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.

Information about Form 990 and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

OMB No. 1545-0047

AI	For th	he 201	6 calendar year, or tax year begi	nning , 20	16, and endin	ng			, 20)	
		a caracteria	C Name of organization				D Employer ide	ntifica	ation numb	ber	
D	Check if a	applicable	ROCKEFELLER PHILANTHRO	OPY ADVISORS, INC.			13-361	553:	3		
	Addr chan		Doing business as								
	Name	e change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite		E Telephone nu	mber			
	Initia	il return	6 WEST 48TH STREET, 10	OTH FLOOR			(212) 81	2-4	330		
		return/	City or town, state or province, country, a	and ZIP or foreign postal code							
	Amer		NEW YORK, NY 10036				G Gross receipts	2.5	283	860	831.
		cation	F Name and address of principal officer:	MELISSA A. BERMAN			H(a) Is this a grou			Yes	X No
	pend	ling	6 WEST 48 STREET, 10TH		10036		subordinates	?		Yes	
1	Tax-ex	kempt st		AC VOL DATA AND A DATA OF		-	H(b) Are all subord If "No," attac			J L	No
J	350 120.12	1000 C 1000 C	WWW.ROCKPA.ORG) < (insert no.) 4947(a)	(1) or 52	/	Company 22			Juons)	
-			nization: X Corporation Trust	Association Other ►	1		H(c) Group exem; tion: 1992 M			1.11	DE
-	art I		immary	Association Other	L rear of	rorma	tion: 1992 M	State	of legal do	micile:	DE
F	_				DONODO CI		D. MUQUQUE		DDDD	0	-
842	1		y describe the organization's mission o					:UL,	EFFE	CIIVE	2
Activities & Governance			LANTHROPY THROUGHOUT THE								
rna			NDATIONS, & CORPORATIONS								_
ove	2		k this box \blacktriangleright if the organization d					S.			
Ŭ	3	Numb	er of voting members of the governing	body (Part VI, line 1a)				3			17.
SS 8	4	Numb	er of independent voting members of t	the governing body (Part VI, line 1b)			4			16.
litie	5	Total	number of individuals employed in cale	endar year 2016 (Part V, line 2a)				5			296.
ctiv	6	Total	number of volunteers (estimate if neces	sary)			<mark></mark> .	6			17.
A	7a	Total	unrelated business revenue from Part V	III, column (C), line 12			<mark></mark> .	7a			0.
_	b	Net ur	nrelated business taxable income from	Form 990-T, line 34			<mark>.</mark>	7b			0.
							Prior Year		Curi	rent Ye	ar
0	8	Contri	ibutions and grants (Part VIII, line 1h)			2	205,065,70	9.	204,	486,	774.
Revenue	9	Progra	am service revenue (Part VIII, line 2g)		6,353,48	8.	5,	453,	636.		
eve	10	Invest	tment income (Part VIII, column (A), line		1,283,24	0.	5,	699,	405.		
œ	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)			469,91	0.		161,	497.
	12		revenue - add lines 8 through 11 (must			2	13,172,34	7.	215,	801,	312.
	13		s and similar amounts paid (Part IX, colu			1	.09,957,56	3.	85,	665,	975.
	14		its paid to or for members (Part IX, colu					0.			0.
ú	15		es, other compensation, employee bene				26,583,00	0.	30,	963.	890.
Expenses	16.2	Profes	ssional fundraising fees (Part IX, column	(A) line 11e)	·····		211,00				400.
per	h	Total	fundraising expenses (Part IX, column (D) line 25) 686.11					34/1+10/F	0211	
Ě	17		expenses (Part IX, column (A), lines 11			21.71	41,863,79	8	50.	066,	548
	18		expenses. Add lines 13-17 (must equal			1	78,615,36				813.
	19						34,556,98			• • • • •	499.
Ces Ces		Reven	nue less expenses. Subtract line 18 from	Time 12			ining of Current Y			of Year	
ance	20	Tatal	And A King (Det X King 10)			-	.97,645,94			055,	
Net Assets Fund Balanc	20		assets (Part X, line 16)		• • • • • • • •	-	55,241,99			171,	
et a	21		liabilities (Part X, line 26)			1	42,403,95				
Zi	22	120000	ssets or fund balances. Subtract line 21	from line 20		1	42,403,95	0.1	105,	884,	500.
-	rt II		gnature Block	is set on the second second second							
true	er per	ect, and	of perjury, I declare that I have examined th complete. Declaration of preparer (other than	n officer) is based on all information of	which preparer ha	s any kr	nowledge.	тук	knowledge	and bei	lief, it is
		-	1:12								
Sig	n		Signature of officer				Date				
He			Tina Beyers	V.P. JCFO				1.0	5/17		
			Type or print name and title	V.I. 4 CFU				1-	5/1/		
		0.000	Type preparer's name	Preparer's signature	Date			Tr	PTIN		
Paic	1	0004000000000		Seth Shompett	9/13	117	Check			41.4.0	0
	parer	2018 22	TT THOMPSETT		9/13	/ 1 /	self-employe		P007		J
25	Only		name GRANT THORNTON LL				Firm's EIN > 3				
			address >757 THIRD AVENUE, 3RD FLO				Phone no. 2	12-	599-01		-
-			cuss this return with the preparer show				<u></u>			es	No
For	Pape	rwork	Reduction Act Notice, see the separat	e instructions.					For	n 990	(2016)

ROCKEFELLER	PHILANTHROPY	ADVISORS,	INC.

For	n 990 (2016) Page 2
Pa	art 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: ATTACHMENT 1
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
4	If "Yes," describe these changes on Schedule O. 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 \$ 136,647,975. including grants of \$ 67,504,123.) (Revenue \$ 1,113,094.)
	ATTACHMENT 2
4b	(Code:) (Expenses \$17,595,377. including grants of \$17,315,345.) (Revenue \$601,744.)
	CHARITABLE FUNDS - RPA SERVES AS A GRANT-MAKING VEHICLE THAT
	ENABLES A DONOR TO MAKE RECOMMENDATIONS WITH RESPECT TO HIS OR HER
	PHILANTHROPIC OBJECTIVES. RPA'S CHARITABLE GIVING FUND IS A
	FLEXIBLE, COST-EFFECTIVE WAY FOR ITS DONORS TO ACHIEVE THEIR CHARITABLE AIMS. IT IS AN OPTIMAL ALTERNATIVE FOR INDIVIDUALS,
	COUPLES OR FAMILIES SEEKING EXPERT PHILANTHROPIC ADVICE WITHOUT
	THE EXPENSE AND COMPLEXITY OF FORMING A PRIVATE FOUNDATION.
4c	(Code:) (Expenses \$,
	GENERAL FUND/RPA CONSULTING - TO FACILITATE PHILANTHROPY AND TO
	SUPPORT THE GROWTH OF A VITAL, CREATIVE, NOT-FOR-PROFIT SECTOR. RPA HAS THE SKILL AND EXPERTISE TO ENGAGE CLIENTS AT ALL STAGES OF
	THE PHILANTHROPIC LIFE CYCLE, FROM CONCEPT AND START-UP TO ONGOING
	OPERATIONS AND SUCCESSION PLANNING. AS PART OF OUR MISSION OF
	THOUGHTFUL AND EFFECTIVE PHILANTHROPY, WE SHARE RESEARCH, BEST
	PRACTICES AND NEW-THINKING THAT ELEVATE THE FIELD OF PHILANTHROPY
	AND SUPPORT THE SECTOR.
4d	Other program services (Describe in Schedule O.)
4-	(Expenses \$ including grants of \$)(Revenue \$) Total program service expenses ▶ 161,382,628.
JSA	Form 990 (2016)
6E1	⁰²⁰ 1.000 8685FS 700J V 16-6.4F PAGE 3

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

	990 (2016)		P	age 3
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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		37	
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	X	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		37
	Part III.	5		X
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		37	
_	"Yes," complete Schedule D, Part I	6	X	
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			77
-	complete Schedule D, Part III	8		X
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			37
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		v	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		х	
L	complete Schedule D, Part VI	11a	A	
D	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	446		х
-		11b		
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			х
اہ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	444		х
		11d 11e	x	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	TTe	21	
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120	х	
h	Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a	21	
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
N N	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	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
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		Х
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	х	
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		Х
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		Х

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		Х
b		20b		
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	х	
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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
2 70	\$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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ŭ	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		Х
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		37	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			37
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	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	20		х
0 7	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>			
		37		х
38	Part VI	51		
55	19? Note. All Form 990 filers are required to complete Schedule O.	38	х	

Form **990** (2016)

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

Page 5

Par				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1 2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	NO
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ŭ	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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 296			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		
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		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
-	(FBAR).	5a		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
Ua	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
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).			
а	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
•	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
	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	8		X
0	sponsoring organization have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds.	9a		X
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		X
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	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.	12-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ь.	Note. See the instructions for additional information the organization must report on Schedule O.			
α	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			
~	the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

	990 (2016) ROCKEFELLER PHILANTHROPY ADVISORS, INC. 13-3615			Page 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI	•••	• • •	X
Sect	ion 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 1a 17	-		
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16	-		
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	Х	
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Cod	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b				
	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		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 3			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(0	c)(3)s	only)

Own website X Another's website X 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: ► TINA BEYERS 6 WEST 48 STREET, 10TH FLOOR NEW YORK, NY 10036 212-812-4330

Page	7
------	---

	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	e 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)			(C Posi	ition			(D)	(E)	(F)
Name and Title r we		box,	(do not check more than or box, unless person is both a officer and a director/truste					Reportable compensation from the	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)MELISSA A. BERMAN	35.00									
PRESIDENT AND CEO	0.	X		х				375,000.	0.	51,611.
(2)STEVEN WAYNE	1.00									
CHAIR	0.	X		х				0.	0.	0.
(3)ADAM WOLFENSOHN	1.00									
TREASURER	0.	X		X				0.	0.	0.
(4)KYUNGSUN CHUNG	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(5)RIEN VAN GENDT	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(6)WENDY O'NEILL	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(7)MARNIE S. PILLSBURY	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(8)MICHAEL ROCKEFELLER	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(9)LUTHER M. RAGIN, JR.	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(10)JUANITA T. JAMES	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(11)PETER C. ROCKEFELLER	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(12)BARBARA B. ROCKEFELLER	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(13)SARAH TEACHER	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(14) VALERIE ROCKEFELLER WAYNE	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.

JSA 6E1041 1.000

Form	000	(2016)	
Form	990	(2010)	

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	yee	es,	and H	lig	hest Compensat	ed Employees (a	ontinued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	Position (do not check more than on box, unless person is both a officer and a director/truster					an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) JULIA LOPEZ	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
16) MAC BRODERICK	1.00									
BOARD MEMBER	0.	X						0.	0.	0
17) THEO SPENCER	1.00									
BOARD MEMBER	0.	X						0.	0.	0
18) DARREN WALKER	1.00									
BOARD MEMBER (THRU APRIL 2016)	0.	X						0.	0.	0
19) CHRIS B. PAGE	35.00									
EXECUTIVE VICE PRESIDENT	0.			Х				338,655.	0.	43,794
20) WALTER SWEET	35.00									
VICE PRESIDENT&CORP SECRETARY	0.			Х				213,446.	0.	47,798
21) YOLANDA A. ARIAS-BROWNELL	35.00									
VP OF HR & ASST. CORP. SEC.	0.			Х				213,569.	0.	38,760
22) NICHOLAS HODGES	35.00									
SENIOR VICE PRESIDENT/COO	0.			Х				294,636.	0.	35,726
23) TINA MARIE BEYERS	35.00									
VICE PRESIDENT AND CFO	0.	1		Х				207,445.	0.	35,551
24) JANE M. LEVIKOW	35.00									
VP SPONSORED PROJECTS & FUNDS	0.			Х				210,861.	0.	29,456
25) JEFFREY A. NESBIT	35.00									
EXEC. DIRECTOR, SPONSORED PROJ	0.					x		261,906.	0.	24,556
1b Sub-total								375,000.	0.	51,611
c Total from continuation sheets to Part VII, S	oction A	• • •	• •	• • •	• •	• • •		2,808,267.	0.	357,425
d Total (add lines 1b and 1c)	-							3,183,267.	0.	409,036
2 Total number of individuals (including but not										105,050
reportable compensation from the organizatio		nose 79		u ai	0076	5) WN	5 16		φ100,000 0Ι	
		12	, 							Vac N
3 Did the organization list any former offic										Yes N

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
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
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



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
A	FTACHMENT 4		
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 84	e listed above) who received	

ISA

Form	990	(2016)	
1 01111	330	(2010)	

Part VII	Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	yee	es, a	and H	ligl	hest Compensat	ed Employ	ees (c	ontinue	ed)	
	(A) Name and title	(B) Average hours per week (list any hours for	box, office	iot ch unless r and	s per a di	tion more rson irect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportal compensatio related organizat	on from d ions	arr com	(F) stimated nount of other pensatic	on
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	org and	om the anizatior d related anization	
	REW GEORGE SALKIN	35.00					x		265,937.		0.		25,8	84
	NA ANNE LIPPER	35.00							200,207				2070	_
SR.	VP SPONSORED PROJECTS	0.					Х		276,875.		0.		34,0	02
28) DAR	LENE CURLEY JACKSON	35.00												
CEC	& DIR. SPONSORED PROJECTS	0.					Х		264,000.		Ο.		19,7	3
29) ELI	ZABETH YEE	35.00												
VIC	E PRES. SPONSORED PROJECTS	0.					Х		260,937.		0.		22,1	6
c Tota d Tota	total from continuation sheets to Part VII, S (add lines 1b and 1c) number of individuals (including but not	ection A	· · ·	 	• •	• •	· · ·	► ► ►	ceived more than	\$100.000 c	of			
	table compensation from the organization		79							÷ · · · · · · · · · · · ·			N.s.	_
	the organization list any former offic												Yes	1
-	oyee on line 1a? If "Yes," complete Schedu											3		
4 For a	any individual listed on line 1a, is the	sum of rep	ortab	le co	om	pen	satior	n ar	nd other compension	sation from	the			
	nization and related organizations greations greations and related organizations greating and the second second											4	X	1
	any person listed on line 1a receive or											-		
for se	ervices rendered to the organization? If "Ye B. Independent Contractors											5		
	plete this table for your five highest com bensation from the organization. Report c													
	(A) Name and business add	Iress							(B) Description of se	ervices	C	(C) ompens	sation	_
														_
														_
2 Total	number of independent contractors (ir	oluding h	it not	lim	itod	1 +0	41	- 13						T

Par	t VII			uline in this Dent VII			
		Check if Schedule O contains a respon	se of note to an	(A) (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d f f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$	6,341,112. 198,145,662. 1,907,231.				
	h	Total. Add lines 1a-1f	► Business Code	204,486,774.			
Program Service Revenue	2a b c d	ADVISORY FEES ASSESSMENT FEES MEMBERSHIP DUES EDUCATIONAL & OTHER CONTRACT INCOME	523930 523920 525990 900099	3,738,798. 601,744. 1,750. 1,111,344.	3,738,798. 601,744. 1,750. 1,111,344.		
Progra	e f g	All other program service revenue	>	5,453,636.			
	3 4 5 6a b	Investment income (including dividen and other similar amounts). Income from investment of tax-exempt bond Royalties Gross rents Less: rental expenses	► proceeds	837,109. 0. 0.			837,109.
	c d 7a b	Rental income or (loss) 58,371. Net rental income or (loss) (i) Securities Gross amount from sales of assets other than inventory (i) Securities Less: cost or other basis and sales expenses 68,059,519.	(ii) Other	58,371.			58,371.
Other Revenue	c d 8a b	Gain or (loss)	0.	4,862,296.			4,862,296.
	с 9а	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 a		0.			
	b c	Less: direct expenses b Net income or (loss) from gaming activities	0.	0.			
	10a b c	Gross sales of inventory, less returns and allowances a Less: cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue		0.			
	11a b c d	CONTRACTUAL INCOME MISCELLANEOUS REVENUE All other revenue	900099 900099	80,941. 22,185.	80,941.		22,185.
JSA	e 12	Total. Add lines 11a-11d Total revenue. See instructions.		103,126.	5,534,577.		5,779,961. Form 990 (2016)

JSA 6E1051 1.000

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 (C) Management and (B) Program service (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 55,567,030. 55,567,030. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 31,852. 31,852. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 30,067,093. individuals. See Part IV, lines 15 and 16 30,067,093. Ω 4 Benefits paid to or for members 5 Compensation of current officers, directors, 1,023,252. 2,265,851. 1,134,452. 108,147. trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 23,043,149. 21,766,493. 1,164,169. 112,487. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 102,209. 1,346,696. 11,376. 1,233,111. section 401(k) and 403(b) employer contributions) 220,505 22,267. 2,317,916. 2,075,144. 9 Other employee benefits 12,957. 1,990,278. 1,848,835. 128,486. 10 Payroll taxes 11 Fees for services (non-employees): 0 a Management 520,470. 455,389 65,081 b Legal 139,557. 7,500. 132,057. c Accounting 0 d Lobbying 327,400. 327,400. e Professional fundraising services. See Part IV, line 17 126,211. 126,211 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 462,275. 204,313. 257,962. (A) amount, list line 11g expenses on Schedule O.) 747,036. 819,692. 72,656 12 Advertising and promotion 349,994. 252,474. 97,520. 13 Office expenses 2,905,634. 2,693,910. 192,253. 19,471. 14 Information technology 0 Royalties 15 3,064,490. 2,425,899 579,864. 58,727. Occupancy 16 6,855,826. 6,643,528. 212,298. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 1,827,986. 1,802,524 25,462. 19 Conferences, conventions, and meetings 71,933. 71,933. Interest 20 0 21 Payments to affiliates 360,466. 215,997. 131,183 13,286. 22 Depreciation, depletion, and amortization 113,720. 10,300. 103,420. Insurance 23 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 PROGRAM RELATED FEES 30,984,681. 30,984,681. **b**TEMP HELP/EMPLOYMENT AGENCY 861,869. 613,323. 248,546 cGRANTS ASSESSMENT 601,744. 601,744. d e All other expenses 167,023,813. 161,382,628. 4,955,067. 686,118. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

JSA 6E1052 1.000

following SOP 98-2 (ASC 958-720)

Form 990) (2016)
----------	----------

	rt X	Balance Sheet					Fage I I
		Check if Schedule O contains a response of	or note	e to any line in this Pa	art X	<u></u> .	<u></u> .
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			58,338,645.	1	51,922,913.
	2	Savings and temporary cash investments		49,388,823.	2	75,827,601.	
	3	Pledges and grants receivable, net			52,705,936.	3	84,738,449.
	4	Accounts receivable, net	1,014,298.	4	869,207.		
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co	omper	nsated employees.			
		Complete Part II of Schedule L			0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu	, and o intary	contributing employers employees' beneficiary	0.	6	0.
ts	7	organizations (see instructions). Complete Part II of Sche			0.	0 7	0.
Assets	7	Notes and loans receivable, net	• • •	•••••	0.	7 8	0.
Ä	8	Inventories for sale or use Prepaid expenses and deferred charges	• • •	•••••	132,373.	0 9	158,321.
	9				132,373.	9	130,321.
	10a	Land, buildings, and equipment: cost or	10-	3,454,484.			
	b		10a		1,520,869.	10-	1,635,252.
		Less: accumulated depreciation			29,433,257.	11	18,299,206.
	11	Investments - publicly traded securities			5,111,742.	11 12	5,604,489.
	12	Investments - other securities. See Part IV, line 11			0.		0.
	13	Investments - program-related. See Part IV, line 17			0.	13	0.
	14	Intangible assets	• • •	•••••	0.	14	0.
	15	Other assets. See Part IV, line 11			197,645,943.	15	239,055,438.
-	16	Total assets. Add lines 1 through 15 (must equal			5,548,486.	16	6,375,777.
	17	Accounts payable and accrued expenses		45,409,976.	17	38,571,337.	
	18	Grants payable	• • •	•••••	1,752,471.	18	5,680,876.
	19	Deferred revenue	• • •	•••••	1,752,471.	19	0.
	20	Tax-exempt bond liabilities			0.	20	0.
	21	Escrow or custodial account liability. Complete Pa			0.	21	0.
les	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen			0		0
a	~~	disqualified persons. Complete Part II of Schedule			0.	22	0. 1,065,000.
	23	Secured mortgages and notes payable to unrelat			1,005,000.	23	1,005,000.
	24	Unsecured notes and loans payable to unrelated			0.	24	0.
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines					
				, , ,	1,466,060.	25	1,478,148.
		of Schedule D	• • •	•••••	55,241,993.	25	53,171,138.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958),	check		55,241,995.	26	55,171,150.
š		complete lines 27 through 29, and lines 33 and	34.				
lan	27	Unrestricted net assets			30,823,628.	27	29,858,270.
ñ	28	Temporarily restricted net assets			110,580,322.	28	155,026,030.
	29	Permanently restricted net assets			1,000,000.	29	1,000,000.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
ASSELS	31	Paid-in or capital surplus, or land, building, or equ		it fund		31	
	32	Retained earnings, endowment, accumulated inc	ome, (or other funds		32	
_					142,403,950.	33	185,884,300.
Net	33	Total net assets or fund balances			142,403,950.	ാാ	100,004,000.

ROCKEFELLER PHILANTHROPY ADVISORS, INC. 13-3615533

Form 99	90 (2016)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		15,8		
2	Total expenses (must equal Part IX, column (A), line 25)	2		67,0		
3	Revenue less expenses. Subtract line 2 from line 1	3		48,7		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		42,4		
5	Net unrealized gains (losses) on investments	5		-3,4	19,4	
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-1,8	77,7	25.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	1	85,8	84,3	00.
Part						
	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 X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				х	
b	Were the organization's financial statements audited by an independent accountant?			2b	Λ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o		-	20	х	
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in			
-	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se		n in	3a	x	
	the Single Audit Act and OMB Circular A-133?			Ja	22	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		tne	3b	х	
	required addit of addits, explain why in Schedule O and describe any steps taken to undergo such ad	uits.		1 20	**	

 SCHEDULE A (Form 990 or 990-EZ)
 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.

