

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

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052
2017
Open to Public Inspection

For calendar year 2017, or tax year beginning 07-01-2017, and ending 06-30-2018

Name of foundation ROCKEFELLER ARCHIVE CENTER		A Employer identification number 20-8030810	
Number and street (or P O box number if mail is not delivered to street address) 15 DAYTON AVENUE	Room/suite	B Telephone number (see instructions) (914) 366-6308	
City or town, state or province, country, and ZIP or foreign postal code SLEEPY HOLLOW, NY 10591		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 139,980,708		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)			

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	2,190,741			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	40,217	40,217	40,217	
	4 Dividends and interest from securities	6,001,048	6,001,048	6,001,048	
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	22,806	0	22,806		
12 Total. Add lines 1 through 11	8,254,812	6,041,265	6,064,071		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	441,631	0	0	398,133
	14 Other employee salaries and wages	2,785,069	0	0	2,711,978
	15 Pension plans, employee benefits	1,253,066	0	0	1,187,337
	16a Legal fees (attach schedule)	2,414	0	0	0
	b Accounting fees (attach schedule)	59,620	0	0	0
	c Other professional fees (attach schedule)	742,755	579,587	579,587	162,226
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	118,000	0	118,000	0
	19 Depreciation (attach schedule) and depletion	632,148	0	0	
	20 Occupancy	1,156,768	0	0	955,631
	21 Travel, conferences, and meetings	219,628	0	0	223,577
	22 Printing and publications	2,166	0	0	2,166
	23 Other expenses (attach schedule)	346,762	0	0	346,249
	24 Total operating and administrative expenses. Add lines 13 through 23	7,760,027	579,587	697,587	5,987,297
	25 Contributions, gifts, grants paid	110,349			110,467
26 Total expenses and disbursements. Add lines 24 and 25	7,870,376	579,587	697,587	6,097,764	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	384,436				
b Net investment income (if negative, enter -0-)		5,461,678			
c Adjusted net income (if negative, enter -0-)			5,366,484		

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

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	85,592	141,513	141,513
	2 Savings and temporary cash investments	2,308,205	2,408,095	2,408,095
	3 Accounts receivable ▶ <u>1,823</u>			
	Less allowance for doubtful accounts ▶ _____	1,426	1,823	1,823
	4 Pledges receivable ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable	13,500	104,174	104,174
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	16,423	13,864	13,864
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____			
Less accumulated depreciation (attach schedule) ▶ _____				
12 Investments—mortgage loans				
13 Investments—other (attach schedule)	110,754,459	117,192,008	117,192,008	
14 Land, buildings, and equipment basis ▶ <u>22,584,122</u>				
Less accumulated depreciation (attach schedule) ▶ <u>5,111,871</u>	17,775,064	17,472,251	17,472,251	
15 Other assets (describe ▶ _____)	2,646,980	2,646,980	2,646,980	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	133,601,649	139,980,708	139,980,708	
Liabilities	17 Accounts payable and accrued expenses	789,815	740,521	
	18 Grants payable.			
	19 Deferred revenue	2,599,212	2,329,162	
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule).			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	3,389,027	3,069,683	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	61,783,678	64,588,445	
	25 Temporarily restricted	46,531,294	50,424,930	
	26 Permanently restricted	21,897,650	21,897,650	
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
30 Total net assets or fund balances (see instructions)	130,212,622	136,911,025		
31 Total liabilities and net assets/fund balances (see instructions) .	133,601,649	139,980,708		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	130,212,622
2 Enter amount from Part I, line 27a	2	384,436
3 Other increases not included in line 2 (itemize) ▶ _____	3	6,314,072
4 Add lines 1, 2, and 3	4	136,911,130
5 Decreases not included in line 2 (itemize) ▶ _____	5	105
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	136,911,025

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1a			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	
{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	3	
{ If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }		

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

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

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

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

1 Enter the appropriate amount in each column for each year, see instructions before making any entries			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	5,810,432	108,863,296	0.053374
2015	5,697,452	105,739,032	0.053882
2014	5,900,257	109,329,567	0.053968
2013	5,211,178	103,050,131	0.050569
2012	5,619,896	94,509,928	0.059464
2 Total of line 1, column (d)			0.271257
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			0.054251
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			116,296,166
5 Multiply line 4 by line 3			6,309,183
6 Enter 1% of net investment income (1% of Part I, line 27b)			54,617
7 Add lines 5 and 6			6,363,800
8 Enter qualifying distributions from Part XII, line 4			6,254,800
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.			

