Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 07-01-2024 , and ending 06-30-2025

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE ROCKEFELLER UNIVERSITY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 1230 YORK AVENUE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 100656307

D Employer identification number
13-1624158

E Telephone number
(212) 327-8000

G Gross receipts $ 776,090,724

F Name and address of principal officer:
RICHARD P LIFTON
1230 YORK AVENUE
NEW YORK,NY 10065

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.ROCKEFELLER.EDU

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1901

M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
A WORLD-RENOWNED CENTER FOR RESEARCH AND GRADUATE EDUCATION.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	46
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	45
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	**5**	1,657
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	7,497,169
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	273,449,128	216,539,628
9	Program service revenue (Part VIII, line 2g)	34,195,323	34,061,855
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	155,101,220	169,155,819
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,285,094	38,653,092
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	501,030,765	458,410,394
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13,548,980	14,091,997
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	214,493,839	217,097,486
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 10,411,069		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	343,287,665	273,258,497
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	571,330,484	504,447,980
19	Revenue less expenses. Subtract line 18 from line 12	-70,299,719	-46,037,586

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,025,810,239	4,127,223,897
21	Total liabilities (Part X, line 26)	1,484,586,983	1,498,629,556
22	Net assets or fund balances. Subtract line 21 from line 20	2,541,223,256	2,628,594,341

Part II Signature Block

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

Sign Here

Signature of officer
ROMAYNE L BOTTI VP FOR FINANCE, TREASURER
Type or print name and title

2026-02-24
Date

Paid Preparer Use Only

Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN P00504182

Firm's name GRANT THORNTON ADVISORS LLC | Firm's EIN 99-1856619

Firm's address 757 THIRD AVENUE
NEW YORK, NY 100172013 | Phone no. (212) 542-9609

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE ROCKEFELLER UNIVERSITY (THE UNIVERSITY) IS A WORLD RENOWNED CENTER FOR RESEARCH AND GRADUATE EDUCATION IN THE BIOMEDICAL SCIENCES, CHEMISTRY, BIOINFORMATICS, AND PHYSICS. THE UNIVERSITY'S 73 LABORATORIES CONDUCT BOTH CLINICAL AND BASIC RESEARCH AND STUDY A DIVERSE RANGE OF BIOLOGICAL AND BIOMEDICAL PROBLEMS WITH THE MISSION OF IMPROVING THE UNDERSTANDING OF LIFE FOR THE BENEFIT OF HUMANITY. LABORATORIES ARE LOOSELY CLUSTERED IN NINE RESEARCH AREAS COVERING A WIDE SPECTRUM OF DISCIPLINES IN THE LIFE SCIENCES, INCLUDING NEUROSCIENCE, IMMUNOLOGY, GENETICS, STRUCTURAL BIOLOGY AND BIOINFORMATICS. THE UNIVERSITY DOES NOT CHARGE TUITION. ITS REVENUES ARE DERIVED PRIMARILY FROM INVESTMENT INCOME, GOVERNMENT GRANTS AND CONTRACTS, AND PRIVATE GIFTS AND GRANTS.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 362,126,398 including grants of $ 14,091,997) (Revenue $)

RESEARCH EDUCATION - 73 LABORATORIES (AND 15 EMERITUS LABORATORIES) INCLUDING 82 FACULTY MEMBERS, 211 POST-DOCTORAL SCHOLARS, 263 GRADUATE STUDENTS AND WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY MEDICAL STUDENTS.

4b (Code:) (Expenses $ 17,418,087 including grants of $) (Revenue $)

HOSPITAL - CONSISTS OF 40 BEDS AND SERVES AS A CLINICAL RESEARCH CENTER FOR OUTPATIENTS AND INPATIENTS. THE ROCKEFELLER UNIVERSITY HOSPITAL EXISTS SOLELY TO CONDUCT CLINICAL RESEARCH. THE SPECIALIZED PERSONNEL AND OTHER RESOURCES AVAILABLE AT THE HOSPITAL FACILITATE CLINICAL RESEARCH FOR BOTH THE INVESTIGATOR AND THE RESEARCH PARTICIPANT.

4c (Code:) (Expenses $ 3,414,234 including grants of $) (Revenue $)

LIBRARY CONTAINS 648,432 VOLUMES (OF WHICH 370,028 ARE ON-LINE) AND 8,383 ON-LINE SUBSCRIPTIONS AND IS MAINTAINED ON AN OPEN STOCK POLICY. THE LIBRARY STRIVES TO ADVANCE KNOWLEDGE BY SUPPORTING OUR UNIVERSITY'S WORLD CLASS RESEARCH COMMUNITY WITH TECHNOLOGY, INNOVATION, AND COLLABORATION IN THE FIELD OF SCIENCE INFORMATION AND COMMUNICATION.

(Code:) (Expenses $ 41,049,921 including grants of $) (Revenue $ 34,061,855)

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

4d Other program services (Describe in Schedule O.)

(Expenses $ 41,049,921 including grants of $) (Revenue $ 34,061,855)

4e **Total program service expenses** 424,008,640

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	657		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 1,657				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	Yes		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**	Yes		
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	**3b**	Yes		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**	Yes		
b	If "Yes," enter the name of the foreign country: A R , U K , M X , B E , C A See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**				
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders **11a**				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. **12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**				
c	Enter the amount of reserves on hand **13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	**14b**			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?	**15**	Yes		
16	If "Yes," complete Form 4720, Schedule O. Is the organization subject to the section 4968 excise tax on net investment income?	**16**			No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	**17**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1a**	46		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	45		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed C A

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: MICHAEL P VITALE 1230 YORK AVENUE NEW YORK,NY 100656307 (212) 327-8704

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD P LIFTON MD PHD PRESIDENT	50.00 0.50	X		X				1,308,593	0	285,349
(2) PAULA VOLENT CHIEF INVESTMENT OFFICER	50.00 0.00			X				1,928,555	0	328,903
(3) BETTY Y CHEN - MANAGING DIRECTOR, INVESTMENTS (THRU 10/24)	50.00 0.00					X		926,322	0	40,771
(4) MAREN IMHOFF SVP, DEVELOPMENT	50.00 1.00			X				803,309	0	125,996
(5) BARRY COLLER VP & PHYSICIAN-IN-CHIEF	50.00 0.50			X				716,817	0	123,955
(6) TIMOTHY O'CONNOR EXECUTIVE VICE PRESIDENT	50.00 0.00			X				706,920	0	120,747
(7) MICHAEL YOUNG VP, ACADEMIC AFFAIRS (THRU 8/31/23)	50.00 0.00						X	660,410	0	125,497
(8) DEBORAH YEOH VP & GENERAL COUNSEL	50.00 0.00			X				659,343	0	93,149
(9) CHARLES M RICE PROFESSOR, HEAD OF LABORATORY	50.00 0.00					X		620,822	0	91,014
(10) TIMOTHY STEARNS VP, EDUCATION AFFAIRS	50.00 0.00			X				566,933	0	120,932
(11) ROMAYNE L BOTTI VP, FINANCE & TREASURER	50.00 1.00			X				567,271	0	119,799
(12) NATHANIEL HEINTZ PROFESSOR, HEAD OF LABORATORY	50.00 0.00					X		545,389	0	138,395
(13) JEANNE FARRELL AVP, TECHNOLOGY TRANSFER	50.00 0.00					X		569,612	0	81,561
(14) VIRGINIA HUFFMAN VP, HUMAN RESOURCES	50.00 0.00			X				516,593	0	125,231
(15) TITIA DE LANGE PROFESSOR, HEAD OF LABORATORY	50.00 0.00					X		539,178	0	94,239
(16) CORNELIA BARGMANN VP, ACADEMIC AFFAIRS	50.00 0.00			X				526,652	0	91,100
(17) SIDNEY STRICKLAND VP, EDUCATION AFFAIRS (THRU 8/31/22)	50.00 0.00						X	486,251	0	119,743

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) ANTHONY CARVALLOZA - CHIEF INFORMATION OFFICER (FROM 11/13/24)	50.00 0.00			X				374,996	0	117,218
(19) KRETINA COOK ASST. VP, FINANCE	50.00 0.00			X				319,204	0	115,005
(20) ASHTON MURRAY VP UNIV. LIFE & COMMUNITY ENGAGEMENT	50.00 0.00			X				366,775	0	63,499
(21) KAREN AKINSANYA PHD TRUSTEE	2.00 0.00	X						0	0	0
(22) HOLLY ANDERSEN MD TRUSTEE	2.00 0.00	X						0	0	0
(23) SCOTT KH BESSENT TRUSTEE (UNTIL 1/15/25)	3.00 0.00	X						0	0	0
(24) DEBRA BLACK TRUSTEE	2.00 0.00	X						0	0	0
(25) VALENTINO CARLOTTI TRUSTEE	2.00 0.00	X						0	0	0
(26) ELI CASDIN TRUSTEE	2.00 0.00	X						0	0	0
(27) ANNA CHAPMAN MD TRUSTEE	2.00 0.00	X						0	0	0
(28) CAROLINE CURRY TRUSTEE	2.00 0.00	X						0	0	0
(29) JAMES G DINAN TRUSTEE	2.00 0.00	X						0	0	0
(30) ANDREAS C DRACOPOULOS TRUSTEE, VICE CHAIR	3.00 0.00	X		X				0	0	0
(31) CHERYL COHEN EFFRON TRUSTEE	2.00 0.00	X						0	0	0
(32) ANNE CHANDLER BASS EVANS TRUSTEES	2.00 0.00	X						0	0	0
(33) KATHERINE G FARLEY TRUSTEE (UNTIL 5/28/25)	3.00 0.00	X						0	0	0
(34) MICHAEL D FASCITELLI TRUSTEE, VICE CHAIR	3.00 0.00	X		X				0	0	0
(35) LEE FIXEL TRUSTEE	2.00 0.00	X						0	0	0
(36) WILLIAM E FORD TRUSTEE, CHAIR	5.00 0.00	X		X				0	0	0
(37) DANIEL GILMER TRUSTEE (FROM 3/12/25)	2.00 0.00	X						0	0	0
(38) DIANE HALVORSEN TRUSTEE	2.00 0.00	X						0	0	0
(39) STEWART J HEN TRUSTEE (FROM 11/13/24)	2.00 0.00	X						0	0	0
(40) MICHAEL B HOFFMAN TRUSTEE	2.00 0.00	X						0	0	0
(41) JESSICA HOPFIELD PHD TRUSTEE	2.00 0.00	X						0	0	0
(42) SANDRA J HORBACH TRUSTEE	2.00 0.00	X						0	0	0
(43) WILLIAM I HUYETT TRUSTEE	2.00 0.00	X						0	0	0
(44) REBECCA A JOHN TRUSTEE	2.00 0.00	X						0	0	0
(45) PAULA JOHNSON MD TRUSTEE	2.00 0.00	X						0	0	0
(46) JOELLE KAYDEN TRUSTEE	2.00 0.00	X						0	0	0
(47) MARY KLOTMAN MD TRUSTEE	3.00 0.00	X						0	0	0
(48) PABLO G LEGORRETA TRUSTEE, VICE CHAIR	3.00 0.00	X		X				0	0	0
(49) GREGG LEMKAU TRUSTEE (UNTIL 3/12/25)	2.00 0.00	X						0	0	0
(50) KAREN M LEVY TRUSTEE	2.00 0.00	X						0	0	0
(51) GE LI PHD TRUSTEE	2.00 0.00	X						0	0	0
(52) SCOTT MACKESY TRUSTEE	2.00 0.00	X						0	0	0
(53) DIANE MATHIS PHD TRUSTEE (UNTIL 5/28/25)	2.00 0.00	X						0	0	0
(54) ALEXANDRA MONDRE TRUSTEE (FROM 3/12/25)	2.00 0.00	X						0	0	0
(55) JOHN MONSKY TRUSTEE	2.00 0.00	X						0	0	0
(56) JEREMY NATHANS MD PHD TRUSTEE	3.00 0.00	X						0	0	0
(57) JONATHAN M NELSON TRUSTEE	2.00 0.00	X						0	0	0
(58) ROBIN CHEMERS NEUSTEIN TRUSTEE, VICE CHAIR	3.00 0.00	X		X				0	0	0
(59) DANIEL PACTHOD TRUSTEE	2.00 0.00	X						0	0	0
(60) MICHAEL PRICE TRUSTEE	3.00 0.00	X						0	0	0
(61) JOHN M SHAPIRO TRUSTEE	3.00 0.00	X						0	0	0
(62) MARILYN H SIMONS PHD TRUSTEE (FROM 3/12/25)	2.00 0.00	X						0	0	0
(63) BARRY R SLOANE TRUSTEE	2.00 0.00	X						0	0	0
(64) ROBERT STEEL TRUSTEE, VICE CHAIR	3.00 0.00	X		X				0	0	0
(65) DAVID SZE TRUSTEE	2.00 0.00	X						0	0	0
(66) SANDRA TAMER TRUSTEE	2.00 0.00	X						0	0	0
(67) RONALD D VALE PHD TRUSTEE (FROM 5/28/25)	2.00 0.00	X						0	0	0
(68) HUDA ZOGHBI MD TRUSTEE	2.00 0.00	X						0	0	0
(69) XIAOWEI ZHUANG PHD TRUSTEE	2.00 0.00	X						0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								13,709,945	0	2,522,103

