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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 **and ending** JUN 30, 2010

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

Please use IRS label or print or type. See Specific Instruc-tions.

C Name of organization
RESEARCH FOUNDATION OF CUNY

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
230 WEST 41ST STREET

City or town, state or country, and ZIP + 4
NEW YORK, NY 10036

D Employer identification number
13-1988190

E Telephone number
212-417-8503

G Gross receipts $ 445,794,232.

F Name and address of principal officer: EDWARD S. KALAYDJIAN
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.RFCUNY.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1963 **M** State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: PROVIDE POST AWARD ADMINISTRATION OF SPONSORED PROGRAMS FOR CUNY AND OTHER NON-PROFIT

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of employees (Part V, line 2a)	5	11355
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	<258,820.>
b	Net unrelated business taxable income from Form 990-T, line 34	7b	<258,820.>

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	387,225,082.	410,148,886.
9	Program service revenue (Part VIII, line 2g)	23,844,741.	25,483,618.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,524,577.	581,858.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<2,233,127.>	<2,404,706.>
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	410,361,273.	433,809,656.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	23,156,797.	24,269,835.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	233,359,418.	247,474,242.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	601,302.	430,680.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 430,680.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	151,951,981.	161,852,303.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	409,069,498.	434,027,060.
19	Revenue less expenses. Subtract line 18 from line 12	1,291,775.	<217,404.>

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	259,881,064.	277,995,459.
21	Total liabilities (Part X, line 26)	286,659,827.	306,586,592.
22	Net assets or fund balances. Subtract line 21 from line 20	<26,778,763.>	<28,591,133.>

Part II Signature Block

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

Sign Here

▶ Signature of officer Date

▶ EDWARD S. KALAYDJIAN, CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Date Check if self-employed ▶ ☐ Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
▶ J.H. COHN LLP
1212 6TH AVENUE
NEW YORK, NY 10036

EIN ▶

Phone no. ▶ 212-297-0400

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
THE RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK (THE FOUNDATION) IS A PRIVATE, NOT-FOR-PROFIT EDUCATIONAL CORPORATION CHARTERED BY THE STATE OF NEW YORK IN 1963. ALTHOUGH THE FOUNDATION PERFORMS A VARIETY OF SERVICES FOR THE CITY UNIVERSITY OF NEW YORK

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses $ 139,417,934. including grants of $ 6,891,883.) (Revenue $ 8,975,459.)
RESEARCH: THE PURPOSE OF A RESEARCH AWARD IS TO STUDY, INVESTIGATE, OR EXPERIMENT IN A PARTICULAR DISCIPLINE OR AREA OF STUDY IN ORDER TO PRODUCE NEW KNOWLEDGE. RESEARCH PROJECTS ADMINISTERED BY THE FOUNDATION ENCOMPASS RESEARCH IN THE PHYSICAL SCIENCES, BEHAVIORAL AND SOCIAL SCIENCES AND IN THE HUMANITIES. SOME OF THE DIFFERENT AREAS OF STUDY IN THE PHYSICAL SCIENCES INCLUDE ULTRA-FAST PHOTONICS, PHYSICOCHEMICAL HYDRO DYNAMICS AND FLUID MECHANICS, VIDEO PHONETICS, BIOCHEMISTRY, PHARMACOLOGY, GENETICS, STUDIES ON EVOLUTION, ENVIRONMENTAL RESEARCH, AND COMPUTER SCIENCE TECHNOLOGY. RESEARCH IS CONDUCTED IN MANY AREAS IN THE BEHAVIORAL AND SOCIAL SCIENCES, AND IN THE ARTS AND HUMANITIES SUCH AS ECONOMICS, ETHNIC STUDIES, HISTORY, POLITICAL SCIENCE, URBAN AFFAIRS, SOCIOLOGY, AS WELL AS ART HISTORY AND

4b (Code:) (Expenses $ 100,964,578. including grants of $ 6,273,524.) (Revenue $ 6,039,278.)
TRAINING: TRAINING AWARDS ARE GIVEN TO UPGRADE THE LEVEL OF COMPETENCE IN A SPECIFIC AREA. THE FOUNDATION ADMINISTERS NUMEROUS TRAINING PROGRAMS IN THE SCIENCE AND TECHNOLOGY FIELDS. SOME EXAMPLES OF THE OTHER TYPES OF TRAINING PROJECTS ADMINISTERED BY THE FOUNDATION INCLUDE TEACHER TRAINING, VOCATIONAL TRAINING IN EDUCATIONAL FACILITIES AND CORRECTIONAL FACILITIES, TRAINING FOR IMMIGRANTS, TEEN PARENTS, DISPLACED HOMEMAKERS, DOWNSIZED WORKERS, PEOPLE WITH DISABILITIES, AND WELFARE RECIPIENTS.

4c (Code:) (Expenses $ 109,859,164. including grants of $ 7,649,783.) (Revenue $ 7,763,312.)
ACADEMIC DEVELOPMENT: THERE ARE NUMEROUS TYPES OF AWARDS FALLING UNDER THIS BROAD CATEGORY ENTITLED 'ACADEMIC DEVELOPMENT/WORKSHOPS'. INCLUDED WOULD BE INSTITUTIONAL AWARDS - DESIGNED TO DEVELOP AND MAINTAIN PROGRAMS OF STUDY OFFERED BY THE SPECIFIC INSTITUTION; PLANNING AWARDS - SUPPORTING DESIGN AND DEVELOPMENTS FOR ACCOMPLISHING APPROVED PROGRAM OBJECTIVES; PROGRAM DEVELOPMENT AWARDS, DEMONSTRATION AWARDS THAT IMPROVE THE RESULT OF USING THEORIES AND METHODS, AND CONFERENCE AWARDS, USED TO PAY THE COSTS OF RUNNING CONFERENCES, MEETINGS, WORKSHOPS AND INSTITUTES.

4d Other program services. (Describe in Schedule O.)
(Expenses $ 59476530. including grants of $ 3,454,644.) (Revenue $ 2,705,569.)

4e **Total program service expenses ▶ $** 409,718,206.

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?	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? *If "Yes," complete Schedule C, Part II*	4	X	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: X / No)	12A	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
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*	17	X	
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		X
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		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
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 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) and 501(c)(4) 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		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
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 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, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	1511		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
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	11355		
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* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		X	
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 the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	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).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	15		
b	Enter the number of voting members that are independent	1b	12		
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			X
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			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6			X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NY,CT,FL