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes categories like 'Exempt operating foundations', 'Domestic foundations', and 'Tax based on investment income'. Total amount owed is 46,533.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Questions include 'Did the foundation attempt to influence any national, state, or local legislation?' and 'Did the foundation have at least \$5,000 in assets at any time during the year?'.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

Located at 15 DAYTON AVENUE SLEEPY HOLLOW NY ZIP+4 10591

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year 15

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?			5b
	Organizations relying on a current notice regarding disaster assistance check here.			<input type="checkbox"/>
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870</i>			6b
				No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			7b

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

Table 1: List all officers, directors, trustees, foundation managers and their compensation (see instructions). Columns include Name and address, Title and average hours per week, Compensation (If not paid, enter -0-), Contributions to employee benefit plans and deferred compensation, and Expense account, other allowances.

Table 2: Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." Columns include Name and address of each employee paid more than \$50,000, Title and average hours per week, Compensation, Contributions to employee benefit plans and deferred compensation, and Expense account, other allowances.

Total number of other employees paid over \$50,000. 27

Table 3: Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." Columns include Name and address of each person paid more than \$50,000, Type of service, and Compensation.

Total number of others receiving over \$50,000 for professional services. 0

Part IX-A Summary of Direct Charitable Activities

Table for Part IX-A: Summary of Direct Charitable Activities. Includes instructions and columns for activity description and Expenses. Activities listed include Archival Program and Research & Education.

Part IX-B Summary of Program-Related Investments (see instructions)

Table for Part IX-B: Summary of Program-Related Investments. Includes instructions and columns for investment description and Amount.

Total. Add lines 1 through 3 0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	115,031,091
b	Average of monthly cash balances.	1b	3,036,083
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	118,067,174
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	118,067,174
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	1,771,008
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	116,296,166
6	Minimum investment return. Enter 5% of line 5.	6	5,814,808

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	6,097,764
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	157,036
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	6,254,800
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	6,254,800

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2017				
a From 2012.				
b From 2013.				
c From 2014.				
d From 2015.				
e From 2016.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ _____				
a Applied to 2016, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2017 distributable amount.				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2013.				
b Excess from 2014.				
c Excess from 2015.				
d Excess from 2016.				
e Excess from 2017.				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. 2006-06-20

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

	Tax year				(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	5,366,484	5,312,224	5,286,952	5,204,580	21,170,240
b 85% of line 2a	4,561,511	4,515,390	4,493,909	4,423,893	17,994,704
c Qualifying distributions from Part XII, line 4 for each year listed	6,254,800	5,810,432	5,697,452	5,900,257	23,662,941
d Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	0	0
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	6,254,800	5,810,432	5,697,452	5,900,257	23,662,941
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.	3,876,539	3,628,777	3,524,635	3,644,319	14,674,270
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					0
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income					0

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

1 Information Regarding Foundation Managers:

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

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

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

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

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

NORINE HOCHMAN ADMINISTRATOR
 15 DAYTON AVENUE
 SLEEPY HOLLOW, NY 10591
 (914) 366-6309
 RACGRANTS@ROCKARCH.ORG

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

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

c Any submission deadlines

NOVEMBER 15TH OF EACH CALENDAR YEAR

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

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

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	110,349
b <i>Approved for future payment</i>				
Total			▶ 3b	0