OMB No. 1545-0047 2016

Depa	artment of the Treasury		▶	Attach to Form 990 or	Form 990	D-EZ.		Open to Public
	nal Revenue Service	► Information	n about Schedule A	(Form 990 or 990-EZ) a	and its ins	structions	is at www.irs.gov/form9	90. Inspection
Nam	e of the organization						Employer identifie	cation number
ROO	CKEFELLER PHIL	ANTHROPY	ADVISORS, INC	С.			13-361553	33
Pa	rt I Reason for	Public Cha	rity Status (All c	organizations must o	complet	e this pa	art.) See instructions	
The	organization is not	a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)	
1	A church, con	vention of ch	urches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).	
2	A school desc	ribed in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3	A hospital or a	a cooperative	hospital service o	rganization described	in sectio	on 170(b)	(1)(A)(iii).	
4	A medical res	earch organiz	zation operated in	conjunction with a ho	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
	hospital's nam	ne, city, and st	tate:					
5	An organization	on operated	for the benefit of	a college or universi	ty owned	d or ope	erated by a governme	ntal unit described in
	section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6	A federal, stat	te, or local go	overnment or gove	rnmental unit describe	ed in sect	tion 170(b)(1)(A)(v).	
7	X An organization	on that norm	ally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
)(1)(A)(vi). (Compl	-				
8	A community	trust describe	ed in section 170(b	b)(1)(A)(vi). (Complete	e Part II.)			
9	•		•			•	I in conjunction with a	• •
	or university o	r a non-land-	grant college of ag	griculture (see instruc	tions). E	nter the	name, city, and state of	the college or
	university:							
10	receipts from support from acquired by th	activities rela gross investm le organizatio	ited to its exempt f nent income and u on after June 30, 1	unctions - subject to nrelated business tax 975. See section 509	certain e able inco (a)(2). (0	exception ome (les: Complete		n 331/3 % of its
11	·	•		usively to test for publ	•			
12		-	-		-		ne functions of, or to c	
							section 509(a)(2). S	
			-				zation and complete lin	-
а				-	-		orted organization(s),	
		-				ajority of	f the directors or trustee	es of the
				e Part IV, Sections A				
b							supported organization	
					the sam	e persor	ns that control or mana	age the supported
				, Sections A and C.				
С		-		·			n with, and functional	ly integrated with,
		•	. , .	ns). You must comple				
d		-			-		ection with its support	
				omplete Part IV, Sect			oution requirement and	an allentiveness
		•	,	•			hat it is a Type I, Type II	
е		-		ionally integrated sup				і, туре ш
f				ionally integrated sup				
g			-	orted organization(s).				••••
	(i) Name of supported of		(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	()	3		(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	ment? No	instructions)	instructions)
(A)								
()								
(B)								
(C)								
(ח)								
(D)								
(E)								
_								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 6E1210 1.000

Total

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	41,754,138.	63,824,498.	152,332,044.	205,065,709.	204,486,774.	667,463,163.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	41,754,138.	63,824,498.	152,332,044.	205,065,709.	204,486,774.	667,463,163.
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						
e	shown on line 11, column (f)						197,946,270.
$\frac{6}{8}$	Public support. Subtract line 5 from line 4.						469,516,893.
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	(d) 2012 41,754,138.	(b) 2013	152,332,044.	205,065,709.	204,486,774.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	992,073.	1,072,619.	1,480,609.	1,576,188.	895,480.	667,463,163.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>	103,511.	260,060.	245,743.	144,810.	103,125.	857,249.
11	Total support. Add lines 7 through 10						674,337,381.
12	Gross receipts from related activities, etc. (s	see instructions)				12	34,036,158.
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>	<u></u>				
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2016 (li					14	69.63%
15	Public support percentage from 2015						71.15%
	331/3% support test - 2016. If the o this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	n		► X
b	331/3% support test - 2015. If the c check this box and stop here. The orga	-					
17a	10%-facts-and-circumstances test - 2	-					
174	10% or more, and if the organization	-					
	Part VI how the organization meets t						•
	organization			-	-		
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga	anization meets	the "facts-and	l-circumstances	" test, check t	his box and st	op here.
	Explain in Part VI how the organizati				-	-	
	supported organization						
18	Private foundation. If the organization						
	instructions	<u></u>	<u></u>	<u></u>		<u></u>	<u> ► </u>

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

 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.)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e)	2016	(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								
~	Add lines 7a and 7b.								_
8	Public support. (Subtract line 7c from								-
	line 6.)								
Sec	tion B. Total Support			•					_
	ndar year (or fiscal year beginning in) >	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e)	2016	(f) Total	_
9	Amounts from line 6								_
	Gross income from interest, dividends,								-
	payments received on securities loans,								
	rents, royalties and income from similar sources								
b	Unrelated business taxable income (less								-
-	section 511 taxes) from businesses								
	acquired after June 30, 1975								
c	Add lines 10a and 10b								-
11	Net income from unrelated business								-
••	activities not included in line 10b,								
	whether or not the business is regularly								
									-
12	Other income. Do not include gain or								
	loss from the sale of capital assets								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,								-
15	and 12.)								
14	First five years. If the Form 990 is for	 or the organiza	tion's first seco	nd third fourth	or fifth tax v	ear as	a section	501(c)(3)	_
14	organization, check this box and stop here .	-			•				٦
Sec	tion C. Computation of Public Sup								4
15	Public support percentage for 2016 (line 8,			mn (f))		15		%	_
16	Public support percentage from 2015 Sche					16		%	_
	tion D. Computation of Investmen								-
17	Investment income percentage for 2016 (lir			13. column (f))		17		%	,
18	Investment income percentage for 2015 S					18		^/c	_
	331/3% support tests - 2016. If the org					-	331/3 %		
	17 is not more than 331/3%, check thi								٦
h	331/3% support tests - 2015. If the orga	-	-				-		-
5	line 18 is not more than 331/3%, check								٦
20	Private foundation. If the organization of		•	•		•••	0		1
JSA				,, 0. 100				90 or 990-EZ) 20	16

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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.
- **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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.**
- 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in 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.*
- **10 a** 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 10b below.*
 - **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 Schedule A (Form 990 or 990-EZ) 2016

-	le A (Form 990 or 990-EZ) 2016		F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations		Vaa	Na
			Yes	NO
1	Did the 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		•		
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? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on 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		
Secti	on 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 (2), 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		
_	on 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 ins	structio	ons).	
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		()	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc [Yes	
2	Activities Test. Answer (a) and (b) below.		163	NU
а	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		
		2a		
b	Did the activities described in (a) 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 position that its supported organization(s) would have engaged in these	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
з а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	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		
JSA	Schedule A (Form	990 or	990-EZ	2) 2016

Schedule A (Form 990 or 990-EZ) 2016			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organiz	zations r	nust complete Sectio	ns 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):			
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 1-1/2% 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 .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		
	• •		1 .1 (

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

Schedule A (Form 990 or 990-EZ) 2016

	Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions	Supporting Organizat		Current Year
1	Amounts paid to supported organizations to accomplish ex	compt purposos		Current rear
2	Amounts paid to perform activity that directly furthers exer	ed		
2	organizations, in excess of income from activity	eu		
3	Administrative expenses paid to accomplish exempt purpo	see of supported organi	zatione	
4	Amounts paid to acquire exempt-use assets	ses of supported organi	20110115	
4 5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is reen		
0	(provide details in Part VI). See instructions.	the organization is resp	OUSIVE	
•	Distributable amount for 2016 from Section C, line 6			
9				
10	Line 8 amount divided by Line 9 amount		(11)	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
u	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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.)

SCHEDULE A, PART II -	OTHER INCOME				ATTACHMENT	1
DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
OTHER INCOME	103,511.	260,060.	245,743.	144,810.	103,125.	857,249.
TOTALS	103,511	260,060.	245,743.	144,810.	103,125.	

SCHEDULE C	Political Campaign	and Lobbying	Activities	OMB No. 1545-0047							
(Form 990 or 990-EZ)	For Organizations Exempt From Income Tax Under section 501(c) and section 527										
Department of the Treasury Internal Revenue Service											
-	ered "Yes," on Form 990, Part IV, line 3, or Forr		(Political Campaign Activities),	then							
	Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.										
	 Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. 										
0	ered "Yes," on Form 990, Part IV, line 4, or Forn	990-E7 Part VI line 47	(Lobbying Activities) then								
	ganizations that have filed Form 5768 (election u			Part II-B.							
	ganizations that have NOT filed Form 5768 (elect ered "Yes," on Form 990, Part IV, line 5 (Proxy										
<i>,</i> , , ,	5), or (6) organizations: Complete Part III.										
Name of organization			Employer identifica	ation number							
ROCKEFELLER PHI	LANTHROPY ADVISORS, INC.		13-3615533	1							
	te if the organization is exempt under	section 501(c) or is	a section 527 organizat	ion.							
	otion of the organization's direct and indirect		T								
of "political camp	5		Υ.								
	n activity expenditures (see instructions)		▶ \$								
3 Volunteer hours	or political campaign activities (see instruction	ns)									
Part I-B Comple	te if the organization is exempt under	section 501(c)(3).									
1 Enter the amoun	t of any excise tax incurred by the organization	on under section 4955	▶\$								
	t of any excise tax incurred by organization m										
3 If the organizatio	n incurred a section 4955 tax, did it file Form	4720 for this year?		Yes No							
4a Was a correction	made?			Yes No							
b If "Yes," describe											
Part I-C Comple	te if the organization is exempt under	section 501(c), exc	cept section 501(c)(3).								
	t directly expended by the filing organizatio										
2 Enter the amoun	t of the filing organization's funds contribute tion activities	d to other organizatio	ns for section								
	nction expenditures. Add lines 1 and 2. Er										
 4 Did the filing orga 5 Enter the names, organization made the amount of period. 	anization file Form 1120-POL for this year? addresses and employer identification numl le payments. For each organization listed, en plitical contributions received that were pror regated fund or a political action committee	per (EIN) of all sectior nter the amount paid nptly and directly deli	527 political organization from the filing organizatior vered to a separate politica	Yes No s to which the filing s's funds. Also enter l organization, such							
(a) Name	(b) Address	(c) EIN	filing organization's funds. If none, enter -0 pr de	Amount of political ributions received and omptly and directly livered to a separate itical organization. If none, enter -0							
(1)		-									
(2)		-									
(3)	(3)										
(4)		-									
(5)		-									
(6)		-									
For Paperwork Reduction	n Act Notice, see the Instructions for Form 990 c	or 990-EZ.	Schedule C (F	orm 990 or 990-EZ) 2016							

JSA 6E1264 1.000 8685FS 700J

Sch	edule C (Form 990 or 990-EZ) 2016 ROCKEF	ELLER PHILANTHROPY ADVISORS,	INC. 13-3	3615533 Page 2
Pa	art II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3)) and filed Form 5768 (ele	ction under
Α		belongs to an affiliated group (and list enses, and share of excess lobbying excess lobbying excess lobby		roup member's
В	Check ► if the filing organization	checked box A and "limited control" pi	rovisions apply.	
	Limits on Lobb	ying Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" me	eans amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)		
k	Total lobbying expenditures to influence	a legislative body (direct lobbying)	12,500.	
C	Total lobbying expenditures (add lines 1	a and 1b)		
e	• Total exempt purpose expenditures (add	l lines 1c and 1d)	16,840,841.	
f	Lobbying nontaxable amount. Enter th	e amount from the following table in be	oth	
	columns.		992,042.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,00	00.	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,	000.	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,0	00.	
	Over \$17,000,000	\$1,000,000.		
ç	Grassroots nontaxable amount (enter 25	5% of line 1f)		
		ess, enter -0-		0.
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0-	0.	0.
		on either line 1h or line 1i, did the org		

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total				
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.				
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.				
c Total lobbying expenditures	96,000.	633,075.	89,350.	12,500.	830,925.				
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.				
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.				
f Grassroots lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2016

Schedule C ((Form	990	or 990-EZ) 2016

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)
	cription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.			
С	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection

	501(c)(6).			
			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year.		
	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part IV Supplemental Information (continued)

Schedule C (Form 990 or 990-EZ) 2016

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.

20 16 Open to Public

OMB No. 1545-0047

Dep	artment of the Treasury		Attach to Form 990.			Open to Public
	rnal Revenue Service	Information about Schedul	e D (Form 990) and its inst	ructions is at www		Inspection
	e of the organization				Employer identific	
-		ANTHROPY ADVISORS, INC.		· · · - ·	13-36155	53
Pa		tions Maintaining Donor Adv			or Accounts.	
	Complete	e if the organization answered			(h) Euroda an	
_			(a) Donor advise	77.	(b) Funds an	d other accounts
1		nd of year	1 5	,302,637.		
2		of contributions to (during year)		7,315,345.		
3		of grants from (during year)		,703,559.		
4		at end of year				
5	-	ion inform all donors and donor	-			
•	•	nization's property, subject to the	•	•		
6	-	on inform all grantees, donors, a				
	-	e purposes and not for the bene				
D		issible private benefit?				
		if the organization answered	"Ves" on Form 990 P	art IV line 7		
1		servation easements held by the				
•		n of land for public use (e.g., rec			n of a historically ir	nportant land area
		of natural habitat			n of a certified hist	•
		n of open space				
2		through 2d if the organization he	eld a qualified conservat	ion contribution	in the form of a co	nservation
-		ast day of the tax year.				e End of the Tax Year
а		onservation easements			2a	
b		tricted by conservation easements			2b	
c	-	vation easements on a certified			2c	
d		rvation easements included in (c				
-		isted in the National Register			2d	
3		rvation easements modified, trar			inated by the orga	nization during the
	tax year 🕨				, ,	0
4	Number of states	where property subject to conse	rvation easement is locat	ed ▶		
5		ation have a written policy reg			ction, handling of	
	violations, and enf	orcement of the conservation ea	sements it holds?			Yes No
6	Staff and volunteer	hours devoted to monitoring, inspec	ting, handling of violations,	, and enforcing co	onservation easement	s during the year
	▶					
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violation	s, and enforcing	conservation easer	ments during the year
	▶\$					
8	Does each conserv	vation easement reported on line 2	2(d) above satisfy the req	uirements of sec	tion 170(h)(4)(B)(i)	
)(4)(B)(ii)?				Yes No
9		be how the organization reports				
		d include, if applicable, the text of	-	anization's finan	cial statements tha	t describes the
		ounting for conservation easeme		0/1	0: :	
Pa		tions Maintaining Collections			er Similar Assets	S.
		e if the organization answered				
1a	If the organization	n elected, as permitted under SP orical treasures, or other simila	FAS 116 (ASC 958), not ar assets held for public	t to report in its	revenue stateme	nt and balance sheet
	public service, pro	vide, in Part XIII, the text of the fo	potnote to its financial sta	atements that de	escribes these item	S.
b		n elected, as permitted under S				
	works of art, hist	orical treasures, or other simila	ar assets held for public	c exhibition, ed	lucation, or reseal	ch in furtherance of
		vide the following amounts relati			L	
	(i) Revenue inclu	ded in Form 990, Part VIII, line 1			•••••••••••••••	§
_		d in Form 990, Part X				§
2	•	n received or held works of a				ial gain, provide the
_		s required to be reported under S				
a h		in Form 990, Part VIII, line 1 Form 990, Part X				§
b	maadia muuudu m	i uill JJU, Fall A			🚩 🤇	D

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2016

ROCKEFELLER PHILANTHROPY ADVISORS, INC. 13-3615533

Sche	dule D (Form 990) 2016										Page 2
Par	t III Organizations Maintaini	ng Collections of	Art, Hist	orical T	reasu	res, o	or Oth	er Simila	r Asse	ts (conti	inued)
3	Using the organization's acquisition	on, accession, and o	other record	ds, check	any c	of the	follow	ing that ar	e a sign	ificant us	se of its
	collection items (check all that app	ly):									
а	Public exhibition		d	Loan c	or exch	ange	prograr	ns			
b	Scholarly research		e	Other		•					
с	Preservation for future gene	rations		J .							
4	Provide a description of the organ		and expla	in how t	hev fu	rther	the ord	anization's	exempt	purpose	in Part
•	XIII.							,	enemp.		a
5	During the year, did the organization	on solicit or receive o	Innations of	fart histo	orical ti	-02511		other simila	r		
Ũ	assets to be sold to raise funds rath									Yes	No
Par	t IV Escrow and Custodial Ar				nganiz	anon	0 001100			100	
T ai	Complete if the organizat		s" on Form	990 Pa	art IV	line C) or re	norted an	amount	t on Forr	n
	990, Part X, line 21.		5 011 011	1 550, 1 6	art iv,		, 0110	poned an	amoun		
10	Is the organization an agent, truste	o austadian ar ath	or intermed	iony for o	ontribu	tione	or other	accote not			
Id				-	ontribu	lions		assets 1101	Г	Yes	
ь	included on Form 990, Part X?					• • •	• • • •	• • • • • •	••• -	res	No
b	If "Yes," explain the arrangement i	IT Part All and comp		lowing tab	ne.			۸			
	Desite the balance					\vdash		AI	nount		
C	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an am									Yes	No
	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the ex	planation	has be	en pr	ovided	on Part XIII			
Par							_				
	Complete if the organizat		s" on Form	1 990, Pa							
		(a) Current year	(b) Prio	r year	(c) Tv	vo year	s back	(d) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance	992,827.									
b	Contributions		1,000	0,000.							
c	Net investment earnings, gains,										
•	and losses	60,434.	-'	7,173.							
Ь	Grants or scholarships										
e	Other expenditures for facilities										
C	and programs										
£	Administrative expenses										
t a	-	1,053,261.	992	2,827.							
g	End of year balance Provide the estimated percentage					. (a))			I		
2 a	Board designated or quasi-endown		%	e (inte Tg,	colum	(a))	neiu as.				
b	Permanent endowment \blacktriangleright 94.9										
c	Temporarily restricted endowment										
Ũ	The percentages on lines 2a, 2b, a		100%								
32	Are there endowment funds not in			tion that	are he	d and	ladmin	istered for t	he		
Ju	organization by:		ie organiza				adinin			Y	es No
	(i) unrelated organizations									3a(i)	<u> </u>
	(ii) related organizations									3a(ii)	X
ь	If "Yes" on line 3a(ii), are the related									3b	
		-				(/	• • • •	• • • • • •	• • • •	30	
4	Describe in Part XIII the intended ut t VI Land, Buildings, and Equ		tion's endo	wment tur	ias.						
Par	t VI Land, Buildings, and Equ Complete if the organiza	tion answered "Ye	s" on Forn	n 990, P	art IV.	line [·]	11a. S	ee Form 9	90, Par	t X. line	10.
	Description of property	(a) Cost or	other basis	(b) Cost o	r other ba		(c) Acc	umulated) Book valu	
4 -	Lond	(inves	tment)	(01	ther)	_	depre	eciation	,		
	Land					_					
b	Buildings				21 21		~	17 000			2 5 2 2
C	Leasehold improvements				31,30			17,800.			3,508.
d	Equipment			1,8	23,1	/6.	9	01,432.		92	1,744.
e	Other										
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forr	n 990, Part	X, columr	n (B), lii	ne 100	c.) <u> </u>	>		1,63	5,252.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016			Page 3
Part VII Investments - Other Securities.			rt V line 10
Complete if the organization answered " (a) Description of security or category	(b) Book value	(c) Method of valuation:	rt X, line 12.
(including name of security)	.,	Cost or end-of-year market va	alue
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answered "	Yes" on Form 990), Part IV, line 11c. See Form 990, Pa	rt X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market va	alue
(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. Pa	rt X. line 15.
(a) Desc		, , , , , , , , , , , , , , , , , , , ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
<u>(8)</u>			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	o 15)	_	
Part X Other Liabilities.		· · · · · · · · · · · · · · · · · · ·	
Complete if the organization answered " line 25.	Yes" on Form 990), Part IV, line 11e or 11f. See Form 9	90, Part X,
1. (a) Description of liability	(b) Book valu	le	
(1) Federal income taxes			
(2) ACCRUED PENSION AND POSTRETIRE	312,		
(3) CAPITAL LEASE		708.	
(4) DEFERRED LIABILITIES	1,162,8	354.	
(5)			
(6)			

(9) **Total.** (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,478,148.

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

(7) (8)

Х

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. 1 212,300,949. 1 Total revenue, gains, and other support per audited financial statements 1 212,300,949. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a -3,419,424. 2 2 -3,419,424. 2b 2 2 -3,419,424. 3 2 2 -3,419,424. 3 2 2 -3,419,424. 3 2 2 -3,419,424. 3 3 Subtract line 2e from line 1	Schedu	le D (Form 990) 2016		Page 4
A mounts included on line 1 but not on Form 990, Part VIII, line 12: a -3, 419, 424. a Net unrealized gains (losses) on investments 2a -3, 419, 424. b Donated services and use of facilities 2d 2d c Recoveries of prior year grants. 2d 2d a Add lines 2a through 2d 3 215, 720, 373. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 80, 939. a Investment expenses not included on Form 990, Part VIII, line 7b 4b 4c 80, 939. c Add lines 4a and 4b 5 215, 801, 312. 5 215, 801, 312. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 168, 759, 542. 1 Total expenses and losses per audited financial statements 2a 1 166, 942, 874. 2 Amounts included on Form 990, Part IV, line 25: 2a 1 166, 942, 874. 2 Amounts included on Form 990, Part IV, line 7b 4a 80, 939. 2b 1 Total expenses and losses per audited financial statements 2a 1 166, 942, 874. 3<	Part		n.	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a -3,419,424. a Net unrealized gains (losses) on investments 2b 2c c Recoveries of prior year grants. 2c 2d d Other (Describe in Part XIII.) 2d 2d 3 e Add lines 2a through 2d 3 215,720,373. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 80,939. a Investment expenses not included on Form 990, Part VIII, line 7b 4a 80,939. b Other (Describe in Part XIII.) 5 215,801,312. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 215,801,312. 2ati XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 2a 1 168,759,542. 1 Total expenses and losses per audited financial statements 2a 1 168,759,542. 2 Amounts included on Form 990, Part IX, line 25: 2a 1 166,942,874. 2 Donated services and use of facilities 2a 2a 1 166,942,874. <	1	Total revenue, gains, and other support per audited financial statements	1	212,300,949.
a Net unrealized gains (losses) on investments 2a -3, 419, 424. b Donated services and use of facilities 2b 2c c Recoveries of prior year grants 2d 2d e Add lines 2a through 2d 3 215, 720, 373. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a 80, 939. a Investment expenses not included on Form 990, Part VIII, line 7b 4a 80, 939. 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i>) 5 215, 801, 312. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 168, 759, 542. 1 Total expenses and losses per audited financial statements 2b 2c 2d 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 1 168, 759, 542. 2 Amounts included on Form 990, Part IX, line 25: 2a 2a 1, 816, 668. 3 Subtract line 2e from line 1 3 166, 942, 874. 3 166, 942, 874. 3 Subtract line 2e from li	2			
b Donated services and use of facilities 2b 2c c Recoveries of prior year grants. 2d 2d d Other (Describe in Part XIII.) 2d 2d 2e -3, 419, 424. a Add lines 2a through 2d 3 215, 720, 373. 3 215, 720, 373. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a 80, 939. 4e a Investment expenses not included on Form 990, Part VIII, line 7b 4a 80, 939. 5 c Add lines 4a and 4b	а	Net unrealized gains (losses) on investments		
Cheer (Describe in Part XIII.) 2d 2e -3,419,424. 3 Subtract line 2e from line 1 3 215,720,373. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 80,939. a Investment expenses not included on Form 990, Part VIII, line 7b 4a 80,939. b Other (Describe in Part XIII.) 4c 80,939. c Add lines 4a and 4b 4c 80,939. 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 215,801,312. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 168,759,542. 1 Total expenses and losses per audited financial statements 2a 2a 2a 2 Donated services and use of facilities 2b 2a 1.816,668.	b			
dOther (Describe in Part XIII.)2deAdd lines 2a through 2d2e-3,419,424.3Subtract line 2e from line 13215,720,373.4Amounts included on Form 990, Part VIII, line 12, but not on line 1:a80,939.aInvestment expenses not included on Form 990, Part VIII, line 7b4a80,939.bOther (Describe in Part XIII.)4b4c80,939.5Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)5215,801,312.Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.1Total expenses and losses per audited financial statements1168,759,542.2Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities2a2bbPrior year adjustments2c2d1,816,668.3166,942,874.4 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilitiesbPrior year adjustments2d1,816,668.3Subtract line 2e from line 12f2d1,816,668.3166,942,874.4a80,939.4b4Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b4a80,939.4Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investm	с	Recoveries of prior year grants		
e Add lines 2a through 2d 2e -3, 419, 424. 3 Subtract line 2e from line 1 3 215, 720, 373. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 80, 939. b Other (Describe in Part XIII.) 4c 80, 939. c Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 215, 801, 312. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 215, 801, 312. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 215, 801, 312. Part XII Reconciliation of Form 990, Part IX, line 25: 1 168, 759, 542. a Donated services and use of facilities 2c 2d 1, 816, 668. c Other (Describe in Part XIII.) 2d 1, 816, 668. 3 166, 942, 874. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 166, 942, 874. 3 166, 942, 874. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 166, 942, 874. 3 166, 942, 874. 3 Subtract lin	d			
3 Subtract line 2e from line 1 3 215,720,373. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4 80,939. 4 80,939. 4 80,939. b Other (Describe in Part XIII.) 4 80,939. c Add lines 4a and 4b 4c 80,939. 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 4c 80,939. 7 Total expenses and losses per audited financial statements 1 168,759,542. 1 Total expenses and use of facilities 2b 2c 2 Donated services and use of facilities 2c 2 2 Other (Describe in Part XIII.) 2b 2c 2 2 Donated services and use of facilities 2c 2 1.816,668. 2 Add lines 2a through 2d 3 166,942,874. 3 166,942,874. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 80,939. 4c 80,939. 6 Other (Describe in Part XIII.) C 4a 80,939. 166,942,874.	е		2e	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 80,939. b Other (Describe in Part XIII.) 4c 80,939. c Add lines 4a and 4b 4c 80,939. 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 215,801,312. 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. 1 168,759,542. 1 Total expenses and losses per audited financial statements 1 168,759,542. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a 2 Donated services and use of facilities 2b 2c 2d 1,816,668. 3 Other (Describe in Part XIII.) 2b 2c 2d 1,816,668. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 166,942,874. 3 4 Amounts included on Form 990, Part IX, line 7b 4a 80,939. 4c 80,939. 5 Other (Describe in Part XIII.) 4a 80,939. 5 167,023,813. <td< th=""><td>3</td><td></td><td>3</td><td>215,720,373.</td></td<>	3		3	215,720,373.
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 80,939. b Other (Describe in Part XIII.) 4c 80,939. c Add lines 4a and 4b 4c 80,939. 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 215,801,312. 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. 1 168,759,542. 1 Total expenses and losses per audited financial statements 1 168,759,542. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a 2 Donated services and use of facilities 2b 2c 2d 1,816,668. 3 Other (Describe in Part XIII.) 2b 2c 2d 1,816,668. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 166,942,874. 3 4 Amounts included on Form 990, Part IX, line 7b 4a 80,939. 4c 80,939. 5 Other (Describe in Part XIII.) 4a 80,939. 5 167,023,813. <td< th=""><td>4</td><td>Amounts included on Form 990. Part VIII, line 12, but not on line 1:</td><td></td><td></td></td<>	4	Amounts included on Form 990. Part VIII, line 12, but not on line 1:		
b Other (Describe in Part XIII.) 4b 4c 80,939. c Add lines 4a and 4b 4c 80,939. 5 215,801,312. Fotal revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 215,801,312. 5 215,801,312. 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. 1 168,759,542. 1 Total expenses and losses per audited financial statements 2a 1 1 168,759,542. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a 3 166,942,874. 3 166,942,874. 3 166,942,874. 3 166,942,874. 3 166,94	а			
cAdd lines 4a and 4b4c80,939.5Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)5215,801,312.Part XIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.1168,759,542.1Total expenses and losses per audited financial statements1168,759,542.2Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities2a2abPrior year adjustments2b2c2ccOther (Describe in Part XIII.)2d1,816,668.2e3Subtract line 2e from line 14a80,939.34Amounts included on Form 990, Part VIII, line 7b4b4c80,939.5Other (Describe in Part XIII.)4b4c80,939.6Add lines 2a and 4bForm 990, Part VIII, line 7b4b5167,023,813.	b			
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 1 168,759,542. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2b 2 Donated services and use of facilities 2b 2c 2 Other losses. 2d 1,816,668. 2 Amounts included on Form 990, Part IX, line 25; but not on line 1 2d 1,816,668. 2 1,816,668. 2e 1,816,668. 3 Subtract line 2e from line 1 3 166,942,874. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 80,939. 4 Amounts included on Form 990, Part VIII, line 7b 4b 80,939. 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) 5 167,023,813.	С		4c	80,939.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.1Total expenses and losses per audited financial statements1168,759,542.2Amounts included on line 1 but not on Form 990, Part IX, line 25:2a2aaDonated services and use of facilities2a2bbPrior year adjustments2c2ccOther (Describe in Part XIII.)2d1,816,668.eAdd lines 2a through 2d2166,942,874.3Subtract line 2e from line 14a80,939.4Amounts included on Form 990, Part IX, line 25, but not on line 1:4a80,939.aInvestment expenses not included on Form 990, Part VIII, line 7b4b4c4Add lines 4a and 4b4c80,939.5Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)5167,023,813.	5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	215,801,312.
1 Total expenses and losses per audited financial statements 1 168,759,542. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a 2 Donated services and use of facilities 2b 2b 2 Donated services and use of facilities 2b 2c 2 Other losses 2d 1,816,668. 2 1,816,668. 2e 1,816,668. 3 Subtract line 2e from line 1 3 166,942,874. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 166,942,874. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 80,939. a Investment expenses not included on Form 990, Part VIII, line 7b 4b 4c 80,939. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 167,023,813.	Part		ırn.	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	1		1	168,759,542.
a Donated services and use of facilities2ab Prior year adjustments2bc Other losses2cd Other (Describe in Part XIII.)2de Add lines 2a through 2d2d3 Subtract line 2e from line 134 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 7bb Other (Describe in Part XIII.)c Add lines 4a and 4bc Add lines 4a and 4bc Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			-	
aDefinited services and use of idelines 1bPrior year adjustmentscOther lossesdOther (Describe in Part XIII.)eAdd lines 2a through 2d3Subtract line 2e from line 14Amounts included on Form 990, Part IX, line 25, but not on line 1:aInvestment expenses not included on Form 990, Part VIII, line 7bbOther (Describe in Part XIII.)cAdd lines 4a and 4b5Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				
2 Thick year adjustmentsc Other losses.d Other (Describe in Part XIII.)e Add lines 2a through 2d3 Subtract line 2e from line 14 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 7bb Other (Describe in Part XIII.)c Add lines 4a and 4b5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				
d Other (Describe in Part XIII.) 2d 1,816,668. e Add lines 2a through 2d 2e 1,816,668. 3 Subtract line 2e from line 1 3 166,942,874. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 80,939. a Investment expenses not included on Form 990, Part VIII, line 7b 4b 4c b Other (Describe in Part XIII.) 4c 80,939. c Add lines 4a and 4b 4c 80,939. 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) 5 167,023,813.				
e Add lines 2a through 2d 2e 1,816,668. 3 Subtract line 2e from line 1 3 166,942,874. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 80,939. a Investment expenses not included on Form 990, Part VIII, line 7b 4b 4c b Other (Describe in Part XIII.) 4c 80,939. c Add lines 4a and 4b 5 167,023,813.	-			
3 Subtract line 2e from line 1 3 166,942,874. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4 80,939. 4 Investment expenses not included on Form 990, Part VIII, line 7b. 4a 80,939. b Other (Describe in Part XIII.) 4b 4c 80,939. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 167,023,813.			20	1,816,668.
 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) 4a 80,939. 4b 4c 80,939. 5 167,023,813. 		5		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 80,939. b Other (Describe in Part XIII.) 4b 4c 80,939. c Add lines 4a and 4b 4c 80,939. 5 167,023,813. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 167,023,813.	-		-	
a investment expenses not included on Form 990, Part Vin, ine 75 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	-			
c Add lines 4a and 4b 4c 80,939. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 167,023,813.	-	investment expenses not included on Form 990, Part Vill, line 75		
C Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 167,023,813.			40	80,939
Part XIII Supplemental Information	-	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part 1, line 18.) XIII Supplemental Information.	J	107,020,010.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line			art V. I	ine 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.

