

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.**  
 ▶ **Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.**

OMB No. 1545-0052  
**2018**  
**Open to Public Inspection**

**For calendar year 2018, or tax year beginning 07-01-2018, and ending 06-30-2019**

Name of foundation ROCKEFELLER ARCHIVE CENTER		<b>A Employer identification number</b> 20-8030810	
Number and street (or P.O. box number if mail is not delivered to street address) 15 DAYTON AVENUE	Room/suite	<b>B Telephone number (see instructions)</b> (914) 366-6308	
City or town, state or province, country, and ZIP or foreign postal code SLEEPY HOLLOW, NY 10591		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> 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		<b>D 1.</b> Foreign organizations, check here..... <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
<b>H</b> 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		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <u>149,389,210</u>		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>	
<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i>			

<b>Part I Analysis of Revenue and Expenses</b> <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)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	6,483,222			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments	77,178	77,178	77,178	
	<b>4</b> Dividends and interest from securities	6,156,091	6,156,091	6,156,091	
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10				
	<b>b</b> Gross sales price for all assets on line 6a				
	<b>7</b> Capital gain net income (from Part IV, line 2)		0		
	<b>8</b> Net short-term capital gain			0	
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less: Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)	25,760		0	25,760	
<b>12 Total.</b> Add lines 1 through 11	12,742,251		6,233,269	6,259,029	
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.	425,505		0	382,800
	<b>14</b> Other employee salaries and wages	3,003,277		0	2,913,131
	<b>15</b> Pension plans, employee benefits	1,351,657		0	0
	<b>16a</b> Legal fees (attach schedule)	19,945		0	0
	<b>b</b> Accounting fees (attach schedule)	55,035		0	0
	<b>c</b> Other professional fees (attach schedule)	749,474	587,236	587,236	138,937
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	95,467		0	95,467
	<b>19</b> Depreciation (attach schedule) and depletion	645,956		0	0
	<b>20</b> Occupancy	1,229,810		0	0
	<b>21</b> Travel, conferences, and meetings	262,937		0	0
	<b>22</b> Printing and publications				-168
	<b>23</b> Other expenses (attach schedule)	441,627		0	0
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	8,280,690	587,236	682,703	6,338,138
	<b>25</b> Contributions, gifts, grants paid	131,057			143,044
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	8,411,747	587,236	682,703	6,481,182	
<b>27</b> Subtract line 26 from line 12:					
<b>a Excess of revenue over expenses and disbursements</b>	4,330,504				
<b>b Net investment income</b> (if negative, enter -0-)		5,646,033			
<b>c Adjusted net income</b> (if negative, enter -0-)			5,576,326		

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year		End of year	
		<b>(a)</b> Book Value	<b>(b)</b> Book Value	<b>(c)</b> Fair Market Value	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	141,513	29,384	29,384	
	<b>2</b> Savings and temporary cash investments . . . . .	2,408,095	2,569,033	2,569,033	
	<b>3</b> Accounts receivable ▶ <u>2,109</u>				
	Less: allowance for doubtful accounts ▶ _____	1,823	2,109	2,109	
	<b>4</b> Pledges receivable ▶ _____				
	Less: allowance for doubtful accounts ▶ _____				
	<b>5</b> Grants receivable . . . . .	104,174	49,614	49,614	
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .				
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____				
	Less: allowance for doubtful accounts ▶ _____				
	<b>8</b> Inventories for sale or use . . . . .				
	<b>9</b> Prepaid expenses and deferred charges . . . . .	13,864	7,313	7,313	
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)				
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .				
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .				
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____				
Less: accumulated depreciation (attach schedule) ▶ _____					
<b>12</b> Investments—mortgage loans . . . . .					
<b>13</b> Investments—other (attach schedule) . . . . .	117,192,008	126,856,510	126,856,510		
<b>14</b> Land, buildings, and equipment: basis ▶ <u>22,986,095</u>					
Less: accumulated depreciation (attach schedule) ▶ <u>5,757,828</u>	17,472,251	17,228,267	17,228,267		
<b>15</b> Other assets (describe ▶ _____)	2,646,980	2,646,980	2,646,980		
<b>16 Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	139,980,708	149,389,210	149,389,210		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	740,521	807,788		
	<b>18</b> Grants payable . . . . .				
	<b>19</b> Deferred revenue . . . . .	2,329,162	2,426,175		
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons				
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .				
	<b>22</b> Other liabilities (describe ▶ _____)				
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	3,069,683	3,233,963		
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	<b>24</b> Unrestricted . . . . .	64,588,445	70,937,836		
	<b>25</b> Temporarily restricted . . . . .	50,424,930	53,319,761		
	<b>26</b> Permanently restricted . . . . .	21,897,650	21,897,650		
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>				
	<b>27</b> Capital stock, trust principal, or current funds . . . . .				
	<b>28</b> Paid-in or capital surplus, or land, bldg., and equipment fund				
	<b>29</b> Retained earnings, accumulated income, endowment, or other funds				
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	136,911,025	146,155,247			
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	139,980,708	149,389,210			