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

☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

ETHIOPIS GHEBREMICAEL, ASSOCIATE CONTROLLER - 212-417-8503
230 WEST 41ST ST., 7TH FLOOR, NEW YORK, NY 10036

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BEVERIDGE, ANDREW BOARD MEMBER	2.00	X						0.	0.	0.
BRENNAN, THOMAS F BOARD MEMBER	2.00	X						0.	0.	0.
GOLDSTEIN, MATTHEW CHAIRMAN	2.00	X		X				0.	0.	0.
GOULD, KAREN L. BOARD MEMBER	2.00	X						0.	0.	0.
JACOBSON, LESLIE BOARD MEMBER	2.00	X						0.	0.	0.
KEIZS, MARCIA BOARD MEMBER	2.00	X						0.	0.	0.
KELLY, WILLIAM P. VICE-CHAIRMAN	2.00	X		X				0.	0.	0.
LYONS, DAVID BOARD MEMBER	2.00	X						0.	0.	0.
MARTI, EDUARDO BOARD MEMBER	2.00	X						0.	0.	0.
MUCCIOLO, LAURENCE F. BOARD MEMBER	2.00	X						58,214.	0.	135.
NAIDER, FRED R BOARD MEMBER	2.00	X						0.	0.	0.
NICHOLS, RODNEY BOARD MEMBER	2.00	X						0.	0.	0.
PERUGGI, REGINA BOARD MEMBER	2.00	X						30,882.	0.	135.
STAHL, NEIL BOARD MEMBER	2.00	X						0.	0.	0.
SULA, CHRIS ALEN BOARD MEMBER	2.00	X						0.	0.	0.
KALAYDJIAN, EDWARD CHIEF FINANCIAL OFFICER	35.00			X				174,465.	0.	47,925.
MCGRATH, CATHERINE CHIEF LEGAL OFFICER	35.00			X				174,981.	0.	41,576.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
OLSZEWSKI, JACEK CHIEF INFORMATION OFFICER	35.00			X				169,110.	0.	37,754.
ROTHBARD, RICHARD PRESIDENT	35.00			X				215,140.	0.	45,236.
STEELE, JERRY FORD CHIEF OPERATING OFFICER	35.00			X				185,619.	0.	43,904.
MOGULESCU, JOHN DEAN	35.00					X		243,574.	0.	48,192.
SACKS, BURTON ASSISTANT DIRECTOR	35.00					X		189,901.	0.	25,090.
SMALL, GILLIAN M PROGRAM DIRECTOR	35.00					X		214,827.	0.	38,975.
SPALTER, RONALD SENIOR DIRECTOR	35.00					X		186,365.	0.	34,429.
ZINNANTI, LEONARD F PROJECT DIRECTOR	35.00					X		222,264.	0.	1,122.
1b Total ▶								2,065,342.	0.	364,473.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 87

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

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.

(A) Name and business address	(B) Description of services	(C) Compensation
NIXON PEABODY LLP 50 JERICHO QUADRANGLE, JERICHO, NY 11753	LEGAL	440,551.
1-10 INDUSTRY ASSOCIATES 882 3RD AVE, BROOKLYN, NY 11232	RENOVATION	308,495.
BREATHEZ ADVANCED THORACIC IMAGING, LLP 7 DELLMEAD DRIVE, LIVINGSTON, NJ 07039	SUBCONTRACTOR ON SPONSORED PROGRAM	276,805.
COMPUTRON SOFTWARE LLC DEPT 6726, LOS ANGELES , CA 90084	SOFTWARE MAINTENANCE	255,716.
CASSIDY & ASSOCIATES, 700 13TH STREET, NW STE 400, WASHINGTON, DC 20005	GOVERNMENT RELATIONS	254,328.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 17

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e 261,936,458.				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 148,212,428.				
	g Noncash contributions included in lines 1a-1f: $				
	h **Total.** Add lines 1a-1f ▶	410,148,886.			
Program Service Revenue		Business Code			
	2a ADMINISTRATIVE FEES	561000 25,483,618.	25,483,618.		
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a-2f ▶	25,483,618.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	581,858.			581,858.
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties ▶				
		(i) Real / (ii) Personal			
	6a Gross Rents 9,388,904.				
	b Less: rental expenses 11,984,576.				
	c Rental income or (loss) <2,595,672.>				
	d Net rental income or (loss) ▶	<2,595,672.>		<258820.>	<2,336,852.>
	7a Gross amount from sales of assets other than inventory (i) Securities / (ii) Other				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss) ▶				
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a				
	b Less: direct expenses b				
	c Net income or (loss) from fundraising events ▶				
	9a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities ▶				
	10a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory ▶				
	Miscellaneous Revenue	Business Code			
	11a LLC PERSONNEL COSTS	900099 148,624.	148,624.		
	b FINANCE FEE	900099 23,540.	23,540.		
	c COBRA ADMIN COSTS	900099 12,318.	12,318.		
	d All other revenue	900099 6,484.	6,484.		
	e **Total.** Add lines 11a-11d ▶	190,966.			
	12 **Total revenue.** See instructions. ▶	433,809,656.	25,674,584.	<258820.>	<1,754,994.>

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	24,269,835.	24,269,835.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,312,666.	123,388.	1,189,278.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	189574746.	179302889.	10,271,857.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,858,196.	8,323,182.	535,014.	
9 Other employee benefits	32,224,084.	29,962,174.	2,261,910.	
10 Payroll taxes	15,504,550.	14,381,183.	1,123,367.	
11 Fees for services (non-employees):				
a Management				
b Legal	518,516.	46,998.	471,518.	
c Accounting	338,617.	<5,653.>	344,270.	
d Lobbying	426,148.	426,148.		
e Professional fundraising services. See Part IV, line 17	430,680.			430,680.
f Investment management fees	69,848.		69,848.	
g Other	13,010,368.	12,803,563.	206,805.	
12 Advertising and promotion	651,632.	651,632.		
13 Office expenses	7,093,089.	6,664,758.	428,331.	
14 Information technology	558,340.		558,340.	
15 Royalties				
16 Occupancy	3,478,274.	3,107,186.	371,088.	
17 Travel	6,814,347.	6,804,788.	9,559.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,068,037.	5,996,082.	71,955.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	382,795.		382,795.	
23 Insurance	931,667.	238,504.	693,163.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a INDIRECT COSTS	41,394,200.	41,394,200.		
b ADMINISTRATIVE FEES	27,780,148.	27,780,148.		
c GRANTS SUBCONTRACTS	19,502,780.	19,502,780.		
d EQUIPMENT	9,503,689.	9,311,717.	191,972.	
e RESEARCH SUPPLIES	7,789,573.	7,789,573.		
f All other expenses	15,540,235.	10,843,131.	4,697,104.	
25 **Total functional expenses.** Add lines 1 through 24f	434027060.	409718206.	23,878,174.	430,680.
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	3,391,924.	1	3,367,051.
	2	Savings and temporary cash investments	85,242,215.	2	87,073,137.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	50,401,746.	4	68,042,484.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	2,014,066.	7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	638,804.	9	556,914.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 67,187,339.			
	b	Less: accumulated depreciation — 10b: 13,252,970.	56,064,710.	10c	53,934,369.
	11	Investments - publicly traded securities	53,800,131.	11	56,349,494.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	8,327,468.	15	8,672,010.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	259,881,064.	16	277,995,459.
Liabilities	17	Accounts payable and accrued expenses	44,851,749.	17	44,668,087.
	18	Grants payable	1,485,651.	18	1,997,412.
	19	Deferred revenue	57,833,089.	19	67,661,121.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	61,664,849.	23	59,155,325.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	120,824,489.	25	133,104,647.
	26	**Total liabilities.** Add lines 17 through 25	286,659,827.	26	306,586,592.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	<26,778,763.>	27	<28,591,133.>
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	<26,778,763.>	33	<28,591,133.>
	34	Total liabilities and net assets/fund balances	259,881,064.	34	277,995,459.

Part XI Financial Statements and Reporting

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

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization	**Employer identification number**
RESEARCH FOUNDATION OF CUNY	13-1988190

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

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

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

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

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

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

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

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

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

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

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ..... ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... **11g(i)**		
(ii)	A family member of a person described in (i) above? ..... **11g(ii)**		
(iii)	A 35% controlled entity of a person described in (i) or (ii) above? ..... **11g(iii)**		

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	315,593,998.	320,124,799.	326,105,708.	387,225,082.	410,148,886.	1759198473.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	315,593,998.	320,124,799.	326,105,708.	387,225,082.	410,148,886.	1759198473.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						1759198473.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	315,593,998.	320,124,799.	326,105,708.	387,225,082.	410,148,886.	1759198473.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,970,965.	14,238,826.	13,926,278.	11,107,936.	9,970,762.	61,214,767.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	186,972.	93,133.	815,441.	182,846.	190,966.	1,469,358.
11 **Total support.** Add lines 7 through 10						1821882598.