SEE PAGE 5

Part XIII

SCHEDULE D, PART V

Supplemental Information (continued)

RPA'S ENDOWMENT CONSISTS OF ONE INDIVIDUAL DONOR-RESTRICTED ENDOWMENT FUND ESTABLISHED FOR SPECIAL CHARITABLE PROJECTS APPROVED BY ITS BOARD OF DIRECTORS. AS REQUIRED BY US GAAP, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY RPA'S BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

THE PRIMARY INVESTMENT OBJECTIVES OF RPA ARE TO PROVIDE FUNDS FOR CHARITABLE PROJECTS AND THE OPERATION OF RPA AND TO MAINTAIN AND ENHANCE THE VALUE OF THE INVESTMENT ASSETS. THE OVERALL INVESTMENT GOAL OF RPA THEREFORE, IS TO ACHIEVE THE PROPER BALANCE BETWEEN PRESERVATION OF PRINCIPAL AND CURRENT SUPPORT AND THE NEED FOR REAL GROWTH AND FUTURE SUPPORT.

SCHEDULE D, PART X, LINE 2

RPA FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION IS "MORE LIKELY THAN NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

RPA IS EXEMPT FROM FEDERAL INCOME TAX UNDER 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT

V 16-6.4F

Part XIII

INCOME IS EXCLUDED BY THE CODE. RPA HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. RPA DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS FOR THE YEARS ENDING DECEMBER 31, 2016 AND DECEMBER 31, 2015.

SCHEDULE D, PART XII, LINE 2D

DIVESTITURE OF SPONSORED PROJECT \$1,816,668

Supplemental Information (continued)

THE ROCKEFELLER PHILANTHROPY FUND RECORDED VARIOUS PLEDGES (IN A PRIOR CALENDAR YEAR) TOTALING \$1,816,668 TO FUND ONE OF ITS SPONSORED PROJECTS; IN 2016, THAT SPONSORED PROJECT WAS SPUN-OFF FROM ROCKEFELLER'S PORTFOLIO AND BECAME INDEPENDENT. THE PLEDGES ASSOCIATED WITH THE SPONSORED PROJECT, ONCE FULFILLED, WILL BE RECEIVED BY THE SPONSORED ORGANIZATION AND NOT BY ROCKEFELLER. FOR FINANCIAL STATEMENT PURPOSES, THIS PLEDGE WAS WRITTEN OFF AND RECORDED AS A GRANT EXPENSE; FOR 990 PURPOSES, THE PLEDGE IS NOT REPORTED AS AN EXPENSE, BUT INSTEAD REPORTED AS A GRANT DIVESTITURE.

SCHEDULE F	Stater	nent of A	ctivities	Outside the Unit	ted States	OMB No. 1545-0047
(Form 990)	► Complete	e if the organiza	2016			
Department of the Trea			Open to Public			
Internal Revenue Servi	ce	on about Schedi	JIE F (Form 990) and its instructions is at ww	-	Inspection
Name of the organizati			210			tification number
	PHILANTHROPY A				13-361	
	990, Part IV, line 14		Jutside the U	Inited States. Complete i	if the organization and	swered "Yes" on
assistance, t	the grantees' eligibili	ity for the gran	ts or assistanc	substantiate the amount of e, and the selection criteri	a used to award the	X Yes No
-	akers. Describe in outside the United Sta		ganization's p	rocedures for monitoring	the use of its grar	nts and other
3 Activities pe	r Region. (The follow	ving Part I, line	3 table can b	e duplicated if additional sp	ace 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 the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) a program service, describe specific type of service(s) in the region	expenditures for and investments
(1) EUROPE				INVESTMENTS		5,604,489.
(2) CENTRAL AME	RICA/CARIBBEAN			GRANTMAKING		159,576.
(3) EUROPE		1.	9.	GRANTMAKING		17,843,239.
(4) NORTH AMERI	CA			GRANTMAKING		1,463,289.
(5) MIDDLE EAST	AND NORTH AFRICA			GRANTMAKING		3,736,384.
(6) RUSSIA/INDE	PENDENT STATES			GRANTMAKING		10,000.
(7) SOUTH AMERI	СА			GRANTMAKING		1,287,652.
(8) SUB-SAHARAN	AFRICA			GRANTMAKING		511,749.
(9) SOUTH ASIA				GRANTMAKING		284,558.
(10) EAST ASIA A	ND THE PACIFIC	1.	11.	GRANTMAKING		4,770,646.
(11)						
(12)						
<u>(13)</u>						
(14)						
<u>(15)</u>						
(16)						
<u>(</u> 17)						
3a Sub-total		2.	20.			35,671,582.
b Total fro						
	Id lines 3a and 3b)	2	20			35.671.582

For Paperwork Reduction Act Notice, see the Instructions for Form 990.JSA
6E1274 1.000
8685FS 700JV 16

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 Do

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)			EAST ASIA/PACIFIC	SUPPORT	192,000.	CHECK					
(2)			SOUTH ASIA	SUPPORT	50,000.	CHECK					
(3)			SUB-SAHARAN AFRICA	SUPPORT	25,625.	CHECK					
(4)			NORTH AMERICA	SUPPORT	10,000.	CHECK					
(5)			EAST ASIA/PACIFIC	SUPPORT	89,570.	CHECK					
(6)			SOUTH AMERICA	SUPPORT	122,121.	CHECK					
(7)			EAST ASIA/PACIFIC	SUPPORT	40,000.	CHECK					
(8)			EUROPE/ICELAND/GREENLAND	SUPPORT	10,000.	CHECK					
(9)			EUROPE/ICELAND/GREENLAND	SUPPORT	7,507.	CHECK					
(10)			EAST ASIA/PACIFIC	SUPPORT	58,117.	CHECK					
(11)			EUROPE/ICELAND/GREENLAND	SUPPORT	10,000.	CHECK					
(12)			EAST ASIA/PACIFIC	SUPPORT	20,000.	CHECK					
(13)			EUROPE/ICELAND/GREENLAND	SUPPORT	151,065.	CHECK					
(14)			SUB-SAHARAN AFRICA	SUPPORT	75,000.	CHECK					
(15)			EAST ASIA/PACIFIC	SUPPORT	20,000.	CHECK					
(16)			EAST ASIA/PACIFIC	SUPPORT	20,000.	CHECK			1		

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

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016

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)			EAST ASIA/PACIFIC	SUPPORT	15,000.	CHECK				
(2)			CENTRAL AMERICA AND THE	SUPPORT	67,659.	CHECK				
(3)			EAST ASIA/PACIFIC	SUPPORT	33,000.	CHECK				
(4)			NORTH AMERICA	SUPPORT	20,000.	CHECK				
(5)			EAST ASIA/PACIFIC	SUPPORT	123,766.	CHECK				
(6)			EAST ASIA/PACIFIC	SUPPORT	183,100.	CHECK				
(7)			EAST ASIA/PACIFIC	SUPPORT	138,677.	CHECK				
(8)			NORTH AMERICA	SUPPORT	15,000.	CHECK				
(9)			NORTH AMERICA	SUPPORT	25,000.	CHECK				
(10)			NORTH AMERICA	SUPPORT	25,000.	CHECK				
(11)			NORTH AMERICA	SUPPORT	12,500.	CHECK				
(12)			EUROPE/ICELAND/GREENLAND	SUPPORT	18,000.	CHECK				
(13)			EAST ASIA/PACIFIC	SUPPORT	25,000.	CHECK				
(14)			NORTH AMERICA	SUPPORT	10,000.	CHECK				
(15)			EAST ASIA/PACIFIC	SUPPORT	180,021.	CHECK				
(16)			RUSSIA AND NEIGHBORING S	SUPPORT	10,000.	CHECK				

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

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 Do

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)			SOUTH AMERICA	SUPPORT	92,608.	CHECK				
(2)			EAST ASIA/PACIFIC	SUPPORT	100,000.	CHECK				
(3)			EUROPE/ICELAND/GREENLAND	SUPPORT	10,000.	CHECK				
(4)			MIDDLE EAST/NORTH AFRICA	SUPPORT	25,000.	CHECK				
(5)			EAST ASIA/PACIFIC	SUPPORT	300,000.	CHECK				
(6)			EUROPE/ICELAND/GREENLAND	SUPPORT	217,741.	CHECK				
(7)			EAST ASIA/PACIFIC	SUPPORT	271,213.	CHECK				
(8)			EUROPE/ICELAND/GREENLAND	SUPPORT	10,000.	CHECK				
(9)			NORTH AMERICA	SUPPORT	20,000.	CHECK				
(10)			NORTH AMERICA	SUPPORT	100,000.	CHECK				
(11)			NORTH AMERICA	SUPPORT	10,000.	CHECK				
(12)			SUB-SAHARAN AFRICA	SUPPORT	301,124.	CHECK				
(13)			EAST ASIA/PACIFIC	SUPPORT	40,000.	CHECK				
(14)			EUROPE/ICELAND/GREENLAND	SUPPORT	10,000.	CHECK				
(15)			EUROPE/ICELAND/GREENLAND	SUPPORT	10,000.	CHECK				
(16)			EAST ASIA/PACIFIC	SUPPORT	30,000.	CHECK				

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

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016

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)			EUROPE/ICELAND/GREENLAND	SUPPORT	130,000.	CHECK				
(2)			SOUTH AMERICA	SUPPORT	100,000.	CHECK				
(3)			EUROPE/ICELAND/GREENLAND	SUPPORT	20,000.	CHECK				
(4)			EUROPE/ICELAND/GREENLAND	SUPPORT	20,000.	CHECK				
(5)			NORTH AMERICA	SUPPORT	10,000.	CHECK				
(6)			NORTH AMERICA	SUPPORT	578,000.	CHECK				
(7)			NORTH AMERICA	SUPPORT	15,000.	CHECK				
(8)			EUROPE/ICELAND/GREENLAND	SUPPORT	1,400,000.	CHECK				
(9)			SOUTH AMERICA	SUPPORT	100,000.	CHECK				
(10)			EUROPE/ICELAND/GREENLAND	SUPPORT	75,000.	CHECK				
(11)			EUROPE/ICELAND/GREENLAND	SUPPORT	11,460.	CHECK				
(12)			EUROPE/ICELAND/GREENLAND	SUPPORT	200,000.	CHECK				
(13)			EUROPE/ICELAND/GREENLAND	SUPPORT	496,000.	CHECK				
(14)			EAST ASIA/PACIFIC	SUPPORT	40,000.	CHECK				
(15)			NORTH AMERICA	SUPPORT	20,000.	CHECK				
(16)			EUROPE/ICELAND/GREENLAND	SUPPORT	145,445.	CHECK				

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

Schedule F (Form 990) 2016

Page 2

Schedule F (Form 990) 2016

Part II	Grants and Other Assist							d "Yes" on F	orm 990,
1	Part IV, line 15, for any re (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	Cart II Can be	GUDIICATED IF ADDI (e) Amount of cash grant	(f) Manner of cash disbursement	S NEECIECI. (g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	SUPPORT	15,000.	CHECK			
(2)			EUROPE/ICELAND/GREENLAND	SUPPORT	25,000.	CHECK			
(3)			EUROPE/ICELAND/GREENLAND	SUPPORT	6,785.	CHECK			
(4)			EUROPE/ICELAND/GREENLAND	SUPPORT	11,343,750.	CHECK			
(5)			SOUTH AMERICA	SUPPORT	298,644.	CHECK			
(6)			SUB-SAHARAN AFRICA	SUPPORT	100,000.	CHECK			
(7)			MIDDLE EAST/NORTH AFRICA	SUPPORT	180,884.	CHECK			
(8)			EUROPE/ICELAND/GREENLAND	SUPPORT	20,000.	CHECK			
(9)			NORTH AMERICA	SUPPORT	10,000.	CHECK			
(10)			EUROPE/ICELAND/GREENLAND	SUPPORT	63,925.	CHECK			
(11)			EAST ASIA/PACIFIC	SUPPORT	40,000.	CHECK			
(12)			EUROPE/ICELAND/GREENLAND	SUPPORT	40,000.	CHECK			
(13)			EUROPE/ICELAND/GREENLAND	SUPPORT	6,700.	CHECK			
(14)			EAST ASIA/PACIFIC	SUPPORT	88,888.	CHECK			
(15)			EAST ASIA/PACIFIC	SUPPORT	122,500.	CHECK			
(16)			EAST ASIA/PACIFIC	SUPPORT	49,761.	CHECK			

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

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016

Part II	Grants and Other Assist	ance to Organiza	tions or Entities Outsid	e the United	States. Complete	e if the organ	ization answere	d "Yes" on F	orm 990,
	Part IV, line 15, for any re	cipient who receiv	ved more than \$5,000. F	Part II can be	duplicated if addit	tional space is	s 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)			SOUTH AMERICA	SUPPORT	15,000.	CHECK			
(2)			CENTRAL AMERICA AND THE	SUPPORT	10,000.	CHECK			
(3)			EUROPE/ICELAND/GREENLAND	SUPPORT	10,000.	CHECK			
(4)			EUROPE/ICELAND/GREENLAND	SUPPORT	40,000.	CHECK			
(5)			EAST ASIA/PACIFIC	SUPPORT	40,000.	CHECK			
(6)			EAST ASIA/PACIFIC	SUPPORT	22,500.	CHECK			
(7)			EAST ASIA/PACIFIC	SUPPORT	43,817.	CHECK			
(8)			EUROPE/ICELAND/GREENLAND	SUPPORT	10,000.	CHECK			
(9)			EAST ASIA/PACIFIC	SUPPORT	93,955.	CHECK			
(10)			EAST ASIA/PACIFIC	SUPPORT	40,000.	CHECK			
(11)			EUROPE/ICELAND/GREENLAND	SUPPORT	146,000.	CHECK			
(12)			NORTH AMERICA	SUPPORT	10,000.	CHECK			
(13)			EAST ASIA/PACIFIC	SUPPORT	50,000.	CHECK			
(14)			EUROPE/ICELAND/GREENLAND	SUPPORT	95,759.	CHECK			
(15)			NORTH AMERICA	SUPPORT	157,381.	CHECK			
(16)			EAST ASIA/PACIFIC	SUPPORT	328,700.	CHECK			

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

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 Do

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								ed "Yes" on F	orm 990,	
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)			EAST ASIA/PACIFIC	SUPPORT	728,040.	CHECK				
(2)			NORTH AMERICA	SUPPORT	35,000.	CHECK				
(3)			EAST ASIA/PACIFIC	SUPPORT	30,000.	CHECK				
(4)			EAST ASIA/PACIFIC	SUPPORT	49,761.	CHECK				
(5)			EUROPE/ICELAND/GREENLAND	SUPPORT	40,000.	CHECK				
(6)			SOUTH AMERICA	SUPPORT	269,980.	CHECK				
(7)			NORTH AMERICA	SUPPORT	92,171.	CHECK				
(8)			EAST ASIA/PACIFIC	SUPPORT	25,000.	CHECK				
(9)			EUROPE/ICELAND/GREENLAND	SUPPORT	10,000.	CHECK				
(10)			NORTH AMERICA	SUPPORT	10,000.	CHECK				
(11)			EUROPE/ICELAND/GREENLAND	SUPPORT	10,000.	CHECK				
(12)			EUROPE/ICELAND/GREENLAND	SUPPORT	36,728.	CHECK				
(13)			EUROPE/ICELAND/GREENLAND	SUPPORT	6,852.	CHECK				
(14)			EUROPE/ICELAND/GREENLAND	SUPPORT	10,000.	CHECK				
(15)			NORTH AMERICA	SUPPORT	15,000.	CHECK				
(16)			EAST ASIA/PACIFIC	SUPPORT	242,718.	CHECK			1	

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

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016

Part II	Grants and Other Assist	ance to Organiza	tions or Entities Outsid	e the United	States. Complete	e if the organ	ization answere	d "Yes" on F	orm 990,
	Part IV, line 15, for any re	cipient who receive	/ed more than \$5,000. F	Part II can be	duplicated if addit	tional space is	s 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)			EAST ASIA/PACIFIC	SUPPORT	25,000.	CHECK			
(2)			EUROPE/ICELAND/GREENLAND	SUPPORT	50,000.	CHECK			
(3)			EUROPE/ICELAND/GREENLAND	SUPPORT	15,000.	CHECK			
(4)			EAST ASIA/PACIFIC	SUPPORT	115,000.	CHECK			
(5)			EUROPE/ICELAND/GREENLAND	SUPPORT	6,762.	CHECK			
(6)			EUROPE/ICELAND/GREENLAND	SUPPORT	7,428.	CHECK			
(7)			EUROPE/ICELAND/GREENLAND	SUPPORT	56,459.	CHECK			
(8)			EUROPE/ICELAND/GREENLAND	SUPPORT	40,000.	CHECK			
(9)			EUROPE/ICELAND/GREENLAND	SUPPORT	2,507,759.	CHECK			
(10)			MIDDLE EAST/NORTH AFRICA	SUPPORT	130,500.	CHECK			
(11)			MIDDLE EAST/NORTH AFRICA	SUPPORT	3,400,000.	CHECK			
(12)			SOUTH AMERICA	SUPPORT	242,500.	CHECK			
(13)			EUROPE/ICELAND/GREENLAND	SUPPORT	7,248.	CHECK			
(14)			EUROPE/ICELAND/GREENLAND	SUPPORT	25,000.	CHECK			
(15)			EUROPE/ICELAND/GREENLAND	SUPPORT	10,000.	CHECK			
(16)			EUROPE/ICELAND/GREENLAND	SUPPORT	13,500.	CHECK			

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

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 Do

Part II	Grants and Other Assi Part IV, line 15, for any							d "Yes" on F	orm 990,
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)			EAST ASIA/PACIFIC	SUPPORT	40,000.	CHECK			
(2)			SOUTH ASIA	SUPPORT	125,558.	CHECK			
(3)			NORTH AMERICA	SUPPORT	12,500.	CHECK			
(4)			EAST ASIA/PACIFIC	SUPPORT	49,761.	CHECK			
(5)			EUROPE/ICELAND/GREENLAND	SUPPORT	10,000.	CHECK			
(6)			EAST ASIA/PACIFIC	SUPPORT	165,354.	CHECK			
(7)			NORTH AMERICA	SUPPORT	10,000.	CHECK			
(8)			EAST ASIA/PACIFIC	SUPPORT	10,000.	CHECK			
(9)			EUROPE/ICELAND/GREENLAND	SUPPORT	15,000.	CHECK			
(10)			NORTH AMERICA	SUPPORT	10,000.	CHECK			
(11)			SOUTH ASIA	SUPPORT	105,000.	CHECK			
(12)			EUROPE/ICELAND/GREENLAND	SUPPORT	15,000.	CHECK			
(13)			EUROPE/ICELAND/GREENLAND	SUPPORT	20,000.	CHECK			
(14)			EUROPE/ICELAND/GREENLAND	SUPPORT	7,403.	CHECK			
(15)			EAST ASIA/PACIFIC	SUPPORT	10,000.	CHECK			
(16)			EUROPE/ICELAND/GREENLAND	SUPPORT	23,000.	CHECK			

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

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016

Part II	Grants and Other Assist	ance to Organiza	tions or Entities Outsid	e the United	States. Complete	e if the organ	ization answere	d "Yes" on F	orm 990,
	Part IV, line 15, for any re								
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)			EUROPE/ICELAND/GREENLAND	SUPPORT	23,437.	CHECK			
(2)			EUROPE/ICELAND/GREENLAND	SUPPORT	10,000.	CHECK			
(3)			EUROPE/ICELAND/GREENLAND	SUPPORT	10,000.	CHECK			
(4)			EUROPE/ICELAND/GREENLAND	SUPPORT	7,622.	CHECK			
(5)			NORTH AMERICA	SUPPORT	10,000.	CHECK			
(6)			EAST ASIA/PACIFIC	SUPPORT	50,000.	CHECK			
(7)			EUROPE/ICELAND/GREENLAND	SUPPORT	11,500.	CHECK			
(8)			EUROPE/ICELAND/GREENLAND	SUPPORT	10,000.	CHECK			
(9)			EAST ASIA/PACIFIC	SUPPORT	20,000.	CHECK			
(10)			EAST ASIA/PACIFIC	SUPPORT	50,000.	CHECK			
(11)			EAST ASIA/PACIFIC	SUPPORT	25,000.	CHECK			
(12)			EAST ASIA/PACIFIC	SUPPORT	249,582.	CHECK			
(13)			EAST ASIA/PACIFIC	SUPPORT	9,069.	CHECK			
(14)			EUROPE/ICELAND/GREENLAND	SUPPORT	10,000.	CHECK			
(15)			EUROPE/ICELAND/GREENLAND	SUPPORT	40,000.	CHECK			
(16)			CENTRAL AMERICA AND THE	SUPPORT	81,917.	CHECK			

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

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016

Part II	Grants and Other Assista							d "Yes" on F	orm 990,
	Part IV, line 15, for any re-	cipient who receiv	ed more than \$5,000. F	Part II can be	duplicated if addit	ional space i	s 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)			EAST ASIA/PACIFIC	SUPPORT	50,000.	CHECK			
(2)			NORTH AMERICA	SUPPORT	10,000.	CHECK			
(3)			NORTH AMERICA	SUPPORT	246,939.	CHECK			
(4)			EUROPE/ICELAND/GREENLAND	SUPPORT	15,000.	CHECK			
(5)			EUROPE/ICELAND/GREENLAND	SUPPORT	10,000.	CHECK			
(6)			SUB-SAHARAN AFRICA	SUPPORT	10,000.	CHECK			
(7)			SOUTH AMERICA	SUPPORT	22,500.	CHECK			
(8)			SOUTH AMERICA	SUPPORT	57,355.	CHECK			
(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	133.
3	Enter total number of other organizations or entities	36.

