

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

A For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 2019	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK 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 province, country, and ZIP or foreign postal code NEW YORK, NY 10036 D Employer identification number 13-1988190 E Telephone number (212) 417-8580 G Gross receipts \$ 609,128,446 H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ _____ F Name and address of principal officer: Gayle M. Horwitz SAME AS C ABOVE I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.RFCUNY.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 ORGANIZATIONS.		
	2	Check this box <input type="checkbox"/> 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	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	14,503
	6	Total number of volunteers (estimate if necessary)	6	10
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	996,581
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	561,898,121	520,210,501
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,965,491	35,936,735
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	936,807	2,030,576
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,443,905	1,918,773
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	600,244,324	560,096,585
	14	Benefits paid to or for members (Part IX, column (A), line 4)	20,512,746	19,171,162
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	337,650,099	333,371,872
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,000	314,000	8,000
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	234,008,583	198,803,578
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	592,485,428	551,354,612
19	Revenue less expenses. Subtract line 18 from line 12	7,758,896	8,741,973	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	391,718,078	415,139,478
	22	Net assets or fund balances. Subtract line 21 from line 20	340,632,443	360,981,158
			51,085,635	54,158,320

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			
	JARNEE BRAMLETTE, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KRISTIN ANDERSON	<i>Kristin M. Anderson</i>	7/13/2020		P01231300
	Firm's name ▶ CROWE LLP	Firm's EIN ▶ 35-0921680			
	Firm's address ▶ 488 MADISON AVENUE, FLOOR 3, NEW YORK, NY 10022-5702	Phone no. (212) 572-5500			

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒

- 1** Briefly describe the organization's mission:
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 (THE UNIVERSITY), IT
(CONTINUED ON SCHEDULE O)
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 158,947,969 including grants of \$ 8,645,203) (Revenue \$ 9,581,344)
INSTRUCTION/TRAINING - INCLUDES ALL SPONSORED TEACHING AND TRAINING ACTIVITIES, EXCEPT FOR RESEARCH
TRAINING, OF AN INSTITUTION WHETHER OFFERED FOR CREDIT TOWARD A DEGREE OR CERTIFICATE, ON A
NON-CREDIT BASIS, OR THROUGH REGULAR ACADEMIC DEPARTMENTS OR BY SEPARATE DIVISIONS, SUCH AS SUMMER
SESSION.

4b (Code:) (Expenses \$ 157,501,390 including grants of \$ 2,910,870) (Revenue \$ 9,227,536)
OTHER SPONSORED ACTIVITY - PROGRAMS AND PROJECTS FUNDED BY FEDERAL AND NON-FEDERAL AGENCIES AND
ORGANIZATIONS THAT INVOLVE THE PERFORMANCE OF WORK OR ACTIVITIES THAT ARE NOT CONSIDERED INSTRUCTION
AND ORGANIZED RESEARCH.

4c (Code:) (Expenses \$ 152,357,287 including grants of \$ 7,228,329) (Revenue \$ 10,340,242)
ORGANIZED RESEARCH - INCLUDES ALL EXTERNALLY FUNDED RESEARCH ACTIVITIES, BOTH BASIC AND APPLIED, AND
ALL DEVELOPMENT ACTIVITIES. A SYSTEMATIC, INTENSIVE STUDY INTENDED TO INCREASE KNOWLEDGE OR
UNDERSTANDING OF THE SUBJECT STUDIED, SPECIFICALLY DIRECTED TOWARD APPLYING A NEW KNOWLEDGE TO MEET
A RECOGNIZED NEED, OR A SYSTEMATIC APPLICATION OF KNOWLEDGE TO THE PRODUCTION OF USEFUL MATERIALS,
DEVICES, AND SYSTEMS OR METHODS, INCLUDING DESIGN, DEVELOPMENT, AND IMPROVEMENT OF PROTOTYPES AND
NEW PROCESSES TO MEET SPECIFIC REQUIREMENTS. IT ALSO INCLUDES ACTIVITIES RELATED TO TRAINING OF
INDIVIDUALS IN RESEARCH TECHNIQUES (COMMONLY CALLED RESEARCH TRAINING) WHERE SUCH ACTIVITIES UTILIZE
THE SAME FACILITIES AS OTHER RESEARCH DEVELOPMENT ACTIVITIES.

4d Other program services (Describe in Schedule O.)
 (Expenses \$ 51,395,858 including grants of \$ 386,760) (Revenue \$ 6,956,077)

4e Total program service expenses **▶** 520,202,504

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 ✓	
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 ✓	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	✓
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	✓
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	✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	✓
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	✓
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	✓
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	✓
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 ✓	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 ✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a ✓	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b ✓	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	✓
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	✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38 ✓	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1,694	
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 ✓	

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

		Yes	No
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	14,503
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
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	✓
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	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	✓
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	✓
If "Yes," complete Form 4720, Schedule O.			