<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>		
<b>1</b> 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) . . . . .	<b>1</b>	136,911,025
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	4,330,504
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	4,913,718
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	146,155,247
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	146,155,247

**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.)
<b>1 a</b>	P		
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(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)
<b>a</b>			0
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

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	
<b>a</b>			0
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

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

**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))
2017	6,254,800	116,296,166	0.053783
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
<b>2</b> Total of line 1, column (d)			0.265576
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			0.053115
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5			121,826,026
<b>5</b> Multiply line 4 by line 3			6,470,789
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			56,460
<b>7</b> Add lines 5 and 6			6,527,249
<b>8</b> Enter qualifying distributions from Part XII, line 4			6,752,789

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 calculation. Includes questions about exempt foundations, tax under section 511, and tax due. Total amount owed is 85,540 and amount overpaid is 55,540.

Part VII-A Statements Regarding Activities

Table with 10 rows for statements regarding activities. Questions include: Did the foundation attempt to influence legislation? Did it spend more than \$100 for political purposes? Did it file Form 1120-POL? Total of 10 questions with Yes/No columns.

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

Table with 3 columns: Question, Yes, No. Rows 15-16 regarding nonexempt charitable trusts and foreign accounts.

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)

<b>5a</b> During the year did the foundation pay or incur any amount to:				<b>Yes</b>	<b>No</b>
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/>	<b>Yes</b>	<input checked="" type="checkbox"/>	<b>No</b>	
(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"/>	<b>Yes</b>	<input checked="" type="checkbox"/>	<b>No</b>	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/>	<b>Yes</b>	<input checked="" type="checkbox"/>	<b>No</b>	
(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"/>	<b>Yes</b>	<input checked="" type="checkbox"/>	<b>No</b>	
(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"/>	<b>Yes</b>	<input checked="" type="checkbox"/>	<b>No</b>	
<b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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 . . . . .					<b>5b</b>
Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶	<input type="checkbox"/>				
<b>c</b> 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"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	
If "Yes," attach the statement required by Regulations section 53.4945–5(d).					
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/>	<b>Yes</b>	<input checked="" type="checkbox"/>	<b>No</b>	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .					<b>6b</b>
If "Yes" to 6b, file Form 8870.					<b>No</b>
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/>	<b>Yes</b>	<input checked="" type="checkbox"/>	<b>No</b>	
<b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .					<b>7b</b>
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? . . . . .	<input type="checkbox"/>	<b>Yes</b>	<input checked="" type="checkbox"/>	<b>No</b>	

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

**1 List all officers, directors, trustees, foundation managers and their compensation. See instructions**

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ROBERT W CLARK 15 DAYTON AVENUE SLEEPY HOLLOW, NY 10591	DIRECTOR OF ARCHIVES 35.00	167,092	39,596	0
LEE R HILTZIK 15 DAYTON AVENUE SLEEPY HOLLOW, NY 10591	ASSISTANT DIRECTOR 35.00	107,884	52,025	0
CAMELIA MURESAN 15 DAYTON AVENUE SLEEPY HOLLOW, NY 10591	CONTROLLER 35.00	111,236	43,114	0
BARBARA SHUBINSKI 15 DAYTON AVENUE SLEEPY HOLLOW, NY 10591	DIRECTOR OF R&E 35.00	125,393	18,512	0
MICHELE J BECKERMAN 15 DAYTON AVENUE SLEEPY HOLLOW, NY 10591	ASSISTANT DIRECTOR 35.00	103,839	38,078	0
<b>Total</b> number of other employees paid over \$50,000. . . . . ▶				26