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JACK MEYERS 15 DAYTON AVENUE SLEEPY HOLLOW, NY 10591	PRESIDENT 35 00	279,087	86,015	0
JAMES A SMITH 15 DAYTON AVENUE SLEEPY HOLLOW, NY 10591	VICE-PRESIDENT 21 00	162,544	36,747	0
NEIL RUDENSTINE 15 DAYTON AVENUE SLEEPY HOLLOW, NY 10591	CHAIR 1 00	0	0	0
STEPHEN HEINTZ 15 DAYTON AVENUE SLEEPY HOLLOW, NY 10591	TRUSTEE 1 00	0	0	0
IRA KATZNELSON 15 DAYTON AVENUE SLEEPY HOLLOW, NY 10591	TRUSTEE 1 00	0	0	0
RICHARD LIFTON 15 DAYTON AVENUE SLEEPY HOLLOW, NY 10591	TRUSTEE 1 00	0	0	0
DAVID ROCKEFELLER JR 15 DAYTON AVENUE SLEEPY HOLLOW, NY 10591	TRUSTEE 1 00	0	0	0
RAJIV SHAH 15 DAYTON AVENUE SLEEPY HOLLOW, NY 10591	TRUSTEE 1 00	0	0	0
MEGAN SNIFFIN-MARINOFF 15 DAYTON AVENUE SLEEPY HOLLOW, NY 10591	TRUSTEE 1 00	0	0	0

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LUKAS ENGELMANN41 RIVER LANE BAMCRIDGE CB5 8HP UK	NONE	NONE	REIMBURSEMENT OF TRAVEL	2,835
PETER L MILLWOOD FLAT 1 HAYES COURT CAMBERWELL NEW ROAD LONDON SE5 0TQ UK	NONE	NONE	REIMBURSEMENT OF TRAVEL	5,000
FEDERICO PACHETTI1 QUEENS ROAD CENTRAL HONG KONG HK	NONE	NONE	REIMBURSEMENT OF TRAVEL	3,785
Total ▶ 3a				110,349

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SABRINA SHAFIQUE 2333 RIDGE CT APT 9 LAWRENCE, KS 66046	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,500
TILL GREITEGROSSGORSCHENSTR 5 BERLIN 10827 GM	NONE	NONE	REIMBURSEMENT OF TRAVEL	2,572
MOLLY GEIDEL22 SALISBURY RD MANCHESTER M21 OSL UK	NONE	NONE	REIMBURSEMENT OF TRAVEL	2,299
Total ▶ 3a				110,349

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NIKA GRABARHRVATSKI TRG 2 LIUBLJANA 1000 SI	NONE	NONE	REIMBURSEMENT OF TRAVEL	3,500
DIANE M SANDERSPO BOX 262 EAGLE, CO 81631	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,427
NATALIA MARIA GUTIERREZ URGUIJO TZINAL 347 HEROES DE PADIERNA CIUDAD DE MEXICO 14200 MX	NONE	NONE	REIMBURSEMENT OF TRAVEL	2,881
Total ▶ 3a				110,349

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JACQUELINE LECKIE36 HUIA STREET ST LEONARDS DUNEDIN 9022 NZ	NONE	NONE	REIMBURSEMENT OF TRAVEL	3,821
BARRY DOYLE18 CAVENDISH COURT SLINGSBY YORK YO624BN UK	NONE	NONE	REIMBURSEMENT OF TRAVEL	2,244
KAZUSHI MINAMI 2501 LAKE AUSTIN BLVD APT K108 AUSTIN, TX 78703	NONE	NONE	REIMBURSEMENT OF TRAVEL	4,703
Total 3a				110,349

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NIKKI MOORE 3412 CHARLOTTE ROSE DRIVE AUSTIN, TX 78704	NONE	NONE	REIMBURSEMENT OF TRAVEL	2,381
JULIA FOULKES 202 ST MARKS AVENUE 3 BROOKLYN, NY 11238	NONE	NONE	REIMBURSEMENT OF TRAVEL	2,000
NICOLAS GUILHOT 343 GOLD STREET 2802 BROOKLYN, NY 11201	NONE	NONE	REIMBURSEMENT OF TRAVEL	2,000
Total 3a				110,349