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 415

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BLANK ROME LLP 1271 AVENUE OF THE AMERICAS NEW YORK, NY 10020	LEGAL SERVICES	7,084,056
ROPES & GRAY LLP 800 BOYLSTON STREET BOSTON, MA 02199	LEGAL SERVICES	6,552,470
BRIGHT HORIZONS CHILDREN'S CTR LLC 2 WELLS AVENUE NEWTON, MA 02199	CHILD CARE / SCHOOLING	4,428,620
GREAT PERFORMANCES 2417 THIRD AVENUE SUITE 300 BRONX, NY 10451	FOOD SERVICES	3,398,932
SUNSHINE BUILDING SERVICES 64-36 84TH STREET MIDDLE VILLAGE, NY 11379	CLEANING SERVICES	1,635,273

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 62

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts				
1a Federated campaigns . .	1a			
b Membership dues . .	1b			
c Fundraising events . .	1c	3,268,278		
d Related organizations	1d			
e Government grants (contributions)	1e	96,807,687		
f All other contributions, gifts, grants, and similar amounts not included above	1f	116,463,663		
g Noncash contributions included in lines 1a - 1f:$	1g	10,665,715		
h **Total.** Add lines 1a-1f		216,539,628		
Program Service Revenue	Business Code			
2a HOUSING	532000	21,922,012	21,922,012	
b PRESS OPERATIONS	513120	8,113,815	8,113,815	
c FOOD SERVICE	722210	4,026,028	4,026,028	
d				
e				
f All other program service revenue.				
g **Total.** Add lines 2a–2f.	34,061,855			
3 Investment income (including dividends, interest, and other similar amounts)		3,299,499		3,299,499
4 Income from investment of tax-exempt bond proceeds				
5 Royalties		26,461,023		26,461,023
	(i) Real	(ii) Personal		
6a Gross rents 6a	9,928,711			
b Less: rental expenses 6b	0			
c Rental income or (loss) 6c	9,928,711			
d Net rental income or (loss)		9,928,711		9,416,647
	(i) Securities	(ii) Other		
7a Gross amount from sales of assets other than inventory 7a	459,097,353	24,000,000		
b Less: cost or other basis and sales expenses 7b	317,239,233	1,800		
c Gain or (loss) 7c	141,858,120	23,998,200		
d Net gain or (loss)		165,856,320	6,985,105	158,871,215
8a Gross income from fundraising events (not including $ 3,268,278 of contributions reported on line 1c). See Part IV, line 18 . . . . 8a	45,450			
b Less: direct expenses 8b	439,297			
c Net income or (loss) from fundraising events . .		-393,847		-393,847
9a Gross income from gaming activities. See Part IV, line 19 . . . 9a				
b Less: direct expenses 9b				
c Net income or (loss) from gaming activities . .				
10a Gross sales of inventory, less returns and allowances . . 10a				
b Less: cost of goods sold . . 10b				
c Net income or (loss) from sales of inventory . .				
Other Revenue	Business Code			
11a HHMI REIMBURSEMENTS	900009	468,425		468,425
b REIMBURSEMENT OF COSTS	900099	431,429		431,429
OtherRevenueMiscAmt c INSTITUTE FOR ADVANCED	900009	385,821		385,821
d All other revenue		1,371,530		1,371,530
e **Total.** Add lines 11a–11d		2,657,205		
12 **Total revenue.** See instructions		458,410,394	34,061,855	7,497,169	200,311,742

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	14,091,997	14,091,997		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,076,053	2,756,120	5,620,333	699,600
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	138,175,731	120,274,841	13,259,971	4,640,919
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,329,887	10,201,282	2,400,796	727,809
9 Other employee benefits	47,108,014	40,408,185	5,205,276	1,494,553
10 Payroll taxes	9,407,801	7,753,329	1,324,362	330,110
11 Fees for services (non-employees):				
a Management				
b Legal	2,977,648		2,977,648	
c Accounting	563,171	84,405	478,766	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,266,958		1,266,958	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	34,846,445	33,220,303	1,222,862	403,280
12 Advertising and promotion	644,635	346,733	235,312	62,590
13 Office expenses	65,526,422	63,779,869	1,215,048	531,505
14 Information technology	2,859,032	2,848,067	10,866	99
15 Royalties	12,497,706	12,497,706		
16 Occupancy	15,221,806	14,472,359	420,519	328,928
17 Travel	1,171,041	1,105,703	60,007	5,331
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,756,562	1,658,555	90,010	7,997
20 Interest	46,169,618	33,323,271	12,846,347	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	54,708,143	49,552,213	3,977,582	1,178,348
23 Insurance	5,228,935	1,262,658	3,966,277	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUBCONTRACTS	14,371,044	14,371,044		
b LITIGATION PAYMENTS	13,449,331		13,449,331	
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	504,447,980	424,008,640	70,028,271	10,411,069
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		49,893	1	52,855
	2	Savings and temporary cash investments		66,907,034	2	60,610,738
	3	Pledges and grants receivable, net		218,373,980	3	174,230,816
	4	Accounts receivable, net		8,974,436	4	7,121,944
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5,321,905	5	5,190,387
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		35,367,215	7	33,629,300
	8	Inventories for sale or use		1,314,349	8	1,268,637
	9	Prepaid expenses and deferred charges		5,461,337	9	5,730,475
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,983,291,887			
	b	Less: accumulated depreciation	10b 940,001,101	1,076,321,722	10c	1,043,290,786
	11	Investments—publicly traded securities		1,339,281,778	11	1,436,763,742
	12	Investments—other securities. See Part IV, line 11		1,242,548,399	12	1,332,287,140
	13	Investments—program-related. See Part IV, line 11		2,781,814	13	2,909,325
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		23,106,377	15	24,137,752
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		4,025,810,239	16	4,127,223,897
Liabilities	17	Accounts payable and accrued expenses		55,632,564	17	51,620,628
	18	Grants payable			18	
	19	Deferred revenue		23,552,159	19	19,973,980
	20	Tax-exempt bond liabilities		783,331,335	20	780,868,344
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		200,345,000	23	250,345,000
	24	Unsecured notes and loans payable to unrelated third parties		100,000,000	24	100,000,000
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		321,725,925	25	295,821,604
	26	**Total liabilities.** Add lines 17 through 25		1,484,586,983	26	1,498,629,556
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☑ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		67,826,252	27	-1,365,026
	28	Net assets with donor restrictions		2,473,397,004	28	2,629,959,367
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		2,541,223,256	32	2,628,594,341
	33	Total liabilities and net assets/fund balances		4,025,810,239	33	4,127,223,897

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	458,410,394
2	Total expenses (must equal Part IX, column (A), line 25)	2	504,447,980
3	Revenue less expenses. Subtract line 2 from line 1	3	-46,037,586
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,541,223,256
5	Net unrealized gains (losses) on investments	5	139,060,287
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-5,651,616
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	2,628,594,341

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
THE ROCKEFELLER UNIVERSITY

Employer identification number
13-1624158

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☑ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	239,404,552	230,283,347	265,706,105	273,449,128	216,539,628	1,225,382,760
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge. .						
4 **Total.** Add lines 1 through 3	239,404,552	230,283,347	265,706,105	273,449,128	216,539,628	1,225,382,760
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						1,816,435
6 **Public support.** Subtract line 5 from line 4.						1,223,566,325

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4. .	239,404,552	230,283,347	265,706,105	273,449,128	216,539,628	1,225,382,760
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	30,975,147	36,679,383	35,674,131	40,851,431	39,689,233	183,869,325
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	1,705,330	4,573,493	1,200,548	2,244,115	2,702,655	12,426,141
11 **Total support.** Add lines 7 through 10						1,421,678,226

12	Gross receipts from related activities, etc. (see instructions)	12	159,400,962

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f))	14	86.060 %
15	Public support percentage for 2023 Schedule A, Part II, line 14	15	84.100 %

16a **33 1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests-2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

b **33 1/3% support tests—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI****.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(explain in **Part VI**)*. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in **Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2024 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2024**	**(iii) Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	TAX EXEMPT BOND INCOME / LOSS - FUNDRAISING EVENTS INCOME - LINE 8A - 2021 AMOUNT: $ 14,109. 2022 AMOUNT: $ 72,675. 2023 AMOUNT: $ 56,475. 2024 AMOUNT: $ 45,450. OTHER INCOME - LINE 11E - 2020 AMOUNT: $ 1,705,330. 2021 AMOUNT: $ 4,559,384. 2022 AMOUNT: $ 1,127,873. 2023 AMOUNT: $ 2,187,640. 2024 AMOUNT: $ 2,657,205.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B
(Form 990)
(Rev. January 2025)
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 for the latest information.