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

**Part VIII**

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10065	FINANCIAL SERVICES	587,236
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ▶		<b>0</b>

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b> ARCHIVAL PROGRAM - THE ROCKEFELLER ARCHIVE CENTER IS AN INDEPENDENT OPERATING FOUNDATION THAT PRESERVES AND MAKES AVAILABLE FOR RESEARCH THE ARCHIVAL COLLECTIONS OF MEMBERS OF THE ROCKEFELLER FAMILY, INSTITUTIONS AND ORGANIZATIONS FOUNDED BY ROCKEFELLER FAMILY MEMBERS (INCLUDING THE ROCKEFELLER FOUNDATION, ROCKEFELLER BROTHERS FUND, WINTHROP ROCKEFELLER FOUNDATION, GENERAL EDUCATION BOARD, ROCKEFELLER UNIVERSITY, POPULATION COUNCIL, ASIA SOCIETY, AND MANY OTHER ORGANIZATIONS) AND THE RECORDS OF OTHER PHILANTHROPIC AND SERVICE ORGANIZATIONS SUCH AS THE FORD FOUNDATION, THE COMMONWEALTH FUND, RUSSELL SAGE FOUNDATION, W.T. GRANT FOUNDATION, MARKLE FOUNDATION, THE SOCIAL SCIENCE RESEARCH COUNCIL AND THE FOUNDATION CENTER. THE CENTER ALSO HOLDS EXTENSIVE COLLECTIONS OF THE PERSONAL PAPERS OF TRUSTEES, OFFICERS, FACULTY AND ASSOCIATES WHO WERE AFFILIATED WITH THESE INSTITUTIONS. CONTINUED - SEE SCHEDULE ATTACHED	6,217,479
<b>2</b> RESEARCH & EDUCATION - THE RESEARCH AND EDUCATION DEPARTMENT OVERSEES MANY OF THE EXTERNAL PROGRAMS OF THE ROCKEFELLER ARCHIVE CENTER. IT ADMINISTERS A COMPETITIVE PROGRAM THAT AWARDS 40 TO 50 TRAVEL REIMBURSEMENT EACH YEAR TO GRADUATE STUDENTS, FACULTY MEMBERS, AND INDEPENDENT SCHOLARS. IT ORGANIZES AND HOSTS SEVERAL WORKSHOPS AND CONFERENCES EACH YEAR. STAFF MEMBERS ON THE RESEARCH AND EDUCATION TEAM EDIT AND PUBLISH A SERIES OF RESEARCH REPORTS DESCRIBING SCHOLARLY WORK AT THE RAC, A PUBLISHING PROGRAM THAT IS NOW PRIMARILY ELECTRONIC AND WEB-BASED. CONTINUED - SEE SCHEDULE ATTACHED	836,114
<b>3</b>	
<b>4</b>	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
<b>1</b>	0
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	<b>0</b>

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	120,153,254
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	3,527,991
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	123,681,245
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	123,681,245
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	1,855,219
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	121,826,026
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	6,091,301

**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.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5. . . . .	<b>2a</b>	
<b>b</b>	Income tax for 2018. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	6,481,182
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	271,607
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	6,752,789
<b>5</b>	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. . . . .	<b>5</b>	56,460
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	6,696,329

**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 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				
<b>2</b> Undistributed income, if any, as of the end of 2018:				
<b>a</b> Enter amount for 2017 only. . . . .				
<b>b</b> Total for prior years: 20___, 20___, 20___				
<b>3</b> Excess distributions carryover, if any, to 2018:				
<b>a</b> From 2013. . . . .				
<b>b</b> From 2014. . . . .				
<b>c</b> From 2015. . . . .				
<b>d</b> From 2016. . . . .				
<b>e</b> From 2017. . . . .				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4: ▶ \$ _____				
<b>a</b> Applied to 2017, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2018 distributable amount. . . . .				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2018. <i>(If an amount appears in column (d), the same amount must be shown in column (a).)</i>				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 . . . . .				
<b>7</b> 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). . . . .				
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9</b> <b>Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2014. . . . .				
<b>b</b> Excess from 2015. . . . .				
<b>c</b> Excess from 2016. . . . .				
<b>d</b> Excess from 2017. . . . .				
<b>e</b> Excess from 2018. . . . .				