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DAVID HAMMACK 14206 S WOODLAND RD SHAKER HEIGHTS, OH 441202451	NONE	NONE	REIMBURSEMENT OF TRAVEL	2,000
DAVID HAMMACK 14206 S WOODLAND RD SHAKER HEIGHTS, OH 441202451	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,184
HEIDI MOREFIELD 2308 MT VERNON AVE 123 ALEXANDRIA, VA 22301	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,593
Total ▶ 3a				110,349

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DEEPA RAMASWAMY 1 HARDING ST UNIT 1 CAMBRIDGE, MA 02141	NONE	NONE	REIMBURSEMENT OF TRAVEL	698
LAETITIA LENELWELSERSTR 11 BERLIN D-10777 GM	NONE	NONE	REIMBURSEMENT OF TRAVEL	2,323
MOLLY GEIDEL22 SALISBURY RD MANCHESTER M21 OSL UK	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,388
Total ▶ 3a				110,349

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GAURAV C GARG2375 132ND AVE SE BELLEVUE, WA 98005	NONE	NONE	REIMBURSEMENT OF TRAVEL	5,000
WILLIAM BUXTON 1415 RUE DE LONGUEUIL QUEBEC, QUEBEC G1S 2G2 CA	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,500
CLARE KIM14 CONCORD AVE APT 416 CAMBRIDGE, MA 02138	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,125
Total 3a				110,349

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SAMUEL KLUG 23 SIDNEY STREET APT 103 CAMBRIDGE, MA 02138	NONE	NONE	REIMBURSEMENT OF TRAVEL	931
LAUREN KAPSALAKIS 50 CHARLESGATE E APT 196 BOSTON, MA 02215	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,225
JOSEPH MALHEREK 336 CENTER AVE NORTH BLOOMING PRAIRIE, MN 55917	NONE	NONE	REIMBURSEMENT OF TRAVEL	4,139
Total 3a				110,349

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KATHRYN WATAHA 1282 BOYLSTON ST APT 1007 BOSTON, MA 02215	NONE	NONE	REIMBURSEMENT OF TRAVEL	2,228
JOANNE LAYCOCK 129 ROSEBERY ST MANCHESTER M14 4UU UK	NONE	NONE	REIMBURSEMENT OF TRAVEL	2,075
LAURA MARIA LOSS SCHWARZ 326 KIPLING BLVD LANSING, MI 48912	NONE	NONE	REIMBURSEMENT OF TRAVEL	4,777
Total 3a				110,349

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALMA IGRA 500 WEST 122 STREET APT 6D NEW YORK, NY 10027	NONE	NONE	REIMBURSEMENT OF TRAVEL	357
ZHEN CHENG CENTER FOR THE HISTORY OF MEDICINE 38 XEUYUSN RD HAIDIAN DISTRICT BEIJING 100191 CH	NONE	NONE	REIMBURSEMENT OF TRAVEL	3,558
WILLIAM DE JONG-LAMBERT 185 CLAREMONT AVE APT 5J NEW YORK, NY 10027	NONE	NONE	REIMBURSEMENT OF TRAVEL	105
Total ▶ 3a				110,349

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AARON ROM O MORALINA 1040 CATHERWOOD CT WEST LAFAYETTE, IN 47906	NONE	NONE	REIMBURSEMENT OF TRAVEL	4,000
ANNA HOLDORF750 TRAVERS CIRCLE MISHAWAKA, IN 46545	NONE	NONE	REIMBURSEMENT OF TRAVEL	2,000
LIPING BU123 WEST DOWNIE STREET ALMA, MI 488011618	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,988
Total ▶ 3a				110,349

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALIKI ECONOMIDES 1349 AVENUE DUCHARME MONTREAL, QUEBEC H2V 1E7 CA	NONE	NONE	REIMBURSEMENT OF TRAVEL	2,359
AMMA QAYYUM 10101 GROSVENOR PLACE APT 1906 NORTH BETHESDA, MD 20852	NONE	NONE	REIMBURSEMENT OF TRAVEL	2,906
CHANELLE ROSE 8 AUTUMN RIDGE DRIVE GLASSBORO, NJ 08028	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,442
Total ▶ 3a				110,349