Schedule F (Form 990) 2016

Schedule F	(Form 990) 20	16	
Part III	Grants	and	Ot

(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)							
2)							
3)							
4)							
5)							
6)							
7)							
18)							

Schedule F (Form 990) 2016

JSA 6E1276 1.000

Sched	ule F (Form 990) 2016		Page 4
Par	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)	X 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; do not file with Form 990)	Yes	X 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)	X 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? <i>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)</i>	Yes	X 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	X 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; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016

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).

PART I, LINE 2

ACCOUNTABILITY AND SOUND GOVERNANCE, AS EXPRESSED IN ITS BY-LAWS AND BOARD OF DIRECTORS POLICIES AND PROCEDURES. TO REDUCE THE LIKELIHOOD THAT GRANTS RECOMMENDED OR ADMINISTERED BY ROCKEFELLER PHILANTHROPY ADVISORS, INC., WILL BE DIVERTED FOR INAPPROPRIATE PURPOSES, THE ORGANIZATION HAS ADOPTED GENERAL PRINCIPLES, PRACTICES, AND DUE DILIGENCE PROCEDURES THAT INCLUDE COMPLIANCE WITH IRS GUIDELINES AND OTHER INDUSTRY BEST PRACTICES AND MORE SPECIFICALLY INCLUDE THE FOLLOWING: 1. CHARITABLE PURPOSE AND INTENT 2.ANTI-TERRORISM SCREEN 3.VERIFICATION OF EXEMPT STATUS 4.RISK ASSESMENT AND IF NECESSARY MORE DETAILED REVIEW 5.WRITTEN AGREEMENTS 6. POST GRANT MONITORING FOR COMPLIANCE BASED ON INDIVIDUAL CIRCUMSTANCES FOR BOTH PROGRAM AND FINANCIAL REPORTING. ALL GRANTS ISSUED BY ROCKEFELLER PHILANTHROPY ADVISORS ARE GENERAL SUPPORT GRANTS; TO THE EXTENT ANY ADDITIONAL INFORMATION IS REQUIRED ABOUT A SPECIFIC GRANT, THAT INFORMATION IS AVAILABLE UPON REQUEST. SCHEDULE F, PART IV ROCKEFELLER PHILANTHROPY ADVISORS INVESTS IN DOMESTIC AND FOREIGN LIMITED PARTNERSHIPS THAT MAY OWN AN INTEREST IN A FOREIGN CORPORATION, PASSIVE FOREIGN INVESTMENT COMPANY, OR FOREIGN PARTNERSHIP. RPA'S INVESTMENT ACTIVITIES MAY NOT REACH THE THRESHOLDS REQUIRED FOR FILING FORM 5471 AND

ROCKEFELLER PHILANTHROPY ADVISORS INC. HAS A STRONG COMMITMENT TO

Schedule F (Form 990) 2016

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).

FORM 926; TO THE EXTENT THAT THE ORGANIZATION IS REQUIRED TO FILE THESE

FORMS, THEY HAVE BEEN ATTACHED TO THE ORGANIZATION'S FORM 990-T.

b ff "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to b compensated at least \$5,000 by the organization. (i) Name and address of individual or entities (fundraiser have custody or control of or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of control of control of control undraiser listed in control undraiser lis		Supplemer	ntal Information F	Regarding	g Fundrai	sing or Gaming	Activities	OMB No. 1545-0047
Department of the Treasury Internationaux Service Attach to Form 990 or 990 er 9		Complete if t	he organization answe organization entered	red "Yes" on more than \$	Form 990, P 15.000 on Fo	art IV, lines 17, 18, or rm 990-EZ. line 6a.	19, or if the	2016
Internal Resource Service Information about Schedule Q (Form 990 or 990-E2) and its instructions is at www.fr.gov(come990.e2) Implayer identification number Name of the organization Employer identification number 13-3615533 Parti Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-E2 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 a Mail solicitations e [X] Solicitation of on-on-government grants f b Internet and email solicitations f [X] Solicitation of government grants g c Phone solicitations f [X] Solicitation of government grants g 20 Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part IVI) or entities (fundraiser) pursuant to agreements under which the fundraiser is to b compensated at least \$5,000 bit e organization. (0) Name and address of individual (m) (m) Activity (m) Activity (m) Activity (motions existed from activity fundraiser is being or (m) activity (motions existed from activity fundraiser is being or (m) activity fundraiser is being or (m) activity (motions existed from activity fundraiser)	Department of the Treesury		Open to Public					
ROCKEFFILLER PHILANTHROPY ADVISORS, INC. 13-3615533 PartI Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-E7 files are not required to complete this part. 1 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations f b Internet and email solicitations f c Phone solicitations g Special fundraising events Solicitation of government grants d Special fundraising services? X res Ne or key employees listed in Form 990. Part VII) or entity in connection with professional fundraising services? X res Ne or key employees listed in Form 990. Part VII) or entity in connection with professional fundraising services? X res Ne 0) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to b compensated at least \$5,000 by the organization. (M) Amount paid to (M) Amount paid		Information at	oout Schedule G (Form	990 or 990-E	Z) and its in:	structions is at www.ir	s.gov/form990.	Inspection
Part1 Fundraising Activities. Complete the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ files 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 e X Solicitation of government grants b Internet and email solicitations f C Phone solicitations g 3 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? X Yes Ne 0 Name and address of individual (i) Activity (iii) dividraser have or control or orbit of contributions? (iv) dross meeting (iv) dr	Name of the organization						Employer identificati	on number
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 • X Solicitation of non-government grants b Internet and email solicitations • X Solicitation of government grants c Phone solicitations • X Solicitation of government grants d X In-person solicitations • X Solicitation of government grants d X In-person solicitations • X Solicitation of government grants or key employees listed in Form 990. Part VII) or entities (fundraisers) pursuant to agreements under which the fundraiser is to b compensated at least \$5,000 by the organization. 0) Name and address of individual (0) Activity (0) Grass neaps (0) Activity (0) Activity (0) Grass neaps (1) Contained by (1) contained b								
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e X Solicitation of non-government grants b Internet and email solicitations f Solicitation of non-government grants c Phone solicitations f Solicitation of non-government grants d In-person solicitations f Solicitation of non-government grants d Sincertains g Special fundraising services? X Yes No b If Yes; No Statistication of non-government grants (montapped) (montapp						"Yes" on Form 9	990, Part IV, line	17.
a Mail solicitations e X Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events c Phone solicitations g Special fundraising events c Phone solicitations g Special fundraising events c Phone solicitations g Special fundraises directors, trustees, or key employees listed in Form 990, Part VII) or onclosition with protessional fundraising services? X Yes No d) Mame and address of individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to b compensated at least \$5,000 by the organization. (i) Activity (ii) Did fundraiser have activity for retained by form eativity for retained by form eativity fundraiser? (if) Amount paid to for retained by form eativity for retained by form eativity for retained by organization 1 XTACHMENT 1 X Yes No 4 Internet and individual indindindividual individual indivi						activitian Charles	ll that apply	
b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Solicitation of government grants 2 Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 980, Part VII) or entity in connection with professional functionalising services? X ves No 0 If "Yes," list the 10 highest paid individuals or entities (fundraiser have governments under which the fundraiser is to b compensated at least \$5,000 by the organization. (i) Amount paid to (or retained by) fundraiser lead in (or retained by) fundraiser lea		•	•		•			
c Phone solicitations g Special fundraising events d X In-person solicitations 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? Image: Compensated at least \$5,000 by the organization. i Image: Compensated at least \$5,000 by the organization. (ii) Did fundraiser have compensated at least \$5,000 by the organization. i (iii) Name and address of individual or entity in connection with professional fundraiser is to b compensated at least \$5,000 by the organization. (iii) Did fundraiser is not by fundraiser is to b compensated at least \$5,000 by the organization. i (iii) Name and address of individual or entity (undraiser) (iii) Activity control of con								
d X In-person solicitations 29 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? X Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to b compensated at least \$5,000 by the organization. (i) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to b compensated at least \$5,000 by the organization. (ii) Name and address of individual or entities (fundraiser have or control of or entities (fundraiser have or control of or entities (fundraiser) or entity (
or key employees listed in Form 990, Part Úl) 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 b compensated at least \$5,000 by the organization. (ii) Did fundraiser have custody or control of orretained by fundraiser is to b compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of orretained by fundraiser is to b control of or entity (fundraiser) (iii) Activity (iii) Did fundraiser have custody or control of orretained by fundraiser is on activity (iii) Amount paid to (or retained by) fundraiser is on activity (iii) Amount paid to (or retained by) fundraiser is on activity (iii) Amount paid to (or retained by) fundraiser is on activity (iii) Amount paid to (or retained by) fundraiser is on activity (iii) Amount paid to (or retained by) fundraiser is on activity (iii) Amount paid to (or retained by) fundraiser is on activity 1 Yes No Yes No Iii) Antipath activity (iii) Amount paid to (or retained by) fundraiser is on activity (iii) Amount paid to (or retained by) organization 2 Yes No Iiii) Amount paid to (or retained by) organization (iii) Amount paid to (or retained by) organization 3 Yes No Iiiiii Amount paid to (or retained by) organization Iiiiiii Amount paid to (or retained by) organization 4			9			i i i g e i i i i e		
(i) Name and address of individual or entity (fundraiser) (iii) Activity (iii) Dia individual rular costaddy or constructions? Tor retained by fundraiser listed in contributions? (iv) of Gross receipts from activity Tor retained by fundraiser listed in cost. (i) (iv) of Gross receipts from activity <	or key employee b If "Yes," list the 2	s listed in Form 990 I0 highest paid indi	, Part VII) or entity viduals or entities	in connec	tion with p	orofessional fundrai	ising services?	
Yes No ATTACHMENT 1			(ii) Activity	custody c	or control of		(or retained by) fundraiser listed in	(or retained by)
1 ATTACHMENT 1 2				Yes	No		col. (I)	
2 3 4 4 5 5 6 6 6 7 8 9 10 325,310. 327,400. -2,090 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt fror registration or licensing. AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, XS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH,	1							
3 4 4 5 5 6 7 6 8 9 10 325,310. 327,400. -2,090 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt fror registration or licensing. AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, XS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH,	ATTACHMENT 1							
4	2							
5 Image: Constraint of the second secon	3							
6 7 7 10 10 325,310. 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. AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH,	4							
7 10 325,310. 327,400. -2,090 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. AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH,	5							
8 9 10 325,310. 325,310. 327,400. -2,090 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. AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH,	6							
9 10 325,310. 327,400. -2,090 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. AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, NY, NC, ND, OH,	7							
10 325,310. 327,400. -2,090 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. AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH,	8							
Total > 325,310. 327,400. -2,090 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. AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL, KS,KY,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND,OH,	9							
 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. AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, 	10							
 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. AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, 								
registration or licensing. AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL, KS,KY,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND,OH,	Total				►	325,310.	327,400.	2,090.
KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH,	3 List all states in	which the organiza				contributions or	has been notified	it is exempt from
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,				OH,				
	OK, OR, PA, RI, SC, T	N,UT,VA,WA,WV,	, W⊥,					

_	dule G (Form 990 or 990-EZ) 2016				Page 2
Pa	rt II Fundraising Events. Complete than \$15,000 of fundraising even gross receipts greater than \$5,00	t contributions and gro			
	<u> </u>	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)		(event type)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipts				
-	2 Less: Contributions				
	3 Gross income (line 1 minus				
	line 2)				
	4 Cash prizes				
	5 Noncash prizes				
enses	6 Rent/facility costs				
Direct Expenses	7 Food and beverages				
Dire	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4				
	11 Net income summary. Subtract line 1 rt III Gaming. Complete if the orga	0 from line 3, column (c) (aa" an Earm 000, Day	t IV/ line 10 or rep	ortad mara
ı a	than \$15,000 on Form 990-E	Z, line 6a.	es officini 990, Fai		
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
enses	2 Cash prizes				
Expen	3 Noncash prizes				
Direct Exp	4 Rent/facility costs				
	5 Other direct expenses				
		Yes%		Yes%	
	6 Volunteer labor	No	No	No	
	7 Direct expense summary. Add lines 2	through 5 in column (d)		
	9 Not coming income summary Subtra	et line 7 from line 1 oo	lump (d)	•	
	8 Net gaming income summary. Subtra			· · · · · · · · · · · · · · · · · · ·	
9	Enter the state(s) in which the organizat				
	Is the organization licensed to conduct g If "No," explain:				Yes No
N	If "No," explain:				
4.0					
	Were any of the organization's gaming line of the organization's gaming line of "Yes," explain:				Yes No
~					

ROCKEFELLER	PHILANTHROPY	ADVISORS.	INC.

Sched	dule G (Form 990 or 990-EZ) 2016		Page 3
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:		0/
a L	The organization's facility 13a		<u>%</u> %
b 14	An outside facility [13b] Enter the name and address of the person who prepares the organization's gaming/special events books and		%
	records:		
	Name ►		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
15 a	revenue?	Yes	No
b			
	amount of gaming revenue retained by the third party ► \$		
с	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:		
а	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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Par	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inform		
	(see instructions).		
SCH	EDULE G, PART I		
ROCI	KEFELLER PHILANTHROPY ADVISORS ENGAGED WITH FUNDRAISING CONSULTANTS		
(TH	AT ARE DISCLOSED ON SCHEDULE G) THAT PROVIDED BOTH EVENT PLANNING AND		
FUN	DRAISING SERVICES TO THE ORGANIZATION. THE CONTRACTS WITH THESE		
CON	SULTANTS DO NOT SPECIFICALLY BIFURCATE THE PAYMENT BETWEEN THE VARIOUS		
SER	VICES RENDERED; ACCORDINGLY, IN THE INTERESTS OF FULL DISCLOSURE, RPA		
IS 7	TAKING THE CONSERVATIVE POSITION OF DISCLOSING THE FULL CONTRACT		

ROCKEFELLER I	PHILANTHROPY	ADVISORS,	INC.
---------------	--------------	-----------	------

Sched	lule G (Form 990 or 990-EZ) 2016 Pag	e 3
11	Does the organization conduct gaming activities with nonmembers?	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 🗌 N	١o
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	%
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 ►	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	٩V
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		
	Name ►	
	Address ►	
16	Gaming manager information:	
	Name	
	Gaming manager compensation ► \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	١o
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
	or spent in the organization's own exempt activities during the tax year 🕨 \$	
Par	t IV Supplemental Information. Provide the explanation 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).	
AMO	UNT ON SCHEDULE G.	

13-3615533

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	CUSTODY	DRAISER HAVE OR CONTROL RIBUTIONS? NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
GARWOOD EVENTS 225 W. 106TH STREET, STE. 15M NEW YORK NY 10025	FUNDRAISING CONSULTANT		Х	325,310.	45,000.	280,310.
THE KAVELMAN GROUP 59 EAST 54TH STREET, 9TH FLOOR NEW YORK NY 10022	FUNDRAISING CONSULTANT		Х		25,000.	-25,000.
COMMUNITY COUNSELING SERVICE 527 MADISON AVENUE, 5TH FLOOR NEW YORK NY 10022	FUNDRAISING CONSULTANT		Х		141,900.	-141,900.
ECOSTRATEGIES 10536 PUTNEY ROAD LOS ANGELES CA 90064	FUNDRAISING CONSULTANT		Х		67,500.	-67,500.
THIRD PLATEAU SOCIAL IMPACT STRATEGIES, LLC 209 KEARNY STREET, 3RD FLOOR SAN FRANCISCO	FUNDRAISING CONSULTANT		Х		48,000.	-48,000.

CA 94108

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

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

Employer identification number

OMB No. 1545-0047

2016

Open to Public

Inspection

No

13-3615533

Part I General Information on Grants and Assistance

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

Part II Grants and Other Assistance to 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.

1 (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) A BLADE OF GRASS							
137 FIFTH AVE. NEW YORK, NY 10010	27-4311567	501(C)(3)	10,000.				SUPPORT
(2) A STEP AHEAD FOUNDATION							
P.O. BOX 41601 MEMPHIS, TN 38174	45-1828684	501(C)(3)	60,000.				SUPPORT
(3) ADOBE FOUNDATION, INC.							
5906 OVERLEA RD. BETHESDA, MD 20816	85-0442799	501(C)(3)	13,000.				SUPPORT
(4) ALAMEDA CTY. DEPUTY SHERIFF ACT. LEAGUE							
16378 E. 14TH ST. SAN LEANDRO, CA 94578	83-0410537	501(C)(3)	400,000.				SUPPORT
(5) ALASKA CONSERVATION FOUNDATION							
911 W. 8TH AVE. ANCHORAGE, AK 99501-2340	92-0061466	501(C)(3)	10,000.				SUPPORT
(6) ALI FORNEY CENTER							
224 W. 35TH ST. NEW YORK, NY 10001	30-0104507	501(C)(3)	25,000.				SUPPORT
(7) ALLEGHENY GENERAL HOSPITAL							
320 E. N. AVE. PITTSBURGH, PA 15212	25-0969492	501(C)(3)	44,185.				SUPPORT
(8) AMAGANSETT LIFE-SAVING & CST GUARD STN.							
PO BOX 51 AMAGANSETT, NY 11930	45-2832134	501(C)(3)	20,000.				SUPPORT
(9) AMERICA VOTES							
1155 CT AVE. NW WASHINGTON, DC 20036	26-4568349	501(C)(3)	50,000.				SUPPORT
(10) AMERICAN ACADEMY OF NURSING							
1000 VT AVE. NW WASHINGTON, DC 20005	52-2213870	501(C)(3)	50,400.				SUPPORT
(11) AMERICAN BIRD CONSERVANCY							
4249 LOUDOUN AVE THE PLAINS, VA 20198	52-1501259	501(C)(3)	10,000.				SUPPORT
(12) AMERICAN FRIENDS OF THE BAJIO							
3510 ANDREWS LANE RALEIGH, NC 27607	61-1707614	501(C)(3)	10,000.				SUPPORT
2 Enter total number of section 501(c)(3) an3 Enter total number of other organizations	•	•					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

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.

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

Inspection Employer identification number

13-3615533

OMB No. 1545-0047

2016

Open to Public

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Part I General Information on Grants and Assistance

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?
 X 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.

1 (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) AMERICAN FRIENDS OF VERSAILLES, INC.							
1400 N.LAKE SHORE DR. CHICAGO, IL 60610	36-4237214	501(C)(3)	10,000.				SUPPORT
(2) AMERICAN INDIAN INSTITUTE							
502 W. MENDENHALL ST. BOZEMAN, MT 59715	81-0339551	501(C)(3)	6,000.				SUPPORT
(3) ANIXTER CENTER							
2001 N. CLYBOURN AVE CHICAGO, IL 60614	36-2244895	501(C)(3)	40,000.				SUPPORT
(4) ARCADIA PICTURES, LTD.							
380 W. 12TH ST. NEW YORK, NY 10014	13-3448208	501(C)(3)	6,000.				SUPPORT
(5) ARTS FOR LA							
1149 S. HILL ST. LOS ANGELES, CA 90015	20-2797313	501(C)(3)	60,000.				SUPPORT
(6) ARTWORXLA							
1140 N. CITRUS AVE. LOS ANGELES, CA 90038	95-4199692	501(C)(3)	60,000.				SUPPORT
(7) ASIA SOCIETY							
725 PARK AVE. NEW YORK, NY 10021	13-3234632	501(C)(3)	10,000.				SUPPORT
(8) ASIAN CULTURAL COUNCIL, INC.							
6 W. 48TH ST. 12TH FL. NEW YORK, NY 10036	13-3018822	501(C)(3)	303,500.				SUPPORT
(9) ATLANTA PUBLIC SCHOOLS							
130 TRINITY AVE. SW ATLANTA, GA 30303-3624	58-6000134	501(C)(3)	50,000.				SUPPORT
(10) AURORA HEALTH CARE							
750 W. VIRGINIA ST. MILWAUKEE, WI 53204	39-1442285	501(C)(3)	44,185.				SUPPORT
(11) AUSTIN INDEPENDENT SCHOOL DISTRICT							
1111 W. SIXTH ST. AUSTIN, TX 78703	74-6000064	501(C)(3)	10,000.				SUPPORT
(12) AVANTI FELLOWS USA							
1600 EL CAMINO REAL MENLO PARK, CA 94025	27-3567586	501(C)(3)	100,000.				SUPPORT
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list 	-	-					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

SCHEDULE I	
(Form 990)	

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.

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

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

OMB No. 1545-0047

2016

Open to Public

Inspection

No

13-3615533

Part General Information on Grants and Assistance

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

Part II Grants and Other Assistance to 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.