**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 2018, 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) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	5,576,326	5,366,484	5,312,224	5,286,952	21,541,986
<b>b</b> 85% of line 2a . . . . .	4,739,877	4,561,511	4,515,390	4,493,909	18,310,688
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .	6,752,789	6,254,800	5,810,432	5,697,452	24,515,473
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .	0	0	0	0	0
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .	6,752,789	6,254,800	5,810,432	5,697,452	24,515,473
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					0
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					0
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .	4,060,867	3,876,539	3,628,777	3,524,635	15,090,818
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					0
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					0
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					0
<b>(4)</b> Gross investment income . . . . .					0

**Part XV Supplementary Information (Complete this part only if the foundation 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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

**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)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>				<b>▶ 3a</b>
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>				<b>▶ 3b</b>



Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVII

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash.
(2) Other assets.
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization.
(2) Purchases of assets from a noncharitable exempt organization.
(3) Rental of facilities, equipment, or other assets.
(4) Reimbursement arrangements.
(5) Loans or loan guarantees.
(6) Performance of services or membership or fundraising solicitations.
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 4 columns: (a) Line No., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements

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

b If "Yes," complete the following schedule. Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship

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

May the IRS discuss this return with the preparer shown below (see instr.)? Yes No

Paid Preparer Use Only Print/Type preparer's name Preparer's Signature Date Check if self-employed PTIN
Firm's name CITRIN COOPERMAN & COMPANY LLP Firm's EIN 22-2428965
Firm's address 709 WESTCHESTER AVENUE WHITE PLAINS, NY 10604 Phone no. (914) 949-2990

<b>Form 990FP Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation</b>				
<b>(a) Name and address</b>	<b>Title, and average hours per week (b) devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>Expense account, (e) other allowances</b>
JACK MEYERS	PRESIDENT 35.00	293,041	89,860	0
15 DAYTON AVENUE SLEEPY HOLLOW, NY 10591				
JAMES A SMITH	VICE-PRESIDENT 21.00	132,464	35,537	0
15 DAYTON AVENUE SLEEPY HOLLOW, NY 10591				
NEIL RUDENSTINE	CHAIR 1.00	0	0	0
15 DAYTON AVENUE SLEEPY HOLLOW, NY 10591				
STEPHEN HEINTZ	TRUSTEE 1.00	0	0	0
15 DAYTON AVENUE SLEEPY HOLLOW, NY 10591				
IRA KATZNELSON	TRUSTEE 1.00	0	0	0
15 DAYTON AVENUE SLEEPY HOLLOW, NY 10591				
RICHARD LIFTON	TRUSTEE 1.00	0	0	0
15 DAYTON AVENUE SLEEPY HOLLOW, NY 10591				
DAVID ROCKEFELLER JR	TRUSTEE 1.00	0	0	0
15 DAYTON AVENUE SLEEPY HOLLOW, NY 10591				
RAJIV SHAH	TRUSTEE 1.00	0	0	0
15 DAYTON AVENUE SLEEPY HOLLOW, NY 10591				
MEGAN SNIFFIN-MARINOFF	TRUSTEE 1.00	0	0	0
15 DAYTON AVENUE SLEEPY HOLLOW, NY 10591				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MATTHEW HEDSTROM 920 CANVAS BACK DR CHARLOTTESVILLE, VA 22903	NONE	NONE	REIMBURSEMENT OF TRAVEL	2,500
ELAZAR RIVKIN 1245 EAST 9TH STREET BROOKLYN, NY 11230	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,000
MASON WILLIAMS 730 PINE COBBLE ROAD WILLIAMSTOWN, MA 01267	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,105
<b>Total . . . . . ▶ 3a</b>				131,057

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RACHEL MEACH 2/2 165 KENMURE STREET GLASGOW G41 2LE UK	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,358
NELSON FLORES3700 WALNUT STREET PHILADELPHIA, PA 19104	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,138
DIVYA SUBRAMANIAN 812 TRIPHAMMER ROAD ITHACA, NY 14850	NONE	NONE	REIMBURSEMENT OF TRAVEL	117
<b>Total . . . . .</b> ▶ <b>3a</b>				131,057