OMB No. 1545-0047

Name of the organization
THE ROCKEFELLER UNIVERSITY

Employer identification number
13-1624158

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 1/3% 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	Employer identification number
THE ROCKEFELLER UNIVERSITY	13-1624158

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
RESTRICTED	,	$ RESTRICTED	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
THE ROCKEFELLER UNIVERSITY	13-1624158

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
-		$	

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

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

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

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

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

Name of organization
THE ROCKEFELLER UNIVERSITY

Employer identification number
13-1624158

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

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
THE ROCKEFELLER UNIVERSITY

Employer identification number
13-1624158

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ 888,864

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,420,100,946	2,365,419,481	2,608,216,257	2,816,696,877	2,184,690,526
b Contributions . . .	23,754,603	14,273,279	28,194,902	26,536,326	16,318,325
c Net investment earnings, gains, and losses	304,251,041	179,167,951	-9,815,274	-72,618,237	767,476,546
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .	140,204,031	138,759,765	261,176,404	162,398,709	151,788,520
f Administrative expenses					
g End of year balance	2,607,902,559	2,420,100,946	2,365,419,481	2,608,216,257	2,816,696,877

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

- **a** Board designated or quasi-endowment ▶ 11.000 %
- **b** Permanent endowment ▶ 19.300 %
- **c** Term endowment ▶ 69.700 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) Unrelated organizations . . . . . **3a(i)**		No
(ii) Related organizations . . . . . **3a(ii)**		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		33,091,525		33,091,525
b Buildings		1,813,697,613	841,547,294	972,150,319
c Leasehold improvements		460,112	441,836	18,276
d Equipment		134,398,536	97,256,734	37,141,802
e Other		1,644,101	755,237	888,864
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				1,043,290,786

Part VII **Investments - Other Securities.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALT INV-PRIVATE-BUYOUT FUNDS	514,923,944	F
(B) ALT INV-PRIVATE-NATURAL RES/OTHER	158,895,551	F
(C) ALT INV-PRIVATE-REAL ESTATE FUNDS	91,041,560	F
(D) ALT INV-PRIVATE-VENTURE CAPITAL FUNDS	564,238,585	F
(E) NATURAL RESOURCES AND OTHER	3,187,500	C
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	1,332,287,140	

Part VIII **Investments - Program Related.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX **Other Assets.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

Part X **Other Liabilities.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
AMOUNTS HELD FOR OTHERS	160,937,477
CONDITIONAL ASSET RETIREMENT OBLIGATION	10,231,306
CONTINGENT LIABILITIES	3,928,818
OBLIGATION UNDER DERIVATIVE INSTRUMENTS	53,231,003
POSTRETIREMENT BENEFIT OBLIGATION	67,493,000
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	295,821,604

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	558,313,498
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	139,060,287		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-1,833,616		
e	Add lines **2a** through **2d**			2e	137,226,671
3	Subtract line **2e** from line **1**			3	421,086,827
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,266,958		
b	Other (Describe in Part XIII.)	4b	36,056,609		
c	Add lines **4a** and **4b**			4c	37,323,567
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	458,410,394

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	495,106,404
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	4,423,088		
e	Add lines **2a** through **2d**			2e	4,423,088
3	Subtract line **2e** from line **1**			3	490,683,316
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,266,958		
b	Other (Describe in Part XIII.)	4b	12,497,706		
c	Add lines **4a** and **4b**			4c	13,764,664
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	504,447,980

Part XIII Supplemental Information

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

Return Reference	Explanation
PART III, LINE 4:	WORKS OF ART ARE DISPLAYED IN VARIOUS LOCATIONS THROUGHOUT THE CAMPUS.
PART V, LINE 4:	THE PRIMARY ROLE OF THE ENDOWMENT IS TO ADVANCE THE RESEARCH MISSION OF THE UNIVERSITY THROUGH SUPPORT OF THE ANNUAL OPERATING BUDGET AND FUTURE BUDGETS. THE INVESTMENT COMMITTEE OF THE BOARD OF TRUSTEES IS RESPONSIBLE FOR OVERSEEING THE ENDOWMENT. WITH THE SUPPORT OF THE OFFICE OF INVESTMENTS, THE COMMITTEE IS RESPONSIBLE FOR ESTABLISHING THE ENDOWMENTS INVESTMENT POLICY AND ASSET ALLOCATION; RETAINING AND OVERSEEING EXTERNAL INVESTMENT MANAGERS; AND MONITORING THE IMPLEMENTATION AND PERFORMANCE OF THE INVESTMENT PROGRAM. THE ENDOWMENTS ASSETS ARE INVESTED IN MARKETABLE SECURITIES, INCLUDING U.S. AND NON-U.S. EQUITY AND FIXED INCOME SECURITIES, AND PRIVATE INVESTMENTS, INCLUDING VENTURE CAPITAL, PRIVATE EQUITY AND REAL ASSETS. THE ASSETS ARE INVESTED BY EXTERNAL INVESTMENT MANAGERS THROUGH COMMINGLED VEHICLES INCLUDING FUNDS, TRUSTS, AND LIMITED PARTNERSHIPS.
PART X, LINE 2:	THE UNIVERSITY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE UNIVERSITY FOLLOWS THE GUIDANCE OF ASC SUBTOPIC 740 10, INCOME TAXES - OVERALL, WHICH ADDRESSES ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS. THE UNIVERSITY UTILIZES A THRESHOLD OF MORE LIKELY THAN NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE UNIVERSITY EVALUATES ON AN ANNUAL BASIS, THE EFFECT OF ANY UNCERTAIN TAX POSITION ON ITS FINANCIAL STATEMENTS. AS OF JUNE 30, 2025, THE UNIVERSITY HAS NOT IDENTIFIED OR PROVIDED FOR ANY SUCH POSITIONS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	UNREALIZED LOSS ON DERIVATIVE INSTRUMENTS - $(1,833,616)
PART XI, LINE 4B - OTHER ADJUSTMENTS:	ROYALTY PAYMENTS (NETTED IN FINANCIALS) - $12,497,706 FUNDRAISING EXPENSES - $(439,297) GAIN ON SALE OF ART WORK - $23,998,200
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RU FACULTY & STUDENTS CLUB, INC. - NET LOSS - $165,791 POSTRETIREMENT RELATED CHANGES - $3,818,000 FUNDRAISING EXPENSES - $439,297
PART XII, LINE 4B - OTHER ADJUSTMENTS:	ROYALTY PAYMENTS (NETTED IN FINANCIALS) - $12,497,706

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE E
(Form 990)
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Schools

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990EZ* for instructions and the latest information.**

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
THE ROCKEFELLER UNIVERSITY

Employer identification number
13-1624158

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.	3	Yes	
4	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain in Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain in Part II.	7	Yes	

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	THE ROCKEFELLER UNIVERSITY PROHIBITS AND WILL NOT TOLERATE DISCRIMINATION OR HARASSMENT ON THE BASIS OF RACE; CREED; COLOR; NATIONAL ORIGIN; RELIGION; SEX; GENDER; SEXUAL ORIENTATION; STATUS AS A VICTIM OF DOMESTIC VIOLENCE, SEXUAL VIOLENCE, OR STALKING; SEXUAL AND REPRODUCTIVE HEALTH DECISIONS; PREGNANCY OR RELATED CONDITIONS; AGE; DISABILITY; ALIENAGE OR CITIZENSHIP STATUS; MILITARY OR VETERAN STATUS; MARITAL OR PARTNERSHIP STATUS; CAREGIVER STATUS; GENETIC INFORMATION; HEIGHT; WEIGHT; OR ANY OTHER CHARACTERISTIC PROTECTED UNDER APPLICABLE LAW (EACH A "PROTECTED CHARACTERISTIC").
SCHEDULE E, PART I, LINE 6	THE UNIVERSITY RECEIVES FINANCIAL ASSISTANCE FROM THE STATE OF NEW YORK UNDER THE BUNDY AID PROGRAM.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990) (Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
THE ROCKEFELLER UNIVERSITY

Employer identification number
13-1624158

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

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

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

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

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1)	EUROPE (INCLUDING ICELAND & GREENLAND) -			INVESTMENTS		113,918,116
(2)	CENTRAL AMERICA & CARIBBEAN			INVESTMENTS		1,323,527,260
(3)	NORTH AMERICA			INVESTMENTS		6,939,823
(4)	CENTRAL AMERICA & CARIBBEAN			PROGRAM	RESEARCH RELATED TRAVEL	10,248
(5)	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,			INVESTMENTS		14,144,431
(6)	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,			PROGRAM	RESEARCH RELATED TRAVEL	101,976
(7)	EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM			PROGRAM	RESEARCH RELATED TRAVEL	863,002
(8)	MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,			PROGRAM	RESEARCH RELATED TRAVEL	37,181
(9)	NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES			PROGRAM	RESEARCH RELATED TRAVEL	73,123
(10)	SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,			PROGRAM	RESEARCH RELATED TRAVEL	19,762
(11)	SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,			PROGRAM	RESEARCH RELATED TRAVEL	4,834
(12)	SUB-SAHARAN AFRICA			PROGRAM	RESEARCH RELATED TRAVEL	23,452
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	0	0			1,459,542,037
b	Total from continuation sheets to Part I . . .	0	0			121,171
c	**Totals** (add lines 3a and 3b)	0	0			1,459,663,208

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

1	**(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of noncash assistance	**(h)** Description of noncash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities . . . . . ▶

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

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

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).*	☐ Yes	☑ No

Part V **Supplemental Information**

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

ReturnReference	Explanation

Additional Data

Software ID:

Software Version:

SCHEDULE G (Form 990) (Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
THE ROCKEFELLER UNIVERSITY

Employer identification number
13-1624158

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
			Yes	**No**			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

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

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

		(a) Event #1 WOMEN & SCIENCE LUNCHEON (event type)	(b) Event #2 CELEBRATING SCIENCE (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,063,111	2,250,617		3,313,728
	2 Less: Contributions	1,041,511	2,226,767		3,268,278
	3 Gross income (line 1 minus line 2)	21,600	23,850		45,450
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	154,883	139,203		294,086
	7 Food and beverages	42,810	76,080		118,890
	8 Entertainment				
	9 Other direct expenses	14,198	12,123		26,321
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				439,297
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-393,847

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
FORM 990, SCHEDULE G, PART II, FUNDRAISING EVENTS	THE WOMEN & SCIENCE PROGRAM IS AN IMPORTANT OUTREACH AND FUNDRAISING INITIATIVE OF THE ROCKEFELLER UNIVERSITY. COMPRISED OF A WIDE CIRCLE OF FRIENDS AND BENEFACTORS, WOMEN & SCIENCE PROVIDES SUPPORT FOR EDUCATION AND CAREER ADVANCEMENT OF SCIENTISTS IN BIOMEDICAL RESEARCH AND RELATED FIELDS. ONE COMPONENT OF THIS INITIATIVE IS THE ANNUAL WOMEN & SCIENCE LECTURE AND LUNCHEON.
FORM 990, SCHEDULE G, PART II, FUNDRAISING EVENTS	THE CELEBRATING SCIENCE BENEFIT IS THE UNIVERSITY'S SIGNATURE FUNDRAISING EVENT OF THE YEAR, BRINGING TOGETHER OUR BENEFACTORS, SCIENTISTS, AND FRIENDS TO CELEBRATE SCIENTIFIC DISCOVERY AT ROCKEFELLER. THE CELEBRATING SCIENCE BENEFIT RAISES UNRESTRICTED SUPPORT TO SUSTAIN ROCKEFELLER UNIVERSITY'S RESEARCH AND EDUCATIONAL MISSION.