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent . . . 1b 10		
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		✓
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		✓
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . 4		✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . 5		✓
6 Did the organization have members or stockholders? 6		✓
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		✓
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	✓	
b Each committee with authority to act on behalf of the governing body? 8b	✓	
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		✓

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		✓
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . 11a	✓	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	✓	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . 12b	✓	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c	✓	
13 Did the organization have a written whistleblower policy? 13	✓	
14 Did the organization have a written document retention and destruction policy? 14	✓	
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	✓	
b Other officers or key employees of the organization 15b		✓
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		✓
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
GAVITA HARRIS, 230 WEST 41ST ST, 7TH FLOOR, NEW YORK, NY 10036, (212) 417-8580

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) GAYLE M. HORWITZ	35.0									
CHAIRPERSON THROUGH 08/6/18/ INTERIM PRESIDENT FROM 08/07/18	2.0	✓		✓				0	0	0
(2) BARRY F. SCHWARTZ	0.3									
BOARD MEMBER / CHAIRPERSON FROM 8/8/18 THROUGH 12/11/18	0.0	✓		✓				0	0	0
(3) FELIX MATOS RODRIGUEZ	0.3									
BOARD MEMBER/ CHAIRPERSON FROM 05/2019	0.0	✓		✓				0	0	0
(4) CHASE F. ROBINSON	0.4									
VICE CHAIRMAN THROUGH 12/07/18	0.1	✓		✓				0	0	0
(5) JOY CONNOLLY	0.3									
BOARD MEMBER / VICE CHAIR FROM 12/7/18	0.1	✓		✓				24,783	0	0
(6) WILLIAM J. FRITZ	0.3									
BOARD MEMBER	0.0	✓						0	0	0
(7) DIANE CALL	0.2									
BOARD MEMBER THROUGH 08/31/18	0.0	✓						0	0	0
(8) SCOTT E. EVENBECK	0.2									
BOARD MEMBER	0.0	✓						0	0	0
(9) LESLEY DAVENPORT	0.3									
BOARD MEMBER	0.0	✓						0	0	0
(10) LORETTA BRANCACCIO-TARAS	0.2									
BOARD MEMBER	0.0	✓						0	0	0
(11) STEVEN PENROD	0.2									
BOARD MEMBER	0.0	✓						0	0	0
(12) SHIRLEY RAPS	0.3									
BOARD MEMBER THROUGH 6/30/19	0.0	✓						0	0	0
(13) LAURENCE F. MUCCIOLO	0.3									
BOARD MEMBER	0.1	✓						672	0	0
(14) JENNIFER WARE	0.2									
BOARD MEMBER	0.0	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15) DAVID LYONS BOARD MEMBER THROUGH 05/20/19	0.3 0.0	✓						0	0	0
(16) RODNEY NICHOLS BOARD MEMBER - DECEASED 08/30/2018	0.1 0.0	✓						0	0	0
(17) NEIL STAHL BOARD MEMBER	0.2 0.0	✓						0	0	0
(18) RICHARD F. ROTHBARD PRESIDENT THROUGH 07/31/18- RETIRED	35.0 2.0			✓				339,329	0	36,468
(19) EDWARD KALAYDJIAN CHIEF FINANCIAL OFFICER	35.0 0.0			✓				214,123	0	54,302
(20) JACEK OLSZEWSKI CHIEF INFORMATION OFFICER	35.0 0.0			✓				202,977	0	45,630
(21) JERRY F. STEELE CHIEF OPERATING OFFICER	35.0 0.0			✓				232,810	0	52,530
(22) JEFFREY I. SLONIM CHIEF COUNSEL & SECRETARY	35.0 0.0			✓				215,411	0	20,059
(23) JOHN MOGULESCU CUNY, SR. UNIVERSITY DEAN FOR ACADEM	35.0 0.0					✓		342,793	0	61,674
(24) MARC V. SHAW CUNY PROJECT DIRECTOR	35.0 0.0					✓		286,258	0	22,000
(25) (SEE STATEMENT)										
1b Sub-total								1,859,156	0	292,663
c Total from continuation sheets to Part VII, Section A								688,949	0	84,888
d Total (add lines 1b and 1c)								2,548,105	0	377,551