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MICHAEL UY DUNSTER HOUSE 945 MEMORIAL DRIVE CAMBRIDGE, MA 02138	NONE	NONE	REIMBURSEMENT OF TRAVEL	3,000
CARLOS EDUARDO SUPRINYAK RUA PAULO SIMONI 167/301 BELO HORIZONTE MINAS GERAIS 30330-190 BR	NONE	NONE	REIMBURSEMENT OF TRAVEL	3,000
HILLARY JEAN SEBENY 1704 KAMAMALU AVENUE APT A HONOLULU, HI 96813	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,500
Total 3a			▶	110,349

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BEN OFFILER21 SPITFIRE ROAD CASTLE DININGTON DE74 2AP UK	NONE	NONE	REIMBURSEMENT OF TRAVEL	4,000
SUJATA MUKHERJEE SOUTH CITY GARDEN TOWER 5 FLAT 10B 61 B L SAHA ROAD KOLKATA WEST BENGAL IN	NONE	NONE	REIMBURSEMENT OF TRAVEL	5,000
Total ▶ 3a				110,349

TY 2017 Accounting Fees Schedule**Name:** ROCKEFELLER ARCHIVE CENTER**EIN:** 20-8030810**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING & AUDITING	42,000	0	0	0
TAX PREPARATION	17,620	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2017 Depreciation Schedule

Name: ROCKEFELLER ARCHIVE CENTER

EIN: 20-8030810

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
BUILDING AND EQUIPMENT		17,746,122	4,479,723	NC	0 %	632,148	0	0	
LAND		4,838,000		L		0	0	0	