1 (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) BAYSTATE MEDICAL CENTER							
P.O. BOX 414168 SPRINGFIELD, MA 02241-4168	04-2888373	501(C)(3)	44,185.				SUPPORT
(2) BEND THE ARC: A JEWISH PSHIP FOR JUSTICE							
330 7TH AVE, 19TH FL. NEW YORK, NY 10001	52-1332694	501(C)(3)	203,000.				SUPPORT
(3) BETH ISRAEL DEACONESS MEDICAL CENTER							
330 BROOKLINE AVE. BOSTON, MA 02215	04-2103881	501(C)(3)	39,957.				SUPPORT
(4) BLACK ALLIANCE FOR EDUCATIONAL OPTIONS							
1001 G STREET NW WASHINGTON, DC 20001	39-2015443	501(C)(3)	62,506.				SUPPORT
(5) BLUE ENGINE, INC.							
75 BROAD ST. NEW YORK, NY 10004	27-1182991	501(C)(3)	60,000.				SUPPORT
(6) BLUE RIBBON COMMPREV OF YTH VIOLENCE							
507 MCRAE ST. WILMINGTON, NC 28401	35-2454819	501(C)(3)	60,000.				SUPPORT
(7) BORGESS MEDICAL CENTER							
1521 GULL ROAD KALAMAZOO, MI 49048	38-1360526	501(C)(3)	25,000.				SUPPORT
(8) BOSTON CHINATOWN NEIGHBORHOOD CENTER							
885 WASHINGTON ST. BOSTON, MA 02111	23-7209691	501(C)(3)	450,000.				SUPPORT
(9) BOYS & GIRLS CLUB OF THE PENINSULA							
401 PIERCE RD. MENLO PARK, CA 94025	94-1552134	501(C)(3)	60,000.				SUPPORT
(10) BRIDGEPORT PUBLIC SCHOOL BOE							
45 LYON TERRACE BRIDGEPORT, CT 06604	06-6001865	501(C)(3)	5,200.				SUPPORT
(11) BRIGHAM AND WOMEN'S HOSPITAL, INC.							
116 HUNTINGTON AVE. BOSTON, MA 02116	04-2312909	501(C)(3)	44,185.				SUPPORT
(12) BRONX MUSEUM OF THE ARTS, INC.							
1040 GRAND CONCOURSE BRONX, NY 10456	13-2709368	501(C)(3)	25,000.				SUPPORT
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list 							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

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

Employer identification number

13-3615533

OMB No. 1545-0047

2016

Open to Public

Inspection

No

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

Part I General Information on Grants and Assistance

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?
 X Yes

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.

1 (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) BROOKS SCHOOL							
1160 GREAT POND RD. NORTH ANDOVER, MA 01845	04-2130844	501(C)(3)	10,000.				SUPPORT
(2) CABRILLO COLLEGE FOUNDATION							
6500 SOQUEL DR. APTOS, CA 95003	94-6121953	501(C)(3)	322,461.				SUPPORT
(3) CALIFORNIANS DEDICATED TO EDUCATION FDN.							
425 BROADWAY REDWOOD CITY, CA 94603	45-0676449	501(C)(3)	200,000.				SUPPORT
(4) CAMFED USA FOUNDATION							
465 CALIFORNIA ST. SAN FRANCISCO, CA 94104	54-2033897	501(C)(3)	750,000.				SUPPORT
(5) CAMP PHOENIX							
PO BOX 732 MARBLE FALLS, TX 78654	26-0310507	501(C)(3)	60,000.				SUPPORT
(6) CAMPAIGN FOR COLLEGE OPPORTUNITY							
714 W. OLYMPIC BLVD. LOS ANGELES, CA 90015	20-0427622	501(C)(3)	200,000.				SUPPORT
(7) CATHOLIC CHARITIES OF SANTA CLARA COUNTY							
2625 ZANKER ROAD SAN JOSE, CA 95134	94-2762269	501(C)(3)	10,000.				SUPPORT
(8) CELINE COUSTEAU FILM FELLOWSHIP							
4521 MERCIER STREET KANSAS CITY, MO 64111	27-3264552	501(C)(3)	10,000.				SUPPORT
(9) CENTER FOR AMERICAN PROGRESS							
1333 H ST NW 10TH FL. WASHINGTON, DC 20005	30-0126510	501(C)(3)	43,000.				SUPPORT
(10) CENTER FOR COMMUNITY BASED ENTERPRISE							
4605 CASS AVE. DETROIT, MI 48201	26-1336414	501(C)(3)	300,000.				SUPPORT
(11) CENTER FOR COMMUNITY CHANGE ACTION							
1536 U STREET NW WASHINGTON, DC 20009	27-0061100	501(C)(4)	25,000.				SUPPORT
(12) CENTER FOR DISASTER PHILANTHROPY							
1201 CT AVE. NW WASHINGTON, DC 20036	45-5257937	501(C)(3)	12,000.				SUPPORT
2 Enter total number of section 501(c)(3) and	government of	organizations lis	sted in the line 1 tal	ole			
3 Enter total number of other organizations lis	-	-					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

SCHEDULE I	Grants and Other Assistance to Organizations,	OMB No. 1545-0047
(Form 990)	Governments, and Individuals in the United States	2016
	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	
	Attach to Form 990.	Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number

13-3615533

Name of the organization

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

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? X 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.

1 (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) CENTER FOR EFFECTIVE PHILANTHROPY							
675 MA AVE. 7TH FL. CAMBRIDGE, MA 02139	04-3523528	501(C)(3)	373,200.				SUPPORT
(2) CENTER FOR REPRODUCTIVE RIGHTS							
199 WATER ST. 22ND FL. NEW YORK, NY 10038	13-3669731	501(C)(3)	60,000.				SUPPORT
(3) CEN. UPPER PENINSULA PLANNING & DEV.							
2950 COLLEGE AVE. ESCANABA, MI 49829	38-1882980	501(C)(3)	460,000.				SUPPORT
(4) CHEYENNE RIVER YOUTH PROJECT							
PO BOX 410 EAGLE BUTTE, SD 57625	46-0423106	501(C)(3)	325,000.				SUPPORT
(5) CHICAGO PUBLIC SCHOOLS							
42 W. MADISON ST. CHICAGO, IL 60602	36-6005821	501(C)(3)	750,000.				SUPPORT
(6) CHILD ADVOCATES OF FORT BEND							
5403 AVE N. ROSENBERG, TX 77471	76-0337426	501(C)(3)	60,000.				SUPPORT
(7) CITY OF BOSTON							
1 CITY HALL SQ. BOSTON, MA 02201	04-6001380	501(C)(3)	62,725.				SUPPORT
(8) CITY OF CHICAGO							
121 N. LASALLE ST. CHICAGO, IL 60602	36-6005820	501(C)(3)	320,112.				SUPPORT
(9) CITY OF DALLAS							
1500 MARILLA ST. DALLAS, TX 75201	75-6000508	501(C)(3)	449,883.				SUPPORT
(10) CITY OF LOS ANGELES							
200 N. SPRING ST. LOS ANGELES, CA 90012	95-6000735	501(C)(3)	269,242.				SUPPORT
(11) CITY OF NEW ORLEANS							
1300 perdido st. new Orleans, la 70112	72-6000969	501(C)(3)	125,000.				SUPPORT
(12) CITY OF OAKLAND							
1 FRANK H. OGAWA PL. OAKLAND, CA 94612	94-6000384	501(C)(3)	297,041.				SUPPORT
 2 Enter total number of section 501(c)(3) an 3 Enter total number of other organizations I 	0	0					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

SCHEDULE I (Form 990)

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.

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

Internal Revenue Service

Department of the Treasury

Employer identification number

13-3615533

OMB No. 1545-0047

2016

Open to Public

Inspection

No

Part General Information on Grants and Assistance

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

Part II Grants and Other Assistance to 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.

1 (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) CITY OF ST. LOUIS							
1200 MARKET ST. ST. LOUIS, MO 63103	43-6003231	501(C)(3)	326,400.				SUPPORT
(2) CITY OF TULSA							
175 E. 2ND ST. TULSA, OK 74103	73-6005470	501(C)(3)	282,092.				SUPPORT
(3) CIVIC INNOVATION WORKS							
110 LIVINGSTON ST. BROOKLYN, NY 11201	46-3733471	501(C)(4)	25,000.				SUPPORT
(4) CLEVELAND CLINIC FOUNDATION							
9500 EUCLID AVE. CLEVELAND, OH 44195	34-0714585	501(C)(3)	44,185.				SUPPORT
(5) CLEVELAND METROPOLITAN SCHOOL DISTRICT							
1111 SUPERIOR AVE. E. CLEVELAND, OH 44114	34-6000662	501(C)(3)	10,000.				SUPPORT
(6) CLINTON COMMUNITY CHRISTIAN CORPORATION							
2001 W. NORTHSIDE DR. CLINTON, MS 39056	64-0587959	501(C)(3)	500,000.				SUPPORT
(7) COLONIAL WILLIAMSBURG FOUNDATION							
P.O. BOX 1776 WILLIAMSBURG, VA 23187-1776	54-0505888	501(C)(3)	14,000.				SUPPORT
(8) COLORADO NONPROFIT DEVELOPMENT CENTER							
789 SHERMAN ST. DENVER, CO 80203	84-1493585	501(C)(3)	55,000.				SUPPORT
(9) COLORADO STATE UNIVERSITY FOUNDATION							
601 S. HOWES ST. FORT COLLINS, CO 80521	23-7098397	501(C)(3)	45,000.				SUPPORT
(10) COLUMBIA UNIVERSITY MEDICAL CENTER							
161 FORT WA AVE.6TH FL. NEW YORK, NY 10032	13-3957095	501(C)(3)	44,185.				SUPPORT
(11) COMMUNITY FDN. OF THE VIRGIN ISLAND							
PO BOX 11790 ST. THOMAS, VI 00801	66-0470703	501(C)(3)	456,000.				SUPPORT
(12) CONCRETE SAFARIS							
1775 THIRD AVE. NEW YORK, NY 10029	20-4976317	501(C)(3)	25,000.				SUPPORT
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list 	•	•					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

SCHEDULE I (Form 990)

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.

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

Internal Revenue Service

Department of the Treasury

13-3615533

Employer identification number

OMB No. 1545-0047

2016

Open to Public

Inspection

Part I General Information on Grants and Assistance

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

Part II Grants and Other Assistance to 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.

1 (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) COOKE CENTER							
475 RIVERSIDE DR. NEW YORK, NY 10115	13-3396691	501(C)(3)	50,000.				SUPPORT
(2) CORNERSTONE CAMPAIGN							
660 PA AVE. WASHINGTON, DC 20003	05-0528669	501(C)(3)	500,000.				SUPPORT
(3) CREATIVE LINK FOR THE ARTS							
408 E. 79TH ST. NEW YORK, NY 10075	13-3376289	501(C)(3)	135,736.				SUPPORT
(4) CREATIVE TIME, INC.							
59 E. 4TH ST. 6TH FL. NEW YORK, NY 10003	13-2835847	501(C)(3)	30,000.				SUPPORT
(5) CURATORS OF THE UNIVERSITY OF MISSOURI							
SINCLAIR SCH. OF NURSING COLUMBIA, MO 65211	43-6003859	501(C)(3)	7,000.				SUPPORT
(6) D.C. PREPARATORY ACADEMY							
707 EDGEWOOD ST. NE WASHINGTON, DC 20017	02-0550253	501(C)(3)	8,000.				SUPPORT
(7) DATA QUALITY CAMPAIGN							
1341 G ST. NW WASHINGTON, DC 20005	27-4566795	501(C)(3)	50,000.				SUPPORT
(8) DEERFIELD ACADEMY							
7 BOYDEN LANE DEERFIELD, MA 01342	04-2103563	501(C)(3)	150,700.				SUPPORT
(9) DEMOCRACY COLLABORATIVE							
1422 EUCLID AVE. CLEVELAND, OH 44115	20-0387511	501(C)(3)	7,500.				SUPPORT
(10) DESERT BOTANICAL GARDEN							
1201 NORTH GALVIN PKY. PHOENIX, AZ 85008	86-0136925	501(C)(3)	496,500.				SUPPORT
(11) DOANE UNIVERSITY							
1014 BOSWELL AVE. CRETE, NE 68333	47-0377991	501(C)(3)	15,000.				SUPPORT
(12) DOCTORS WITHOUT BORDERS							
333 7TH AVE. 2ND FL. NEW YORK, NY 10001	13-3433452	501(C)(3)	12,000.				SUPPORT
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list 	•	•					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

SCHEDULE I

(Form 990)

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.

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

Internal Revenue Service

Department of the Treasury

Employer identification number 13-3615533

OMB No. 1545-0047

2016

Open to Public

Inspection

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

Part I General Information on Grants and Assistance

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?
 X 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.

1 (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) DRAYTON HALL PRESERVATION TRUST							
3380 ASHLEY RIVER RD. CHARLESTON, SC 29414	45-4938941	501(C)(3)	6,000.				SUPPORT
(2) DUKE UNIVERSITY							
710 MAIN ST. STE. 200 DURHAM, NC 27701	56-0532129	501(C)(3)	44,185.				SUPPORT
(3) DUPAGE REGIONAL OFFICE OF EDUCATION							
421 N. CTY. FARM RD. WHEATON, IL 60187	36-3419358	501(C)(3)	50,000.				SUPPORT
(4) EAST END NEIGHBORHOOD HOUSE ASSOC.							
2749 WOODHILL RD. CLEVELAND, OH 44104	34-0714656	501(C)(3)	60,000.				SUPPORT
(5) EDUCATIONAL POLICY IMPROVEMENT CENTER							
1700 MILLRACE DR. EUGENE, OR 97403	82-0569407	501(C)(3)	200,000.				SUPPORT
(6) EDUCATORS FOR EXCELLENCE							
80 PINE ST. 28TH FL. NEW YORK, NY 10005	27-3382030	501(C)(3)	200,000.				SUPPORT
(7) EL BUEN SAMARITANO EPISCOPAL MISSION							
700 WOODHUE DR. AUSTIN, TX 78745	74-2488682	501(C)(3)	60,000.				SUPPORT
(8) EL CENTRO HISPANO							
346 S LEXINGTON AVE. WHITE PLAINS, NY 10606	13-4149424	501(C)(3)	17,500.				SUPPORT
(9) EMORY UNIVERSITY							
1599 CLIFTON RD. NE. ATLANTA, GA 30322	58-0566256	501(C)(3)	44,185.				SUPPORT
(10) ENVIRONMENTAL DEFENSE FUND, INC.							
257 PARK AVE. S. NEW YORK, NY 10010	11-6107128	501(C)(3)	144,736.				SUPPORT
(11) EPIPHANY COMM. HEALTH OUTREACH SVCS							
9600 S. GESSNER HOUSTON, TX 77071	76-0645238	501(C)(3)	60,000.				SUPPORT
(12) EXPONENT PHILANTHROPY							
1720 N. ST. NW WASHINGTON, DC 20036	65-0617866	501(C)(3)	122,000.				SUPPORT
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list 	•	•					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

SCHEDULE I (Form 990)

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.

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

Internal Revenue Service

Department of the Treasury

Employer identification number

13-3615533

OMB No. 1545-0047

2016

Open to Public

Inspection

No

ROCKEFELLER PHILANTHROPY ADVISORS, INC. Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

Part II Grants and Other Assistance to 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.

1 (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) FAIRFIELD UNIVERSITY							
1073 N. BENSON RD. FAIRFIELD, CT 06824-5171	06-0646623	501(C)(3)	20,000.				SUPPORT
(2) FAMILY SERVICE CTR. OF GALVESTON CTY.							
2200 MARKET ST. GALVESTON, TX 77550	74-1157849	501(C)(3)	60,000.				SUPPORT
(3) FARMWORKER ASSOC. OF FLORIDA							
450 DAVIS PKY. FLORIDA CITY, FL 33034	59-2683978	501(C)(3)	400,000.				SUPPORT
(4) FIDELITY CHARITABLE GIFT FUND							
PO BOX 770001 CINCINNATI, OH 45277-0053	11-0303001	501(C)(3)	12,109.				SUPPORT
(5) FIRST NATIONS DEVELOPMENT INSTITUTE							
2432 MAIN ST. 2ND FL. LONGMONT, CO 80501	54-1254491	501(C)(3)	400,000.				SUPPORT
(6) FOOD BANK FOR WESTCHESTER INC.							
200 CLEARBROOK RD. ELMSFORD, NY 10523	13-3507988	501(C)(3)	5,500.				SUPPORT
(7) FORUM OF REG. ASSOC. OF GRANTMAKERS							
1020 19TH ST. NW WASHINGTON, DC 20036	52-2122029	501(C)(3)	300,000.				SUPPORT
(8) FOUNDATION CENTER							
79 FIFTH AVE. NEW YORK, NY 10003	13-1837418	501(C)(3)	486,706.				SUPPORT
(9) FDN. FOR CALIFORNIA COMM. COLLEGES							
1102 Q ST. STE. 4800 SACRAMENTO, CA 95811	68-0412350	501(C)(3)	200,000.				SUPPORT
(10) FOUNDATION FOR LOUISIANA							
4354 S SHERWD. BLVD BATON ROUGE, LA 70816	20-3399944	501(C)(3)	30,000.				SUPPORT
(11) FRIENDS OF GRACE CHURCH SCHOOL, INC.	_						
86 4TH AVE. NEW YORK, NY 10003	13-6226003	501(C)(3)	10,000.				SUPPORT
(12) FRIENDS OF SWAN'S ISLAND LIGHTHOUSE							
1300 SW 21ST LANE BOCA RATON, FL 33486-6651	26-4546654	501(C)(3)	7,500.				SUPPORT
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations lis 	•	•					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

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.

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

Inspection Employer identification number

13-3615533

OMB No. 1545-0047

2016

Open to Public

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Part General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

Part II Grants and Other Assistance to 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.

1 (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) FRIENDS OF ROCKEFELLER ST. PARK PRESERVE							
P.O. BOX 8444 SLEEPY HOLLOW, NY 10591	58-2295320	501(C)(3)	11,500.				SUPPORT
(2) FSG, INC							
123 MISSION ST. SAN FRANCISCO, CA 94117	20-2776974	501(C)(3)	271,000.				SUPPORT
(3) FUTURE WEST							
321 E. MAIN ST. BOZEMAN, MT 59715	27-1277635	501(C)(3)	350,000.				SUPPORT
(4) GENESYS WORKS - BAY AREA							
101 2ND ST. SAN FRANCISCO, CA 94105	46-1568087	501(C)(3)	40,000.				SUPPORT
(5) GEORGETOWN UNIVERSITY							
3300 WHITEHAVEN ST. WASHINGTON, DC 20007	53-0196603	501(C)(3)	28,000.				SUPPORT
(6) GLEANERS COMMUNITY FOOD BANK							
2131 BEAUFAIT ST. DETROIT, MI 48207	38-2156255	501(C)(3)	60,000.				SUPPORT
(7) GLOBAL CORAL REEF ALLIANCE							
37 PLEASANT ST. CAMBRIDGE, MA 02139	13-3668961	501(C)(3)	7,500.				SUPPORT
(8) GLOBAL FUND FOR CHILDREN							
1101 14TH ST. NW WASHINGTON, DC 20005	56-1834887	501(C)(3)	500,000.				SUPPORT
(9) GLOBAL IMPACT INVESTING NETWORK							
8 WALNUT AVE. NEW YORK, PA 19312	27-3166994	501(C)(3)	6,207,561.				SUPPORT
(10) GOOD WORLD SOLUTIONS							
1500 BROADWAY OAKLAND, CA 94612	56-2435785	501(C)(3)	40,000.				SUPPORT
(11) GRACE IN ACTION							
1725 LAWNDALE DETROIT, MI 48209	45-2882309	501(C)(3)	350,000.				SUPPORT
(12) GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS							
1725 DESALES ST. NW WASHINGTON, DC 20036		501(C)(3)	165,000.				SUPPORT
2 Enter total number of section 501(c)(3) an3 Enter total number of other organizations I							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

SCHEDULE I

Department of the Treasury

Internal Revenue Service

Name of the organization

(Form 990)

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.

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

Employer identification number

13-3615533

OMB No. 1545-0047

2016

Open to Public

Inspection

No

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

Part I General Information on Grants and Assistance

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?
 X Yes

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.

1 (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) GRANTMAKERS IN THE ARTS							
4055 21ST AVE. W. SEATTLE, WA 98199-1247	36-3670955	501(C)(3)	60,000.				SUPPORT
(2) GREATER BOSTON LEGAL SERVICES, INC.							
197 FRIEND ST. BOSTON, MA 02114	04-2103907	501(C)(3)	60,000.				SUPPORT
(3) GREATER YELLOWSTONE COALITION, INC.							
215 S. WALLACE AVE. BOZEMAN, MT 59715	81-0414042	501(C)(3)	17,500.				SUPPORT
(4) GREENWICH ACADEMY							
200 N. MAPLE AVE. GREENWICH, CT 06830	06-0653118	501(C)(3)	8,500.				SUPPORT
(5) GUIDESTAR							
4801 COURTHOUSE ST. WILLIAMSBURG, VA 23188	54-1774039	501(C)(3)	90,000.				SUPPORT
(6) HABITAT FOR HUMANITY GREATER SAN FRAN.							
500 WA ST. #250 SAN FRANCISCO, CA 94111	94-3088881	501(C)(3)	60,000.				SUPPORT
(7) HARVARD COLLEGE FUND							
124 MNT. AUBURN ST. CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	10,000.				SUPPORT
(8) HISTORIC HUDSON VALLEY							
639 BEDFORD RD. POCANTICO HILLS, NY 10591	13-1692606	501(C)(3)	36,500.				SUPPORT
(9) HOMEPORT							
3443 AGLER RD. COLUMBUS, OH 43219	31-1208260	501(C)(3)	60,000.				SUPPORT
(10) HUMANE SOCIETY OF THE UNITED STATES							
700 PROFESSIONAL DR. GAITHERSBURG, MD 20879	53-0225390	501(C)(3)	7,500.				SUPPORT
(11) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI							
1 GUSTAVE L LEVY PL. NEW YORK, NY 10029	13-1624096	501(C)(3)	88,370.				SUPPORT
(12) ILEX FOUNDATION							
84 REVERE ST. BOSTON, MA 02114	34-7089903	501(C)(3)	242,500.				SUPPORT
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations lis 							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

SCHEDULE I	
(Form 990)	

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.

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

Inspection Employer identification number

13-3615533

OMB No. 1545-0047

2016

Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

Part I General Information on Grants and Assistance

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?
 X 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.

1 (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) IN OUR BACKYARDS							
540 PRES. ST. 3RD FL. BROOKLYN, NY 11215	26-3283639	501(C)(3)	60,000.				SUPPORT
(2) INDIANA UNIVERSITY FOUNDATION							
1801 N. SENATE BLVD. INDIANAPOLIS, IN 46202	35-6018940	501(C)(3)	44,185.				SUPPORT
(3) INNOVATIONS FOR POVERTY ACTION							
101 WHITNEY AVE. NEW HAVEN, CT 06510	06-1660068	501(C)(3)	468,450.				SUPPORT
(4) INSTITUTE ON SCIENCE FOR GLOBAL POLICY							
13630 E. SUNSET RD. TUCSON, AZ 85749	45-3998749	501(C)(3)	10,000.				SUPPORT
(5) INT. CENTER FOR SUSTAINABLE TECH.							
777S. WADSWORTH BLVD. LAKEWOOD, CO 80226	41-2139623	501(C)(3)	60,000.				SUPPORT
(6) INT. INSTITUTE OF RURAL RECONSTRUCTION							
601 W. 26TH ST. NEW YORK, NY 10001	13-6175722	501(C)(3)	13,500.				SUPPORT
(7) INTERNATIONAL RESCUE COMMITTEE, INC.							
122 E. 42ND ST. NEW YORK, NY 10168	13-5660870	501(C)(3)	25,000.				SUPPORT
(8) ISLAND INSTITUTE							
386 MAIN ST. ROCKLAND, ME 04841	22-2786731	501(C)(3)	5,500.				SUPPORT
(9) ISSUE ONE							
1401 K ST. NW WASHINGTON, DC 20005	32-0384285	501(C)(3)	10,000.				SUPPORT
(10) JEWISH COMMUNAL FUND							
575 MADISON AVE. NEW YORK, NY 10022	23-7174183	501(C)(3)	1,000,000.				SUPPORT
(11) JOHNS HOPKINS UNIVERSITY							
2701 N. CHARLES ST. BALTIMORE, MD 21218	52-0595110	501(C)(3)	60,000.				SUPPORT
(12) JUVENILE LAW CENTER							
1315 WALNUT ST. PHILADELPHIA, PA 19107	23-1976386	501(C)(3)	30,000.				SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tak	ole			
3 Enter total number of other organizations lis	ted in the line	1 table					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

SCHEDULE I	Gra
(Form 990)	Gove

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.