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 242

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ST CHARLES CONSULTING GROUP LLC, 16600 DALLAS PRKWAY S, TE 310, DALLAS, TX 75248	CONSULTING SERVICES	1,675,003
REGIS COMPANY LLC, 600 12TH STREET, STE 150, GOLDEN, CO 80401	CONSULTING SERVICES	797,395
CAVEO LLC, CAVEO LEARNING, P.O BOX 427, NORTH AURORA, IL 60542	CONSULTING SERVICES	419,644
NIXON PEABODY LLP, P.O. BOX 28012, NEW YORK, NY 10087-8012	LEGAL SERVICES	379,029
COLLABORATIVE SAFETY LLC, 8161 HWY 100, STE 206, NASHVILLE, TN 37221	CONSULTING SERVICES	296,000

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	383,298,329			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	136,912,172			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		520,210,501			
Program Service Revenue	Business Code						
	2a	ADMINISTRATIVE FEES	561000	35,792,235	35,792,235		
	b	MANAGEMENT FEES	561000	144,500	144,500		
	c						
	d						
	e						
	f	All other program service revenue .		0	0	0	0
	g	Total. Add lines 2a-2f		35,936,735			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,056,894			2,056,894
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents	13,000,969				
	b	Less: rental expenses	11,250,660				
	c	Rental income or (loss)	1,750,309	0			
	d	Net rental income or (loss)		1,750,309	996,581	753,728	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			37,754,883				
	b	Less: cost or other basis and sales expenses	37,781,201				
	c	Gain or (loss)	(26,318)	0			
	d	Net gain or (loss)		(26,318)		(26,318)	
	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	OTHER TENANT CHARGES	900099	159,500	159,500			
b	MISCELLANEOUS INCOME	900099	8,964	8,964			
c							
d	All other revenue		0	0	0	0	
e	Total. Add lines 11a-11d		168,464				
12	Total revenue. See instructions		560,096,585	36,105,199	996,581	2,784,304	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	19,171,162	19,171,162		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	1,367,228	29,671	1,337,557	0
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	256,198,928	240,650,926	15,548,002	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,243,612	9,431,417	812,195	
9 Other employee benefits	49,301,980	45,392,927	3,909,053	
10 Payroll taxes	16,260,124	14,972,091	1,288,033	
11 Fees for services (non-employees):				
a Management				
b Legal	1,520,844	25,521	1,495,323	
c Accounting	182,982	15,142	167,840	
d Lobbying	0	0	0	
e Professional fundraising services. See Part IV, line 17	8,000			8,000
f Investment management fees	46,661		46,661	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	70,799,514	70,767,595	31,919	0
12 Advertising and promotion	135,525	135,525		
13 Office expenses	2,107,716	1,940,156	167,560	
14 Information technology	739,300		739,300	
15 Royalties				
16 Occupancy	3,147,971	2,798,523	349,448	
17 Travel	7,912,630	7,890,343	22,287	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,853,054	3,779,051	74,003	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	61,939		61,939	
23 Insurance	2,254,771	1,186,914	1,067,857	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a INDIRECT COSTS	57,887,444	57,887,444		
b ALLOCATION OF ADMINISTRATIVE COSTS	2,632,298	2,632,298		
c LABORATORY FEES	9,294,525	9,294,525		
d SUPPLIES	14,728,675	14,626,124	102,551	
e All other expenses	21,497,729	17,575,149	3,922,580	0
25 Total functional expenses. Add lines 1 through 24e	551,354,612	520,202,504	31,144,108	8,000
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,661,901	1	2,688,732
	2 Savings and temporary cash investments	162,830,887	2	185,523,301
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	102,348,000	4	105,225,074
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	3,567,414	9	4,258,974
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 77,066,853		
	b Less: accumulated depreciation	10b 33,577,162		
	11 Investments—publicly traded securities	44,483,317	10c	43,489,691
	12 Investments—other securities. See Part IV, line 11	48,321,135	11	53,397,145
	13 Investments—program-related. See Part IV, line 11	0	12	0
	14 Intangible assets	68,668	13	30,019
	15 Other assets. See Part IV, line 11	2,450,940	14	2,226,650
16 Total assets. Add lines 1 through 15 (must equal line 34)	24,985,816	15	18,299,892	
Liabilities	17 Accounts payable and accrued expenses	391,718,078	16	415,139,478
	18 Grants payable	91,833,465	17	105,803,081
	19 Deferred revenue	1,821,540	18	2,579,475
	20 Tax-exempt bond liabilities	89,331,858	19	88,648,324
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	20	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	93,008,080	21	100,577,354
	23 Secured mortgages and notes payable to unrelated third parties	0	22	0
	24 Unsecured notes and loans payable to unrelated third parties	64,227,585	23	62,965,472
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	24	0
	26 Total liabilities. Add lines 17 through 25	409,915	25	407,452
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.	340,632,443	26	360,981,158
	27 Unrestricted net assets			
	28 Temporarily restricted net assets	51,085,635	27	54,158,320
	29 Permanently restricted net assets	0	28	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.	0	29	0
	30 Capital stock or trust principal, or current funds			
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
	32 Retained earnings, endowment, accumulated income, or other funds	0	31	0
	33 Total net assets or fund balances	0	32	0
34 Total liabilities and net assets/fund balances	51,085,635	33	54,158,320	
	391,718,078	34	415,139,478	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	560,096,585
2	Total expenses (must equal Part IX, column (A), line 25)	2	551,354,612
3	Revenue less expenses. Subtract line 2 from line 1	3	8,741,973
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	51,085,635
5	Net unrealized gains (losses) on investments	5	313,600
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	(5,982,888)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	54,158,320

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 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? . . .
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . .
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . .
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .
- 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.