Additional Data Return to Form

Software ID:

Software Version:

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990EZ* for instructions and the latest information.**

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
THE ROCKEFELLER UNIVERSITY

Employer identification number
13-1624158

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a		No
b	If "Yes," was it a written policy?	1b		
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a		
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4		
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a		
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	**(a)** Number of activities or programs (optional)	**(b)** Persons served (optional)	**(c)** Total community benefit expense	**(d)** Direct offsetting revenue	**(e)** Net community benefit expense	**(f)** Percent of total expense
a Financial Assistance at cost (from Worksheet 1)						
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			17,418,087	3,146,893	14,271,194	2.830 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits			17,418,087	3,146,893	14,271,194	2.830 %
k **Total.** Add lines 7d and 7j			17,418,087	3,146,893	14,271,194	2.830 %

Part II Community Building Activities

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest —see instructions)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

Facility reporting group		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
1	THE ROCKEFELLER UNIVERSITY HOSPITAL 1230 YORK AVENUE NEW YORK,NY 10065 WWW.RUCARES.ORG 7002031H	X					X			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group THE ROCKEFELLER UNIVERSITY HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 22			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	**6b**	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a ☑ Hospital facility's website (list url): WWW.RUCARES.ORG			
b ☐ Other website (list url):			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☑ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 22			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a If "Yes" (list url): WWW.RUCARES.ORG			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group THE ROCKEFELLER UNIVERSITY HOSPITAL

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**		No
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a ☐	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of _____% and FPG family income limit for eligibility for discounted care of _____%			
b ☐	Income level other than FPG (describe in Section C)			
c ☐	Asset level			
d ☐	Medical indigency			
e ☐	Insurance status			
f ☐	Underinsurance discount			
g ☐	Residency			
h ☐	Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	**14**		No
15	Explained the method for applying for financial assistance?	**15**		No
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a ☐	Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☐	Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☐	Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐	Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐	Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	**16**		No
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a ☐	The FAP was widely available on a website (list url): _____			
b ☐	The FAP application form was widely available on a website (list url): _____			
c ☐	A plain language summary of the FAP was widely available on a website (list url): _____			
d ☐	The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☐	The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☐	A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☐	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or			
h ☐	Notified members of the community who are most likely to require financial assistance about availability of the FAP other measures reasonably calculated to attract patients' attention			
i ☐	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐	Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

THE ROCKEFELLER UNIVERSITY HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	**17**		No
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a ☐	Reporting to credit agency(ies)			
b ☐	Selling an individual's debt to another party			
c ☐	Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐	Actions that require a legal or judicial process			
e ☐	Other similar actions (describe in Section C)			
f ☐	None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐	Reporting to credit agency(ies)			
b ☐	Selling an individual's debt to another party			
c ☐	Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐	Actions that require a legal or judicial process			
e ☐	Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):			
a ☐	Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b ☐	Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☐	Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☐	Made presumptive eligibility determinations (if not, describe in Section C)			
e ☐	Other (describe in Section C)			
f ☐	None of these efforts were made			

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why:			
a ☐	The hospital facility did not provide care for any emergency medical conditions			
b ☐	The hospital facility's policy was not in writing			
c ☐	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section			
d ☐	Other (describe in Section C)			

Part V Facility Information *(continued)*

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

THE ROCKEFELLER UNIVERSITY HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		No

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PART V, SECTION A:	THE ROCKEFELLER UNIVERSITY HOSPITAL EXISTS SOLELY TO CONDUCT CLINICAL RESEARCH. THE SPECIALIZED PERSONNEL AND OTHER RESOURCES AVAILABLE AT THE HOSPITAL FACILITATE CLINICAL RESEARCH FOR BOTH THE INVESTIGATOR AND THE RESEARCH PARTICIPANT. THE HOSPITAL'S FACILITIES INCLUDE A LICENSED 40-BED INPATIENT UNIT (14 BEDS ARE ACTIVE) WHICH IS STAFFED 5 DAYS PER WEEK. ALL PATIENT ROOMS ARE SINGLE-OCCUPANCY, PRIVATE ACCOMMODATIONS. SPECIALIZED FACILITIES INCLUDE A FOUR-ROOM PROCEDURE SUITE, SUITABLE FOR ENDOSCOPY AND BIOPSY PROCEDURES. THE ROBERT & HARRIET HEILBRUNN OUTPATIENT RESEARCH CENTER OPENED IN JANUARY 2003 AND INCLUDES 9 EXAM ROOMS, 2 CONSULTATION ROOMS, AND 2 PHLEBOTOMY ROOMS, AS WELL AS OTHER PATIENT AND STAFF FACILITIES. THE OUTPATIENT RESEARCH CENTER IS OPEN WEEKDAYS FROM 8AM TO 4PM. THE ROCKEFELLER UNIVERSITY HOSPITAL AND CENTER FOR CLINICAL AND TRANSLATIONAL SCIENCE IS PARTICULARLY SUITABLE FOR CONDUCTING STUDIES INVOLVING MODERATE AND LOW ACUITY PATIENTS, AS WELL AS HIGH INTENSITY, HIGH-COMPLEXITY PROTOCOLS SUCH AS PHARMACOKINETICS AND METABOLIC STUDIES. THE HOSPITAL'S STRENGTHS INCLUDE A SPECIALIZED RESEARCH BIONUTRITION DEPARTMENT, AN ON-SITE RESEARCH PHARMACY. FULL CLINICAL LABORATORY SERVICES ARE PROVIDED VIA CONTRACT WITH MEMORIAL-SLOAN KETTERING CANCER CENTER; RADIOLOGY AND EKG INTERPRETATIONS ARE PROVIDED BY ARRANGEMENT WITH NEW YORK-PRESBYTERIAN HOSPITAL; ON-SITE APHERESIS SERVICES ARE PROVIDED BY CONTRACT WITH NEW YORK BLOOD CENTER. THE HOSPITAL IS LICENSED BY THE STATE OF NEW YORK.
THE ROCKEFELLER UNIVERSITY HOSPITAL	PART V, SECTION B, LINE 6A: MAIMONIDES MEDICAL CENTER AND NEW YORK COMMUNITY HOSPITALMEMORIAL SLOAN KETTERING CANCER CENTERNEW YORK-PRESBYTERIAN HOSPITALNIAGARA FALLS MEMORIAL MEDICAL CENTERST. JOHN'S RIVERSIDE HOSPITAL
THE ROCKEFELLER UNIVERSITY HOSPITAL	PART V, SECTION B, LINE 6B: MEDISYSHEALTH NETWORKMONTEFIORE HEALTH SYSTEMNORTHWELL HEALTHNUVANCEONE BROOKLYN HEALTH SYSTEMSBH HEALTH SYSTEMWMC HEALTHNETWORK
THE ROCKEFELLER UNIVERSITY HOSPITAL	PART V, SECTION B, LINE 7D: PUBLICIZED ANNUALLY IN THE ROCKEFELLER UNIVERSITY'S ENEWSLETTER.
THE ROCKEFELLER UNIVERSITY HOSPITAL	PART V, SECTION B, LINE 11: PART V, SECTION B, LINES 5 AND 11SEE PART VI FOR COMMUNITY BUILDING ACTIVITIES
SCHEDULE H PART V, LINE 22 - 24	THE SECTION "CHARGES TO INDIVIDUALS ELIGIBLE FOR ASSISTANCE UNDER THE FINANCIAL ASSISTANCE POLICY" IS NOT APPLICABLE SINCE THE HOSPITAL NEITHER COLLECTS INSURANCE INFORMATION FROM ITS RESEARCH PARTICIPANTS (PATIENTS), NOR BILLS FOR SERVICES, NEITHER A COLLECTION POLICY NOR AN AMOUNTS GENERALLY BILLED CALCULATION ARE NECESSARY.