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

Internal Revenue Service

Department of the Treasury

Employer identification number

13-3615533

OMB No. 1545-0047

2016

Open to Public

Inspection

Part I General Information on Grants and Assistance

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

Part II Grants and Other Assistance to 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.

1 (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) KING PARK DEVELOPMENT CORP.							
1704 BELLEFONTAINE INDIANAPOLIS, IN 46202	35-1704590	501(C)(3)	200,000.				SUPPORT
(2) LATINO POLICY FORUM							
180 N. MI AVE. CHICAGO, IL 60601	36-3676873	501(C)(3)	121,652.				SUPPORT
(3) LEARNING POLICY INSTITUTE							
1530 PAGE MILL RD. PALO ALTO, CA 94304	47-2772048	501(C)(3)	100,000.				SUPPORT
(4) LEGAL AID SOCIETY							
199 WATER ST. NEW YORK, NY 10038	13-5562265	501(C)(3)	20,000.				SUPPORT
(5) LEGASEAS							
1388 PARKERS TRACE NEW RICHMOND, OH 45157	36-4516825	501(C)(3)	15,000.				SUPPORT
(6) LEHIGH UNIVERSITY							
125 GOODMAN DRIVE BETHLEHEM, PA 18015	24-0795445	501(C)(3)	10,000.				SUPPORT
(7) LIFT, INC.							
1620 I ST. NW WASHINGTON, DC 20006	52-2168409	501(C)(3)	350,000.				SUPPORT
(8) LONE STAR CIRCLE OF CARE							
2015 E UNI. AVE. GEORGETOWN, TX 78626	74-3001674	501(C)(3)	60,000.				SUPPORT
(9) L.A. AREA CHAMBER OF COMMERCE FDN.							
350 S BIXEL ST. LOS ANGELES, CA 90017	95-2597392	501(C)(3)	200,000.				SUPPORT
(10) LOYOLA UNIVERSITY MEDICAL CENTER							
2160 S. 1ST AVE. MAYWOOD, IL 60153	36-4015560	501(C)(3)	44,185.				SUPPORT
(11) LULAC INSTITUTE, INC.							
1133 19TH ST. WASHINGTON, DC 20036	52-2072106	501(C)(3)	50,000.				SUPPORT
(12) MAKE THE ROAD NEW YORK							
301 GROVE ST. BROOKLYN, NY 11237	11-3344389	501(C)(3)	35,000.				SUPPORT
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations li 	•	•					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

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

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

Employer identification number

13-3615533

OMB No. 1545-0047

2016

Open to Public

Inspection

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Part I General Information on Grants and Assistance

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?
 X 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.

		(if applicable)	grant	cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MALAMA PONO HEALTH SERVICES							
4366 KUKUI GR. ST. LIHUE, HI 96766	99-0260914	501(C)(3)	60,000.				SUPPORT
(2) MARINE CONSERVATION INSTITUTE							
4010 STONE WAY N. SEATTLE, WA 98103	91-1725640	501(C)(3)	20,000.				SUPPORT
(3) MASSACHUSETTS GENERAL HOSPITAL							
55 FRUIT ST. BOSTON, MA 02114-2621	04-1564655	501(C)(3)	44,185.				SUPPORT
(4) MA INSTITUTE OF TECHNOLOGY							
245 FIRST ST. CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	10,000.				SUPPORT
(5) MAYO CLINIC							
200 FIRST ST. SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	44,185.				SUPPORT
(6) MCCOLL CENTER FOR ART + INNOVATION							
721 N. TRYON ST. CHARLOTTE, NC 28202	51-0195015	501(C)(3)	350,000.				SUPPORT
(7) MEMORIAL ASSISTANCE MINISTRIES							
1625 BLALOCK RD. HOUSTON, TX 77080	76-0044172	501(C)(3)	60,000.				SUPPORT
(8) MEN ELEVATE NOW, INC.							
811A LONGFELLOW AVE. BRONX, NY 10474	47-5035420	501(C)(3)	10,000.				SUPPORT
(9) MERCY CORPS INTERNATIONAL							
P.O. BOX 2669 PORTLAND, OR 97208-2669	91-1148123	501(C)(3)	10,000.				SUPPORT
10) MERIDIAN INSTITUTE							
1800 M ST. NW WASHINGTON, DC 20036	84-1435420	501(C)(3)	176,000.				SUPPORT
11) METRO NASHVILLE PUBLIC SCHOOLS							
2601 BRANSFORD AVE. NASHVILLE, TN 37204	62-0717138	501(C)(3)	10,000.				SUPPORT
12) METROPOLITAN MUSEUM OF ART							
1000 FIFTH AVE. NEW YORK, NY 10028-0128	13-1624086	501(C)(3)	36,498.				SUPPORT

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

SCHEDULE I (Form 990)

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.

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

Internal Revenue Service

Department of the Treasury

Employer identification number 13-3615533

OMB No. 1545-0047

2016

Open to Public

Inspection

No

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

Part I General Information on Grants and Assistance

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?
 X Yes

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.

1 (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) MIAMI FOUNDATION							
40 NW 3RD ST. MIAMI, FL 33128	65-0350357	501(C)(3)	425,000.				SUPPORT
(2) MINNEAPOLIS FOUNDATION							
80 SOUTH EIGHTH ST. MINNEAPOLIS, MN 55402	41-6029402	501(C)(3)	30,000.				SUPPORT
(3) MIRALGO FOUNDATION							
P.O. BOX 1270 LA JOLLA, CA 92038	45-2499438	501(C)(3)	10,000.				SUPPORT
(4) MIXED BLOOD THEATRE							
1501 S. 4TH ST. MINNEAPOLIS, MN 55454	41-1377499	501(C)(3)	350,000.				SUPPORT
(5) MOM-MENTUM							
4940 MERRICK RD. MASSAPEQUA PARK, NY 11762	11-3242529	501(C)(3)	175,000.				SUPPORT
(6) MS. FOUNDATION FOR WOMEN, INC.							
12 METROTECH CTR. BROOKLYN, NY 11201	23-7252609	501(C)(3)	120,000.				SUPPORT
(7) MULTIDISCIPLINARY ASSOC. PSYCH. STUDIES							
1215 MISSION ST. SANTA CRUZ, CA 95060	59-2751953	501(C)(3)	200,000.				SUPPORT
(8) MUNICIPALITY OF SAN JUAN							
PO BOX 70179 SAN JUAN, PR 00936-8179	66-0427034	501(C)(3)	241,487.				SUPPORT
(9) MY BROTHER'S KEEPER ALLIANCE							
1101 30TH ST. NW WASHINGTON, DC 20007	47-4044251	501(C)(3)	2,556,781.				SUPPORT
(10) NATIONAL CATHEDRAL SCHOOL							
3612 WOODLEY RD.NW WASHINGTON, DC 20016	53-0196604	501(C)(3)	5,500.				SUPPORT
(11) NATIONAL CENTER FOR CIVIC INNOVATION							
121 AVE. OF AMERICAS NEW YORK, NY 10013	02-0590588	501(C)(3)	78,500.				SUPPORT
(12) NATIONAL CENTER FOR FAMILY PHILANTHROPY							
1101 CT AVE. NW WASHINGTON, DC 20036	52-2055016	501(C)(3)	304,980.				SUPPORT
 Enter total number of section 501(c)(3) and Enter total number of other organizations list 	•	•					
3 Enter total number of other organizations list						<u></u>	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

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.

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

Inspection Employer identification number

13-3615533

OMB No. 1545-0047

2016

Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

SCHEDULE I (Form 990)

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

Part I General Information on Grants and Assistance

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?
 X 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.

1 (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) NATIONAL CENTER FOR LEARNING DISABILITIES							
1220 L STREET NW WASHINGTON, DC 20005	13-2899381	501(C)(3)	15,000.				SUPPORT
(2) NAT. CONGRESS OF PARENTS & TEACHERS							
1250 NORTH PITT ST. ALEXANDRIA, VA 22314	36-2169155	501(C)(3)	49,997.				SUPPORT
(3) NATIONAL COUNCIL OF LA RAZA							
1126 16TH ST. NW WASHINGTON, DC 20036	86-0212873	501(C)(3)	50,000.				SUPPORT
(4) NATIONAL FISH AND WILDLIFE FOUNDATION							
1133 FIFTEENTH ST. WASHINGTON, DC 20005	52-1384139	501(C)(3)	25,000.				SUPPORT
(5) NATIONAL LEAGUE FOR NURSING							
2600 VA AVE. NW WASHINGTON, DC 20037	13-1896510	501(C)(3)	121,000.				SUPPORT
(6) NATIONAL PARK FOUNDATION							
1201 I ST. NW STE 550B WASHINGTON, DC 20005	52-1086761	501(C)(3)	25,000.				SUPPORT
(7) NATIONAL POETRY SERIES							
57 MOUNTAIN AVE PRINCETON, NJ 08540	13-2964957	501(C)(3)	10,000.				SUPPORT
(8) NATIVE AMERICAN RIGHTS FUND							
1506 BROADWAY BOULDER, CO 80302-6296	84-0611876	501(C)(3)	123,000.				SUPPORT
(9) NATURAL RESOURCES DEFENSE COUNCIL							
40 W. 20TH ST. 11TH FL. NEW YORK, NY 10011	13-2654926	501(C)(3)	306,500.				SUPPORT
(10) NATURE CONSERVANCY							
4245 N FAIRAX DR. ARLINGTON, VA 22203	53-0242652	501(C)(3)	69,500.				SUPPORT
(11) NEIGHBORHOOD HOUSING SVCS OF CHICAGO							
1279 N. MILWAUKEE AVE. CHICAGO, IL 60622	23-7443009	501(C)(3)	60,000.				SUPPORT
(12) NEIGHBORHOOD TRUST FINANCIAL PARTNERS							
530 W.166TH ST. 4TH FL. NEW YORK, NY 10032	13-3849263	501(C)(3)	15,000.				SUPPORT
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations list	•	•					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

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

Employer identification number

13-3615533

OMB No. 1545-0047

2016

Open to Public

Inspection

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

Part I General Information on Grants and Assistance

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?
 X 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.

10,000. 60,000. 7,500. 287,200. 15,000.				SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT
60,000. 7,500. 287,200. 15,000.				SUPPORT SUPPORT SUPPORT
7,500. 287,200. 15,000.				SUPPORT
7,500. 287,200. 15,000.				SUPPORT
287,200.				SUPPORT
287,200.				SUPPORT
15,000.				
15,000.				
				SUPPORT
				SUPPORT
15.000				
15,000				
10,000.				SUPPORT
6,000.				SUPPORT
6,000.				SUPPORT
90,000.				SUPPORT
50,000.				SUPPORT
72,420.				SUPPORT
				SUPPORT
	50,000.	50,000.	50,000.	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

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.

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

Inspection Employer identification number

13-3615533

OMB No. 1545-0047

2016

Open to Public

No

Internal Revenue Service Name of the organization

Department of the Treasury

SCHEDULE I (Form 990)

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

Part I General Information on Grants and Assistance

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?
 X Yes

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.

1 (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) NORTH STAR FUND, INC.							
520 EIGHT AVE. NEW YORK, NY 10018	13-2950801	501(C)(3)	15,000.				SUPPORT
(2) NORTHEND CHRISTIAN COMM. DEV. CORP.							
9227 GOODWIN STREET DETROIT, MI 48211	38-3435371	501(C)(3)	500,000.				SUPPORT
(3) NORTHERN PLAINS RESOURCE COUNCIL							
220 S 27TH ST. BILLINGS, MT 59101	81-0367205	501(C)(3)	10,000.				SUPPORT
(4) NORTHWESTERN UNIVERSITY							
633 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	90,370.				SUPPORT
(5) NUCLEAR INFO. & RESOURCE SERVICE							
6930 CARROLL AVE. TAKOMA PARK, MD 20912	52-1119677	501(C)(3)	50,000.				SUPPORT
(6) NURSE FAMILY PARTNERSHIP							
1900 GRANT ST. DENVER, CO 80203	20-0234163	501(C)(3)	60,000.				SUPPORT
(7) NYU SCHOOL OF MEDICINE							
550 FIRST AVE. NEW YORK, NY 10016	13-5562308	501(C)(3)	20,000.				SUPPORT
(8) OAKLAND UNIFIED SCHOOL DISTRICT							
1000 BROADWAY OAKLAND, CA 94607	94-6000385	501(C)(3)	760,000.				SUPPORT
(9) OCEAN FOUNDATION							
1320 19TH ST. NW WASHINGTON, DC 20036	71-0863908	501(C)(3)	702,344.				SUPPORT
(10) OCEANA							
1350 CT AVE. NW WASHINGTON, DC 20036	51-0401308	501(C)(3)	375,000.				SUPPORT
(11) OCEANIC PRESERVATION SOCIETY							
3063 STERLING CIRCLE NICASIO, CO 80301	38-3891081	501(C)(3)	29,500.				SUPPORT
(12) ON THE MOVE							
780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	60,000.				SUPPORT
 2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations 							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

SCHEDULE I	Grants and Other Assista
(Form 990)	Governments, and Individ

ance 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.

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

Inspection Employer identification number

13-3615533

OMB No. 1545-0047

2016

Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

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 X Yes the selection criteria used to award the grants or assistance? 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.

1 (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) OPA-LOCKA COMM. DEVELOP. CORP.							
490 OPA-LOCKA BLVD. OPA-LOCKA, FL 33054	59-2106635	501(C)(3)	450,000.				SUPPORT
(2) OPHIDIAN RESEARCH INSTITUTE							
1530 LOCUST ST. PHILADELPHIA, PA 19102-4415	26-0033065	501(C)(3)	40,000.				SUPPORT
(3) OR MUSEUM OF SCIENCE & INDUSTRY							
1945 SE WATER AVE. PORTLAND, OR 97214	93-0402877	501(C)(3)	60,000.				SUPPORT
(4) OUR FUND, INC.							
1600 NE 26TH ST. WILTON MANORS, FL 33305	27-4734125	501(C)(3)	40,000.				SUPPORT
(5) OUR HOUSE							
302 E.ROOSEVELT RD. LITTLE ROCK, AR 72206	71-0653846	501(C)(3)	60,000.				SUPPORT
(6) OXFAM AMERICA, INC.							
226 CAUSEWAY ST. BOSTON, MA 02114	23-7069110	501(C)(3)	40,000.				SUPPORT
(7) PACE CENTER FOR GIRLS							
ONE WEST ADAMS ST. JACKSONVILLE, FL 32202	59-2414492	501(C)(3)	60,000.				SUPPORT
(8) PARAGON MEDIA							
2600 10TH ST. STE. 438 BERKELEY, CA 94710	20-1820092	501(C)(3)	41,860.				SUPPORT
(9) PARCC, INC.							
1747 PA AVE. 6TH FL. WASHINGTON, DC 20006	46-2081206	501(C)(3)	50,000.				SUPPORT
(10) PARTNERSHIP FOR PALLIATIVE CARE							
6 W. 48TH ST. 12TH FL. NEW YORK, NY 10036	26-1184336	501(C)(3)	10,000.				SUPPORT
(11) PAWS CROSSED ANIMAL RESCUE							
100 S. WAREHOUSE LN. ELMSFORD, NY 10523	47-4712475	501(C)(3)	10,000.				SUPPORT
(12) PAYGO ENERGY							
3044 NW 57TH ST. SEATTLE, WA 98107	81-1498180	501(C)(3)	100,000.				SUPPORT
2 Enter total number of section 501(c)(3) and	government of	organizations lis	ted in the line 1 tak	ole			
3 Enter total number of other organizations lis	ted in the line	1 table	<u></u>	<u></u>	<u></u>	<u></u>	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

SCHEDULE I

(Form 990)

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.

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

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number 13-3615533

OMB No. 1545-0047

2016

Open to Public

Inspection

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

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 X Yes No the selection criteria used to award the grants or assistance?

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

Part II Grants and Other Assistance to 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.

1 (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) PEACE DEVELOPMENT FUND, INC.							
PO BOX 40250 SAN FRANCISCO, CA 94140	04-2738794	501(C)(3)	267,000.				SUPPORT
(2) PENCILS OF PROMISE							
37 W. 28TH ST. NEW YORK, NY 10001	26-3618722	501(C)(3)	12,500.				SUPPORT
(3) PEOPLE'S EMERG. CTR. COMM. DEV. CORP.							
325 N. 39TH STREET PHILADELPHIA, PA 19104	23-2687223	501(C)(3)	100,000.				SUPPORT
(4) PETEY GREENE PRISONER ASST.							
57 N. TULANE STREET PRINCETON, NJ 08542	30-0499760	501(C)(3)	300,000.				SUPPORT
(5) PHILADELPHIA ORCHESTRA ASSOC.							
1 S. BROAD ST. PHILADELPHIA, PA 19107	23-1352289	501(C)(3)	10,000.				SUPPORT
(6) PLANNED PARENTHOOD ACTION FUND							
123 WILLIAM ST. NEW YORK, NY 10038	13-3539048	501(C)(4)	22,000.				SUPPORT
(7) PLANNED PARENTHOOD OF S. NE							
345 WHITNEY AVENUE NEW HAVEN, CT 06510	06-0263565	501(C)(3)	135,736.				SUPPORT
(8) POGO ACTION, INC.							
1100 G ST. WASHINGTON, DC 20005	81-1092790	501(C)(4)	15,000.				SUPPORT
(9) PRATHAM USA							
9703 RICHMOND AVE. HOUSTON, TX 77042	76-0620808	501(C)(3)	600,000.				SUPPORT
(10) PRINCETON UNIVERSITY							
P.O. BOX 5357 PRINCETON, NJ 08543-0046	21-0634501	501(C)(3)	226,310.				SUPPORT
(11) PROJECT&							
220 N. GREEN ST. CHICAGO, IL 60607	46-4912831	501(C)(3)	360,397.				SUPPORT
(12) PROUNITAS, INC.							
4802 LOCKWOOD DR. HOUSTON, TX 77026	47-1573396	501(C)(3)	60,000.				SUPPORT
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations li 	-	-					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

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.

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

Inspection Employer identification number

13-3615533

OMB No. 1545-0047

2016

Open to Public

No

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Part I General Information on Grants and Assistance

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?
 X Yes

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.

1 (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) PUBLIC CONVERSATIONS PROJECT, INC.							
46 KONDAZIAN ST. CAMBRIDGE, MA 02472-2832	22-3432160	501(C)(3)	42,558.				SUPPORT
(2) PUBLIC LAB. FOR OPEN TECH. & SCI.							
P.O. BOX 426113 CAMBRIDGE, MA 02142	45-2846555	501(C)(3)	60,000.				SUPPORT
(3) QUEER WOMEN OF COLOR MEDIA ARTS PROJ.							
59 COOK ST. SAN FRANCISCO, CA 94118	80-0094746	501(C)(3)	60,000.				SUPPORT
(4) REDF							
2 EMBARCADERO CTR. SAN FRANCISCO, CA 94111	54-2132153	501(C)(3)	500,000.				SUPPORT
(5) THE REGENTS OF THE UNIVERSITY OF CA							
UC SAN DIEGO 9500 LA JOLLA, CA 92093	94-6036494	501(C)(3)	538,370.				SUPPORT
(6) REGION FIVE DEVELOPMENT COMMISSION							
200 1ST ST. NE STAPLES, MN 56479	41-1238886	501(C)(3)	440,000.				SUPPORT
(7) REGIONAL FOOD BANK OF OKLAHOMA							
3355 S. PURDUE AVE. OKLAHOMA CITY, OK 73179	73-1100380	501(C)(3)	60,000.				SUPPORT
(8) REMERGE OF OKLAHOMA CITY							
PO BOX 837 OKLAHOMA CITY, OK 73101	46-4504748	501(C)(3)	60,000.				SUPPORT
(9) RENSSELAER POLYTECHNIC INSTITUTE							
GIFTS PROCESSING CTR. BOSTON, MA 02241-3164	14-1340095	501(C)(3)	15,000.				SUPPORT
(10) RESTAURANT OPPT. CENTERS UNITED							
275 7TH AVE. NEW YORK, NY 10001	01-0939141	501(C)(3)	35,000.				SUPPORT
(11) RHODE ISLAND PUBLIC RADIO							
ONE UNION STATION PROVIDENCE, RI 02903	05-0498502	501(C)(3)	5,629.				SUPPORT
(12) ROCKEFELLER BROTHERS FUND, INC.							
475 RIVERSIDE DR. NEW YORK, NY 10115	13-1760106	501(C)(3)	20,000.				SUPPORT
2 Enter total number of section 501(c)(3) and		organizations lis	ted in the line 1 tal				
3 Enter total number of other organizations lis	•	•					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

SCHEDULE I	
(Form 990)	

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.

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

Inspection Employer identification number

13-3615533

OMB No. 1545-0047

2016

Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

Part I General Information on Grants and Assistance

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?
 X 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.

1 (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) ROCKEFELLER FAMILY FUND, INC.							
475 RIVERSIDE DR. NEW YORK, NY 10115	13-6257658	501(C)(3)	21,500.				SUPPORT
(2) ROOM TO READ							
465 CA ST. STE.1000 SAN FRANCISCO, CA 94104	91-2003533	501(C)(3)	1,600,000.				SUPPORT
(3) RUSH UNIVERSITY MEDICAL CENTER							
1653 W CONGRESS PKY. CHICAGO, IL 60612	36-2174823	501(C)(3)	44,185.				SUPPORT
(4) SACRAMENTO CITY UNIFIED SCH. DIST.							
5735 47TH AVENUE SACRAMENTO, CA 95824	94-6002491	501(C)(3)	15,000.				SUPPORT
(5) SAFEART							
PO BOX 251 CHELSEA, VT 05038	75-3210110	501(C)(3)	10,000.				SUPPORT
(6) SAILORS FOR THE SEA							
449 THAMES ST. 300D NEWPORT, RI 02840	51-0506943	501(C)(3)	44,800.				SUPPORT
(7) SAINT LOUIS UNIVERSITY							
3635 VISTA AVE. ST. LOUIS, MO 63110	43-0654872	501(C)(3)	44,185.				SUPPORT
(8) SAINT SAVIOUR'S CHURCH							
350 SOUND BEACH OLD GREENWICH, CT 06870	06-6012702	501(C)(3)	8,000.				SUPPORT
(9) SAMARITAN CTR. FOR CNSLNG.&PASTORAL CARE							
8956 RESEARCH BLVD. AUSTIN, TX 78758	74-1832864	501(C)(3)	60,000.				SUPPORT
(10) SAMARITAN COUNSELING CTR.							
1803 OREGON PIKE LANCASTER, PA 17601	23-2467315	501(C)(3)	150,000.				SUPPORT
(11) SANCTUARY FOR FAMILIES							
PO BOX 1406 NEW YORK, NY 10268-1406	13-3193119	501(C)(3)	25,000.				SUPPORT
(12) SARGASSO SEA PROJECT, INC.							
1630 CT AVE. WASHINGTON, DC 20009	27-3229137	501(C)(3)	100,000.				SUPPORT
2 Enter total number of section 501(c)(3) and	-	-					
3 Enter total number of other organizations lis	ted in the line	1 table	<u></u> .	<u> </u>	<u> </u>	<u></u>	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

SCHEDULE I (Form 990)

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.

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

Name of the organization

Employer identification number

13-3615533

OMB No. 1545-0047

2016

Open to Public

Inspection

No

Part General Information on Grants and Assistance

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

Part II Grants and Other Assistance to 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.