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JUNG JUN HO 404 HO 16 IHWAJANG 1-GIL JONGRO-GU SEOUL KS	NONE	NONE	REIMBURSEMENT OF TRAVEL	4,307
ELAZAR RIVKIN1245 EAST 9TH STREET BROOKLYN, NY 11230	NONE	NONE	REIMBURSEMENT OF TRAVEL	800
MAIS CHRISTOS ANDREA TSELEPOU 10 APT 12 GEROSKIPOU 8201 CY	NONE	NONE	REIMBURSEMENT OF TRAVEL	4,500
<b>Total . . . . .</b>	<b>▶ 3a</b>			131,057

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

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HU CHENG 53-4-507 HUO YUAN 168 XIAN LIN RD QI XIA NANJING CH	NONE	NONE	REIMBURSEMENT OF TRAVEL	4,866
DOUG GENENS1630 ANACAPA STREET SANTA BARBARA, CA 93101	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,872
TAMAS SCHEIBNER 1145 BUGAPEST UTCA 24/B COLUMBUS HU	NONE	NONE	REIMBURSEMENT OF TRAVEL	5,000
<b>Total . . . . .</b>				<b>131,057</b>

▶ **3a**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ELISABETH PILLERGINSTERWEG 13 NEUMBERG 90480 GM	NONE	NONE	REIMBURSEMENT OF TRAVEL	5,000
ELAZAR RIVKIN1245 EAST 9TH STREET BROOKLYN, NY 11230	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,000
KARIN BUGOW FRITZ-REUTER STREET 13 BERLIN 10827 GM	NONE	NONE	REIMBURSEMENT OF TRAVEL	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				131,057

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DYFRIG WYNN JONESYR HEN FECWS GWYNEDD WALES LL57 3SF UK	NONE	NONE	REIMBURSEMENT OF TRAVEL	3,000
SANJUKTA DAS GUPTAVIA VENTURIA 4 ROMA 00181 IT	NONE	NONE	REIMBURSEMENT OF TRAVEL	3,660
ADRIANA MINOR GARCIA E V MOSQUETA 42 B-16 CIUDAD DE MEXICO 06300 MX	NONE	NONE	REIMBURSEMENT OF TRAVEL	4,000
<b>Total . . . . .</b> ▶ <b>3a</b>				131,057

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JEFFREY CREAN 811 HARVEY ROAD APT 136 COLLEGE STATION, TX 77840	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,467
KELLY GOODMAN 238 WOOSTER APT 3 NEW HAVEN, CT 06511	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,034
ISAIAH DENARD 90 RICHMOND HILL ROAD APT 4M STATEN ISLAND, NY 10314	NONE	NONE	REIMBURSEMENT OF TRAVEL	934
<b>Total . . . . . ▶ 3a</b>				131,057

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DAVID HAMMACK 13720 SHAKER BLVD 803 CLEVELAND, OH 44120	NONE	NONE	REIMBURSEMENT OF TRAVEL	535
DAVID HAMMACK 13720 SHAKER BLVD 803 CLEVELAND, OH 44120	NONE	NONE	REIMBURSEMENT OF TRAVEL	2,000
NICOLAS GUILHOT 436 CHAUNCEY STREET 3 BROOKLYN, NY 11233	NONE	NONE	REIMBURSEMENT OF TRAVEL	2,000
<b>Total . . . . .</b> ▶ <b>3a</b>				131,057

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JULIA FOULKES 202 ST MARKS AVENUE 3 BROOKLYN, NY 11238	NONE	NONE	REIMBURSEMENT OF TRAVEL	2,000
AMRYS O WILLIAMS 20 SUMMIT PLACE MIDDLETOWN, CT 06457	NONE	NONE	REIMBURSEMENT OF TRAVEL	719
NELSON FLORES 3700 WALNUT STREET PHILADELPHIA, PA 19104	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,098
<b>Total . . . . . ▶ 3a</b>				131,057