12 Gross receipts from related activities, etc. (see instructions) ▶ 12 112,036,329.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 96.56 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 96.35 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

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

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name of the organization	**Employer identification number**
RESEARCH FOUNDATION OF CUNY	13-1988190

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☒ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year. ..... ▶ $ _____

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

Name of organization	Employer identification number
RESEARCH FOUNDATION OF CUNY	13-1988190

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	NYC DEPARTMENT OF EDUCATION 101 WEST 31ST STREET, 7TH FL NEW YORK, NY 10001	$ 12,622,936.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	NYC HUMAN RESOURCES ADMINISTRATION 180 WATER STREET NEW YORK, NY 10038	$ 17,509,735.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	NIH-NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCE (NIGMS) 45 CENTER DRIVE MSC 6200 BETHESDA, MD 20892	$ 13,165,449.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	U.S. DEPARTMENT OF EDUCATION 550 12TH STREET, SW, ROOM 10004 WASHINGTON, DC 20065	$ 31,601,342.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	NATIONAL SCIENCE FOUNDATION 495 SUMMER STREET, ROOM 103 BOSTON, MA 02210	$ 32,981,135.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6	NYS EDUCATION DEPARTMENT 89 WASHINGTON AVE, ROOM 505W-EB ALBANY, NY 12234	$ 29,301,112.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization: RESEARCH FOUNDATION OF CUNY

Employer identification number: 13-1988190

Part II Noncash Property (see instructions)

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

Name of organization: RESEARCH FOUNDATION OF CUNY

Employer identification number: 13-1988190

Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (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.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
RESEARCH FOUNDATION OF CUNY	13-1988190

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political expenditures ▶ $
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization 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 in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group.

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

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 $500,000.
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 $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)).

		(a) Yes	(a) No	(b) 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:			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		426,148.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities? If "Yes," describe in Part IV		X	
j	Total. Add lines 1c through 1i			426,148.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 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 carryover lobbying and political 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if 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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
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

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
RESEARCH FOUNDATION OF CUNY

Employer identification number
13-1988190

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or pleasure)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,037,040.		9,037,040.
b Buildings		41,736,342.	5,678,103.	36,058,239.
c Leasehold improvements		13,047,540.	4,819,251.	8,228,289.
d Equipment		3,366,417.	2,755,616.	610,801.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				53,934,369.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
POST RETIREMENT BENEFITS	52,853,641.
DEPOSITS HELD IN TRUST - CUNY	79,397,566.
SECURITY DEPOSITS PAYABLE	475,021.
DUE TO TENANT	298,025.
BELOW MARKET LEASES - NET	80,394.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	133,104,647.

2. FIN 48 Footnote. In Part XIV, 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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	433,809,656.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	434,027,060.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<217,404.>
4	Net unrealized gains (losses) on investments	4	<42,157.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	<1,552,809.>
9	Total adjustments (net). Add lines 4 through 8	9	<1,594,966.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<1,812,370.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	396081288.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	<42,157.>		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	196,226.		
e	Add lines **2a** through **2d**			2e	154,069.
3	Subtract line **2e** from line **1**			3	395927219.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	69,848.		
b	Other (Describe in Part XIV.)	4b	37,812,589.		
c	Add lines **4a** and **4b**			4c	37,882,437.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	433809656.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	396340757.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	12,009,713.		
e	Add lines **2a** through **2d**			2e	12,009,713.
3	Subtract line **2e** from line **1**			3	384331044.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	69,848.		
b	Other (Describe in Part XIV.)	4b	49,626,168.		
c	Add lines **4a** and **4b**			4c	49,696,016.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	434027060.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X: IN 2010, THE ORGANIZATION ADOPTED ACCOUNTING STANDARDS UPDATE NO. 2009-06, IMPLEMENTATION GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND DISCLOSURE AMENDMENTS FOR NONPUBLIC ENTITIES (ASU 2009-06), IN CONJUNCTION WITH ITS ADOPTION OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (NOW INCLUDED IN ACCOUNTING STANDARDS CODIFICATION (ASC) SUBTOPIC 740-10, INCOME TAXES - OVERALL). BEGINNING WITH THE ADOPTION OF FASB INTERPRETATION NO. 48, THE ORGANIZATION RECOGNIZES THE EFFECT OF

Part XIV Supplemental Information *(continued)*

INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. THERE WAS NO SIGNIFICANT IMPACT TO THE ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENTS AS A RESULT OF ADOPTION OF FASB INTERPRETATION NO. 48 OR ASU 2009-06.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

POSTRETIREMENT BENEFIT COST: -1552809.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ELIMINATION OF RELATED ORGANIZATION INCOME : 196226.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES : -11984576.

OTHER INTERCOMPANY ELIMINATIONS: 170997.

DISCRETIONARY FUND INCOME: 49626168.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

ELIMINATION OF RELATED ORGANIZATION EXPENSES : 196134.

RENTAL EXPENSES: 11984576.

OTHER INTERCOMPANY ELIMINATIONS: -170997.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DISCRETIONARY FUND EXPENSE: 49626168.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization
RESEARCH FOUNDATION OF CUNY

Employer identification number
13-1988190

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

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

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

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

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

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
FUTURE FUNDS LLC			X	0.	203,330.	0.
COMMUNITY COUNSELING SERVICE COMPANY			X	0.	97,500.	0.
HARVEST FRC INC.			X	0.	81,000.	0.
CLOUD ADVISERS, LLC			X	0.	26,550.	0.
BRUCE FAGIN & COMPANY			X	0.	16,000.	0.
Total ▶					424,380.	

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				( )
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				

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

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

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities:			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain:			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	**13a**	%		
b An outside facility	**13b**	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			**15a**	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .				
c If "Yes," enter name and address of the third party:				
Name ▶				
Address ▶				
16 Gaming manager information:				
Name ▶				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?			**17a**	
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 ▶ $				

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.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
RESEARCH FOUNDATION OF CUNY

Employer identification number
13-1988190

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations ..... ▶

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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
SCHOLARSHIPS AND FELLOWSHIPS	10220	24,269,835.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE RESEARCH FOUNDATION MONITORS THE USE OF GRANT FUNDS BY ADHERING TO SPECIFIC POLICIES AND PROCEDURES TO ENSURE THAT GRANT FUNDS ARE BEING USED FOR AUTHORIZED PURPOSES AND AS REQUIRED BY THE GRANT AGREEMENT AND APPLICABLE REGULATIONS.

SCHOLARSHIPS AND FELLOWSHIPS ARE AWARDED TO THE UNDERGRADUATE AND GRADUATE STUDENTS BASED UPON VARIOUS SETS OF CRITERIA ESTABLISHED BY THE RESTRICTED PROJECTS AND BY TYPE OF AWARDS LISTED IN THE CUNY CATALOGUE.

TOTAL SCHOLARSHIPS AND FELLOWSHIPS AWARDED FOR THE YEAR ENDING 06/30/2010 AMOUNTED TO $24,269,835.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

RESEARCH FOUNDATION OF CUNY

Employer identification number

13-1988190

Part I Questions Regarding Compensation

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

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KALAYDJIAN, EDWARD	(i)	172,407.	0.	2,058.	24,483.	23,442.	222,390.	101,306.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MCGRATH, CATHERINE	(i)	173,001.	0.	1,980.	24,483.	17,093.	216,557.	98,389.
	(ii)	0.	0.	0.	0.	0.	0.	0.
OLSZEWSKI, JACEK	(i)	166,801.	0.	2,309.	17,030.	20,724.	206,864.	94,551.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ROTHBARD, RICHARD	(i)	197,620.	0.	17,520.	20,512.	24,724.	260,376.	118,924.
	(ii)	0.	0.	0.	0.	0.	0.	0.
STEELE, JERRY FORD	(i)	180,920.	0.	4,699.	19,378.	24,526.	229,523.	104,624.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MOGULESCU, JOHN	(i)	243,574.	0.	0.	32,500.	15,692.	291,766.	113,074.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SACKS, BURTON	(i)	189,901.	0.	0.	11,158.	13,932.	214,991.	95,288.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SMALL, GILLIAN M	(i)	214,827.	0.	0.	22,140.	16,835.	253,802.	109,798.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SPALTER, RONALD	(i)	186,365.	0.	0.	15,497.	18,932.	220,794.	96,062.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ZINNANTI, LEONARD F	(i)	222,264.	0.	0.	987.	135.	223,386.	109,579.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
RESEARCH FOUNDATION OF CUNY