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a	✓	
3b	✓	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (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			
(25) LEONARD F. ZINNANTI CUNY SR V.P. AND COO THROUGH 12/14/18	35.0 0.0					✓		238,810	0	23,468
(26) JABARI T. JONES CUNY SENIOR SUPERVISOR COUNSELOR	35.0 0.0					✓		225,824	0	28,575
(27) BURTON SACKS CUNY SENIOR DIRECTOR BUDGET AND FINANCE	35.0 0.0					✓		224,315	0	32,845

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.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK

Employer identification number

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 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 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)(vii)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 $\frac{1}{3}$ % 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 $\frac{1}{3}$ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	439,628,418	467,690,461	515,836,540	561,898,121	520,210,501	2,505,264,041
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	439,628,418	467,690,461	515,836,540	561,898,121	520,210,501	2,505,264,041
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)						0
6 Public support. Subtract line 5 from line 4						2,505,264,041

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	439,628,418	467,690,461	515,836,540	561,898,121	520,210,501	2,505,264,041
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,801,230	14,958,982	14,643,441	9,633,566	14,061,282	68,098,501
9 Net income from unrelated business activities, whether or not the business is regularly carried on				770,721	996,581	1,767,302
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	193,330	170,947	144,564	156,214	0	665,055
11 Total support. Add lines 7 through 10						2,575,794,899
12 Gross receipts from related activities, etc. (see instructions)					12	184,235,210
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	97.26 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	97.28 %
16a 33⅓% support test—2018. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33⅓% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI.)						
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%
19a 33¹/₃% support tests—2018. 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 <input type="checkbox"/>		
b 33¹/₃% support tests—2017. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D—Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2018 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014 . . .			
b Excess from 2015 . . .			
c Excess from 2016 . . .			
d Excess from 2017 . . .			
e Excess from 2018 . . .			

Part VI

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

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	LLC PERSONNEL COSTS	174,974	139,972				314,946
	RFCO BUDGET	15,696					15,696
	COBRA ADMIN COST	2,660	3,617				6,277
	OTHER TENANT CHARGES		27,358	137,220	145,726		310,304
	MISCELLANEOUS INCOME			7,344	10,488		17,832
	Total	193,330	170,947	144,564	156,214	0	665,055

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK

Employer identification number

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

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK	Employer identification number 13-1988190
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE 455 FIRST AVENUE NEW YORK, NY 10016	\$ 40,854,396	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NATIONAL INSTITUTE OF HEALTH 26 FEDERAL PLAZA NEW YORK, NY 10278	\$ 40,459,054	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NYS EDUCATION DEPARTMENT 89 WASHINGTON AVENUE ALBANY, NY 12234	\$ 36,275,938	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	COLLEGE FUND (CUNY MISCELLANEOUS) 205 E. 42ND STREET NEW YORK, NY 10017	\$ 30,613,644	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	NY COUNTY DISTRICT ATTORNEY'S OFFICE (DANY) 1 HOGAN PL NEW YORK, NY 10013	\$ 29,771,255	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	NATIONAL SCIENCE FOUNDATION 4201 WILSON BLVD ARLINGTON, VA 22231	\$ 28,914,277	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK	Employer identification number 13-1988190
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NYC HUMAN RESOURCE ADMINISTRATION 180 WATER STREET, 6TH FLOOR NEW YORK, NY 10038	\$ 27,209,222	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	US DEPARTMENT OF EDUCATION 1990 K STREET, NW RM 7034 WASHINGTON, DC 20006	\$ 26,114,140	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	NYC ADMINISTRATION FOR CHILDREN SERVICES 110 WILLIAM STREET NEW YORK, NY 10038	\$ 22,008,251	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	NYC DEPARTMENT OF EDUCATION 1021 JENNINGS STREET BRONX, NY 10460	\$ 15,439,290	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	NYC OFFICE OF THE MAYOR 253 BROADWAY #10 NEW YORK, NY 10007	\$ 14,890,441	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	NYC DEPARTMENT OF YOUTH COMMUNITY DEVELOPMENT 123 WILLIAM STREET NEW YORK, NY 10038	\$ 11,709,840	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK

