a third party to sell gifts of stock that it receives during the fiscal year |

Schedule M (Form 990) (2013)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name of the organization
THE ROCKEFELLER UNIVERSITY

Employer identification number

13-1624158

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Section A, line 2 | |
| Form 990, Part VI, Section B, line 11 | The Organization made available to the governing Board of Trustees the completed form 990 on a restricted website prior to submission. Any comments or questions pertaining to the form 990 were sent to the Vice President, Finance or a member of the Audit Committee of the Board of Trustees. The Audit Committee of the Board of Trustees reviewed and approved the form 990 prior to its submission. |
| Form 990, Part VI, Section B, line 12c | All members of the University community are covered by the applicable University conflict of interest policies. Trustees, Officers, and Key Employees are covered by the Policy on Business Conflict of Interest and Family/Business Relationships. All other members of the University community are covered by the Conflict of Interest Policy Governing Business Practices. (a) For trustees (including the President), the conflict of interest disclosure form is submitted to the Executive Committee of the Board of Trustees. The Executive Committee, with help from others it may designate, investigates any conflicts or potential conflicts of interest and implements management plans where conflicts or potential conflicts are found to exist. Trustees having made disclosures of current or potential conflict of interest situations may participate in the information-gathering stage of the Executive Committee's review of the disclosures, but will be asked to excuse themselves during the Executive Committee discussion, consideration and vote on the matters in question. (b) For officers and key employees, the conflict of interest disclosure form is submitted to the President. The President, with the help from others he may designate, investigates any conflicts or potential conflicts of interest, and implements management plans where conflicts are found to exist. (c) For heads of laboratory, the conflict of interest disclosure form is submitted to the Vice President for Academic Affairs. The Vice President for Academic Affairs, with help from others he may designate, investigates any conflicts or potential conflicts of interest, and implements management plans where conflicts are found to exist. (d) For all other members of the University community, the conflict of interest disclosure form is submitted to the Vice President for Human Resources. The Vice President for Human Resources, with help from others she may designate, investigates any conflicts or potential conflicts of interest, and implements management plans where conflicts are found to exist. |
| Form 990, Part VI, Section B, line 15 | Compensation for the President and Officers is established and approved by the Compensation Committee of the Board of Trustees. Such compensation is established through review of comparability data and contemporaneous substantiation of the deliberation and decision. The process includes use of an independent compensation consultant, compensation survey of peer institutions and review of other Form 990s. Specific reviews occur on an annual basis. |
| Form 990, Part VI, Section C, line 19 | Conflict of interest policy and financial statements are available to the public through the University's website. |
| Form 990, Part XI, line 9 | Unrealized Loss on Derivatives - \$(1,628,121) -1,628,121 Postretirement related changes - \$ 3,908,000 3,908,000 |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE ROCKEFELLER UNIVERSITY

Employer identification number

13-1624158

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

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

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

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end- of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

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

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

| | Yes | No |
|-----------|-----|----|
| 1a | | No |
| 1b | | No |
| 1c | | No |
| 1d | | No |
| 1e | | No |
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | | No |
| 1j | | No |
| 1k | | No |
| 1l | | No |
| 1m | Yes | |
| 1n | Yes | |
| 1o | Yes | |
| 1p | | No |
| 1q | | No |
| 1r | Yes | |
| 1s | | No |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) THE ROCKEFELLER UNIVERSITY FACULTY & STUDENTS CLUB INC | M | 193,436 | Actual |
| (2) THE ROCKEFELLER UNIVERSITY FACULTY & STUDENTS CLUB INC | N | 101,231 | Actual |
| (3) THE ROCKEFELLER UNIVERSITY FACULTY & STUDENTS CLUB INC | R | -176,133 | Actual |
| | | | |
| | | | |
| | | | |

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

| Return Reference | Explanation |
|----------------------------------|--|
| Form 990, Schedule R, Part V, #2 | The Rockefeller University Faculty and Students Club, Inc (the Club) is a 501(c)(7) organization that operates a social Club on the campus of The Rockefeller University. The purpose of the Club is to encourage the friendly association of its members and their guests for scientific and other intellectual discourse, and/or pleasure and recreation. The books and records of the Club are maintained by the University. The University collects annual Club dues on behalf of the Club. The Club also relies on certain University systems in order to operate. The Club has a liability to the University which represents the University's subsidized portion of the Club's operations in the amount of \$1,935,059 as of June 30, 2014. |

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172
2013
 Attachment
 Sequence No **179**

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

| | | |
|---|---|---|
| Name(s) shown on return THE ROCKEFELLER UNIVERSITY | Business or activity to which this form relates Form 990 Page 10 | Identifying number 13-1624158 |
|---|---|---|

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

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

| 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|--|------------------------------|------------------|
| 7 Listed property Enter the amount from line 29 | 7 | |
| 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 Tentative deduction Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 | 10 | |
| 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | |
| 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 | 13 | |

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

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

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

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

Section A

| | | |
|---|----|--|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2013 | 17 | |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | | |

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (see instructions.)