Employer identification number
13-1988190

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ORGANIZATIONS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

(THE UNIVERSITY), IT IS A SEPARATE LEGAL ENTITY GOVERNED BY ITS OWN BOARD OF DIRECTORS AND OPERATED BY ITS OWN MANAGEMENT TEAM PURSUANT TO THE FOUNDATION'S BYLAWS, POLICIES AND PROCEDURES.
THE FOUNDATION RECEIVES, HOLDS AND ADMINISTERS GIFTS, GRANTS AND CONTRACTS; ACTS AS TRUSTEE OF EDUCATIONAL OR CHARITABLE TRUSTS; FINANCES THE CONDUCT OF STUDIES AND RESEARCH IN ALL FIELDS OF INTELLECTUAL INQUIRY; ASSISTS IN DEVELOPING AND INCREASING FACILITIES; AND PERFORMS OTHER TASKS IN SUPPORT OF THE EDUCATIONAL AND COMMUNITY SERVICE OBJECTIVES OF THE UNIVERSITY.
THE FOUNDATION EMPLOYS STAFF; ENTERS INTO CONTRACTUAL RELATIONSHIPS; AND ACQUIRES SUCH FACILITIES, GOODS AND SERVICES AS ARE APPROPRIATE TO ITS PURPOSE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FOREIGN LANGUAGE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

STUDENT SERVICES

EXPENSES $ 37968734. INCLUDING GRANTS OF $ 3126782. REVENUE $ 2117275.

MISCELLANEOUS PROGRAMS

EXPENSES $ 21507796. INCLUDING GRANTS OF $ 327862. REVENUE $ 588294.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
RESEARCH FOUNDATION OF CUNY

Employer identification number
13-1988190

FORM 990, PART VI, SECTION B, LINE 11: THE TAX RETURN IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED BY THE SENIOR MANAGEMENT OF THE ORGANIZATION. THE RETURN IS DISTRIBUTED TO THE AUDIT COMMITTEE AND THE FULL BOARD FOR THEIR REVIEW PRIOR TO FILING THE RETURN WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ANNUALLY. UPON CONFLICT DISCLOSURE, THE MATTER IS REFERRED TO THE RESEARCH FOUNDATION'S CONFLICTS OFFICER FOR INVESTIGATION.

FORM 990, PART VI, SECTION B, LINE 15: THE PRESIDENT'S SALARY IS DETERMINED BY AN AD HOC COMPENSATION COMMITTEE OF THE RESEARCH FOUNDATION'S BOARD OF DIRECTORS.
ANNUAL SALARY INCREASES FOR THE CHIEF OFFICERS ARE DETERMINED BY THE PRESIDENT ON THE BASIS OF AN ANNUAL PERFORMANCE APPRAISAL PROCESS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE ALSO POSTED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 2C:
THE SELECTION AND OVERSIGHT PROCESS DID NOT CHANGE FROM PRIOR YEAR.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

RESEARCH FOUNDATION OF CUNY

Employer identification number

13-1988190

SCHEDULE G, PART I:

RF CUNY DOES NOT USE ANY PROFESSIONAL FUNDRAISERS; THE AMOUNT REPORTED ON FORM 990, PART IX, LINE 11E AND SCHEDULE G, PART I, REPRESENTS PAYMENT FOR PROFESSIONAL FUNDRAISERS OF THE CITY UNIVERSITY OF NEW YORK ("CUNY") SCHOOLS.

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
RESEARCH FOUNDATION OF CUNY

Employer identification number
13-1988190

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

(a) Name, address, and EIN 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
230 WEST 41ST STREET LLC - 20-1105113 230 WEST 41ST STREET NEW YORK, NY 10036	RENTAL REAL ESTATE	DELAWARE	<47,187.>	67,518,876.	RF CUNY

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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
GRANTS PLUS, INC - 20-1541601 230 WEST 41ST STREET NEW YORK, NY 10036	GRANT MANAGEMENT	NEW YORK	501(C)(3)	LINE 11A, I	RF CUNY

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

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

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

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)	230 WEST 41ST STREET, LLC	R	1,500,000.
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
2	BUILDINGS	VARIES	SL	40.00	16	41,736,342.			41,736,342.	5,563,303.		114,800.
	* 990 PAGE 10 TOTAL BUILDINGS					41,736,342.		0.	41,736,342.	5,563,303.	0.	114,800.
	MACHINERY & EQUIPMENT											
4	EQUIPMENT	VARIES	SL	10.00	16	3,366,417.			3,366,417.	2,523,519.		232,097.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					3,366,417.		0.	3,366,417.	2,523,519.	0.	232,097.
	OTHER											
1	LAND	VARIES	SL			9,037,040.			9,037,040.			0.
5	LEASEHOLD IMPROVEMENTS	VARIES	SL	25.00	16	13,047,540.			13,047,540.	4,783,351.		35,900.
	* 990 PAGE 10 TOTAL OTHER					22,084,580.		0.	22,084,580.	4,783,351.	0.	35,900.
	* GRAND TOTAL 990 PAGE 10 DEPR					67,187,339.		0.	67,187,339.	12,870,173.	0.	382,797.

928102
06-24-09

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Form **990-T**

Department of the Treasury
Internal Revenue Service (77)

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2009 or other tax year beginning JUL 1, 2009 , and ending JUN 30, 2010

OMB No. 1545-0687

2009

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

C Book value of all assets at end of year
277,995,459.

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
RESEARCH FOUNDATION OF CUNY

Number, street, and room or suite no. If a P.O. box, see page 8 of instructions.
230 WEST 41ST STREET

City or town, state, and ZIP code
NEW YORK, NY 10036

D Employer identification number (Employees' trust, see instructions for Block D on page 9.)
13-1988190

E Unrelated business activity codes (See instructions for Block E on page 9.)
531120

F Group exemption number (See instructions for Block F.) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity. ▶ UNRELATED DEBT-FINANCED INCOME

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ ETHIOPIS GHEBREMICAEL, ASSOCIATE C Telephone number ▶ 212-417-8503

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances	c Balance ▶ 1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7	5,462,545.	5,721,365.	<258,820.>
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule.)	12			
13	**Total.** Combine lines 3 through 12	13	5,462,545.	5,721,365.	<258,820.>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule)		18	
19	Taxes and licenses		19	
20	Charitable contributions (See instructions for limitation rules.)		20	
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23	Depletion		23	
24	Contributions to deferred compensation plans		24	
25	Employee benefit programs		25	
26	Excess exempt expenses (Schedule I)		26	
27	Excess readership costs (Schedule J)		27	
28	Other deductions (attach schedule)		28	
29	**Total deductions.** Add lines 14 through 28		29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	<258,820.>
31	Net operating loss deduction (limited to the amount on line 30)		31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	<258,820.>
33	Specific deduction (Generally $1,000, but see instructions for exceptions.)		33	1,000.
34	**Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	<258,820.>

Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See instructions** and:		
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $		
b	Enter organization's share of: **(1)** Additional 5% tax (not more than $11,750) $ **(2)** Additional 3% tax (not more than $100,000) $		
c	Income tax on the amount on line 34 ▶	35c	0.
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	36	
37	**Proxy tax.** See instructions ▶	37	
38	Alternative minimum tax	38	
39	**Total.** Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.