Employer identification number

13-1988190

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK

Employer identification number

13-1988190

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

----- ----- -----	----- ----- -----
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(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

----- ----- -----	----- ----- -----
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(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

----- ----- -----	----- ----- -----
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(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

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK

Employer identification number

13-1988190

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the 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 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ (ii) Assets included in Form 990, Part X ▶ \$	
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 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 ▶ \$ b Assets included in Form 990, Part X ▶ \$	

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

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

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

- (i)** unrelated organizations **3a(i)** ☐ Yes ☐ No
(ii) related organizations **3a(ii)** ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No **3b**

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,037,040		9,037,040
b Buildings		36,149,160	13,440,073	22,709,087
c Leasehold improvements		27,992,006	16,672,132	11,319,874
d Equipment		3,550,327	3,464,957	85,370
e Other		338,320		338,320
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				43,489,691

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) SECURITY DEPOSITS PAYABLE	407,452	
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		407,452

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	571,614,184
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	313,600
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	313,600
3	Subtract line 2e from line 1	3	571,300,584
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	
b	Other (Describe in Part XIII.)	4b	(11,203,999)
c	Add lines 4a and 4b	4c	(11,203,999)
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	560,096,585

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

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

1	Total expenses and losses per audited financial statements	1	556,239,262
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	4,931,311
e	Add lines 2a through 2d	2e	4,931,311
3	Subtract line 2e from line 1	3	551,307,951
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	
b	Other (Describe in Part XIII.)	4b	46,661
c	Add lines 4a and 4b	4c	46,661
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	551,354,612

Part XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE STATEMENT

Part XIII

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	INVESTMENT MANAGEMENT FEES	46,661
	RENTAL EXPENSE	- 11,250,660
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	RENTAL EXPENSE	11,250,660
	POSTRETIREMENT CREDIT	- 6,319,349
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	(a) Description	(b) Amount
	INVESTMENT MANAGEMENT FEES	46,661

Part XIII

Supplemental Information. 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
SCHEDULE D, PART IV, LINE 2B - EXPLANATION OF ESCROW AGREEMENT	DEPOSITS HELD IN CUSTODY FOR CUNY COLLEGES REFLECT THOSE RESOURCES HELD ON BEHALF OF THE INDIVIDUAL COLLEGES OF THE UNIVERSITY. THESE DEPOSITS ARE CREDITED WITH FACILITIES AND ADMINISTRATIVE COSTS, RELEASED TIME, SUMMER SALARY RECOVERIES, AND CUNY CHARITABLE GIFT TRUST ANNUITY FOR THE RESPECTIVE COLLEGES.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE EFFECTS OF UNCERTAIN TAX POSITIONS ARE RECOGNIZED ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. NO SUCH POSITIONS HAVE BEEN RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS AS OF JUNE 30, 2019 OR 2018.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2018

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Name of the organization

RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK

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? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

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

Cat. No. 50055P

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIPS AND FELLOWSHIPS	5,521	19,171,162			
2					
3					
4					
5					
6					
7					

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

(SEE STATEMENT)

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	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.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

13-1988190

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	✓	
4a	✓	
4b		✓
4c		✓
5a		✓
5b		✓
6a		✓
6b		✓
7		✓
8		✓
9		

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

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

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

	(A) Name and Title	(B) Breakdown 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	RICHARD F. ROTHBARD PRESIDENT THROUGH 07/31/18- RETIRED	219,121	0	120,208	22,348	14,120	375,797	0
	EDWARD KALAYDJIAN	200,445	0	13,678	30,155	24,147	268,425	0
2	CHIEF FINANCIAL OFFICER	0	0	0	0	0	0	0
	JACEK OLSZEWSKI	200,969	0	2,008	20,897	24,733	248,607	0
3	CHIEF INFORMATION OFFICER	0	0	0	0	0	0	0
	JERRY F. STEELE	225,813	0	6,997	23,783	28,747	285,340	0
4	CHIEF OPERATING OFFICER	0	0	0	0	0	0	0
	JEFFREY I. SLONIM	211,601	0	3,810	17,049	3,010	235,470	0
5	CHIEF COUNSEL & SECRETARY	0	0	0	0	0	0	0
	JOHN MOGULESCU	324,293	0	18,500	38,005	23,669	404,467	0
6	CUNY, SR. UNIVERSITY DEAN FOR ACADEM	0	0	0	0	0	0	0
	MARC V. SHAW	263,289	0	22,969	22,000	0	308,258	0
7	CUNY PROJECT DIRECTOR	0	0	0	0	0	0	0
	LEONARD F. ZINNANTI	217,678	0	21,132	23,468	0	262,278	0
8	CUNY SR V.P. AND COO THROUGH 12/14/18	0	0	0	0	0	0	0
	JABARI T. JONES	225,824	0	0	18,240	10,335	254,399	0
9	CUNY SENIOR SUPERVISOR COUNSELOR	0	0	0	0	0	0	0
	BURTON SACKS	222,925	0	1,390	22,510	10,335	257,160	0
10	CUNY SENIOR DIRECTOR BUDGET AND FINANCE	0	0	0	0	0	0	0
11								
12								
13								
14								
15								
16								