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

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

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Form and Line Reference	Explanation
SCHEDULE H PART VI, NARRATIVES	PART I, LINES 3C, 6A AND 7 - NOT APPLICABLE.PART III, LINES 2,3,4 AND 8 - NOT APPLICABLE.PART VI, LINE 7 - THE ROCKEFELLER UNIVERSITY HOSPITAL IS NOT REQUIRED TO FILE A COMMUNITY BENEFIT REPORT WITH THE STATE OF NEW YORK.
PART II, COMMUNITY BUILDING ACTIVITIES:	THE ROCKEFELLER UNIVERSITY HOSPITAL IS LOCATED ON THE UPPER EAST SIDE OF MANHATTAN IN COMMUNITY DISTRICT 8. THE ROCKEFELLER UNIVERSITY HOSPITAL IS A UNIQUE INSTITUTION. AS AN INSTITUTION SOLELY COMMITTED TO CONDUCTING CLINICAL RESEARCH OUR COMMUNITY/SERVICE AREA IS DEFINED AS THE NEW YORK METROPOLITAN AREA. THE ROCKEFELLER UNIVERSITY HOSPITAL HAS PROVIDED AN ARRAY OF CLINICAL RESEARCH AND PATIENT CARE SERVICES SINCE ITS FOUNDING IN 1910. THE ROCKEFELLER UNIVERSITY HOSPITAL COMMUNITY SERVED/SERVICE AREA IS DETERMINED BASED ON RESEARCH BEING CONDUCTED. PRINCIPAL INVESTIGATORS IDENTIFY AN AREA OF INTEREST AND SUBMIT A PROTOCOL FOR REVIEW AND APPROVAL BY OUR INSTITUTIONAL REVIEW BOARD. WHEN THE PROTOCOL IS APPROVED, OUR RECRUITMENT OFFICE WORKS WITH THE INVESTIGATOR TO DEVELOP AND SUBMIT ADVERTISEMENTS IN LOCAL NEWSPAPERS, MAGAZINES AND ONLINE. IDENTIFICATION OF EFFECTIVE PLACES TO ADVERTISE IS DETERMINED BY CURRENT TRENDS IN READERSHIP AMONG LOCAL NEWSPAPERS, MAGAZINES AND VISITS TO PARTICULAR WEBSITES SUCH AS CRAIGSLIST AND FACEBOOK. RESEARCH PARTICIPANTS ARE CULLED FROM ALL OVER NEW YORK CITY AS WELL AS THROUGH COLLABORATIONS WITH NEIGHBORING HOSPITALS, UNIVERSITIES, AND CLINICS. AS A RESULT, OUR ENROLLED RESEARCH PARTICIPANT DEMOGRAPHICS ARE SIMILAR TO THOSE OF NEW YORK CITY OVERALL. IN CALENDAR YEAR 2024 20.14% OF RESEARCH PARTICIPANTS IDENTIFIED AS HISPANIC, 31.4% IDENTIFIED AS BLACK OR AFRICAN-AMERICAN AND 37.54% IDENTIFIED AS WHITE (RUH SUBJECT RACE AND ETHNICITY REPORT 2024), WHICH IS SIMILAR TO THE GEOGRAPHIC MAKEUP OF NEW YORK CITY (35.99% WHITE, 22.74% BLACK OR AFRICAN-AMERICAN, AND 28.49% HISPANIC). SOURCE:HTTPS://WWW.CENSUS.GOV/QUICKFACTS/FACT/TABLE/NEWYORKCOUNTYNEWYORK,NEWYORKCITYNEWYORK/PST045224
PART III, LINE 9B:	THE ROCKEFELLER UNIVERSITY HOSPITAL DOES NOT HAVE ANY NET PATIENT SERVICE REVENUE AS IT DOES NOT CHARGE ITS PATIENTS. THE PATIENTS, REFERRED TO AS PARTICIPANTS, ARE VOLUNTEERS WHO RECEIVE PARTICIPANT COMPENSATION FOR CERTAIN CLINICAL TRIALS AND RESEARCH STUDIES (PROTOCOLS) THAT ARE PERFORMED ON A ROUTINE BASIS.
PART VI, LINE 2:	VOLUNTEERS/PARTICIPANTS (PATIENTS) WHO CONSENT TO PARTICIPATE IN RESEARCH STUDIES (PROTOCOLS) PARTICIPATE (TREATED) WITHOUT CHARGE. UNLIKE MOST HOSPITALS, THE ROCKEFELLER UNIVERSITY HOSPITAL DOES NOT ROUTINELY PROVIDE STANDARD DIAGNOSTIC AND TREATMENT SERVICES. ADMISSION IS SELECTIVE; RESEARCH PARTICIPANTS (PATIENTS) ARE ENROLLED IN STUDIES BY TRAINED STAFF SOLELY BECAUSE THEY MEET THE INCLUSION CRITERIA OF THE IRB APPROVED RESEARCH PROTOCOL. THUS, ALL RESEARCH PARTICIPANTS ARE VOLUNTEERS, AND AS SUCH ARE IMPORTANT PARTNERS IN THE RESEARCH PROCESS. WITHOUT VOLUNTEERS, SIGNIFICANT ADVANCES IN BIOMEDICAL KNOWLEDGE COULD NOT OTHERWISE BE ACHIEVED.
PART VI, LINE 3:	THE ROCKEFELLER UNIVERSITY HOSPITAL CONDUCTS RESEARCH FUNDED PRIMARILY BY A SUBSIDY FROM THE ROCKEFELLER UNIVERSITY. ALL RESEARCH PARTICIPANTS (PATIENTS) ARE VOLUNTARY RESEARCH SUBJECTS WHO ARE NOT CHARGED FOR PARTICIPATION IN CLINICAL RESEARCH STUDIES AT THE ROCKEFELLER UNIVERSITY HOSPITAL. IN THE PROCESS OF PERFORMING PATIENT-ORIENTED RESEARCH, THE NEED FOR MEDICALLY INDICATED AND THUS POTENTIALLY REIMBURSABLE CARE COULD ARISE; HOWEVER, THE HOSPITAL DOES NOT BILL PATIENTS OR THEIR INSURANCE COMPANIES FOR SUCH SERVICE. THE ROCKEFELLER UNIVERSITY HOSPITAL DOES NOT COLLECT INSURANCE INFORMATION FROM RESEARCH PARTICIPANTS OUTSIDE OF THE REQUESTING THE TYPE OF INSURANCE THEY HAVE. WE ONLY ASK THAT THEY SELF-REPORT IF THEY ARE INSURED OR UNINSURED. IF A RESEARCH PARTICIPANT (PATIENT) NEEDS ACCESS TO SOCIAL SERVICES, AND ANY ADDITIONAL ANCILLARY SERVICES NOT PART OF THE RESEARCH PROTOCOL, THE ROCKEFELLER UNIVERSITY HOSPITAL PROVIDES ACCESS TO SOCIAL SERVICES TO HELP RESEARCH PARTICIPANTS ACCESS CARE EXTERNALLY SHOULD THE NEED ARISE. ALL RESEARCH PARTICIPANTS (PATIENTS) ARE AWARE AND ARE TOLD DURING THE CONSENT PROCESS WHEN THEY AGREE TO PARTICIPATE IN A RESEARCH PROTOCOL THAT THERE ARE NO FEES FOR SERVICES RENDERED.
PART VI, LINE 4:	THE ROCKEFELLER UNIVERSITY HOSPITAL IS LOCATED ON THE UPPER EAST SIDE OF MANHATTAN IN COMMUNITY DISTRICT 8. THE ROCKEFELLER UNIVERSITY HOSPITAL IS A UNIQUE INSTITUTION. AS AN INSTITUTION COMMITTED TO CONDUCTING CLINICAL RESEARCH, OUR COMMUNITY/SERVICE AREA IS DEFINED AS THE NEW YORK METROPOLITAN AREA. THE ROCKEFELLER UNIVERSITY HOSPITAL HAS PROVIDED AN ARRAY OF CLINICAL RESEARCH AND PATIENT CARE SERVICES SINCE ITS FOUNDING IN 1910. RESEARCH PARTICIPANTS ARE CULLED FROM ALL OVER NEW YORK CITY THROUGH COLLABORATIONS WITH NEIGHBORING HOSPITALS, UNIVERSITIES, AND CLINICS. PATIENTS WITH RARE DISEASE THAT ARE BEING STUDIED AT ROCKEFELLER COME FROM ALL OVER THE WORLD. AS AN INSTITUTION THAT PROVIDES SERVICES TO VOLUNTEERS WHO HAVE AGREED TO PARTICIPATE IN A RESEARCH STUDY OUR PARTICIPANT DEMOGRAPHICS GENERALLY FOLLOW THOSE OF NEW YORK CITY, WHICH IS 35.9% WHITE, 22.7% BLACK OR AFRICAN AMERICAN, AND 28.49% HISPANIC (HTTPS://WWW.CENSUS.GOV/). IN CALENDAR YEAR 2024 20.14% OF RESEARCH PARTICIPANTS IDENTIFIED AS HISPANIC, 31.4% IDENTIFIED AS BLACK OR AFRICAN AMERICAN AND 37.54% IDENTIFIED AS WHITE (RUH SUBJECT RACE AND ETHNICITY REPORT 2024), WHICH IS SIMILAR TO THE GEOGRAPHIC MAKEUP OF NEW YORK CITY (35.99% WHITE, 22.74% BLACK OR AFRICAN-AMERICAN AND 28.49% HISPANIC). THE ROCKEFELLER UNIVERSITY HOSPITAL IS OWNED BY THE UNIVERSITY AND IS LICENSED FOR 40 INPATIENT BEDS FOR CLINICAL RESEARCH. THE HOSPITAL PROVIDES RESEARCHERS WITH AN OPPORTUNITY TO CONDUCT CLINICAL STUDIES AND OFFERS BOTH NORMAL VOLUNTEERS AND PEOPLE WITH DISEASES UNDER STUDY THE OPPORTUNITY TO STAY IN THE HOSPITAL AND HELP TO CONTRIBUTE TO IMPORTANT ADVANCES IN SCIENCE. THE HOSPITAL HAS AN INPATIENT UNIT AS WELL AS AN OUTPATIENT CENTER WHERE PROSPECTIVE PATIENTS ARE SCREENED, AND MANY OUTPATIENT STUDIES ARE CONDUCTED. MEDICAL SERVICES, SURGICAL SERVICES, EMERGENCY CARE, SPECIALIZED CARE, RADIOLOGY AND AMBULATORY CARE IS PROVIDED BY NEW YORK PRESBYTERIAN HOSPITAL. IN ADDITION, CANCER CARE, EDUCATION AND RESEARCH ARE PROVIDED BY MEMORIAL SLOAN-KETTERING CANCER CENTER. BOTH INSTITUTIONS ARE LOCATED ADJACENT TO ROCKEFELLER UNIVERSITY HOSPITAL. THE ROCKEFELLER UNIVERSITY HOSPITAL DOES NOT GENERALLY PROVIDE MEDICAL CARE FOR