Part IV Tax and Payments

40a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a			
b	Other credits (see instructions)	40b			
c	General business credit. Attach Form 3800	40c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d			
e	**Total credits.** Add lines 40a through 40d			40e	
41	Subtract line 40e from line 39			41	0.
42	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			42	
43	**Total tax.** Add lines 41 and 42			43	0.
44a	Payments: A 2008 overpayment credited to 2009	44a			
b	2009 estimated tax payments	44b			
c	Tax deposited with Form 8868	44c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	44d			
e	Backup withholding (see instructions)	44e			
f	Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	44f			
45	**Total payments.** Add lines 44a through 44f			45	
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			46	
47	**Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed ▶			47	0.
48	**Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶			48	0.
49	Enter the amount of line 48 you want: **Credited to 2010 estimated tax** ▶ **Refunded** ▶			49	

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 17)

		Yes	No
1	At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	**Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					X
5	**Total.** Add lines 1 through 4b	5					

Sign Here

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

▶ Signature of officer | Date | ▶ CFO Title

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

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ☐	Preparer's SSN or PTIN P00851654
Firm's name (or yours if self-employed), address, and ZIP code ▶ J.H. COHN LLP 1212 6TH AVENUE NEW YORK, NY 10036			EIN 22-1478099 Phone no. 212-297-0400

Form **990-T** (2009)

923711 01-08-10

09570214 701201 0833000800 2009.05060 RESEARCH FOUNDATION OF CUNY 08330001

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instr. on pg 18)

1. Description of property

(1)
(2)
(3)
(4)

	2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)			
(2)			
(3)			
(4)			
Total	0.	0.	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ 0.

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶ 0.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
		STATEMENT 2	STATEMENT 3
(1) 230 WEST 41ST STREET, NEW YORK,			
(2) NY	5,462,545.	873,505.	4,847,860.
(3)			
(4)			

	4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
	STATEMENT 4	STATEMENT 5			
(1)			%		
(2)	59,560,978.	53,953,894.	100.00%	5,462,545.	5,721,365.
(3)			%		
(4)			%		
				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals ▶				5,462,545.	5,721,365.
Total dividends-received deductions included in column 8 ▶					0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals ▶			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 20)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals ▶	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals ▶	0.	0.				0.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ▶	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) **Totals from Part I**	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14 ▶			0.

FOOTNOTES STATEMENT 1

NOL CARRYOVER SCHEDULE

06/30/05	5,833,377.
06/30/06	2,660,772.
06/30/07	1,169,327.
06/30/08	649,739.
06/30/09	260,028.
06/30/10	258,820.
TOTAL CARRYOVER TO NEXT YEAR	10,832,063.

FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
STRAIGHT LINE DEPRECIATION EXPENSE		873,505.	
- SUBTOTAL -	1		873,505.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			873,505.

FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
SECURITY		100,200.	
INSURANCE		106,280.	
OTHER EXPENSES		182,015.	
SALARIES		358,847.	
REPAIRS AND MAINTENANCE		573,711.	
UTILITIES		745,522.	
REAL ESTATE TAXES		992,787.	
INTEREST EXPENSE		1,788,498.	
- SUBTOTAL -	1		4,847,860.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			4,847,860.

FORM 990-T AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVG ACQUISITION DEBT ALLOCABLE TO DEBT-FINANCED PROPERTY		59,560,978.	
- SUBTOTAL -	1		59,560,978.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			59,560,978.

FORM 990-T AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVG ADJUSTED BASIS ALLOCABLE TO DEBT-FINANCED PROPERTY		53,953,894.	
- SUBTOTAL -	1		53,953,894.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5			53,953,894.

Form **CHAR500**	**Annual Filing for Charitable Organizations** New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 http://www.charitiesnys.com	**2009**
This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		**Open to Public Inspection**

1. General Information

a. For the fiscal year beginning (mm/dd/yyyy) 07/01/2009 and ending (mm/dd/yyyy) 06/30/2010

b. Check if applicable for NYS:
- ☐ Address change
- ☐ Name change
- ☐ Initial filing
- ☐ Final filing
- ☐ Amended filing
- ☐ NY registration pending

c. Name of organization: RESEARCH FOUNDATION OF CUNY

Number and street (or P.O. box if mail not delivered to street address): 230 WEST 41ST STREET

Room/suite:

City or town, state or country and ZIP + 4: NEW YORK, NY 10036

d. Fed. employer ID no. (EIN): 13-1988190

e. NY State registration no.: 21-37-20

f. Telephone number: 212 417-8503

g. Email:

2. Certification - Two Signatures Required

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

	Signature	Printed Name	Title	Date
a. President or Authorized Officer		RICHARD F. ROTHBARD	PRESIDENT	
b. Chief Financial Officer or Treas.		EDWARD S. KALAYDJIAN	CFO	

3. Annual Report Exemption Information

a. **Article 7-A** annual report exemption (Article 7-A registrants and dual registrants)
Check ➡ ☐ if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed $25,000 **and** the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.

NOTE: An organization may claim this exemption if no PFR or FRC was used **and** either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal **and** contributions from other sources did not exceed $25,000 **or** 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.

b. **EPTL** annual report exemption (EPTL registrants and dual registrants)
Check ➡ ☐ if gross receipts did not exceed $25,000 **and** assets (market value) did not exceed $25,000 at any time during this fiscal year.

For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above.
Do not *submit a fee,* **do not** *complete the following schedules and* **do not** *submit any attachments to this form.*

4. Article 7-A Schedules

If you did **not** check the Article 7-A annual report exemption above, complete the following for this fiscal year:

a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ☒ **Yes*** ☐ **No**
*** If "Yes", complete Schedule 4a.**

b. Did the organization receive government contributions (grants)? ☒ **Yes*** ☐ **No**
*** If "Yes", complete Schedule 4b.**

5. Fee Submitted: See last page for **summary of fee requirements**.

Indicate the filing fee(s) you are submitting along with this form:

a. Article 7-A filing fee	$	25.
b. EPTL filing fee	$	
c. **Total fee**	**$**	25.

Submit only one check or money order for the total fee, payable to "NYS Department of Law"

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments ➡ ➡ ➡

Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)

If you checked the box in question **4.a.** on page 1, complete the following schedule for **each** PFR, FRC or CCV that the organization engaged for fund raising activity in NY State:

1. Type of fund raising professional (FRP):

Professional fund raiser ..... [X]
Fund raising counsel ..... [ ]
Commercial co-venturer ..... [ ]

2. Name of FRP:

FUTURE FUNDS LLC

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

129 BATHGATE STREET

City or town, state or country and ZIP + 4:

STATEN ISLAND, NY 10312

3. FRP telephone number:

718-874-2898

4. Services provided by FRP (provide description):

PROVIDE PLANNED GIVING SERVICES, STRATEGIC PLANNING AND STAFF TRAINING TO CUNY CAMPAIGN.

5. Compensation arrangement with FRP (provide description):

6. Dates of contract ..... 06/16/2009 (mm/dd/yyyy) through 06/15/2010 (mm/dd/yyyy)

7. Amount paid to FRP ..... $ 203,330.

8. If services were provided by a CCV, did the CCV provide the charitable organization with the interim report(s) required by §§ **173-a. 3** of the Executive Law?

Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)

If you checked the box in question **4.a.** on page 1, complete the following schedule for **each** PFR, FRC or CCV that the organization engaged for fund raising activity in NY State:

1. Type of fund raising professional (FRP):

Professional fund raiser ..... [X]
Fund raising counsel ..... [ ]
Commercial co-venturer ..... [ ]

2. Name of FRP:

COMMUNITY COUNSELING SERVICE CORP

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

461 FIFTH AVENUE, 3RD FLOOR

City or town, state or country and ZIP + 4:

NEW YORK, NY 10017

3. FRP telephone number:

212-695-1175

4. Services provided by FRP (provide description):

PROVIDE FUNDRAISING TRAINING TO CUNY STAFF.

5. Compensation arrangement with FRP (provide description):

6. Dates of contract ..... 08/01/2009 (mm/dd/yyyy) through 06/30/2010 (mm/dd/yyyy)

7. Amount paid to FRP ..... $ 97,500.

8. If services were provided by a CCV, did the CCV provide the charitable organization with the interim report(s) required by §§ **173-a. 3** of the Executive Law?

Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)

If you checked the box in question **4.a.** on page 1, complete the following schedule for **each** PFR, FRC or CCV that the organization engaged for fund raising activity in NY State:

1. Type of fund raising professional (FRP):

Professional fund raiser ..... [X]
Fund raising counsel ..... [ ]
Commercial co-venturer ..... [ ]

2. Name of FRP:

HARVEST FRC INC.

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

82 COLONIAL DRIVE

City or town, state or country and ZIP + 4:

NEWTON, PA 18940

3. FRP telephone number:

215-262-6508

4. Services provided by FRP (provide description):

STRATEGIC PLANNING AND SUPPORT FOR INVEST IN CUNY CAMPAIGN.

5. Compensation arrangement with FRP (provide description):

6. Dates of contract ..... 01/24/2009 (mm/dd/yyyy) through 06/30/2010 (mm/dd/yyyy)

7. Amount paid to FRP ..... $ 81,000.

8. If services were provided by a CCV, did the CCV provide the charitable organization with the interim report(s) required by §§ **173-a. 3** of the Executive Law?

Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)

If you checked the box in question **4.a.** on page 1, complete the following schedule for **each** PFR, FRC or CCV that the organization engaged for fund raising activity in NY State:

1. Type of fund raising professional (FRP):

Professional fund raiser ..... ☐

Fund raising counsel X

Commercial co-venturer ..... ☐

2. Name of FRP:

CLOUD ADVISERS, LLC

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

101 WEST 55TH STREET, #8E

City or town, state or country and ZIP + 4:

NEW YORK, NY 10019

3. FRP telephone number:

646-596-3607

4. Services provided by FRP (provide description):

FUNDRAISING COUNSEL / STRATEGIC PLANNING FOR MACAULAY HONORS COLLEGE.

5. Compensation arrangement with FRP (provide description):

6. Dates of contract ..... 02/02/2009 (mm/dd/yyyy) through 08/31/2010 (mm/dd/yyyy)

7. Amount paid to FRP ..... $ 26,550.

8. If services were provided by a CCV, did the CCV provide the charitable organization with the interim report(s) required by §§ **173-a. 3** of the Executive Law?

Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)

If you checked the box in question **4.a.** on page 1, complete the following schedule for **each** PFR, FRC or CCV that the organization engaged for fund raising activity in NY State:

1. Type of fund raising professional (FRP):

Professional fund raiser ..... [X]
Fund raising counsel ..... [ ]
Commercial co-venturer ..... [ ]

2. Name of FRP:

BRUCE FAGIN & COMPANY

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

525 WEST END AVENUE, SUITE 8F

City or town, state or country and ZIP + 4:

NEW YORK, NY 10024

3. FRP telephone number:

212-580-7962

4. Services provided by FRP (provide description):

FUNDRAISING COUNSEL / STRATEGIC PLANNING FOR BMCC.

5. Compensation arrangement with FRP (provide description):

6. Dates of contract ..... 06/01/2009 (mm/dd/yyyy) through 06/01/2011 (mm/dd/yyyy)

7. Amount paid to FRP ..... $ 16,000.

8. If services were provided by a CCV, did the CCV provide the charitable organization with the interim report(s) required by §§ **173-a. 3** of the Executive Law?

Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)

If you checked the box in question **4.a.** on page 1, complete the following schedule for **each** PFR, FRC or CCV that the organization engaged for fund raising activity in NY State:

1. Type of fund raising professional (FRP):

Professional fund raiser ..... [X]
Fund raising counsel ..... [ ]
Commercial co-venturer ..... [ ]

2. Name of FRP:

AMY GORDON

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

5 HORIZON ROAD, SUITE 2402

City or town, state or country and ZIP + 4:

FORT LEE, NJ 07024

3. FRP telephone number:

201-224-9419

4. Services provided by FRP (provide description):

FOR OBTAINING $9,000 (TWICE) SPONSORSHIP FOR CUNY ATHLETIC CONF FROM HOSP FOR SPEC SURGERY.

5. Compensation arrangement with FRP (provide description):

THERE WERE TWO SEPARATE AGREEMENTS WITH THE FUNDRAISER, ONE FROM 09/01/2009 TO 10/20/2009 AND ONE FROM 01/02/2010 TO 04/14/2010. SHE RECEIVED $1,800 UNDER EACH AGREEMENT.

6. Dates of contract ..... 09/01/2009 (mm/dd/yyyy) through 04/14/2010 (mm/dd/yyyy)

7. Amount paid to FRP ..... $ 3,600.

8. If services were provided by a CCV, did the CCV provide the charitable organization with the interim report(s) required by §§ **173-a. 3** of the Executive Law?

Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)

If you checked the box in question **4.a.** on page 1, complete the following schedule for **each** PFR, FRC or CCV that the organization engaged for fund raising activity in NY State:

1. Type of fund raising professional (FRP):

Professional fund raiser ..... [X]
Fund raising counsel ..... [ ]
Commercial co-venturer ..... [ ]

2. Name of FRP:

ADRIANA YOUNG

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

351 EAST 82ND STREET, APT. 6RW

City or town, state or country and ZIP + 4:

NEW YORK, NY 10028

3. FRP telephone number:

347-421-3817

4. Services provided by FRP (provide description):

FOR STRATEGIC PLANNING FOR FUNDRAISING; GRANT WRITING ASSISTANCE FOR CUNY INSTITUTE FOR SUSTAINABLE CITIES.

5. Compensation arrangement with FRP (provide description):

6. Dates of contract ..... 02/03/2010 (mm/dd/yyyy) through 12/31/2010 (mm/dd/yyyy)

7. Amount paid to FRP ..... $ 2,700.

8. If services were provided by a CCV, did the CCV provide the charitable organization with the interim report(s) required by §§ **173-a. 3** of the Executive Law?

Schedule 4b: Government Contributions (Grants)

If you checked the box in question **4.b.** on page 1, complete the following schedule for **each** government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

Government Agency Name	Grant Amount
NYC ADMINISTRATION FOR CHILDREN'S SERVICES	$ 766,996.
NYC DEPARTMENT OF EDUCATION	$ 12,622,936.
NYC DEPARTMENT FOR THE AGING	$ 1,165,573.
NYC DEPARTMENT OF CONSUMER AFFAIRS	$ 15,937.
NYC DEPARTMENT OF CORRECTION	$ 527,230.
NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE	$ 2,748,362.
NYC DEPARTMENT OF HOUSING PRESERVATION & DEVELOPMENT	$ 467,981.
NYC DEPARTMENT OF SANITATION	$ 350,163.
NYC DEPARTMENT OF TRANSPORTATION	$ 333,652.
NYC HOUSING AUTHORITY	$ 880,791.
NYC HUMAN RESOURCES ADMINISTRATION	$ 17,509,735.
NYC OFFICE OF THE MAYOR	$ 3,339,730.
NYC DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT	$ 6,333,376.
NYC POLICE DEPARTMENT	$ 225,149.
NYC DEPARTMENT OF HOMELESS SERVICES	$ 290,214.
NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION	$ 3,564,560.
NYC DEPARTMENT OF INFORMATION TECHNOLOGY & TELECOMMUNICATION	$ 3,701,388.
NYC DEPARTMENT OF PARKS AND RECREATION	$ 27,510.
NYC DEPARTMENT OF CITYWIDE ADMINISTRATIVE SERVICES	$ 800,034.
NYC DEPARTMENT OF JUVENILE JUSTICE	$ 618,109.
NYC CITY COUNCIL	$ 6,440,607.
NYC DEPARTMENT OF SMALL BUSINESS SERVICES	$ 6,639,426.
NYC EQUAL EMPLOYMENT PRACTICES COMMISSION	$ 11,050.
NYC OFFICE OF EMERGENCY MANAGEMENT	$ 1,808,961.
NYC DISTRICT ATTORNEYS OFFICE/KINGS COUNTY	$ 47,067.
NYC CENTER FOR ECONOMIC OPPORTUNITY	$ 4,339,951.
NYC DEPARTMENT OF RECORDS & INFORMATION SERVICES	$ 25,319.
NIH-NATIONAL ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES	$ 417,306.
NIH-NATIONAL CANCER INSTITUTE (NCI)	$ 2,385,150.
NIH-NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT	$ 2,392,734.
NIH-NATIONAL CENTER FOR RESEARCH RESOURCES (NCRR)	$ 7,598,086.
NIH-NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION D	$ 805,929.
NIH-NATIONAL INSTITUTE OF DIABETES, DIGESTIVE & KIDNEY DISEA	$ 1,247,411.
NIH-NATIONAL EYE INSTITUTE (NEI)	$ 839,958.
NIH-NATIONAL HEART, LUNG, AND BLOOD INSTITUTE (NHLBI)	$ 2,431,745.
NIH-NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (N	$ 1,701,949.
NIH-NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCE (NIEH	$ 198,401.
NIH-NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCE (NIGMS)	$ 13,165,449.
NIH-NATIONAL INSTITUTE OF NURSING RESEARCH (NINR)	$ 348,534.
NIH-NATIONAL INSTITUTE OF DENTAL RESEARCH (NIDR)	$ 154,250.
NIH-NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)	$ 3,226,584.
NIH-NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)	$ 3,989,087.
NIH-NATIONAL INSTITUTE ON AGING (NIA)	$ 990,088.
NIH-NATIONAL LIBRARY OF MEDICINE (NLM)	$ 6,196.
NIH-NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE	$ 3,105,817.
NIH-NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICI	$ 57,459.
HRSA-DIVISION OF DISADVANTAGED ASSISTANCE (BHP,HRSA)	$ 132,024.
HRSA-DIVISION OF MEDICINE	$ 3,058.
HRSA-DIVISION OF NURSING	$ 1,076,775.
	$
	$
Total Government Contributions (Grants)	**$**