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BENJAMIN HARTLEY 1720 ELDERBERRY COURT NEWBERG, OR 97132	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,912
ISAIAH DENARD 90 RICHMOND HILL ROAD APT 4M STATEN ISLAND, NY 10314	NONE	NONE	REIMBURSEMENT OF TRAVEL	934
ANDREW SEATON 7 GARDEN STREET HYDE PARK, NY 12538	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,441
<b>Total . . . . . ▶ 3a</b>				131,057



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JENNIFER JOHNSON 4 LORIMER AVENUE PROVIDENCE, RI 02906	NONE	NONE	REIMBURSEMENT OF TRAVEL	879
DIANA LEAT 5/4 EDINA STREET EDINBURGH EH7 5PN UK	NONE	NONE	REIMBURSEMENT OF TRAVEL	2,681
EMILY R GIOIELLI 415 NORTH 3RD STREET APT 704 ST JOSEPH, MO 64501	NONE	NONE	REIMBURSEMENT OF TRAVEL	3,569
<b>Total . . . . . ▶ 3a</b>				131,057

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SHAIN SCARMINACH 45 LEBANON AVENUE WILLIMANTIC, CT 06226	NONE	NONE	REIMBURSEMENT OF TRAVEL	976
LEE DAVIS1110 NOTRE DAME AVENHUE MODESTO, CA 95350	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,965
DINESH KATARIA JAWARHARLAL NEHRU YNIVERISITY NEW DELHI 110067 IN	NONE	NONE	REIMBURSEMENT OF TRAVEL	713
<b>Total . . . . . ▶ 3a</b>				131,057

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FELIPE COLLA DE AMORIM RUA CAYAWAA 1742 APT 101 SAU PAULO 01258 BR	NONE	NONE	REIMBURSEMENT OF TRAVEL	3,840
MEGAN RABY UNIV OF TEXAS DEPT OF HISTORY 128 INNER CAMPUS DR AUSTIN, TX 78712	NONE	NONE	REIMBURSEMENT OF TRAVEL	3,702
JONATHAN COULIS 120 SUPERIOR AVENUE DECATUR, GA 30030	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,036
<b>Total . . . . . ▶ 3a</b>				131,057

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RUIHENG ZHANG 224 ARNOLD DRIVE APT 4 WEST LAFAYETTE, IN 47906	NONE	NONE	REIMBURSEMENT OF TRAVEL	4,116
ISAIAH DENARD 90 RICHMOND HILL ROAD APT 4M STATEN ISLAND, NY 10314	NONE	NONE	REIMBURSEMENT OF TRAVEL	932
SARAH-NEEL SMITH DEPT OF ART HISTORY BALTIMORE, MD 21217	NONE	NONE	REIMBURSEMENT OF TRAVEL	2,500
<b>Total . . . . .</b> ▶ <b>3a</b>				131,057

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SAM HEGE349 5TH AVENUE APT 2R BROOKLYN, NY 11215	NONE	NONE	REIMBURSEMENT OF TRAVEL	199
HO HEE CHOST MARGARETS ROAD OXFORD OX2 6LE UK	NONE	NONE	REIMBURSEMENT OF TRAVEL	2,976
SU LIN LEWIS65 ARLINGTON ROAD BRISTOL BS3 1PT UK	NONE	NONE	REIMBURSEMENT OF TRAVEL	2,593
<b>Total . . . . . ▶ 3a</b>				131,057

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

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LAURA A MILLER 131 MIDDLE STREET HADLEY, MA 01035	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,203
GABRIEL LOPEZ C/O CHRISTOPHER FENNER 35 HAMILTON PL APT 709 NEW YORK, NY 10031	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,783
LIVIO SANSONE VIA IV NOVEMBRE 36 TREVIGNANO IT	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,777
<b>Total . . . . .</b> ▶ <b>3a</b>				131,057

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WENDI MUSE907 TYSON STREET BALTIMORE, MD 21201	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,000
RASHNA DARIUS 4/F HONG LOK BUILDING 77 MARBLE ROAD HONG KONG CH	NONE	NONE	REIMBURSEMENT OF TRAVEL	4,611
MIRE KOIKARI 1330 WILDER AVENUE APT 306 HONOLULU, HI 96822	NONE	NONE	REIMBURSEMENT OF TRAVEL	2,500
<b>Total . . . . .</b> ▶ <b>3a</b>				131,057