TY 2017 General Explanation Attachment

Name: ROCKEFELLER ARCHIVE CENTER

EIN: 20-8030810

General Explanation Attachment

Identifier	Return Reference	Explanation	
1	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	FORM 990-PF, PART IX-A, LINES 1 & 2	<p>ARCHIVAL PROGRAM (CONTINUED) THE ARCHIVE CENTER IS LOCATED IN HILLCREST, A HOME OF WESTCHESTER COUNTY FIELD STONE BUILT FOR MARTHA BAIRD ROCKEFELLER (1895-1971), THE SECOND WIFE OF JOHN D ROCKEFELLER, JR (1874-1960) THE HOUSE WAS DESIGNED BY MOTT B SCHMIDT AND WAS COMPLETED IN 1963 MRS ROCKEFELLER PERSONALLY PLANNED THE FURNISHINGS OF THE HOUSE, BUT ADVANCING AGE AND ILLNESS PREVENTED HER FROM LIVING IN IT AFTER HER DEATH, THE HOUSE WAS GIVEN TO THE ROCKEFELLER BROTHERS FUND AS PART OF HER RESIDUAL ESTATE IN MARCH 1974 THE ROCKEFELLER BROTHERS FUND GAVE THE HOUSE AND THE SURROUNDING 24 ACRES OF GROUNDS FOR USE AS THE ROCKEFELLER ARCHIVE CENTER THE HOUSE PROVIDES WORK SPACE FOR BOTH RESEARCHERS AND STAFF AND INCLUDES A FEW ROOMS WHERE ROCKEFELLER MEMORABILIA ARE ON DISPLAY RESEARCHERS WHO VISIT THE RAC WORK IN THE READING ROOM ON THE SECOND FLOOR OF THE HOUSE AND MAY USE THE RESEARCHERS' LOUNGE ON THE FIRST FLOOR THE CENTER'S READING ROOM IS OPEN TO RESEARCHERS ON WEEKDAYS FROM 9 00AM UNTIL 5 15PM RESEARCH APPOINTMENTS ARE REQUIRED APPOINTMENTS MUST BE MADE WITH, AND CONFIRMED BY, A STAFF MEMBER IN ADVANCE OF A RESEARCH VISIT PHOTO IDENTIFICATION IS REQUIRED RESEARCHERS ARE ADVISED TO CONTACT THE CENTER TO MAKE AN APPOINTMENT BEFORE MAKING TRAVEL PLANS DRIVING DIRECTORS, A LISTING OF THE CENTER'S HOLIDAY CLOSINGS AND LOCAL ACCOMMODATION INFORMATION IS AVAILABLE AT THE RESEARCHER INFORMATION SECTION OF THIS WEBSITE RESEARCHERS ARE INVITED TO WRITE TO THE CENTER, DESCRIBING THEIR PROJECTS IN SPECIFIC TERMS THE STAFF WILL RESPOND WITH A DESCRIPTION OF THE SCOPE AND CONTENT OF RELEVANT MATERIALS IN THE COLLECTIONS RESEARCH & EDUCATION (CONTINUED) THE EDUCATIONAL PROGRAMS ENGAGE A NUMBER OF AREA COLLEGES AND UNIVERSITIES THE RAC BRINGS UNIVERSITY FACULTY AND THEIR GRADUATE OR UNDERGRADUATE STUDENTS TO THE ARCHIVE CENTER FOR COURSE-RELATED LECTURES AND SEMINARS, ADVISES STUDENTS ON PAPERS AND THESES, AND HELPS FACULTY TO FIND PRIMARY MATERIALS FOR THEIR TEACHING THE STAFF ALSO PARTICIPATES IN MEETINGS OF VARIOUS PROFESSIONAL ASSOCIATIONS, DELIVERING PAPERS AND ORGANIZING PANELS FOR RAC RESEARCHERS A NEW EDUCATIONAL PROGRAM HAS BEEN DEVELOPED IN COLLABORATION WITH TWO ELEMENTARY SCHOOLS IN TARRY TOWN AND POCANTICO HILLS ITS AIM IS TO TEACH YOUNG STUDENTS ABOUT THE USE OF PRIMARY SOURCES IN THEIR HISTORY CLASSES THERE ARE SEVERAL PUBLIC OUTREACH INITIATIVES OF THE RESEARCH AND EDUCATION PROGRAM THE RAC OCCASIONALLY INVITES MEMBERS OF LOCAL HISTORICAL SOCIETIES TO TOUR THE ARCHIVES IT ORGANIZES EXHIBITS AND PRESENTATIONS ABOUT ARCHIVAL HOLDINGS FOR BOARD AND STAFF MEMBERS OF DONOR ORGANIZATIONS THE RESEARCH AND EDUCATION STAFF ALSO WORKS WITH OTHER POCANTICO-BASED ORGANIZATIONS ON PUBLIC PROGRAMS, SHOWING FILMS AND ORGANIZING EXHIBITIONS AND LECTURES FOR THE LOCAL COMMUNITY</p>

TY 2017 Investments - Other Schedule

Name: ROCKEFELLER ARCHIVE CENTER

EIN: 20-8030810

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ENDOWMENT FUNDS	AT COST	117,192,008	117,192,008

**TY 2017 Land, Etc.
Schedule****Name:** ROCKEFELLER ARCHIVE CENTER**EIN:** 20-8030810

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
BUILDING AND EQUIPMENT	17,746,122	5,111,871	12,634,251	
LAND	4,838,000	0	4,838,000	

TY 2017 Legal Fees Schedule**Name:** ROCKEFELLER ARCHIVE CENTER**EIN:** 20-8030810

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	2,414	0	0	0

TY 2017 Other Assets Schedule**Name:** ROCKEFELLER ARCHIVE CENTER**EIN:** 20-8030810**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
EXHIBITION AND ARCHIVAL ART	2,646,980	2,646,980	2,646,980

TY 2017 Other Decreases Schedule**Name:** ROCKEFELLER ARCHIVE CENTER**EIN:** 20-8030810

Description	Amount
PENALTY	105

TY 2017 Other Expenses Schedule**Name:** ROCKEFELLER ARCHIVE CENTER**EIN:** 20-8030810**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	4,950	0	0	4,208
COMPUTER, SOFTWARE & LICENSING	42,908	0	0	7,264
DIGITIZATION	133,532	0	0	183,988
MEMBERSHIPS	29,843	0	0	29,843
POSTAGE AND SUPPLIES	135,529	0	0	120,946