1 (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) SASHA BRUCE YOUTHWORK, INC.							
745 8TH ST. SE WASHINGTON, DC 20003	52-1006486	501(C)(3)	15,000.				SUPPORT
(2) SCENIC HUDSON, INC.							
ONE CIVIC CTR. PL. POUGHKEEPSIE, NY 12601	13-2898799	501(C)(3)	11,000.				SUPPORT
(3) SCRIPPS HEALTH							
10666 N.TORREY PN. RD. LA JOLLA, CA 92037	95-1684089	501(C)(3)	44,185.				SUPPORT
(4) SECOND HARVEST FOOD BANK SANTA CLARA							
4001 N 1ST STREET SAN JOSE, CA 95134	94-2614101	501(C)(3)	62,000.				SUPPORT
(5) SEED FOR CHANGE							
2710 DANIEL ROAD CHEVY CHASE, MD 20815	47-4545687	501(C)(3)	15,000.				SUPPORT
(6) SENSIBILITIES PREVENTION SERVICES							
4405 GARFIELD AVE. S. MINNEAPOLIS, MN 55419	41-1747002	501(C)(3)	75,000.				SUPPORT
(7) SHARED INTEREST, INC.							
121 W. 27TH ST. NEW YORK, NY 10001	13-3836581	501(C)(3)	10,000.				SUPPORT
(8) SHELBY RESIDENTIAL & VOCATIONAL SVCS							
3971 KNIGHT ARNOLD RD. MEMPHIS, TN 38118	62-0854890	501(C)(3)	60,000.				SUPPORT
(9) SILICON VALLEY COMMUNITY FOUNDATION							
2440 W. EL CAMINO MOUNTAIN VIEW, CA 94040	20-5205488	501(C)(3)	75,000.				SUPPORT
(10) SKOWHEGAN SCH. OF PAINTING & SCULPTURE							
136 W. 22ND ST. NEW YORK, NY 10011	01-0263908	501(C)(3)	6,000.				SUPPORT
(11) SMITHSONIAN INSTITUTE							
1500 REMOUNT RD. FRONT ROYAL, VA 22630	53-0206027	501(C)(3)	12,500.				SUPPORT
(12) SMITHSONIAN INSTITUTION	_						
24411 NETWORK PL. NEW YORK, IL 60673	53-0206027	501(C)(3)	1,939,840.				SUPPORT
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list 	0	0					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

SCHEDULE I (Form 990)

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.

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

Internal Revenue Service

Department of the Treasury

Employer identification number 13-3615533

OMB No. 1545-0047

2016

Open to Public

Inspection

No

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

Part II Grants and Other Assistance to 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.

1 (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) SOLAR CITES							
973 FRONT ROAD GLENMOORE, PA 19343	47-4365279	501(C)(3)	10,000.				SUPPORT
(2) SOUTH BOSTON NEIGHBORHOOD HOUSE							
136 H STREET SOUTH BOSTON, MA 02127	04-2104807	501(C)(3)	50,000.				SUPPORT
(3) S.CAROLINA COASTAL CONSERVATION LEAGUE							
P.O. BOX 1765 CHARLESTON, SC 29402-9940	57-0887278	501(C)(3)	12,500.				SUPPORT
(4) SPELMAN COLLEGE							
350 SPELMAN LN. SW ATLANTA, GA 30314	58-0566243	501(C)(3)	10,500.				SUPPORT
(5) SPRINGBOARD TO OPPORTUNITY							
3000 OLD CANTON RD. JACKSON, MS 39216	46-1917760	501(C)(3)	60,000.				SUPPORT
(6) ST. VINCENT HOSPITAL FOUNDATION							
8333 NAAB RD. INDIANAPOLIS, IN 46260	35-6088862	501(C)(3)	44,185.				SUPPORT
(7) STAND FOR CHILDREN ACTION FUND, INC.							
2121 SW BDWY. #111 PORTLAND, OR 97201	52-2146673	501(C)(4)	12,500.				SUPPORT
(8) STAND FOR CHILDREN LEADERSHIP CENTER							
2121 SW BDWY. #111 PORTLAND, OR 97201	52-1957214	501(C)(3)	200,000.				SUPPORT
(9) STANFORD UNIVERSITY							
326 GALVEZ ST. STANFORD, CA 94305-6105	94-1156365	501(C)(3)	7,000.				SUPPORT
(10) STATE ENGAGEMENT FUND							
4931 MA AVE. NW WASHINGTON, DC 20016	81-0865943	501(C)(4)	100,000.				SUPPORT
(11) STATE INNOVATION EXCHANGE							
PO BOX 260230 MADISON, WI 53726-0230	46-1368531	501(C)(3)	110,000.				SUPPORT
(12) STOCKPORT VOLUNTEER FIRE CO. NO. 1, INC.							
PO BOX 158 COLUMBIAVILLE, NY 12050	27-5251142	501(C)(3)	10,000.				SUPPORT
2 Enter total number of section 501(c)(3) an3 Enter total number of other organizations I	•	•					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

SCHEDULE I

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

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

Name of the organization

Employer identification number

13-3615533

OMB No. 1545-0047

2016

Open to Public

Inspection

ROCKEFELLER PHILANTHROPY ADVISORS, INC. Part I General Information on Grants and Assistance

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?
 X 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.

1 (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) STONE BARNS CENTER FOR FOOD & AGR.							
630 BEDFORD ROAD POCANTICO HILLS, NY 10591	13-4150082	501(C)(3)	103,500.				SUPPORT
(2) STONY HILL STABLES FOUNDATION							
268 TOWN LN. BOX 283 AMAGANSETT, NY 11930	45-5444990	501(C)(3)	5,876.				SUPPORT
(3) SWEET WATER FOUNDATION							
5749 S. PERRY AVE. CHICAGO, IL 60621	27-1391983	501(C)(3)	300,000.				SUPPORT
(4) SYRIAN AMERICAN MEDICAL SOCIETY FDN.							
1012 14TH ST. NW WASHINGTON, DC 20005	16-1717058	501(C)(3)	15,000.				SUPPORT
(5) TAIA PEACE FOUNDATION							
45 MAIN ST. BROOKLYN, NY 11201	20-8261600	501(C)(3)	30,000.				SUPPORT
(6) TEACH PLUS							
27-43 WORMWOOD ST. BOSTON, MA 02210	26-3849472	501(C)(3)	120,000.				SUPPORT
(7) TEACHERS COLLEGE							
525 W. 120TH ST. NEW YORK, NY 10027	13-1624202	501(C)(3)	6,000.				SUPPORT
(8) TEENFORCE							
760 HILLSDALE AVE. #13 SAN JOSE, CA 95136	27-2117804	501(C)(3)	60,000.				SUPPORT
(9) TETON REGIONAL LAND TRUST, INC.							
P.O. BOX 247 DRIGGS, ID 83422	94-3146525	501(C)(3)	10,000.				SUPPORT
(10) TEXAS A & M UNIVERSITY							
4461 TAMU COLLEGE STATION, TX 77843-4461	74-2648747	501(C)(3)	7,350.				SUPPORT
(11) THE AFRICA-AMERICA INSTITUTE							
420 LEXINGTON AVE. NEW YORK, NY 10170-0002	53-0218859	501(C)(3)	8,000.				SUPPORT
(12) THE AMERICAN IDEAS INSTITUTE							
815 N. 1ST AVE. PHOENIX, AZ 85003	27-0311492	501(C)(3)	40,000.				SUPPORT
2 Enter total number of section 501(c)(3) and	-	-					
3 Enter total number of other organizations lis	sted in the line	1 table	<u></u>	<u></u>	<u> </u>	<u></u>	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

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.

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

Inspection Employer identification number

13-3615533

OMB No. 1545-0047

2016

Open to Public

No

Name of the organization

Department of the Treasury

Internal Revenue Service

SCHEDULE I (Form 990)

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

Part II Grants and Other Assistance to 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.

1 (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) THE ARNOLD GOLD FOUNDATION							
619 PALISADE AVE. ENGLEWOOD CL., NJ 07632	22-3052098	501(C)(3)	135,736.				SUPPORT
(2) THE ASPEN INSTITUTE - ALLIANCE FOR ARTISAN							
1 DUPONT CIR. NW WASHINGTON, DC 20036	52-2042014	501(C)(3)	40,000.				SUPPORT
(3) THE BOT OF LELAND STANFORD JR. UNI.							
326 GALVEZ ST. STANFORD, CA 94305	94-1156365	501(C)(3)	577,290.				SUPPORT
(4) THE BOOKS FOR KIDS FOUNDATION							
440 PARK AVE. S. NEW YORK, NY 10016	13-3539811	501(C)(3)	25,000.				SUPPORT
(5) THE BREARLEY SCHOOL							
610 E. 83RD ST. NEW YORK, NY 10028-7988	13-1623915	501(C)(3)	10,000.				SUPPORT
(6) THE BRIDGE FUND							
1730 RI AVE. NW WASHINGTON, DC 20036	91-2144422	501(C)(3)	672,188.				SUPPORT
(7) THE BUCKLEY SCHOOL							
113 EAST 73RD STREET NEW YORK, NY 10021	13-1837409	501(C)(3)	40,000.				SUPPORT
(8) THE CANTATA SINGERS, INC.							
729 BOYLSTON ST. BOSTON, MA 02116	04-6138594	501(C)(3)	30,000.				SUPPORT
(9) THE CORNERSTONE SCHOOL, INC.							
2313 LAKE WEIR AVE. OCALA, FL 34471	59-2217451	501(C)(3)	7,400.				SUPPORT
(10) THE EDUCATION TRUST							
306 S. WA ST. ROYAL OAK, MI 48067	52-1982223	501(C)(3)	100,000.				SUPPORT
(11) THE ENGLISH CONCERT IN AMERICA, INC.							
207 DEPEW ST. DUMONT, NJ 07628	26-4409640	501(C)(3)	10,000.				SUPPORT
(12) THE FINANCIAL CLINIC							
115 W. 30TH ST. NEW YORK, NY 10001	76-0833915	501(C)(3)	30,000.				SUPPORT
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list 	•	•					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

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.

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

Internal Revenue Service

Department of the Treasury

SCHEDULE I (Form 990)

Employer identification number 13-3615533

OMB No. 1545-0047

2016

Open to Public

Inspection

No

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

Part I General Information on Grants and Assistance

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?
 X Yes

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.

1 (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) THE MOUNTAIN SCHOOL OF MILTON ACADEMY							
151 MOUNTAIN RD. VERSHIRE, VT 05079	04-2103603	501(C)(3)	10,000.				SUPPORT
(2) THE MUSEUM OF MODERN ART							
11 WEST 53RD STREET NEW YORK, NY 10019	13-1624100	501(C)(3)	70,000.				SUPPORT
(3) THE NATURE CONSERVANCY OF CALIFORNIA							
201 MISSION STREET SAN FRANCISCO, CA 94105	20-5797732	501(C)(3)	425,793.				SUPPORT
(4) THE NBHD. DEFENDER SVC OF HARLEM							
317 LENOX AVE. NEW YORK, NY 10027	06-1296692	501(C)(3)	50,000.				SUPPORT
(5) THE OHIO STATE UNIVERSITY FDN.							
473 W 12TH AVE. COLUMBUS, OH 43202	31-1145986	501(C)(3)	88,370.				SUPPORT
(6) THE OLANA PARTNERSHIP							
P.O. BOX 199 HUDSON, NY 12534	14-1828430	501(C)(3)	21,500.				SUPPORT
(7) THE PARRISH ART MUSEUM							
279 MONTAUK HIGHWAY WATERMILL, NY 11976	11-1782495	501(C)(3)	25,000.				SUPPORT
(8) THE PARTNERSHIP FOR THE HOMELESS							
305 SEVENTH AVE. NEW YORK, NY 10001-6008	13-3732698	501(C)(3)	35,000.				SUPPORT
(9) THE PEW CHARITABLE TRUSTS							
901 E ST. N.W. WASHINGTON, DC 20004	56-2307147	501(C)(3)	250,000.				SUPPORT
(10) THE SYNERGOS INSTITUTE, INC.							
3 E. 54TH ST. NEW YORK, NY 10022	13-3392006	501(C)(3)	369,500.				SUPPORT
(11) TIBET FUND							
241 E. 32ND STREET NEW YORK, NY 10016	13-3115145	501(C)(3)	10,500.				SUPPORT
(12) THE PURELAND PROJECT							
5007 CEDAR AVE. PHILADELPHIA, PA 19143	27-4042809	501(C)(3)	13,814.				SUPPORT
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations list	-	-					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

SCHEDULE I	
(Form 990)	

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

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

Employer identification number 13-3615533

OMB No. 1545-0047

2016

Open to Public

Inspection

No

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

Part I General Information on Grants and Assistance

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?
 X Yes

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.

1 (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) THEODORE ROOSEVELT CONSERVATION PSHIP							
1660 L ST. NW WASHINGTON, DC 20036	04-3706385	501(C)(3)	10,000.				SUPPORT
(2) THUNDER VALLEY COMM. DEV. CORP.							
290 EMPOWERMENT DR. PORCUPINE, SD 57772	20-8090454	501(C)(3)	500,000.				SUPPORT
(3) TOWN OF GREENBURGH							
177 HILLSIDE AVENUE GREENBURGH, NY 10607	13-6198294	501(C)(3)	10,000.				SUPPORT
(4) TRAINING RESOURCES FOR THE ENV. COMM.							
600 AGUA FRIA STREET SANTE FE, NM 87501	91-1919141	501(C)(3)	506,698.				SUPPORT
(5) TRUSTEES OF BOSTON UNIVERSITY							
232 BAYSTATE ROAD BOSTON, MA 02215	04-2103547	501(C)(3)	20,546.				SUPPORT
(6) UNION CAPITAL BOSTON							
3353 WA ST. JAMAICA PLAIN, MA 02130	47-1136081	501(C)(3)	60,000.				SUPPORT
(7) UNITARIAN CHURCH OF ALL SOULS							
1157 LEXINGTON AVE. NEW YORK, NY 10075	13-1782493	501(C)(3)	35,000.				SUPPORT
(8) UNITED NATIONS DEVELOPMENT PROGRAMME							
ONE UNITED NATIONS PL. NEW YORK, NY 10017	13-2626199	501(C)(3)	746,227.				SUPPORT
(9) UNITED TEEN EQUALITY CENTER							
15 WARREN STREET, #3 LOWELL, MA 01852	38-3669532	501(C)(3)	60,000.				SUPPORT
(10) UNITED WAY OF BUFFALO & ERIE COUNTY							
742 DELAWARE AVE. BUFFALO, NY 14209	16-0743969	501(C)(3)	60,000.				SUPPORT
(11) UNIVERSITY HOSPITALS OF CLEVELAND							
11100 EUCLID AVE. CLEVELAND, OH 44106	34-6512673	501(C)(3)	44,185.				SUPPORT
(12) UNIVERSITY OF ALABAMA AT BIRMINGHAM							
1900 UNIVERSITY BLVD. BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	44,185.				SUPPORT
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations list	•	•					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 000. Part IV, line 21 or 22

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

► Attach to Form 990.

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

Name of the organization

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number 13-3615533

OMB No. 1545-0047

2016

Open to Public

Inspection

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

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 X Yes the selection criteria used to award the grants or assistance? 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.

1 (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) UNIVERSITY OF CALIFORNIA, SAN DIEGO							
9434 MEDICAL CTR. DR. LA JOLLA, CA 92037	95-6006144	501(C)(3)	88,150.				SUPPORT
(2) UNIVERSITY OF FLORIDA							
1600 SW ARCHER RD. GAINESVILLE, FL 32610	59-0974739	501(C)(3)	44,185.				SUPPORT
(3) UNIVERSITY OF KENTUCKY RESEARCH FDN.							
900 S. LIMESTONE CLEVELAND, KY 40536	61-6033693	501(C)(3)	44,185.				SUPPORT
(4) UNIVERSITY OF MARYLAND BALTIMORE FDN.							
620 W.LEXINGTON ST. BALTIMORE, MD 21201	31-1678679	501(C)(3)	25,000.				SUPPORT
(5) UNIVERSITY OF N. CAROLINA AT CHAPEL HILL							
160 DENTAL CIR. CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	44,185.				SUPPORT
(6) UNIVERSITY OF PITTSBURGH PHYSICIANS							
200 LOTHROP ST. PITTSBURGH, PA 15213	23-2919472	501(C)(3)	44,185.				SUPPORT
(7) UNIVERSITY OF SOUTH CAROLINA EDU. FDN.							
910 SUMTER ST. COLUMBIA, SC 29208	57-6017985	501(C)(3)	10,000.				SUPPORT
(8) UNIVERSITY OF SOUTHERN CALIFORNIA							
1510 SAN PABLO ST. LOS ANGELES, CA 90033	95-1642394	501(C)(3)	24,186.				SUPPORT
(9) UNIVERSITY OF UTAH							
75 S. 2000 E. SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	44,185.				SUPPORT
(10) UNIVERSITY OF WASHINGTON							
4333 BROOKLYN AVE. NE SEATTLE, WA 98195	94-3079432	501(C)(3)	88,370.				SUPPORT
(11) URBAN JUSTICE CENTER							
123 WILLIAM ST. NEW YORK, NY 10038	13-3442022	501(C)(3)	50,000.				SUPPORT
(12) URBAN LEAGUE OF GREATER NEW ORLEANS							
4740 CARROLLTON AVE. NEW ORLEANS, LA 70119	72-0423627	501(C)(3)	50,000.				SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tak	ole			
3 Enter total number of other organizations list	sted in the line	1 table	<u></u>	<u></u>	<u></u>	<u></u> . ►	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

SCHEDULE I	
(Form 990)	

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.

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

Inspection Employer identification number

OMB No. 1545-0047

2016

Open to Public

Internal Revenue Service

Department of the Treasury

13-3615533

ROCKEFELLER PHILANTHROPY ADVISORS, INC. Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

Part II Grants and Other Assistance to 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.

1 (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) URBAN STRATEGIES COUNCIL							
1720 BDWY. 2ND FL. OAKLAND, CA 94612	94-3044453	501(C)(3)	82,700.				SUPPORT
(2) USA FOR UNHCR							
259 W. 30TH ST. 16TH FL. NEW YORK, NY 10001	52-1662800	501(C)(3)	15,000.				SUPPORT
(3) UTAH DINÉ BIKÉYAH							
352 S. DENVER ST. SALT LAKE CITY, UT 84111	61-1729917	501(C)(3)	400,000.				SUPPORT
(4) VT PUBLIC INTEREST RESEARCH & EDU. FUND							
141 MAIN ST. MONTPELIER, VT 05602-2916	51-0163801	501(C)(3)	6,000.				SUPPORT
(5) VERMONT STUDIO CENTER, INC.							
P.O. BOX 613 JOHNSON, VT 05656	22-2478074	501(C)(3)	30,000.				SUPPORT
(6) VILLAGE FOR FAMILIES & CHILDREN							
1680 ALBANY AVE. HARTFORD, CT 06105	06-0668594	501(C)(3)	60,000.				SUPPORT
(7) VIRGIN UNITE USA							
65 BLEECKER ST. NEW YORK, NY 10012	20-3963486	501(C)(3)	40,000.				SUPPORT
(8) VOLUNTEERS IN ASIA							
1663 MISSION ST. SAN FRANCISCO, CA 94103	94-1622372	501(C)(3)	25,000.				SUPPORT
(9) WAKE FOREST UNIVERSITY HEALTH SCIENCES							
1 MEDICAL CTR. WINSTON-SALEM, NC 27157	22-3849199	501(C)(3)	85,768.				SUPPORT
(10) WARM COOKIES OF THE REVOLUTION							
576 GILPIN STREET DENVER, CO 80218	45-5150898	501(C)(3)	325,000.				SUPPORT
(11) WARREN CITY SCHOOLS							
105 HIGH STREET WARREN, OH 44481	34-6002975	501(C)(3)	50,000.				SUPPORT
(12) WASHINGTON OFFICE ON LATIN AMERICA, INC.							
1666 CT AVE. NW WASHINGTON, DC 20009	52-1249353	501(C)(3)	50,000.				SUPPORT
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list 	•	•					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

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.

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

Name of the organization

Department of the Treasury

Internal Revenue Service

SCHEDULE I (Form 990)

Employer identification number 13-3615533

OMB No. 1545-0047

2016

Open to Public

Inspection

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

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 X Yes the selection criteria used to award the grants or assistance? 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.

1 (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) WASHINGTON PROGRESS ALLIANCE							
1402 3RD AVE. SEATTLE, WA 98101	20-4258530	501(C)(4)	17,000.				SUPPORT
(2) WA UNIVERSITY SCHOOL OF MEDICINE							
660 S. EUCLID AVE. ST. LOUIS, MO 63110	43-0653611	501(C)(3)	44,185.				SUPPORT
(3) WASHOE COUNTY SCHOOL DISTRICT							
425 EAST 9TH STREET RENO, NV 89520	88-6000919	501(C)(3)	10,000.				SUPPORT
(4) WAYNFLETE SCHOOL							
360 SPRING STREET PORTLAND, ME 04102	01-0211565	501(C)(3)	200,000.				SUPPORT
(5) WEILL CORNELL MEDICAL COLLEGE							
1300 YORK AVE. NEW YORK, NY 10065	15-0532082	501(C)(3)	44,185.				SUPPORT
(6) WELLESLEY COLLEGE							
160 CENTRAL ST. WELLESLEY, MA 02181	04-2103637	501(C)(3)	10,000.				SUPPORT
(7) WENDELL GILLEY MUSEUM OF BIRD CARVING							
4 HERRICK RD. SOUTHWEST HARBOR, ME 04679	01-0368574	501(C)(3)	40,750.				SUPPORT
(8) WILLIAM BEAUMONT HOSPITAL							
3601 W. 13 MILE RD, ROYAL OAK, MI 48073	38-1459362	501(C)(3)	44,185.				SUPPORT
(9) WOMEN MAKE MOVIES							
115 WEST 29TH ST. NEW YORK, NY 10001-5059	13-2740460	501(C)(3)	115,000.				SUPPORT
(10) WOMEN'S FUNDING NETWORK							
156 2ND STREET SAN FRANCISCO, CA 94111	41-1685134	501(C)(3)	350,000.				SUPPORT
(11) WOODROW WILSON INT. CTR. FOR SCHOLARS							
1300 PA AVE. NW WASHINGTON, DC 20004-3027	52-1067541	501(C)(3)	50,000.				SUPPORT
(12) WORKING AMERICA							
815 16TH ST. NW WASHINGTON, DC 20036	20-0263611	501(C)(4)	20,000.				SUPPORT
2 Enter total number of section 501(c)(3) and	•	•					
3 Enter total number of other organizations li	sted in the line	1 table	<u></u>	<u></u>	<u></u>	<u></u> . ►	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

Grants and Other Assistance to Organizations,	1
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.

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

Inspection Employer identification number

OMB No. 1545-0047

20**16** Open to Public

Internal Revenue Service

Department of the Treasury

SCHEDULE I

(Form 990)

13-3615533

Part I General Information on Grants and Assistance

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

Part II Grants and Other Assistance to 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.

1 (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) WORLD MEDIA FOUNDATION							
P.O. BOX 990007 BOSTON, MA 02199	04-3150786	501(C)(3)	30,000.				SUPPORT
(2) WORLD WILDLIFE FUND, INC.							
1250 24TH ST. NW WASHINGTON, DC 20037-1193	52-1693387	501(C)(3)	930,235.				SUPPORT
(3) WORLDCOVER							
40 W. 25TH ST., 8TH FL. NEW YORK, NY 10010	47-4664169	501(C)(3)	25,000.				SUPPORT
(4) WORLDWIDE FISTULA FUND							
1100 E. WOODFIELD RD. SCHAUMBURG, IL 60173	30-0139210	501(C)(3)	7,500.				SUPPORT
(5) YALE UNIVERSITY							
P.O. BOX 2038 NEW HAVEN, CT 06521-2038	06-0646973	501(C)(3)	13,500.				SUPPORT
(6) YOUTH REPRESENT, INC.							
11 PARK PL. STE. 1512 NEW YORK, NY 10007	20-8034010	501(C)(3)	50,000.				SUPPORT
(7) OLD STONE MILL CENTER LLC							
494 STAGE RD. CUMMINGTON, MA 01026	47-4650899	501(C)(3)	319,000.				SUPPORT
(8) THE MAGDALEN ENVIRONMENTAL TRUST							
UNITED KINGDOM UK			10,000.				SUPPORT
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and	d government	 organizations lis	l sted in the line 1 tal	 ple			373.
3 Enter total number of other organizations li	-	-					8.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016)

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GRANTS TO INDIVIDUALS	2.	31,852.			
2					
3					
4					
5					
6					
7					

PART I, LINE 2

ROCKEFELLER PHILANTHROPY ADVISORS INC. HAS A STRONG COMMITMENT TO

ACCOUNTABILITY AND SOUND GOVERNANCE, AS EXPRESSED IN ITS BY-LAWS AND

BOARD OF DIRECTORS POLICIES AND PROCEDURES. TO REDUCE THE LIKELIHOOD THAT

GRANTS RECOMMENDED OR ADMINISTERED BY ROCKEFELLER PHILANTHROPY ADVISORS,

INC., WILL BE DIVERTED FOR INAPPROPRIATE PURPOSES, THE ORGANIZATION HAS

ADOPTED GENERAL PRINCIPLES, PRACTICES, AND DUE DILIGENCE PROCEDURES THAT

INCLUDE COMPLIANCE WITH IRS GUIDELINES AND OTHER INDUSTRY BEST PRACTICES

AND MORE SPECIFICALLY INCLUDE THE FOLLOWING:

1. CHARITABLE PURPOSE AND INTENT

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.