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE	HOUSING ALLOWANCE FOR JOHN MOGULESCU IN THE AMOUNT OF \$53,077 WHICH WAS INCLUDED IN HIS TAXABLE COMPENSATION.
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	RICHARD ROTHBARD, PRESIDENT THROUGH 7/31/18 RECEIVED A CHANGE-OF-CONTROL PAYMENT OF \$108,836, AND THIS AMOUNT HAS BEEN INCLUDED IN COLUMN B(III) OTHER COMPENSATION.
SCHEDULE J, PART II - OTHER REPORTABLE COMPENSATION	<p>THE OTHER REPORTABLE COMPENSATION (B(III)) FOR RICHARD ROTHBARD INCLUDES AN AUTO ALLOWANCE.</p> <p>THE OTHER REPORTABLE COMPENSATION (B(III)) FOR MARC SHAW, BURTON SACKS, AND LEONARD ZINNANTI INCLUDES TAXABLE FRINGE BENEFIT ON A CAR.</p> <p>THE OTHER REPORTABLE COMPENSATION (B(III)) FOR JOHN MOGULESCU, EDWARD KALAYDIJAN, MARC SHAW, AND LEONARD ZINNANTI, INCLUDES VESTED CONTRIBUTIONS TO A 457(B) PLAN THAT WERE INCLUDED IN THE 2018 W-2.</p>

**SCHEDULE O
(Form 990 or 990-EZ)**Department of Treasury Internal
Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the Organization
RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORKEmployer Identification Number
13-1988190

Return Reference - Identifier	Explanation
AGENCY FUND ACTIVITY - FORM 990 PARTS VIII & IX	AGENCY FUND ACTIVITY IS NOT REPORTED IN THE CURRENT YEAR.
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	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 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$51,395,858 INCLUDING GRANTS OF \$386,760)(REVENUE \$6,956,077) OTHER INSTITUTIONAL ACTIVITY - WHEN ACTIVITIES ARE UNDERTAKEN BY THE INSTITUTION WITHOUT OUTSIDE SUPPORT, THEY MAY BE CLASSIFIED AS OTHER INSTITUTIONAL ACTIVITIES. OIA TYPICALLY INCLUDES AUXILIARY ENTERPRISES IN SUPPORT OF ACTIVITIES WHICH INCLUDE: STUDENT UNIONS, DINING HALLS, ATHLETICS, RESIDENCE HALLS, THEATRES, ETC.
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE EXECUTIVE COMMITTEE IS FULLY EMPOWERED TO ACT ON BEHALF OF THE FULL BOARD OF DIRECTORS BETWEEN REGULAR MEETINGS OF THE BOARD ON ANY AND ALL MATTERS REQUIRING PROMPT RESOLUTION, EXCEPT AMENDMENT OF THE BYLAWS AND OTHER ACTIVITIES PROSCRIBED BY LAW. THE EXECUTIVE COMMITTEE REPORTS TO THE BOARD AT THE NEXT BOARD MEETING ALL ACTIVITIES TAKEN SINCE THE LAST BOARD MEETING. THE MEMBERS OF THE COMMITTEE INCLUDE THE FOLLOWING: BARRY F. SCHWARTZ CHASE F. ROBINSON DIANE CALL RODNEY NICHOLS SHIRLEY RAPS ALL OF THESE MEMBERS ARE MEMBERS OF THE GOVERNING BODY.
FORM 990, PART VI, LINE 1A - VOTING MEMBERS	AS PER IRS INSTRUCTIONS, THE COUNT FOR VOTING MEMBERS INCLUDE MEMBERS OF THE GOVERNING BODY OF THE ORGANIZATION, AT THE END OF THE ORGANIZATION'S TAX YEAR, WITH THE POWER TO VOTE ON ALL MATTERS THAT COME BEFORE THE GOVERNING BODY.
FORM 990, PART VI, LINE 1B - INDEPENDENT VOTING MEMBERS	AS PER IRS INSTRUCTIONS, THE COUNT FOR INDEPENDENT VOTING MEMBERS INCLUDE VOTING MEMBERS WHO MET ALL FOUR OF THE CIRCUMSTANCES BELOW AT ALL TIMES DURING THE ORGANIZATION'S TAX YEAR: 1. THE MEMBER WAS NOT COMPENSATED AS AN OFFICER OR OTHER EMPLOYEE OF THE ORGANIZATION OR OF A RELATED ORGANIZATION. 2. THE MEMBER DID NOT RECEIVE TOTAL COMPENSATION EXCEEDING \$10,000 DURING THE ORGANIZATION'S TAX YEAR FROM THE ORGANIZATION AND RELATED ORGANIZATIONS AS AN INDEPENDENT CONTRACTOR, OTHER THAN REASONABLE COMPENSATION FOR SERVICES PROVIDED IN THE CAPACITY AS A MEMBER OF THE GOVERNING BODY. 3. NEITHER THE MEMBER, NOR ANY FAMILY MEMBER OF THE MEMBER, WAS INVOLVED IN A TRANSACTION WITH THE ORGANIZATION THAT IS REQUIRED TO BE REPORTED ON SCHEDULE L FOR THE ORGANIZATION'S TAX YEAR. 4. NEITHER THE MEMBER, NOR ANY FAMILY MEMBER OF THE MEMBER, WAS INVOLVED IN A TRANSACTION WITH A TAXABLE OR TAX-EXEMPT RELATED ORGANIZATION OF A TYPE AND AMOUNT THAT WOULD BE REPORTABLE ON SCHEDULE L.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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, LINE 12C - CONFLICT OF INTEREST POLICY	THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ANNUALLY FOR OFFICERS AND DIRECTORS. EACH OF THESE INDIVIDUALS IS REQUIRED TO ANNUALLY SUBMIT A WRITTEN STATEMENT DISCLOSING ALL CONFLICTS TO THE SECRETARY. THE SECRETARY SHALL PROVIDE A COPY OF ALL COMPLETED STATEMENTS TO THE CHAIR OF THE AUDIT COMMITTEE OR, IF THERE IS NO AUDIT COMMITTEE AT THE TIME, TO THE CHAIR OF THE BOARD. A PERSON WITH A CONFLICT OF INTEREST SHALL NOT BE PRESENT OR PARTICIPATE IN ANY BOARD OR COMMITTEE DELIBERATION OR VOTE ON THE MATTER GIVING RISE TO SUCH CONFLICT. THE EXISTENCE AND RESOLUTION OF THE CONFLICT SHALL BE DOCUMENTED IN THE RECORDS OF THE RESEARCH FOUNDATION, INCLUDING IN THE MINUTES OF ANY MEETING AT WHICH THE CONFLICT IS DISCUSSED OR VOTED UPON.