Form and Line Reference	Explanation
	RESEARCH PARTICIPANTS BEYOND THAT NEEDED FOR PARTICIPATION IN THE RESEARCH STUDY. SHOULD A RESEARCH PARTICIPANT BECOME ACUTELY AND SEVERELY ILL, THEY ARE IMMEDIATELY TRANSFERRED TO NEW YORK PRESBYTERIAN HOSPITAL SINCE THEY ARE EQUIPPED TO RESPOND TO THE HEALTH NEEDS OF THE COMMUNITY. THE HOSPITAL INPATIENT UNIT IS STAFFED 5 DAYS A WEEK, 24 HOURS A DAY WITH PROFESSIONAL NURSES AND HAS NUTRITIONAL RESEARCH SERVICES, SOCIAL WORK, AS WELL AS ITS OWN RESEARCH PHARMACY. OUR STAFF HOSPITALIST AND ON-CALL PHYSICIANS PROVIDE ADDITIONAL MEDICAL SUPPORT TO THE CLINICAL RESEARCH TEAMS. SOCIAL SERVICE NEEDS, PRIMARY AND CHRONIC DISEASE NEEDS, HEALTH ISSUES OF UNINSURED PERSONS, LOW-INCOME PERSONS, AND MINORITY GROUPS ARE ASSESSED BY OUR ON-SITE SOCIAL WORKER. THE SOCIAL WORKER THEN REFERS RESEARCH PARTICIPANTS BASED ON NEEDS TO LOCAL INSTITUTIONS THAT CAN PROVIDE RESOURCES. IN 2020 THE CORONAVIRUS PANDEMIC HAD A SIGNIFICANT IMPACT ON HOW HEALTH CARE IS ACCESSED AND PROVIDED IN NEW YORK CITY. THE PANDEMIC SHED ADDITIONAL LIGHT ON THE MANY INEQUITIES IN HEALTH CARE INCLUDING ACCESS TO CARE AND THE MANY RACIAL DISPARITIES THAT EXIST BASED ON SOCIOECONOMIC STATUS AND RACE. THE GLOBAL PANDEMIC MADE CLEAR THAT EVERYONE CAN BE AFFECTED AND THAT ISOLATION, MENTAL AND EMOTIONAL HEALTH AS WELL AS THE ECONOMIC IMPACT WILL CONTINUE TO SHAPE HOW HEALTH CARE IS PROVIDED IN THIS COUNTRY AND WILL BE ANALYZED AND ASSESSED FOR YEARS TO COME. THE IMPACT ON OUR RESEARCH DURING THE GLOBAL PANDEMIC IMMEDIATELY AFFECTED PARTICIPATION IN RESEARCH AND CONTINUES TO HAVE AN IMPACT. IN 2024 THE ROCKEFELLER UNIVERSITY HOSPITAL HAD 0 INPATIENT DAYS(0 ADMISSIONS) AND OVER 1,266 OUTPATIENT VISITS.
PART VI, LINE 5:	THE ROCKEFELLER UNIVERSITY HOSPITAL CONDUCTED ITS COMMUNITY HEALTH NEEDS ASSESSMENT IN THE SUMMER OF 2022 IN COLLABORATION WITH THE GREATER NEW YORK HOSPITAL ASSOCIATION COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SURVEY COLLABORATIVE TO DETERMINE HEALTH CONCERNS OF NEW YORK CITY RESIDENTS. A DIVERSE GROUP OF GNYHA HOSPITALS PARTICIPATED IN THE 2022 COLLABORATIVE INCLUDING COMMUNITY AND SAFETY NET HOSPITALS, SMALL HEALTH SYSTEMS, AND LARGE ACADEMIC MEDICAL CENTERS. THE SURVEY WAS DEVELOPED BY GNHYA WITH MEMBER INPUT AND WAS MADE AVAILABLE ACROSS NYC IN 11 LANGUAGES ONLINE AND IN PAPER FORM. GNHYA COLLECTED THE DATA, ANALYZED THE RESULTS, AND CREATED CUSTOM REPORTS FOR EACH PARTICIPATING INSTITUTION. MORE THAN 17,000 COMMUNITY MEMBERS SUBMITTED THE SURVEY WITH APPROXIMATELY 70 PERCENT OF RESPONDENTS COMPLETING THE ENTIRE SURVEY (CHNASURVEYCOLLAB-ES). WE REVIEWED AND ANALYZED DATA PROVIDED BY CHNA SURVEY COLLABORATIVE RESULTS, DOH 2021 HEALTH EQUITY REPORTS, THE NEW YORK STATE DEPARTMENT OF HEALTH AND THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE NEIGHBORHOOD HEALTH ATLAS, AND SNAPSHOTS WITH AN IN-DEPTH LOOK AT HEALTH NEEDS OF THE COMMUNITY IN DISTRICT 8 WHERE ROCKEFELLER UNIVERSITY HOSPITAL IS LOCATED AS WELL AS NEW YORK CITY AS A WHOLE. THIS ALLOWED US TO REVIEW KEY HEALTH TRENDS AMONG NEW YORK CITY RESIDENTS, AS WELL AS RESIDENTS LOCATED NEAR OUR RESEARCH HOSPITAL. NEW YORK CITY RESIDENTS IDENTIFIED THE FOLLOWING HEALTH CONCERNS: - VIOLENCE (INCLUDING GUN VIOLENCE)- MENTAL HEALTH/DEPRESSION- FALLS AMONG THE ELDERLY- DENTAL CARE- COVID-19- CANCER - HEART DISEASE- ACCESS TO HEALTHY/NUTRITIOUS FOOD- CARDIOVASCULAR DISEASE- CHRONIC DISEASE CARE - CLINIC/HOSPITAL ACCESS PROGRAMS- SUPPORT SERVICES THE NEW YORK METROPOLITAN AREA HAS AN ARRAY OF HEALTH NEEDS BASED ON GEOGRAPHIC LOCATION AND SOCIOECONOMIC STATUS. ACCORDING TO THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE 78% OF NEW YORK CITY ADULTS CONSIDERED THEMSELVES TO BE IN VERY GOOD OR GOOD HEALTH (COMMUNITY HEALTH PROFILES 2021). CHRONIC DISEASES SUCH AS DIABETES, HYPERTENSION AND OBESITY CONTINUE TO SEVERELY AFFECT THE COMMUNITIES WE SERVE. NEARLY 2.4 MILLION ADULT NEW YORKERS REPORTED HAVING HYPERTENSION, AN INCREASE OF APPROXIMATELY 33% OF THE TOTAL POPULATION SINCE 2016, AND MORE THAN 24 PERCENT OF NEW YORK CITY RESIDENTS ARE IDENTIFIED AS OVERWEIGHT OR OBESE (NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE. COMMUNITY HEALTH PROFILES-[UPPER WEST SIDE 108] HTTPS://NYC.GOV/HEALTH/PROFILES). THE NUMBER OF NEW YORKERS WHO ARE UNINSURED HAS DECREASED SINCE THE INITIATION OF THE AFFORDABLE CARE ACT (ACA) FROM 20 PRECENT TO 12 HOWEVER ACCESS AND HEALTH EQUITY IN HEALTH CARE CONTINUE TO BE CONCERN FOR MANY RESIDENTS AND RESEARCH PARTICIPANTS. WHILE MANY RESEARCH PARTICIPANTS TEND TO SEEK CARE WITH A PRIMARY CARE PHYSICIAN IN LIEU OF HIGH UTILIZATION OF THE EMERGENCY ROOM WHERE THERE WAS NO FOLLOW-UP CARE TO TRACK DISEASE PROGRESSION, WE KNOW THAT ENVIRONMENT, INCLUDING HOUSING, SAFETY, AND ACCESS TO CARE CONTINUE TO PLAGUE COMMUNITIES IN NEW YORK CITY. ALTHOUGH THE ROCKEFELLER UNIVERSITY HOSPITAL DOES NOT PROVIDE DIRECT CARE TO RESEARCH PARTICIPANTS OUTSIDE OF THE RESEARCH PROTOCOL, THE HEALTH OF OUR PARTICIPANTS IS OUR HIGHEST PRIORITY AND SO, IN ADDITION TO PROVIDING CARE AS PER THE PROTOCOLS FREE OF CHARGE, WE IDENTIFY RESOURCES AND SERVICES TO ENSURE ACCESS TO SUPPORT SERVICES AND MEDICAL FACILITIES OUTSIDE OF OUR HOSPITAL TO MEET THE HEALTH NEEDS OF OUR PARTICIPANT COMMUNITY. TO THAT END, THE ROCKEFELLER UNIVERSITY HOSPITAL HAS A SOCIAL WORKER ON STAFF TO CONDUCT ONE-ON-ONE CONSULTATIONS WITH, AND ASSESSMENTS OF, RESEARCH PARTICIPANTS TO DETERMINE THEIR NEEDS AND IDENTIFY OUTSIDE RESOURCES THAT CAN FURTHER ASSIST THEM IN RECEIVING THE CARE THEY REQUIRE. AS PART OF THIS SERVICE, THE ROCKEFELLER UNIVERSITY HOSPITAL MAINTAINS STRONG RELATIONSHIP WITH ORGANIZATIONS IN THE NEW YORK METROPOLITAN AREA THAT CAN PROVIDE THESE SERVICES TO EXPEDITE REFERRALS. THE ROCKEFELLER UNIVERSITY HOSPITAL COMMUNITY SERVED/SERVICE AREA IS DETERMINED BASED ON RESEARCH BEING CONDUCTED. PRINCIPAL INVESTIGATORS IDENTIFY AN AREA OF INTEREST AND SUBMIT A PROTOCOL FOR REVIEW AND APPROVAL BY OUR INSTITUTIONAL REVIEW BOARD. WHEN THE PROTOCOL IS APPROVED, OUR RECRUITMENT OFFICE WORKS WITH THE INVESTIGATOR TO DEVELOP AND SUBMIT ADVERTISEMENTS IN LOCAL NEWSPAPERS, MAGAZINES AND ONLINE. IDENTIFICATION OF EFFECTIVE PLACES TO ADVERTISE IS DETERMINED BY CURRENT TRENDS IN READERSHIP AMONG LOCAL NEWSPAPERS, MAGAZINES, AND VISITS TO WEBSITES SUCH AS CRAIGSLIST'S AND FACEBOOK. DEMOGRAPHICS OF RESEARCH PARTICIPANTS RECRUITED IS SIMILAR TO THAT OF THE DEMOGRAPHIC OF NEW YORK CITY, 20.14% IDENTIFIED AS HISPANIC, 31.4% BLACK/AFRICAN AMERICAN AND 37.64% IDENTIFIED AS WHITE (RUH RECRUITMENT REPOSITORY DATA 2024). TO ASSIST THE HOSPITAL IN IDENTIFYING HEALTH CONCERNS TO ADDRESS AS PART OF OUR COMMUNITY SERVICE PLAN, THE ROCKEFELLER UNIVERSITY HOSPITAL REVIEWED STATISTICS FROM THE NEW YORK STATE DEPARTMENT OF HEALTH PREVENTION AGENDA TOWARDS A HEALTH STATE PREVENTION AGENDA 2019-2024), AND NEW YORK STATE HEALTH ASSESSMENT 2018.
PART VI, LINE 6:	THE ROCKEFELLER UNIVERSITY HOSPITAL IS NOT PART OF AN AFFILIATED HEALTH CARE SYSTEM.