Schedule 4b: Government Contributions (Grants)

If you checked the box in question **4.b.** on page 1, complete the following schedule for **each** government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

Government Agency Name	Grant Amount
CDC-NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALT	$ 152,055.
CDC-NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL (NCIPC	$ 438,920.
CDC-NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH (N	$ 2,322,467.
CDC-NATIONAL CENTER FOR HIV, STD AND TB PREVENTION (NCHSTP)	$ 177,618.
OASH-OFFICE OF MINORITY HEALTH (OMH)	$ 122,199.
DHHS/SAMHSA-CENTER FOR SUBSTANCE ABUSE PREVENTION	$ 16,025.
DHHS/ADMINISTRATION FOR CHILDREN AND FAMILIES	$ 1,892,427.
SOCIAL SECURITY ADMINISTRATION	$ 154,294.
U.S. AIR FORCE	$ 965,153.
U.S. ARMY	$ 1,980,268.
U.S. NAVY	$ 1,171,499.
U.S. DOD-NATIONAL SECURITY AGENCY	$ 277,950.
U.S. DOD-DEFENSE LOGISTICS AGENCY	$ 137,815.
U.S. DOD-MISSILE DEFENSE AGENCY	$ 149,585.
U.S. DEPARTMENT OF AGRICULTURE	$ 355,791.
U.S. DEPARTMENT OF AGRICULTURE/FOREST SERVICE	$ 856.
U.S. DEPARTMENT OF COMMERCE- ECONOMIC DEVELOPMENT ADMINISTRA	$ 227,588.
U.S. DEPARTMENT OF COMMERCE-NATIONAL INSTITUTE OF STANDARDS	$ 126,324.
U.S. DEPARTMENT OF COMMERCE-NATIONAL OCEANIC & ATMOSPHERIC A	$ 3,399,085.
U.S. DEPARTMENT OF EDUCATION	$ 31,601,342.
U.S. DEPARTMENT OF ENERGY	$ 7,508,758.
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT	$ 174,454.
U.S. DEPARTMENT OF THE INTERIOR / NATIONAL PARK SERVICE	$ 22,208.
U.S. DEPARTMENT OF THE INTERIOR/U.S.GEOLOGICAL SURVEY	$ 5,334.
U.S. DEPARTMENT OF THE INTERIOR/NATIONAL BUSINESS CENTER	$ 122,419.
U.S. DEPARTMENT OF THE INTERIOR/FISH & WILDLIFE SERVICE	$ 83,628.
U.S. DEPARTMENT OF JUSTICE	$ 1,159,017.
U.S. DEPARTMENT OF LABOR	$ 377,758.
U.S. DEPARTMENT OF TRANSPORTATION/NATIONAL HIGHWAY TRAFFIC S	$ 1,595,602.
U.S. DEPARTMENT OF TRANSPORTATION/RESEARCH AND SPECIAL PROGR	$ 136,764.
U.S. DEPARTMENT OF TRANSPORTATION/OFFICE OF SMALL AND DISADV	$ 181,072.
U.S. DEPARTMENT OF TRANSPORTATION/FEDERAL HIGHWAY ADMINISTRA	$ 46,112.
U.S. ENVIRONMENTAL PROTECTION AGENCY	$ 22,534.
NASA	$ 2,339,246.
NATIONAL ENDOWMENT FOR THE HUMANITIES	$ 367,449.
NATIONAL SCIENCE FOUNDATION	$ 32,981,135.
U.S. NUCLEAR REGULATORY COMMISSION (NRC)	$ 246,634.
U.S. SMALL BUSINESS ADMINISTRATION	$ 263,838.
CORPORATION FOR NATIONAL SERVICE	$ 956,829.
INSTITUTE OF MUSEUM AND LIBRARY SERVICES	$ 53,668.
FEMA-FEDERAL EMERGENCY MANAGEMENT AGENCY	$ 23,277.
U.S. DEPARTMENT OF HOMELAND SECURITY	$ 409,332.
U.S. DEPARTMENT OF HOMELAND SECURITY/ORISE/ORAU	$ 9,659.
U.S. ELECTION ASSISTANCE COMMISSION	$ 35,295.
NYS DEPARTMENT OF ENVIRONMENTAL CONSERVATION	$ 57,662.
NYS DEPARTMENT OF HEALTH	$ 1,988,036.
NYS DEPARTMENT OF LABOR	$ 1,059,824.
NYS DIVISION OF CRIMINAL JUSTICE SERVICES	$ 169,482.
NYS GOVERNOR'S OFFICE OF EMPLOYEE RELATIONS	$ 8,045.
	$
	$
Total Government Contributions (Grants)	**$**

Schedule 4b: Government Contributions (Grants)

If you checked the box in question **4.b.** on page 1, complete the following schedule for **each** government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

Government Agency Name	Grant Amount
NYS OFFICE OF MENTAL HEALTH	$ 3,941.
NYS OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES	$ 542,854.
NYS OFFICE OF CHILDREN AND FAMILY SERVICES	$ 5,221,453.
NYS OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE	$ 853,150.
NYS DEPARTMENT OF STATE	$ 27,399.
NYS DEPARTMENT OF TRANSPORTATION	$ 2,376,255.
NYS ENERGY RESEARCH & DEVELOPMENT AUTHORITY	$ 242,979.
NYS HIGHER EDUCATION SERVICES CORPORATION	$ 424,656.
NYS CENTRAL NEW YORK REGIONAL PLANNING AND DEVELOPMENT BOARD	$ 4,941.
NYS OFFICE OF SCIENCE, TECHNOLOGY, AND ACADEMIC RESEARCH	$ 1,726,578.
NYS EDUCATION DEPARTMENT	$ 29,301,112.
NYS OTHER	$ 10,138.
NYS DORMITORY AUTHORITY	$ 153,367.
NYS OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES	$ 446,454.
NYS ASSEMBLY WAYS AND MEANS COMMITTEE	$ 314,474.
NYS SENATE FINANCE COMMITTEE	$ 16,355.
NYS BANKING DEPARTMENT	$ 190,659.
NYS DIVISION OF THE BUDGET	$ 98,229.
NYS SENATE	$ 30,879.
UNIVERSITY OF THE STATE OF NEW YORK REGENTS RESEARCH FUND	$ 456.
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Total Government Contributions (Grants)	**$** 261,936,458.