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TAYLOR C ZAJICEK 900 MONTGOMERY AVE APT 309 BRYN MAWR, PA 19010	NONE	NONE	REIMBURSEMENT OF TRAVEL	2,500
CONNOR S KENASTON 838 SAINT CLAIR AVE CHARLOTTESVILLE, VA 22902	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,500
VISHAL KHANDLWAL 1611 FERNDAL PLACE ANN ARBOR, MI 48104	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,500
<b>Total . . . . .</b> ▶ <b>3a</b>				131,057



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DALAL MUSAED ALSAYER 3411 CHESTNUT STREET 209 PHILADELPHIA, PA 19104	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,500
ELLIOTT REICHARDT 252 CANNINGTON PL SW CALGARY, ALBERTA T2W1Z8 CA	NONE	NONE	REIMBURSEMENT OF TRAVEL	2,602
EMMA SCHROEDER 32 RHODE ISLAND STREET 4 OLD TOWN, ME 04468	NONE	NONE	REIMBURSEMENT OF TRAVEL	757
<b>Total . . . . .</b> ▶ <b>3a</b>				131,057

<b>Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
KATHERINE ELIZABETH AMBLER FLAT 25 ROMA CORTE 1 ELMIRE STREET LONDON UK	NONE	NONE	REIMBURSEMENT OF TRAVEL	2,508
ELIZABETH CANCELLI ALAMADA JEQUITIBA 33 ALTOS DE SAO JANDIRA SAU PAULO BR	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,910
TOMAS IRISH8 HAZEL ROAD SWANSEA SA2 OLX UK	NONE	NONE	REIMBURSEMENT OF TRAVEL	3,000
<b>Total . . . . .</b>			<b>▶ 3a</b>	131,057

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DAVID JUSTICE 4599 N WASHINGTON ST APT 28A STILLWATER, OK 74075	NONE	NONE	REIMBURSEMENT OF TRAVEL	1,432
<b>Total . . . . .</b>				<b>131,057</b>



**3a**

**TY 2018 Accounting Fees Schedule****Name:** ROCKEFELLER ARCHIVE CENTER**EIN:** 20-8030810

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING & AUDITING	41,500	0	0	0
TAX PREPARATION	13,535	0	0	0

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

## TY 2018 Depreciation Schedule

**Name:** ROCKEFELLER ARCHIVE CENTER

**EIN:** 20-8030810

### Depreciation Schedule

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		18,148,095	5,757,828	NC	0 %	645,956	0	0	
LAND		4,838,000		L		0	0	0	

# TY 2018 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.</p> <p>RESEARCH &amp; 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 2018 Investments - Other Schedule****Name:** ROCKEFELLER ARCHIVE CENTER**EIN:** 20-8030810**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
ENDOWMENT FUNDS	AT COST	126,856,510	126,856,510

**TY 2018 Land, Etc.  
Schedule****Name:** ROCKEFELLER ARCHIVE CENTER**EIN:** 20-8030810

<b>Category / Item</b>	<b>Cost / Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
BUILDING AND EQUIPMENT	18,148,095	6,403,784	11,744,311	
LAND	4,838,000	0	4,838,000	



**TY 2018 Legal Fees Schedule****Name:** ROCKEFELLER ARCHIVE CENTER**EIN:** 20-8030810

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
LEGAL FEES	19,945	0	0	0

**TY 2018 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 2018 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	4,146	0	0	3,524
COMPUTER, SOFTWARE & LICENSING	56,101	0	0	91,592
DIGITIZATION	207,807	0	0	205,911
MEMBERSHIPS	24,832	0	0	24,507
POSTAGE AND SUPPLIES	148,741	0	0	110,693

**TY 2018 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	25,760		25,760

**TY 2018 Other Increases Schedule****Name:** ROCKEFELLER ARCHIVE CENTER**EIN:** 20-8030810

<b>Description</b>	<b>Amount</b>
NET UNREALIZED GAIN ON INVESTMENTS	4,913,718

**TY 2018 Other Professional Fees Schedule****Name:** ROCKEFELLER ARCHIVE CENTER**EIN:** 20-8030810

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INVESTMENT FEES	587,236	587,236	587,236	0
ADVISORY & PROFESSIONAL SUPPORT	162,238	0	0	138,937

**TY 2018 Taxes Schedule****Name:** ROCKEFELLER ARCHIVE CENTER**EIN:** 20-8030810

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FEDERAL EXCISE TAX	95,467	0	95,467	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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2018**

**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 33<sup>1</sup>/<sub>3</sub>% 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).