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

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

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

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

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

Section B-Information on Use of Vehicles

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

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year 42 Amortization of costs that begins during your 2013 tax year (see instructions) 43 Amortization of costs that began before your 2013 tax year 44 Total. Add amounts in column (f) See the instructions for where to report



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

Financial Statements

December 31, 2013 and 2012

(With Independent Auditors' Report Thereon)



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

Independent Auditors' Report

The Board of Trustees
The Rockefeller University:

We have audited the accompanying financial statements of The Rockefeller University Hospital (a division of The Rockefeller University) (the Hospital), which comprise the balance sheets as of December 31, 2013 and 2012, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly in all material respects, the financial position of The Rockefeller University Hospital as of December 31, 2013 and 2012, and the changes in its net assets and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

KPMG LLP

May 28, 2014

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

Balance Sheets

December 31, 2013 and 2012

| Assets | 2013 | 2012 |
|--|----------------------|-------------------|
| Industry-sponsored receivables | \$ 1,138 | 6,921 |
| Due from The Rockefeller University | 6,532,634 | 6,025,540 |
| Land, buildings, and equipment, net (note 4) | <u>7,628,241</u> | <u>8,078,957</u> |
| Total assets | <u>\$ 14,162,013</u> | <u>14,111,418</u> |
| Liabilities and Net Assets | | |
| Liabilities: | | |
| Accounts payable and accrued expenses | \$ 740,832 | 723,848 |
| Total liabilities | <u>740,832</u> | <u>723,848</u> |
| Net assets – unrestricted: | | |
| Expended for land, buildings, and equipment | 7,628,241 | 8,078,957 |
| Designated for plant replacement | <u>5,792,940</u> | <u>5,308,613</u> |
| Total net assets | <u>13,421,181</u> | <u>13,387,570</u> |
| Total liabilities and net assets | <u>\$ 14,162,013</u> | <u>14,111,418</u> |

See accompanying notes to financial statements.

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

Statements of Activities

Years ended December 31, 2013 and 2012

| | 2013 | 2012 |
|---|---------------|-------------|
| Revenues: | | |
| Government grants (note 3) | \$ 7,610,789 | 7,257,504 |
| Other revenue | 126,281 | 144,536 |
| Contributions | 75,550 | 50,550 |
| Total revenues | 7,812,620 | 7,452,590 |
| Expenses: | | |
| Patient care | 5,789,721 | 5,222,434 |
| Research | 4,792,243 | 4,797,334 |
| Administrative and general | 3,945,301 | 3,622,062 |
| Total expenses | 14,527,265 | 13,641,830 |
| Deficiency of revenues over expenses | (6,714,645) | (6,189,240) |
| Other changes in net assets: | | |
| Operating subsidy grant from The Rockefeller University | 6,714,645 | 6,189,240 |
| Capital subsidy grant from The Rockefeller University | 33,611 | 91,927 |
| Increase in net assets | 33,611 | 91,927 |
| Net assets at beginning of year | 13,387,570 | 13,295,643 |
| Net assets at end of year | \$ 13,421,181 | 13,387,570 |

See accompanying notes to financial statements.

THE ROCKEFELLER UNIVERSITY HOSPITAL

(A Division of The Rockefeller University)

Statements of Cash Flows

Years ended December 31, 2013 and 2012

| | <u>2013</u> | <u>2012</u> |
|--|--------------------|--------------------|
| Cash flows from operating activities: | | |
| Increase in net assets | \$ 33,611 | 91,927 |
| Adjustments to reconcile increase in net assets to net cash used in operating activities: | | |
| Depreciation | 484,327 | 499,522 |
| Operating subsidy grant from The Rockefeller University classified as financing activities | (6,714,645) | (6,189,240) |
| Capital subsidy grant from The Rockefeller University classified as financing activities | (33,611) | (91,927) |
| Decrease (increase) in industry-sponsored receivables | 5,783 | (6,271) |
| Increase (decrease) in accounts payable and accrued expenses | 16,984 | (152,406) |
| Net cash used in operating activities | <u>(6,207,551)</u> | <u>(5,848,395)</u> |
| Cash flows from investing activity: | | |
| Purchases of land, buildings, and equipment | <u>(33,611)</u> | <u>(91,927)</u> |
| Net cash used in investing activity | <u>(33,611)</u> | <u>(91,927)</u> |
| Cash flows from financing activities: | | |
| Operating subsidy grant from The Rockefeller University classified as financing activities | 6,714,645 | 6,189,240 |
| Capital subsidy grant from The Rockefeller University classified as financing activities | 33,611 | 91,927 |
| Increase in due from The Rockefeller University | <u>(507,094)</u> | <u>(340,845)</u> |
| Net cash provided by financing activities | <u>6,241,162</u> | <u>5,940,322</u> |
| Net change in cash | — | — |
| Cash at beginning of year | <u>—</u> | <u>—</u> |
| Cash at end of year | <u><u>\$ —</u></u> | <u><u>—</u></u> |

See accompanying notes to financial statements.