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type	Fee Instructions
• **Article 7-A**	Calculate the Article 7-A filing fee using the table in **part a** below. The EPTL filing fee is $0.
• **EPTL**	Calculate the EPTL filing fee using the table in **part b** below. The Article 7-A filing fee is $0.
• **Dual**	Calculate both the Article 7-A and EPTL filing fees using the tables in **parts a and b** below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a **single** check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than $250,000	$25
up to $250,000 *	$10

* *Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of $25, regardless of total support and revenue.*

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than $50,000	$25
$50,000 or more, but less than $250,000	$50
$250,000 or more, but less than $1,000,000	$100
$1,000,000 or more, but less than $10,000,000	$250
$10,000,000 or more, but less than $50,000,000	$750
$50,000,000 or more	$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers

Filing Fee

[X] Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

[X] **IRS Form 990**	[ ] **IRS Form 990-EZ**	[ ] **IRS Form 990-PF**
[X] All required schedules (including Schedule B)	[ ] All required schedules (including Schedule B)	[ ] All required schedules (including Schedule B)
[X] IRS Form 990-T	[ ] IRS Form 990-T	[ ] IRS Form 990-T

Additional Article 7-A Document Attachment Requirement

Independent Accountant's Report

[X] Audit Report *(total support & revenue more than $250,000)*
[ ] Review Report *(total support & revenue $100,001 to $250,000)*
[ ] No Accountant's Report Required *(total support & revenue not more than $100,000)*

2009 **CT-13**

Staple forms here

New York State Department of Taxation and Finance

Unrelated Business Income Tax Return

Tax Law - Article 13

Amended return ☐

All filers enter tax period: beginning 07-01-09 ending 06-30-10

Employer identification number	File number	Business telephone number	If you claim an overpayment, mark an X in the box
13-1988190	MM9	212-417-8503	☐

Legal name of corporation: RESEARCH FOUNDATION OF CUNY

Trade name/DBA:

Mailing name (if different from legal name above): c/o

Number and street or PO box: 230 WEST 41ST STREET

City, State, ZIP code: NEW YORK, NY 10036

State or country of incorporation:

Date of incorporation:

Foreign corporations: date began business in NYS:

Date received (for Tax Department use only)

NAICS business code number (from federal return): 531120

If address/phone above is new, mark an X in the box ☐

Principal unrelated business activity: UNRELATED DEBT-FINANCED INCOME

If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. Visit our Web site at www.nystax.gov and look for the change my address option. Otherwise, see Business information in the instructions.

Audit (for Tax Department use only)

Have you filed New York State Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit Organization? Yes ☐ No X

Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a) ☐

Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return (see section Who must file Form CT-13 in the instructions) ☐

A. Pay amount shown on line 22. Make payable to: **New York State Corporation Tax**
◀ Attach your payment here. Detach all check stubs. *(See instructions for details.)*

A. Payment enclosed: 250.

Computation of income and tax

1	Federal unrelated business taxable income before net operating loss deduction and after $1,000 specific deduction	1.	<258,820.>
2	New York State Article 13 and Article 23 tax deducted on federal return	2.	
3	Additions required for shareholders of federal S corporations *(see instructions)*	3.	
4	Grossed-up taxes for shareholders of New York S corporations *(see instructions)*	4.	
5	Other additions *(see instructions)* • IRC section 199 deduction:	5.	
6	Add lines 1 through 5	6.	<258,820.>
7	Other income *(see instructions)* — 7.		
8	Federal S corporation shareholder subtractions *(see instructions)* — 8.		
9	Other subtractions *(see instructions)* — 9.		
10	Total subtractions *(add lines 7, 8, and 9)*	10.	
11	Taxable income before net operating loss deduction *(subtract line 10 from line 6)*	11.	<258,820.>
12	New York net operating loss deduction *(attach federal and NYS computations; see instructions)*	12.	
13	Taxable income *(subtract line 12 from line 11)*	13.	<258,820.>
14	Allocated taxable income *(multiply line 13 by _____% from line 42; or enter amount from line 13 if allocation is not claimed)*	14.	<258,820.>
15	Tax based on income *(multiply line 14 by 9% (.09))*	15.	0.
16	Minimum tax	16.	250 • 00
17	Tax *(line 15 or line 16, whichever is larger)*	17.	250.
18	Total prepayments from line 46	18.	
19	Balance *(if line 18 is less than line 17, subtract line 18 from line 17)*	19.	250.
20	Interest on late payment *(see instructions)*	20.	
21	Late filing and late payment penalties *(see instructions)*	21.	
22	Balance due *(add lines 19, 20, and 21 and enter here; enter the payment amount on line A above)*	22.	250.
23	Overpayment *(if line 17 is less than line 18, subtract line 17 from line 18)*	23.	
24	Amount of overpayment on line 23 to be **credited to next year**	24.	
25	Amount of overpayment on line 23 to be **refunded** *(subtract line 24 from line 23)*	25.	

See page 3 for third-party designee, certification, and signature entry areas.

968421
10-15-09

40001091019

Have you been audited by the Internal Revenue Service in the past 5 years? Yes ___ No X If *Yes,* list years: _____

Federal return was filed on: 990T X Other: _____ ___ **Attach a complete copy of your federal return.**

Schedule A - Unrelated business allocation

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

Average value of:		A New York State	B Everywhere
26 Real estate owned	**26.**		
27 Gross rents *(attach list)*	**27.**		
28 Inventories owned	**28.**		
29 Other tangible personal property owned	**29.**		
30 **Total** *(add lines 26 through 29)*	**30.**		

31 Percentage in New York State *(divide line 30, column A, by line 30, column B)*	**31.**	%

Receipts in the regular course of business from:			
32 Sales of tangible personal property shipped to points within New York State	**32.**		
33 All sales of tangible personal property	**33.**		
34 Services performed	**34.**		
35 Rentals of property	**35.**		
36 Other business receipts	**36.**		
37 **Total** *(add lines 32 through 36)*	**37.**		

38 Percentage in New York State *(divide line 37, column A, by line 37, column B)*	**38.**	%
39 Wages, salaries, and other compensation of employees *(except general executive officers)*	**39.**	
40 Percentage in New York State *(divide line 39, column A, by line 39, column B)*	**40.**	%
41 **Total of New York State percentages** *(add lines 31, 38, and 40)*	**41.**	%
42 Business allocation percentage *(divide line 41 by three or by the number of percentages)*	**42.**	%

Composition of prepayments claimed on line 18*		Date paid	Amount
43 Payment with extension request, Form CT-5, line 5	**43.**		
44a Second installment from Form CT-400	**44a.**		
44b Third installment from Form CT-400	**44b.**		
44c Fourth installment from Form CT-400	**44c.**		
45 Amount of overpayment credited from prior years	**45.**		
46 Total prepayments *(add lines 43 through 45; enter here and on line 18)*	**46.**		

* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

Amended return information

If filing an amended return, mark an **X** in the box for any items that apply.

Final federal determination ... • ___ If marked, enter date of determination ... • _____

Net operating loss (NOL) carryback ... • ___ Capital loss carryback ... • ___

Federal return filed ... Form 1139 ... • ___ Amended Form 990T ... • ___

Third-party designee *(see instructions)*	Yes ___ No ___	Designee's name *(print)*	Designee's phone number
	Designee's e-mail address		PIN

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Signature of authorized person	Official title CFO
	E-mail address of authorized person	Date

Paid preparer use only	Firm's name *(or yours if self-employed)* J.H. COHN LLP	ID number P00851654
	Signature of individual preparing this return	Address City State ZIP code 1212 6TH AVENUE NEW YORK, NY 10036
	E-mail address of individual preparing this return TLANNING@JHCOHN.COM	Date

See instructions for where to file.