Additional Data

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

Schedule I (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
THE ROCKEFELLER UNIVERSITY

Employer identification number
13-1624158

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section (if applicable)	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of noncash assistance	**(h)** Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) RESEARCH FELLOWSHIPS	77	3,506,984			
(2) RESEARCH STIPENDS	229	10,585,013			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	STIPENDS AND RESEARCH FELLOWSHIPS ARE FUNDS PAID TO OFFSET LIVING EXPENSES FOR TRAINEES WHILE THEY FURTHER THEIR EDUCATION AT ROCKEFELLER. THESE AMOUNTS ARE NOT CONSIDERED SALARY OR WAGES GIVEN IN CONSIDERATION FOR SPECIFIC JOB DUTIES NOR ARE THEY GRANTS GIVEN IN ANTICIPATION OF SPECIFIC SCIENTIFIC ACHIEVEMENTS ON THE INDIVIDUALS PARTS. THERE IS NO RESTRICTION ON THE USE OF THE FUNDS ONCE THEY ARE RECEIVED BY THE TRAINEES.

Additional Data

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Schedule J (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
THE ROCKEFELLER UNIVERSITY

Employer identification number
13-1624158

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**	Yes	
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 RICHARD P LIFTON MD PHD PRESIDENT	(i)	1,137,539	0	171,054	59,356	225,993	1,593,942	0
	(ii)	0	0	0	0	0	0	0
2 PAULA VOLENT CHIEF INVESTMENT OFFICER	(i)	1,078,988	695,289	154,278	297,134	31,769	2,257,458	229,636
	(ii)	0	0	0	0	0	0	0
3 BETTY Y CHEN - MANAGING DIRECTOR, INVESTMENTS (THRU 10/24)	(i)	368,572	500,000	57,750	0	40,771	967,093	0
	(ii)	0	0	0	0	0	0	0
4 MAREN IMHOFF SVP, DEVELOPMENT	(i)	677,169	50,000	76,140	59,216	66,780	929,305	0
	(ii)	0	0	0	0	0	0	0
5 BARRY COLLER VP & PHYSICIAN-IN-CHIEF	(i)	643,884	0	72,933	59,245	64,710	840,772	0
	(ii)	0	0	0	0	0	0	0
6 TIMOTHY O'CONNOR EXECUTIVE VICE PRESIDENT	(i)	641,793	0	65,127	59,291	61,456	827,667	0
	(ii)	0	0	0	0	0	0	0
7 MICHAEL YOUNG VP, ACADEMIC AFFAIRS (THRU 8/31/23)	(i)	579,155	0	81,255	59,223	66,274	785,907	0
	(ii)	0	0	0	0	0	0	0
8 DEBORAH YEOH VP & GENERAL COUNSEL	(i)	602,609	0	56,734	52,930	40,219	752,492	0
	(ii)	0	0	0	0	0	0	0
9 CHARLES M RICE PROFESSOR, HEAD OF LABORATORY	(i)	565,080	0	55,742	59,347	31,667	711,836	0
	(ii)	0	0	0	0	0	0	0
10 TIMOTHY STEARNS VP, EDUCATION AFFAIRS	(i)	525,789	0	41,144	59,272	61,660	687,865	0
	(ii)	0	0	0	0	0	0	0
11 ROMAYNE L BOTTI VP, FINANCE & TREASURER	(i)	493,893	0	73,378	37,404	82,395	687,070	0
	(ii)	0	0	0	0	0	0	0
12 NATHANIEL HEINTZ PROFESSOR, HEAD OF LABORATORY	(i)	497,808	0	47,581	59,200	79,195	683,784	0
	(ii)	0	0	0	0	0	0	0
13 JEANNE FARRELL AVP, TECHNOLOGY TRANSFER	(i)	438,622	0	130,990	30,578	50,983	651,173	0
	(ii)	0	0	0	0	0	0	0
14 VIRGINIA HUFFMAN VP, HUMAN RESOURCES	(i)	480,289	0	36,304	59,171	66,060	641,824	0
	(ii)	0	0	0	0	0	0	0
15 TITIA DE LANGE PROFESSOR, HEAD OF LABORATORY	(i)	500,048	0	39,130	59,270	34,969	633,417	0
	(ii)	0	0	0	0	0	0	0
16 CORNELIA BARGMANN VP, ACADEMIC AFFAIRS	(i)	493,478	0	33,174	59,331	31,769	617,752	0
	(ii)	0	0	0	0	0	0	0
17 SIDNEY STRICKLAND VP, EDUCATION AFFAIRS (THRU 8/31/22)	(i)	458,468	0	27,783	59,259	60,484	605,994	0
	(ii)	0	0	0	0	0	0	0
18 ANTHONY CARVALLOZA - CHIEF INFORMATION OFFICER (FROM 11/13/24)	(i)	355,943	0	19,053	38,023	79,195	492,214	0
	(ii)	0	0	0	0	0	0	0
19 KRETINA COOK ASST. VP, FINANCE	(i)	280,559	0	38,645	48,635	66,370	434,209	0
	(ii)	0	0	0	0	0	0	0
20 ASHTON MURRAY VP UNIV. LIFE & COMMUNITY ENGAGEMENT	(i)	358,166	0	8,609	30,647	32,852	430,274	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	THE UNIVERSITY PROVIDES A RESIDENCE FOR THE PRESIDENT ON CAMPUS. THE RESIDENCE IS A CONDITION OF EMPLOYMENT AS STATED IN THE PRESIDENT'S APPOINTMENT LETTER. THE HOUSE IS PROVIDED TO ENABLE THE PRESIDENT TO BE ON CAMPUS 24/7 IN ORDER TO RESPOND TO EMERGENT SITUATIONS THAT MAY ARISE AND FOR OTHER BUSINESS PURPOSES.
PART I, LINE 5	THE UNIVERSITY MAINTAINS A BONUS PLAN FOR THE CHIEF INVESTMENT OFFICER AND THE DEPUTY CHIEF INVESTMENT OFFICER WHICH IS PARTIALLY BASED UPON THE PERFORMANCE OF THE UNIVERSITY'S ENDOWMENT OVER 1-,3-, AND 5-YEAR PERIODS, IN ADDITION TO OTHER QUANTITATIVE AND QUALITATIVE MEASURES. THE PLAN WAS APPROVED BY THE UNIVERSITY'S COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES. THE PLAN WAS DEVELOPED USING COMPARATIVE DATA FROM SIMILAR INSTITUTIONS. FOR RETENTION PURPOSES, A PORTION OF THE ANNUAL BONUS IS DEFERRED AND PAID IN SUBSEQUENT YEARS. CERTAIN INVESTMENT OFFICE STAFF ARE ALSO ELIGIBLE FOR A BONUS.
PART I, LINE 7	BONUSES, AS REPORTED IN COLUMN B(II), ARE BASED ON EXTRAORDINARY OPERATIONAL ACHIEVEMENTS. BONUSES ARE APPROVED BY THE PRESIDENT AND THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES.

Additional Data

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Schedule K (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
THE ROCKEFELLER UNIVERSITY

Employer identification number
13-1624158

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DORMITORY AUTHORITY OF THE STATE OF NEW YORK (ISSUE DATE 013108)	14-6000293	649903YA3	01-31-2008	103,215,000	CONST. & RENOV. OF CAMPUS		X		X		X
B	DORMITORY AUTHORITY OF THE STATE OF NEW YORK (ISSUE DATE 052015)	14-6000293	000000000	05-20-2015	163,190,000	CURRENT REFUNDING (2005A) & CONST & RENOV OF CAMPUS		X		X		X
C	DORMITORY AUTHORITY OF THE STATE OF NEW YORK (ISSUE DATE 08317)	14-6000293	000000000	08-03-2017	100,445,000	CURRENT REFUNDING (2009B)		X		X		X
D	DORMITORY AUTHORITY OF THE STATE OF NEW YORK (ISSUE DATE 121119)	14-6000293	64990GWX6	12-11-2019	59,618,654	CURRENT REFUNDING (2009A)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	104,734,474	163,373,239	100,445,000	59,618,654
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	641,319	465,000	320,000	297,306
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	104,093,155	100,258,239	125,000	29,047
11	Other spent proceeds		62,650,000	100,000,000	59,292,301
12	Other unspent proceeds				
13	Year of substantial completion	2012	2015	2012	1998

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?		X	X		X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X		X	
b	Exception to rebate?	X		X		X		X	
c	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X			X

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK (ISSUE DATE 01/31 DATE THE REBATE COMPUTATION WAS PERFORMED: 02/01/2011 ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK (ISSUE DATE 05/20 DATE THE REBATE COMPUTATION WAS PERFORMED: 05/20/2017 ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK (ISSUE DATE 08/3/ DATE THE REBATE COMPUTATION WAS PERFORMED: 04/08/2019 ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK (ISSUE DATE 12/11 DATE THE REBATE COMPUTATION WAS PERFORMED: 11/13/2021 ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK (ISSUE DATE 11/26 DATE THE REBATE COMPUTATION WAS PERFORMED: 11/13/2021 ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK (ISSUE DATE 04/30 DATE THE REBATE COMPUTATION WAS PERFORMED: 11/13/2021 ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK (ISSUE DATE 4/20/ DATE THE REBATE COMPUTATION WAS PERFORMED: 05/28/2025
PART II - LINE 3 - TOTAL PROCEEDS (ISSUE DATE 1/31/2008)	TOTAL PROCEEDS INCLUDES ISSUE PRICE ($103,215,000) + INVESTMENT INCOME ($1,519,474)
PART II - LINE 3 - TOTAL PROCEEDS (ISSUE DATE 5/20/2015)	TOTAL PROCEEDS INCLUDE ISSUE PRICE ($163,190,000) PLUS INVESTMENT INCOME ($183,239)
PART II - LINE 3 - TOTAL PROCEEDS (ISSUE DATE 11/26/2019)	TOTAL PROCEEDS INCLUDE ISSUE PRICE ($190,862,275) + INVESTMENT INCOME ($129,215)
PART II - LINE 3 - TOTAL PROCEEDS (ISSUE DATE 4/30/2020)	TOTAL PROCEEDS INCLUDE ISSUE PRICE ($50,966,897) + INVESTMENT INCOME ($6,091)
PART II - LINE 3 - TOTAL PROCEEDS (ISSUE DATE 4/20/2022)	TOTAL PROCEEDS INCLUDE ISSUE PRICE ($79,308,972) + INVESTMENT INCOME ($46,477)

Additional Data

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Schedule K (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
THE ROCKEFELLER UNIVERSITY

Employer identification number
13-1624158

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DORMITORY AUTHORITY OF THE STATE OF NEW YORK (ISSUE DATE 112619)	14-6000293	64990GVH2	11-26-2019	190,862,275	CURRENT REFUNDING (2009C) & CONST & RENOV OF CAMPUS		X		X		X
B	DORMITORY AUTHORITY OF THE STATE OF NEW YORK (ISSUE DATE 043020)	14-6000293	64990GF21	04-30-2020	50,966,897	CURRENT REFUNDING (2010A)		X		X		X
C	DORMITORY AUTHORITY OF THE STATE OF NEW YORK (ISSUE DATE 42022)	14-6000293	65000BME5	04-20-2022	79,308,972	CURRENT REFUNDING (2012A & 2012B)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	190,991,490	50,972,988	79,355,449	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	897,959	425,789	645,846	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	90,095,953	125,000	125,000	
11	Other spent proceeds	99,997,578	50,422,199	78,584,603	
12	Other unspent proceeds				
13	Year of substantial completion	2019	2012	2022	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?	X		X		X			
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