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE PRESIDENT'S SALARY IS DETERMINED BY THE RESEARCH FOUNDATION'S BOARD OF DIRECTORS. THE BOARD USES COMPARABLE DATA OF SIMILAR ORGANIZATIONS TO DETERMINE COMPENSATION.
FORM 990, PART VI, LINE 15B - PROCESS TO DETERMINE COMPENSATION FOR OFFICERS	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, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	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 VII, SECTION A - PART VII, SECTION A	<p>LAURENCE MUCCIOLO AND JOY CONNOLLY RECEIVED COMPENSATION FOR THE PERFORMANCE OF SERVICES TO THE CITY UNIVERSITY OF NEW YORK, PAID THROUGH FUNDS OF THE RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK. THEY DID NOT RECEIVE COMPENSATION FOR SERVICES RENDERED AS A BOARD MEMBER OF THE RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK.</p> <p>THE FOLLOWING EMPLOYEES LISTED AS THE TOP 5 PAID EMPLOYEES RECEIVED COMPENSATION FROM CUNY/COLLEGE FUNDS ADMINISTERED AT RFCUNY:</p> <p>-JOHN MOGULESCU FOR HIS DUAL POSITIONS AS A PROJECT DIRECTOR OF CUNY ACADEMIC AFFAIRS GRANTS ADMINISTERED AT RFCUNY AND AS A SENIOR UNIVERSITY DEAN FOR ACADEMIC AFFAIRS AND DEAN OF PROFESSIONAL STUDIES AT THE CITY UNIVERSITY OF NEW YORK.</p> <p>-MARC SHAW FOR HIS POSITION AS PROJECT DIRECTOR OF CUNY INSTITUTE OF STATE & LOCAL GOVERNANCE FROM 07/01/18 AND AS PROJECT DIRECTOR OF THE OFFICE SENIOR VICE CHANCELLOR BUDGET, FINANCE, & FISCAL POLICY FROM 01/01/18 TO 06/30/18.</p> <p>-LEONARD ZINNANTI FOR SERVICES PERFORMED AS SENIOR VICE PRESIDENT AND CHIEF OPERATING OFFICER AT CUNY, CITY COLLEGE OF NEW YORK.</p> <p>-JABARI JONES FOR SERVICES PERFORMED AS DIRECTOR OF MENTAL HEALTH SERVICES CORPS AT HUNTER COLLEGE.</p> <p>-BURTON SACKS FOR SERVICES AS SENIOR DIRECTOR OF THE OFFICE SENIOR VICE CHANCELLOR BUDGET, FINANCE, & FISCAL POLICY</p>
FORM 990, PART VII, SECTION B, LINE 1 - PART VII, SECTION B	<p>AS FISCAL AGENT, RESEARCH FOUNDATION OF THE CITY OF NEW YORK PAID THE FOLLOWING CONSULTANTS ON BEHALF OF THE COLLEGES FOR SCOPE OF WORK DISCLOSED BELOW.