1 1 1 1 1 2 1 1 1 1 3 1 1 1 1 4 1 1 1 1 5 1 1 1 1	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	2					
4	3					
5	4					
	5					
j	3					
art IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional	7					

information.

2. ANTI-TERRORISM SCREEN

3. VERIFICATION OF EXEMPT STATUS

4. RISK ASSESMENT AND IF NECESSARY MORE DETAILED REVIEW

5. WRITTEN AGREEMENTS

6. POST GRANT MONITORING FOR COMPLIANCE BASED ON INDIVIDUAL CIRCUMSTANCES

FOR BOTH PROGRAM AND FINANCIAL REPORTING.

ALL GRANTS ISSUED BY ROCKEFELLER PHILANTHROPY ADVISORS ARE GENERAL

SUPPORT GRANTS; TO THE EXTENT ANY ADDITIONAL INFORMATION IS REQUIRED

ABOUT A SPECIFIC GRANT, THAT INFORMATION IS AVAILABLE UPON REQUEST.

	EDULE J	Compen	sation Information	0	/IB No.	1545-0	047		
(Forr	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees			2016					
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					pen to Public		
	nent of the Treasury Revenue Service	► Information about Schedule J (Fo	Attach to Form 990. rm 990) and its instructions is at <i>www.irs.gov/f</i> d		-	ectio			
Name o	of the organization			Employer identification					
ROCK	EFELLER PH	HILANTHROPY ADVISORS, INC.		13-3615533					
Part	Question	ns Regarding Compensation							
						Yes	No		
1a			ovided any of the following to or for a perso						
			provide any relevant information regarding						
		ss or charter travel	Housing allowance or residence for p						
		or companions	Payments for business use of person						
		emnification and gross-up payments	Health or social club dues or initiation						
	Discretio	onary spending account	Personal services (such as, maid, cha	auffeur, chef)					
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy re- penses described above? If "No," com	plete Part III to					
•	explain			· · · · · · · · · · ·	1b				
2	•		to reimbursing or allowing expenses D/Executive Director, regarding the items						
					2				
2				n of the	-				
3			nization used to establish the compensatio at apply. Do not check any boxes for method						
			e CEO/Executive Director, but explain in Pa						
		sation committee	Written employment contract						
	X Indepen	dent compensation consultant	X Compensation survey or study						
	·	00 of other organizations	X Approval by the board or compensat	tion committee					
4	During the ve	ar did any person listed on Form 990	Part VII, Section A, line 1a, with respect to	the filing					
-		or a related organization:		the ming					
а	Receive a sev	verance payment or change-of-control p	ayment?		4a		X		
b	Participate in,	, or receive payment from, a suppleme	ental nonqualified retirement plan?		4b		X		
С	-		ased compensation arrangement?		4c		X		
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each ite	em in Part III.					
	Only continn	F(1/2)(2) $F(1/2)(4)$ and $F(1/2)(20)$ at	rachizationa must complete lines 5.0						
5	-		rganizations must complete lines 5-9. , line 1a, did the organization pay or accrue a						
5	•	n contingent on the revenues of:	, line ra, did the organization pay of accide a	arry					
а		•			5a		х		
					5a 5b		X		
-	•	e 5a or 5b, describe in Part III.							
6			, line 1a, did the organization pay or accrue a	any					
	•	n contingent on the net earnings of:		-					
а					6a		Х		
b	Any related of	rganization?			6b		Х		
	If "Yes" on lin	e 6a or 6b, describe in Part III.							
7	For persons	listed on Form 990, Part VII, Sectio	on A, line 1a, did the organization provi	de any nonfixed					
			escribe in Part III		7	X			
8			paid or accrued pursuant to a contract tha		1				
			Regulations section 53.4958-4(a)(3)? If						
-					8		X		
9		.	low the rebuttable presumption procedu		_				
F a b					9				
FOL Pa	iperwork Keauc	ction Act Notice, see the Instructions for Fo	UIII 33U.	Schedu	ne J (FC	orm 880	J)∠U16		

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 aren't 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 o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MELISSA A. BERMAN	(i)	345,000.	30,000.	0.	22,550.	29,061.	426,611.	0.
1 ^{PRESIDENT AND CEO}	(ii)	0.	0.	0.	0.	0.	0.	0.
CHRIS B. PAGE	(i)	296,095.	42,560.	0.	23,850.	19,944.	382,449.	0.
2 ^{EXECUTIVE VICE PRESIDENT}	(ii)	0.	0.	0.	0.	0.	0.	0.
WALTER SWEET	(i)	192,146.	21,300.	0.	19,210.	28,588.	261,244.	0.
3VICE PRESIDENT&CORP SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
YOLANDA A. ARIAS-BROWNE	(i)	190,546.	23,023.	0.	19,144.	19,616.	252,329.	0.
4 ^{VP OF HR & ASST. CORP. SEC.}	(ii)	0.	0.	0.	0.	0.	0.	0.
JEFFREY A. NESBIT	(i)	261,906.	0.	0.	23,572.	984.	286,462.	0.
5 ^{EXEC. DIRECTOR, SPONSORED PROJ}	(ii)	0.	0.	0.	0.	0.	0.	0.
NICHOLAS HODGES	(i)	258,336.	36,300.	0.	15,900.	19,826.	330,362.	0.
6 ^{SENIOR VICE PRESIDENT/COO}	(ii)	0.	0.	0.	0.	0.	0.	0.
TINA MARIE BEYERS	(i)	182,875.	24,570.	0.	18,670.	16,881.	242,996.	0.
7VICE PRESIDENT AND CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
JANE M. LEVIKOW	(i)	191,576.	19,285.	0.	18,967.	10,489.	240,317.	0.
8VP SPONSORED PROJECTS & FUNDS	(ii)	0.	0.	0.	0.	0.	0.	0.
ANDREW GEORGE SALKIN	(i)	265,937.	0.	0.	23,680.	2,204.	291,821.	0.
9SENIOR VP SPONSORED PROJECT	(ii)	0.	0.	0.	0.	0.	0.	0.
BRYNA ANNE LIPPER	(i)	276,875.	0.	0.	23,850.	10,151.	310,876.	0.
10 ^{SR. VP SPONSORED PROJECTS}	(ii)	0.	0.	0.	0.	0.	0.	0.
DARLENE CURLEY JACKSON	(i)	264,000.	0.	0.	18,744.	986.	283,730.	0.
11 ^{CEO & DIR. SPONSORED PROJECTS}	(ii)	0.	0.	0.	0.	0.	0.	0.
ELIZABETH YEE	(i)	260,937.	0.	0.	21,188.	981.	283,106.	0.
12VICE PRES. SPONSORED PROJECTS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
13	(ii)							
	(i)							
_14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

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.

PART I, LINE 7

RPA HAS A PERFORMANCE BASED INCENTIVE COMPENSATION PLAN. EMPLOYEES OF

RPA CAN EARN INCENTIVE COMPENSATION IF THEY MEET THE CRITERIA OUTLINED IN

THEIR WORK PLANS. THESE WORK PLANS ARE REVIEWED AND APPROVED BY EACH

EMPLOYEE'S RESPECTIVE SUPERIORS AND RPA'S CEO.

THE CEO IS ELIGIBLE TO PARTICIPATE IN THE INCENTIVE COMPENSATION PLAN AS

WELL; HOWEVER, MS. BERMAN'S WORK PLAN IS REVIEWED BY THE BOARD OF

DIRECTORS AND HER BONUS IS REVIEWED AND APPROVED BY THE BOARD (AND SHE

RECUSES HERSELF FROM THOSE DELIBERATIONS).

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public

Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

r

1	3-	31	61	5	57	23

Par	t 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				
Ŭ	goods.				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	46.	1,907,231.	FMV
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 ►()				
29	Number of Forms 8283 received				
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	ement	29
• •	_				Yes No
30a	During the year, did the organizat				-
	28, that it must hold for at least th				
	to be used for exempt purposes for		olding period?		30a X
	If "Yes," describe the arrangement i				
31	Does the organization have a				
20-	contributions? Does the organization hire or use				
32a	_	-			
L	contributions?				32a X
	If "Yes," describe in Part II.	omount in -	olumn (a) for a time of the	north for which column (-)	
33	If the organization didn't report an describe in Part II.	amount in C	column (c) for a type of pro	perty for which column (a)	is checked,
For P	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990		Schedule M (Form 990) (2016)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2016)

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.

PART I, LINE 31

ROCKEFELLER PHILANTHROPY ADVISORS RESERVES THE RIGHT TO DECLINE ANY CONTRIBUTION THAT IS UNACCEPTABLE TO THE ORGANIZATION, TO VERIFY THE SOURCE OF ANY NONCASH CONTRIBUTIONS, AND IN THE CASE OF NONMARKETABLE ASSETS, REQUIRE AN INDEPENDENT APPRAISAL TO DETERMINE THE FAIR MARKET VALUE OF THE ITEM.

PART I, LINE 32B

THE ORGANIZATION USES JP MORGAN CHASE TO RECEIVE AND SELL DONATED

SECURITIES.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.



Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.ii	rs.gov/form990. Inspection
Name of the organization		Employer identification number
ROCKEFELLER PHILAN	THROPY ADVISORS, INC.	13-3615533

FORM 990, PART VI, SECTION A, LINE 2 MICHAEL ROCKEFELLER AND PETER ROCKEFELLER HAVE A FAMILY RELATIONSHIP. STEVEN WAYNE AND VALERIE ROCKEFELLER WAYNE HAVE A FAMILY RELATIONSHIP.

PROCESS USED TO REVIEW FORM 990

PART VI, SECTION B - QUESTION 11B

RPA HIRES AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND REVIEW THE ORGANIZATION'S FORM 990 BASED ON INFORMATION PROVIDED BY RPA'S ACCOUNTING STAFF. A COPY OF THE FORM 990 IS DISTRIBUTED TO THE ORGANIZATION'S AUDIT COMMITTEE FOR REVIEW PRIOR TO FILING WITH THE IRS. A COPY OF THE FORM 990 IS DISTRIBUTED TO THE FULL BOARD OF DIRECTORS ONCE THE AUDIT COMMITTEE HAS APPROVED IT FOR FILING.

PART VI, SECTION B - QUESTION 12C

THE SECRETARY OF RPA ANNUALLY CIRCULATES A DISCLOSURE FORM FOR DIRECTORS AND STAFF TO LIST ORGANIZATIONS IN WHICH EITHER THE DIRECTOR, STAFF OR EITHER OF THEIR SPOUSES OR CHILDREN PLAY A FIDUCIARY OR LEADING ROLE. IN ADDITION, DIRECTORS AND STAFF WILL LIST THOSE ORGANIZATIONS IN WHICH THEY, A SPOUSE OR A CHILD HOLD A SIGNIFICANT FINANCIAL INTEREST AND WHICH HAVE A BUSINESS RELATIONSHIP WITH RPA. ON THE SAME FORM, DIRECTORS AND STAFF ACKNOWLEDGE THAT THEY UNDERSTAND AND ADHERE TO RPA'S CONFLICT OF INTEREST POLICY AND PROCEDURE. DIRECTORS AND STAFF WILL INFORM THE SECRETARY OF RPA OF ANY CHANGES OR NEW RELATIONSHIPS. IF A POTENTIAL CONFLICT EXISTS, INVOLVED PARTIES WILL DISCLOSE THE POTENTIAL CONFLICT

Schedule O (Form 990 or 990-EZ) 2016	Page	2
Name of the organization	Employer identification number	
ROCKEFELLER PHILANTHROPY ADVISORS, INC.	13-3615533	

AND EXCUSE THEMSELVES FROM DISCUSSION OR ANY VOTE RELATED TO THE MATTER.

PART VI, SECTION B - QUESTIONS 15A & 15B

RPA IS COMMITTED TO RECRUITING, RETAINING, AND MOTIVATING HIGHLY QUALIFIED AND HIGH-PERFORMING STAFF, AND PROVIDING A MARKET COMPETITIVE COMPENSATION AND BENEFITS PACKAGE, LINKED TO THE SUCCESS OF THE INDIVIDUAL, THE ORGANIZATION AND ITS MISSION-DRIVEN OUTCOMES. RPA PRIMARILY COMPARES ITS COMPENSATION TO THE LARGER FOUNDATIONS IN THE NEW YORK CITY REGION AS WELL AS TO SMALL TO MID-SIZE CONSULTING ORGANIZATIONS NATIONWIDE, WHILE ALSO MONITORING PRACTICES AND TRENDS IN THE BROADER NONPROFIT AND GENERAL EMPLOYMENT MARKETS. RPA IS COMMITTED TO BOTH EXTERNAL COMPETITIVENESS AND INTERNAL EQUITY FOR ITS COMPENSATION PROGRAM PRACTICES.

EMPLOYEE POLICIES:

RPA'S PERFORMANCE AND COMPENSATION PLANS, INCLUDING BUDGETS ARE APPROVED ANNUALLY BY THE BOARD OF DIRECTORS. THE FOLLOWING IS A SUMMARY OF THE GENERAL PRINCIPLES ON WHICH RPA'S PERFORMANCE ASSESSMENT AND COMPENSATION PROCESSES ARE BASED. PERFORMANCE REVIEW AND COMPENSATION DECISIONS AT RPA ARE MADE ON THE BASIS OF A BOARD-APPROVED PERFORMANCE APPRAISAL FORM, WHICH ESTABLISHES PERFORMANCE STANDARDS AND IMPORTANT VALUES THAT ARE EXPECTED OF ALL EMPLOYEES. AT THE BEGINNING OF EACH CALENDAR YEAR, EACH RPA EMPLOYEE DEVELOPS A PERFORMANCE PLAN THAT HIS/HER SUPERVISOR AND THE PRESIDENT OF RPA MUST APPROVE. ELIGIBLE EMPLOYEES ALSO ESTABLISH SPECIFIC GOALS FOR INCENTIVE COMPENSATION (BONUS) PAYMENTS. AT THE END OF THE CALENDAR YEAR, AN EMPLOYEE AND HIS/HER SUPERVISOR REVIEW HOW THE

Schedule O (Form 990 or 990-EZ) 2016	Page 2
Name of the organization	Employer identification number
ROCKEFELLER PHILANTHROPY ADVISORS, INC.	13-3615533

EMPLOYEE HAS PERFORMED AGAINST THIS PLAN AND THE PERFORMANCE STANDARDS. SUPERVISORS COMPLETE THE PERFORMANCE APPRAISAL FORM IN WRITING, AND RECOMMEND SALARY INCREASES (AS WELL AS INCENTIVE PAYMENTS FOR ELIGIBLE EMPLOYEES) BASED ON PERFORMANCE. BOTH SUPERVISOR AND EMPLOYEE MUST SIGN THE PERFORMANCE APPRAISAL FORM. SALARY ADJUSTMENTS AND BONUS PAYMENTS MUST BE APPROVED BY THE PRESIDENT OF RPA.

PART VI, SECTION C - QUESTION 19

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS. THE FORM 990 IS LIKEWISE PUBLISHED ON THE INTERNET AT WWW.GUIDESTAR.ORG. THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT ORDINARILY MADE AVAILABLE TO THE PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION.

FORM 990, PART XI, LINE 9	
DIVESTITURE OF SPONSORED PROJECT	(\$1,816,668)
PENSION RELATED COSTS	(\$ 61,057)
TOTAL	(\$1,877,725)

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

ROCKEFELLER PHILANTHROPY ADVISORS (RPA) AIMS TO ENCOURAGE THOUGHTFUL, EFFECTIVE PHILANTHROPY THROUGHOUT THE WORLD. TO THIS END, RPA DEVELOPS, AND MANAGES CHARITABLE PROGRAMS; CONDUCTS RESEARCH, AUTHORS PUBLICATIONS AND PROVIDES GUIDANCE ON CHARITABLE GIVING AND PHILANTHROPY; AND OFFERS PROGRAMMATIC, ADMINISTRATIVE AND

Schedule O (Form 990 or 990-EZ) 2016	Page 2
Name of the organization	Employer identification number
ROCKEFELLER PHILANTHROPY ADVISORS, INC.	13-3615533
	ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

GRANT-MAKING SUPPORT TO DONORS, ASSISTING INDIVIDUALS, INSTITUTIONS, GOVERNMENT AGENCIES AND GROUPS IN ACHIEVING THEIR PHILANTHROPIC GOALS. CURRENTLY, RPA WORKS WITH MORE THAN 540 DONORS, FACILITATING APPROXIMATELY \$200 MILLION IN GRANTS AND SOCIAL INVESTMENTS TO MORE THAN 40 COUNTRIES IN AFRICA, ASIA, AUSTRALIA, THE CARIBBEAN, EUROPE, LATIN AMERICAN AND NORTH AMERICA. RPA'S BROAD RANGE OF WORK INCLUDES:

ADVISING DONORS REGARDING THE ARTICULATION AND IMPLEMENTATION
 OF CHARITABLE PROGRAMMING;

 MANAGING A CHARITABLE GIVING FUND TO PROVIDE DONORS WITH A FLEXIBLE, COST-EFFECTIVE WAY TO REACH THEIR CHARITABLE GOALS;
 PROVIDING FISCAL, ADMINISTRATIVE AND PROGRAMMATIC SUPPORT TO INDIVIDUALS AND GROUPS SEEKING TO PURSUE A VARIETY OF SPECIALIZED CHARITABLE PROGRAMMING CONSISTENT WITH THE GENERAL MISSION OF RPA;

4. SERVING AS A THOUGHT-LEADER IN THE PHILANTHROPIC COMMUNITY, AUTHORING PUBLICATIONS AND CONVENING EXPERTS TO DISCUSS CURRENT TOPICS IN PHILANTHROPY AND STRENGTHEN THE SECTOR.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A SPONSORED PROJECTS - RPA'S SPONSORED PROJECT PROGRAM ENABLES INDIVIDUALS AND GROUPS TO PURSUE A VARIETY OF SPECIALIZED CHARITABLE GRANT-MAKING PROJECTS AND ACTIVITIES CONSISTENT WITH

AND

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

Employer identification number 13-3615533

ATTACHMENT 2 (CONT'D)

THE GENERAL MISSION OF RPA.

RPA PROVIDES ADMINISTRATIVE AND PROGRAMMATIC SUPPORT TO ENABLE FUNDERS TO DEVELOP LAUNCH AND PROMOTE HIGH-IMPACT PROJECTS AROUND THE GLOBE. FISCAL SPONSORSHIP SUBSTANTIALLY REDUCES THE COSTS TYPICALLY ASSOCIATED WITH DEVELOPING NONPROFIT GOVERNANCE, MANAGEMENT AND OPERATIONAL INFRASTRUCTURE.

RPA HAS EXTENSIVE EXPERIENCE INCUBATING START-UP, INNOVATIVE AND COMPLEX PROJECTS IN THE U.S AND OVERSEAS. RPA CAN:

1. PROVIDE STRONG ACCOUNTING, HR, FINANCE & IT INFRASTRUCTURE

2. DEVELOP AND MONITOR SOPHISTICATED PROJECT BUDGET AND GRANT REPORTING

3. OFFER RESEARCH, ANALYSIS, GRANTMAKING AND EVALUATION SERVICES

4. ADOPT PROJECT GOVERNANCE STRUCTURES THAT ENGAGE EXTERNAL ADVISORS, FUNDERS AND OTHER PRINCIPALS.

ATTACHMENT 3

FORM 990, PART VI, LINE 17 - STATES

AL,AK,AR,CA,CO,CT, DC,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,

MN,MS,NH,NJ,NM,NY,ND,OH,OK,OR,PA,

RI,SC,TN,UT,VA,WA,WV,WI,

Schedule O (Form 990 or 990-EZ) 2016	Page 2
Name of the organization	Employer identification number
ROCKEFELLER PHILANTHROPY ADVISORS, INC.	13-3615533

ATTACHMENT 4

_

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SAFEGUARD WORLD INTERNATIONAL 108 WILD BASIN ROAD SOUTH, STE. 200 AUSTIN, TX 78746	INT'L PAYROLL SVCS	2,396,455.
BANKABLE FRONTIER ASSOCIATES LLC 259 ELM ST., STE. 200 SOMERVILLE, MA 02144	CONSULTING	1,963,770.
HR&A ADVISORS, INC. 99 HUDSON STREET, 3RD FLOOR NEW YORK, NY 10013	CONSULTING	1,339,393.
AECOM 1999 AVENUE OF THE STARS, STE. 2600 LOS ANGELES, CA 90067	CONSULTING	1,196,141.
MCKINSEY & COMPANY, INC. P.O. BOX 7247-7255 PHILADELPHIA, PA 19170-7255	CONSULTING	1,150,000.

OMB No. 1545-0047

Open to Public

Inspection

6

2

Employer identification number

13-3615533

SCHEDULE R (Form 990)

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.

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

Department of the Treasury Internal Revenue Service Name of the organization

ROCKEFELLER PHILANTHROPY ADVISORS, INC.

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) ARTPLACE AMERICA, LLC 46-4698925					
195 MONTAGUE STREET, 14TH FL. BROOKLYN, NY 11201	ARTS/CULTURE	NY	21,524,530.	36,180,919.	RPA
(2)					
(3)					
(4)					
(5)					
(6)					

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 5 contr enti	12(b)(13) olled
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

JSA

Schedule R (Form 990) 2016

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	g Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) nortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		(k) Percentage ownership
		- country)					Yes	No		Yes	No																											
(1)																																						
(2)																																						
(3)																																						
(4)							-																															
(5)																																						
(6)	_																																					
(7)							-																															
(7)	_																																					

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)	(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?
(1)							Yes No
(2)							
(3)							
(5)							
(6)							
(7)							

JSA 6E1308 1.000

Schedule R (Form 990) 2016

Part	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Par	t IV, line 34, 35b, or 36.			
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Y	es No
	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	ted in Parts II-IV?			
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1	a	
	Gift, grant, or capital contribution to related organization(s)				b	
C	Sift, grant, or capital contribution from related organization(s)			1	c	
d	oans or loan guarantees to or for related organization(s)			1	d	
e	Loans or loan guarantees by related organization(s)			1	e	
0						
f	Dividends from related organization(s)			1	f	
q	Sale of assets to related organization(s)				g	
					<u>y</u> h	
;	Purchase of assets from related organization(s)		• • • • • • • • • • • • • • • •		i	
	Exchange of assets with related organization(s)	• • • • • • • • • • • • • •	• • • • • • • • • • • • • • •			
J	ease of facilities, equipment, or other assets to related organization(s)		• • • • • • • • • • • • • • • •		j	
١.	accord facilities againment or other constantion related accordination (a)				I	
ĸ	ease of facilities, equipment, or other assets from related organization(s)				k	
1	Performance of services or membership or fundraising solicitations for related organization(s)				1	_
m	Performance of services or membership or fundraising solicitations by related organization(s)		• • • • • • • • • • • • • • • •		m	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1	n	_
0	Sharing of paid employees with related organization(s)			1	0	_
-	Reimbursement paid to related organization(s) for expenses				p	
q	Reimbursement paid by related organization(s) for expenses			1	q	_
r	Other transfer of cash or property to related organization(s)			1	r	
S	Other transfer of cash or property from related organization(s).	<u> </u>			s	
2	f the answer to any of the above is "Yes," see the instructions for information on who must complete t	this line, including cove	red relationships and trans	saction thresh	olds.	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d Method of d		ining
	Name of related organization	type (a-s)	Amount involved	amount		
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
JSA		I	Sc	hedule R (For	m 99	0) 2010
6E1309 ⁻	.000			,		

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) (c) Primary activity (state or foreign country)		or foreign income (related,		ed, section uded 501(c)(3)		section total income 501(c)(3)		(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentag ownershi
			sections 512-514)	Yes	No			Yes	No		Yes	No			
)															
)															
)															
)															
1															
)															
)															
)															
)															
)															
)															
)													<u> </u>		
)															
)													-		
)															

JSA 6E1310 1.000 Schedule R (Form 990) 2016

Schedule R (Form 990) 2016

Page 5

 Part VII
 Supplemental Information

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