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

Notes to Financial Statements

December 31, 2013 and 2012

(1) Nature of Operations

The Rockefeller University Hospital (the Hospital) operates under the charter of The Rockefeller University (the University) and is not incorporated as a separate legal entity. The Hospital conducts research on volunteer patients. These activities are funded primarily through a grant provided by the U.S. Department of Health and Human Services (DHHS). Approximately 52% and 53% of the Hospital's operations were funded by this grant in 2013 and 2012, respectively. The balance of the operating costs is funded primarily by an operating subsidy grant from the University.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The Hospital prepares its financial statements on the accrual basis of accounting in accordance with standards established by the Financial Accounting Standards Board for external reporting by not-for-profit organizations. The accompanying financial statements include the economic resources and financial activities of the Hospital.

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

(b) Deficiency of Revenues over Expenses

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

(c) Patient Service Revenue

Net patient service revenue represents the estimated net realizable amounts from patients and third-party payors for services rendered, net of contractual and courtesy allowances. Estimated contractual adjustments, including prospective rate adjustments arising under third-party reimbursement programs, are accrued in the period the services are rendered to the patients. Differences between estimated retroactive third-party reimbursement settlements for prior years and subsequent final settlements are recorded in the year of settlement as contractual adjustments. No net patient service revenue has been recognized for the years ended December 31, 2013 and 2012.

(d) Government Grants

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

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

Notes to Financial Statements

December 31, 2013 and 2012

(e) Use of Estimates

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

(f) Land, Buildings, and Equipment

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

(g) Income Taxes

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

(3) Grants Revenue

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

As of December 31, 2013, awards totaling \$6,683,295 had been granted for the period from July 1, 2013 to June 30, 2014, of which \$2,858,191 was unexpended as of December 31, 2013. As of December 31, 2012, awards totaling \$7,848,681 had been granted for the period from July 1, 2012 to June 30, 2013, of which \$426,465 was unexpended as of December 31, 2013 and \$3,785,685 was expended during the year ended December 31, 2013. Additionally, the Hospital expended \$150,392 in awards relating to the American Recovery and Reinvestment Act in 2012.

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

Notes to Financial Statements

December 31, 2013 and 2012

(4) Land, Buildings, and Equipment

Land, buildings, and equipment, all of which are funded by the University, are stated at cost at December 31, 2013 and 2012 and consist of the following:

| | 2013 | 2012 |
|-------------------------------|--------------|-------------|
| Land | \$ 1,191,709 | 1,191,709 |
| Buildings and equipment | 15,550,336 | 15,516,725 |
| Total | 16,742,045 | 16,708,434 |
| Less accumulated depreciation | (9,113,804) | (8,629,477) |
| | \$ 7,628,241 | 8,078,957 |

(5) Retirement Benefits

The Hospital participates with the University in a defined contribution retirement plan covering substantially all personnel. The plan is fully funded by the purchase of annuity contracts. Pension costs attributable to the Hospital amounted to approximately \$485,000 and \$467,000 for the years ended December 31, 2013 and 2012, respectively.

In addition, the Hospital participates with the University in providing certain healthcare and life insurance benefits for retired professional and administrative employees who meet certain age and length-of-service requirements upon retirement. Postretirement benefit costs allocated to the Hospital amounted to approximately \$461,000 and \$462,000 for the years ended December 31, 2013 and 2012, respectively. Information as to vested and nonvested earned benefits, as well as plan assets, as they relate to the Hospital, is not readily available.

(6) Medical Malpractice Insurance

The University, acting on behalf of the Hospital, carries umbrella policies providing \$35,000,000 per annual policy period. The occurrence-based medical malpractice coverage provides coverage for losses in excess of \$1,500,000 per occurrence and \$3,000,000 in aggregate as well as Clinical Trial liability insurance for losses in excess of \$25,000 per occurrence with a limit liability of \$5,000,000 for each occurrence and in the aggregate. The current policy was renewed on December 1, 2013.

As of December 31, 2013 and 2012, there were no medical malpractice claims filed against the Hospital. The cost of providing medical malpractice insurance coverage amounted to approximately \$344,000 and \$335,000 for the years ended December 31, 2013 and 2012, respectively.

(7) Contingent Liabilities

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

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

Notes to Financial Statements

December 31, 2013 and 2012

(8) Subsequent Events

The Hospital evaluated events subsequent to December 31, 2013 through May 28, 2014, the date which the financial statements were issued and concluded that no additional disclosures are required.