TY 2017 Other Income Schedule**Name:** ROCKEFELLER ARCHIVE CENTER**EIN:** 20-8030810**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
COPY SERVICE FOR RESEARCH	22,806		22,806

TY 2017 Other Increases Schedule**Name:** ROCKEFELLER ARCHIVE CENTER**EIN:** 20-8030810

Description	Amount
NET UNREALIZED GAIN ON INVESTMENTS	6,314,072

TY 2017 Other Professional Fees Schedule**Name:** ROCKEFELLER ARCHIVE CENTER**EIN:** 20-8030810

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	579,587	579,587	579,587	0
ADVISORY & PROFESSIONAL SUPPORT	163,168	0	0	162,226

TY 2017 Taxes Schedule**Name:** ROCKEFELLER ARCHIVE CENTER**EIN:** 20-8030810

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAX	118,000	0	118,000	0

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at
www.irs.gov/form990

OMB No 1545-0047
2017

Name of the organization
ROCKEFELLER ARCHIVE CENTER

Employer identification number
20-8030810

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization ROCKEFELLER ARCHIVE CENTER	Employer identification number 20-8030810
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Part I Contributors (See Instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization ROCKEFELLER ARCHIVE CENTER	Employer identification number 20-8030810
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Part II Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____

Name of organization ROCKEFELLER ARCHIVE CENTER	Employer identification number 20-8030810
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Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Additional Data

Software ID:

Software Version:

EIN: 20-8030810

Name: ROCKEFELLER ARCHIVE CENTER

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAVID ROCKEFELLER <hr/> 30 ROCKEFELLER PLAZA ROOM 5600 <hr/> NEW YORK, NY 10112	\$ 130,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
2	THE FORD FOUNDATION <hr/> 320 EAST 43RD STREET <hr/> NEW YORK, NY 10017	\$ 780,588	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
3	MEMORIAL SLOAN-KETTERING CANCER CENTER <hr/> 1275 YORK AVENUE <hr/> NEW YORK, NY 10021	\$ 29,260	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
4	THE NEAR EAST FOUNDATION <hr/> 1275 YORK AVENUE <hr/> NEW YORK, NY 10021	\$ 27,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
5	THE ROCKEFELLER FOUNDATION <hr/> 420 FIFTH AVENUE <hr/> NEW YORK, NY 10018	\$ 171,285	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
6	THE ROCKEFELLER UNIVERSITY <hr/> 1230 YORK AVENUE <hr/> NEW YORK, NY 10065	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	RUSSELL SAGE FOUNDATION <hr/> 112 EAST 64TH STREET <hr/> NEW YORK, NY 10065	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>8</u>	SOCIAL SCIENCE RESEARCH COUNCIL <hr/> ONE PIERREPOINT PLAZA 15TH FL <hr/> BROOKLYN, NY 11201	\$ 16,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>9</u>	THE COMMONWEALTH FUND <hr/> ONE EAST 75TH STREET <hr/> NEW YORK, NY 10021	\$ 180,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>10</u>	NATIONAL COMMITTEE ON USCHINA RELATIONS <hr/> 71 WEST 23RD STREET <hr/> NEW YORK, NY 10010	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>11</u>	INSTITUTE OF INTERNATIONAL EDUCATION <hr/> 809 UNITED NATIONS PLAZA <hr/> NEW YORK, NY 10017	\$ 31,944	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>12</u>	CHINA GLOBAL PHILANTHROPY INSTITUTE <hr/> 8TH FLOOR HOPSON FORTUNE PLAZA XICH <hr/> BEIJING, 100088CH	\$ 4,164	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	<p>THE HENRY LUCE FOUNDATION</p> <hr/> <p>51 MADISON AVE 30TH FLOOR</p> <hr/> <p>NEW YORK, NY 10010</p>	<hr/> <p>\$ 300,000</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contribution)</p>