<b>Name of organization</b> ROCKEFELLER ARCHIVE CENTER	<b>Employer identification number</b> 20-8030810
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<b>Part I Contributors</b> (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/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)

<b>Name of organization</b> ROCKEFELLER ARCHIVE CENTER	<b>Employer identification number</b> 20-8030810
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<b>Part II</b> <b>Noncash Property</b>
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(See instructions). Use duplicate copies of Part II if additional space is needed.			
_____	_____ _____ _____	_____ \$ _____	_____
_____	_____ _____ _____	_____ \$ _____	_____
_____	_____ _____ _____	_____ \$ _____	_____
_____	_____ _____ _____	_____ \$ _____	_____
_____	_____ _____ _____	_____ \$ _____	_____
_____	_____ _____ _____	_____ \$ _____	_____
_____	_____ _____ _____	_____ \$ _____	_____
_____	_____ _____ _____	_____ \$ _____	_____
_____	_____ _____ _____	_____ \$ _____	_____

<b>Name of organization</b> ROCKEFELLER ARCHIVE CENTER	<b>Employer identification number</b> 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	ACLS	\$ 68,292	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
	633 THIRD AVENUE 8TH FLOOR		
	NEW YORK, NY 10017		
2	ABBY AND GEORGE O'NEILL 30 ROCKEFELLER PLAZA	\$ 11,991	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
	NEW YORK, NY 10112		
3	LAURENCE S ROCKEFELLER FUND	\$ 17,567	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
	30 ROCKEFELLER PLAZA ROOM 5600		
	NEW YORK, NY 10112		
4	DAVID ROCKEFELLER 30 ROCKEFELLER PLAZA ROOM 5600	\$ 4,501,375	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
	NEW YORK, NY 10112		
5	THE FORD FOUNDATION	\$ 736,203	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
	320 EAST 43RD STREET		
	NEW YORK, NY 10017		
6	MEMORIAL SLOAN-KETTERING CANCER CENTER	\$ 41,114	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
	1275 YORK AVENUE		
	NEW YORK, NY 10021		

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
7	THE NEAR EAST FOUNDATION	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	1275 YORK AVENUE		
	NEW YORK, NY 10021		
8	THE ROCKEFELLER FOUNDATION	\$ 157,638	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	420 FIFTH AVENUE		
	NEW YORK, NY 10018		
9	THE ROCKEFELLER UNIVERSITY	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	1230 YORK AVENUE		
	NEW YORK, NY 10065		
10	RUSSELL SAGE FOUNDATION	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	112 EAST 64TH STREET		
	NEW YORK, NY 10065		
11	SOCIAL SCIENCE RESEARCH COUNCIL	\$ 16,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	ONE PIERREPOINT PLAZA 15TH FL		
	BROOKLYN, NY 11201		
12	THE COMMONWEALTH FUND	\$ 82,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	ONE EAST 75TH STREET		
	NEW YORK, NY 10021		

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
13	NATIONAL COMMITTEE ON USCHINA RELATIONS	\$ 10,000	Person <input checked="" type="checkbox"/>
	71 WEST 23RD STREET		Payroll <input type="checkbox"/>
	NEW YORK, NY 10010		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	BLANCHETTE ROCKEFELLERCHARITABLE TRUST	\$ 14,989	Person <input checked="" type="checkbox"/>
	1200 CROWN COLONY DRIVE		Payroll <input type="checkbox"/>
	QUNICY, MA 02169		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	INSTITUTE OF INTERNATIONAL EDUCATION	\$ 13,500	Person <input checked="" type="checkbox"/>
	809 UNITED NATIONS PLAZA		Payroll <input type="checkbox"/>
	NEW YORK, NY 10017		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	HEWLETT FOUNDATION	\$ 285,454	Person <input checked="" type="checkbox"/>
	2121 SAND HILL ROAD		Payroll <input type="checkbox"/>
	MENLO PARK, CA 94025		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)