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

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X			
b	Exception to rebate?	X		X		X			
c	No rebate due?	X		X		X			
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule L
(Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
THE ROCKEFELLER UNIVERSITY

Employer identification number
13-1624158

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

1	**(a)** Name of disqualified person	**(b)** Relationship between disqualified person and organization	**(c)** Description of transaction	**(d)** Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	**(b)** Relationship with organization	**(c)** Purpose of loan	**(d)** Loan to or from the organization? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No
(1) V HUFFMAN	OFFICER	MORTGAGE		X	234,000	174,937		No	Yes		Yes	
(2) M IMHOFF	OFFICER	MORTGAGE		X	150,000	60,836		No	Yes		Yes	
(3) R MALONEY	FORMER	MORTGAGE		X	502,932	72,063		No	Yes		Yes	
(4) A MURRAY	OFFICER	MORTGAGE		X	1,283,888	1,236,449		No	Yes		Yes	
(5) T O'CONNOR	OFFICER	MORTGAGE		X	825,000	754,700		No	Yes		Yes	
(6) H RABB	OFFICER	MORTGAGE		X	300,000	132,269		No	Yes		Yes	
(7) M YOUNG	OFFICER	MORTGAGE		X	1,238,068	768,433		No	Yes		Yes	
(8) T SAKMAR	EMPLOYEE	MORTGAGE		X	599,000	408,236		No	Yes		Yes	
(9) K COOK	OFFICER	MORTGAGE		X	1,020,000	938,709		No	Yes		Yes	
(10) R BOTTI	OFFICER	MORTGAGE		X	650,000	643,755		No	Yes		Yes	
Total					**$**	5,190,387						

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of assistance	**(d)** Type of assistance	**(e)** Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART V, SUPPLEMENTAL	GRANTS TO INTERESTED PERSONS: THE ONLY GRANT RELATED TRANSACTIONS ARE THOSE IN WHICH AN INTERESTED PERSON, OR FAMILY MEMBER RECEIVES A STIPEND FOR LIVING EXPENSES FOR BEING A STUDENT AT THE UNIVERSITY. SUCH AMOUNTS WOULD BE IN ACCORDANCE WITH FINANCIAL AID OR GRANT PRACTICES AT ARM'S LENGTH, AND ARE PROTECTED UNDER FERPA, THEREFORE, WILL NOT BE DISCLOSED ON PART III.

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

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2024

Open to Public Inspection

Name of the organization
THE ROCKEFELLER UNIVERSITY

Employer identification number
13-1624158

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	85	10,665,715	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Return Reference	Explanation
PART I, LINE 32B:	THE UNIVERSITY UTILIZES A THIRD PARTY TO SELL GIFTS OF STOCK THAT IT RECEIVES DURING THE FISCAL YEAR.

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SCHEDULE O
(Form 990)
(Rev. January 2025)
Department of the Treasury
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Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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Open to Public Inspection

Name of the organization
THE ROCKEFELLER UNIVERSITY

Employer identification number
13-1624158

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	WILLIAM E. FORD (RU TRUSTEE) HAS A BUSINESS RELATIONSHIP WITH PABLO LEGORRETA (RU TRUSTEE). MICHAEL FASCITELLI (RU TRUSTEE) HAS A BUSINESS RELATIONSHIP WITH JAMIE DINAN (RU TRUSTEE).
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION MADE AVAILABLE TO THE GOVERNING BOARD OF TRUSTEES THE COMPLETED FORM 990 PRIOR TO ITS SUBMISSION. ANY COMMENTS OR QUESTIONS PERTAINING TO THE FORM 990 WERE SENT TO THE VICE PRESIDENT, FINANCE OR A MEMBER OF THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES. THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES REVIEWED AND APPROVED THE FORM 990 PRIOR TO ITS SUBMISSION.
FORM 990, PART VI, SECTION B, LINE 12C	ALL MEMBERS OF THE UNIVERSITY COMMUNITY ARE COVERED BY APPLICABLE UNIVERSITY CONFLICT OF INTEREST POLICIES. TRUSTEES OF THE UNIVERSITY'S BOARD OF TRUSTEES, NON-TRUSTEE COMMITTEE MEMBERS, OFFICERS, AND KEY EMPLOYEES ARE COVERED BY THE BUSINESS CONFLICT OF INTEREST AND FAMILY/BUSINESS RELATIONSHIPS POLICY. ALL MEMBERS OF THE UNIVERSITY COMMUNITY ARE COVERED BY THE CONFLICT OF INTEREST POLICY GOVERNING BUSINESS PRACTICES. (A) FOR TRUSTEES OF THE UNIVERSITY'S BOARD OF TRUSTEES, NON-TRUSTEE COMMITTEE MEMBERS, OFFICERS, AND KEY EMPLOYEES, THE CONFLICT OF INTEREST DISCLOSURE FORM IS SENT TO THE CORPORATE SECRETARY, WHO PROVIDES A COPY OF COMPLETED FORMS TO THE CHAIR OF THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES. THE UNIVERSITY DETERMINES WHETHER ANY EXISTING OR PROPOSED TRANSACTION OR ITS CIRCUMSTANCES CREATES AN APPARENT, POTENTIAL, OR ACTUAL CONFLICT OF INTEREST, WARRANTING REVIEW AND APPROPRIATE ACTION. THE INDIVIDUAL MAKING THE DISCLOSURE MAY BE ASKED TO PROVIDE SUPPLEMENTAL INFORMATION, BUT WILL NOT PARTICIPATE IN, BE PRESENT AT, OR INAPPROPRIATELY INFLUENCE THE FINAL DELIBERATIONS OR VOTE ON THE MATTER. (B) FOR HEADS OF LABORATORY, THE CONFLICT OF INTEREST DISCLOSURE FORM IS SUBMITTED TO THE VICE PRESIDENT FOR ACADEMIC AFFAIRS FOR A DECISION REGARDING A DISCLOSURE. THE INDIVIDUAL MAKING THE DISCLOSURE MUST STOP PARTICIPATING IN ANY UNIVERSITY MATTER OR ACTIVITY THAT IS OR MAY BE AFFECTED BY SUCH CONFLICT UNTIL A DECISION HAS BEEN MADE, UNLESS OTHERWISE DIRECTED BY THE UNIVERSITY. (C) FOR ALL OTHER MEMBERS OF THE UNIVERSITY COMMUNITY, THE CONFLICT OF INTEREST DISCLOSURE FORM IS SUBMITTED TO THE VICE PRESIDENT FOR HUMAN RESOURCES FOR A DECISION REGARDING A DISCLOSURE. THE INDIVIDUAL MAKING THE DISCLOSURE MUST STOP PARTICIPATING IN ANY UNIVERSITY MATTER OR ACTIVITY THAT IS OR MAY BE AFFECTED BY SUCH CONFLICT UNTIL A DECISION HAS BEEN MADE, UNLESS OTHERWISE DIRECTED BY THE UNIVERSITY.
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE PRESIDENT AND OFFICERS IS ESTABLISHED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES. SUCH COMPENSATION IS ESTABLISHED THROUGH REVIEW OF COMPARABLE DATA AND CONTEMPORANEOUS DOCUMENTATION OF THE DELIBERATION AND DECISION. THE PROCESS INCLUDES PARTICIPATING IN SURVEYS CONDUCTED BY INDEPENDENT COMPENSATION CONSULTANTS AND REVIEWING FORM 990S FROM PEER INSTITUTIONS. SPECIFIC REVIEWS ARE CONDUCTED ANNUALLY.
FORM 990, PART VI, SECTION C, LINE 19	THE UNIVERSITY'S GOVERNING DOCUMENTS WOULD BE MADE AVAILABLE UPON REQUEST. THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC THROUGH THE UNIVERSITY'S WEBSITE.
FORM 990, PART XI, LINE 9:	UNREALIZED LOSS ON DERIVATIVES -1,833,616. POSTRETIREMENT RELATED CHANGES -3,818,000.

Additional Data

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SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
THE ROCKEFELLER UNIVERSITY

Employer identification number
13-1624158

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CLSI FORD CENTER INCUBATOR 1230 YORK AVENUE NEW YORK, NY 10065 93-4227709	SUPPORT THE EXEMPT PURPOSES OF THE ROCKEFELLER UNIVERSITY	NY	512,064	892,877	THE ROCKEFELLER UNIVERSITY

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1)THE ROCKEFELLER UNIVERSITY FACULTY & STUDENTS CLUB INC 1230 YORK AVENUE NEW YORK, NY 10065 13-6066979	SOCIAL CLUB	NY	501(C)(7)		THE ROCKEFELLER UNIVERSITY	Yes	

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

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

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

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

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

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

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	1o	Yes	
p	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1q		No
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)THE ROCKEFELLER UNIVERSITY FACULTY & STUDENTS CLUB INC	M	261,009	CASH
(2)THE ROCKEFELLER UNIVERSITY FACULTY & STUDENTS CLUB INC	N	128,360	CASH
(3)THE ROCKEFELLER UNIVERSITY FACULTY & STUDENTS CLUB INC	R	-223,578	CASH

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation
FORM 990, SCHEDULE R, PART V, #2	THE ROCKEFELLER UNIVERSITY FACULTY AND STUDENTS CLUB, INC. (THE CLUB) IS A 501(C)(7) ORGANIZATION THAT OPERATES A SOCIAL CLUB ON THE CAMPUS OF THE ROCKEFELLER UNIVERSITY. THE PURPOSE OF THE CLUB IS TO ENCOURAGE THE FRIENDLY ASSOCIATION OF ITS MEMBERS AND THEIR GUESTS FOR SCIENTIFIC AND OTHER INTELLECTUAL DISCOURSE, AND/OR PLEASURE AND RECREATION. THE BOOKS AND RECORDS OF THE CLUB ARE MAINTAINED BY THE UNIVERSITY. THE UNIVERSITY COLLECTS ANNUAL CLUB DUES ON BEHALF OF THE CLUB. THE CLUB ALSO RELIES ON CERTAIN UNIVERSITY SYSTEMS IN ORDER TO OPERATE. THE CLUB HAS A LIABILITY TO THE UNIVERSITY WHICH REPRESENTS THE UNIVERSITY'S SUBSIDIZED PORTION OF THE CLUB'S OPERATIONS IN THE AMOUNT OF $3,485,288 AS OF JUNE 30, 2025.

Additional Data

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