</p> <p>ST. CHARLES CONSULTING GROUP LLC : FOR CUNY SCHOOL OF PROFESSIONAL STUDIES (CUNY SPS): CUNY SPS-ACS WORKFORCE INSTITUTE PARTNERED WITH ST. CHARLES CONSULTING GROUP ON THE PREVENTIVE CASE PLANNER, PRACTICE AND SUPERVISORY CORE PROGRAM DESIGN AND DEVELOPMENT PROJECT TO ENHANCE EMPLOYEE ENGAGEMENT BY EFFECTIVELY PREPARING PREVENTIVE CASE PLANNERS, CHILD PROTECTIVE SPECIALIST (CPS) AND CHILD PROTECTIVE SPECIALIST SUPERVISOR (CPS SUP) AUDIENCES FOR THE ACTUAL WORK THROUGH COMPETENCY AND SKILL DEVELOPMENT, REALISTIC JOB PREVIEWS, AND STRENGTHENING THEIR CONFIDENCE THAT WILL REDUCE TURNOVER. IT ALSO PROVIDED REDESIGN AND REDEVELOP THE EXISTING COURSE THAT GOAL IS TO ENSURE CASEWORKERS ARE EFFECTIVELY USING ALL AVAILABLE CASE DATA TO ENSURE THE SAFETY OF THE CHILDREN.</p> <p>REGIS COMPANY LLC - FOR CUNY SCHOOL OF PROFESSIONAL STUDIES (CUNY SPS): CUNY SPS CONTRACTED WITH THE REGIS COMPANY, LLC, A LEADERSHIP DEVELOPMENT COMPANY WITH EXPERTISE IN CREATING SIMULATIONS AND EXPERIENTIAL LEARNING. REGIS DEVELOPED FIVE SIMULATIONS FOR THE CHILD PROTECTIVE SPECIALIST (CPS) ON BOARDING PROGRAM. THE PROGRAM TOOK CUNY SPS THROUGH A STRUCTURED DESIGN AND DEVELOPMENT PROCESS RESULTING IN THE LAUNCH OF PILOT SESSIONS OF THE CPS SIMULATION. IT ALSO PROVIDED FACE TO FACE TRAIN THE TRAINER WORKSHOPS (TTT), PILOT OBSERVATION AND FACILITATION SERVICES FOR PILOT WORKSHOPS FOR SIMULATIONS DESIGNED FOR THE CPS AND PREVENTIVE ON BOARDING PROGRAMS.</p> <p>CAVEO LLC - FOR CUNY SCHOOL OF PROFESSIONAL STUDIES (CUNY SPS): CUNY SPS ENGAGED WITH CAVEO TO CONDUCT AN INVESTIGATION OF THE CURRENT ENERGY EFFICIENT OPERATIONS PROGRAM TO OUTLINE KEY OPPORTUNITIES AND EFFORTS THAT COULD BE LEVERAGED TO BETTER ALIGN THE PROGRAM WITH THE NEEDS AND THE GOALS OF THE ORGANIZATION. CAVEO LEARNING PROVIDED EVALUATION CONSULTING SERVICES TO CUNY SPS -ACS WORKFORCE INSTITUTE VIA THE PROVISION OF WRITTEN GUIDANCE DOCUMENTS AND RECOMMENDATIONS FOR STRATEGIES TO EVALUATE THE RESULTS FOR LEARNING EFFICIENCY, EFFECTIVENESS AND OUTCOMES. IT PROVIDED DIRECTION FOR OPERATIONALIZING THE GUIDANCE DOCUMENTATION AND THE EVALUATION STRATEGY RECOMMENDATIONS. IT ASSISTED IN THE ANALYSIS OF CURRENT MODULES AND PROVIDE LEARNING MODULES BASED ON THE PROVIDED PLAN AND STORYBOARD IN ORDER FOR CUNY SPS TO DELIVER EXTENSIVE LEARNING PROGRAM FOR FRONT LINE AND SUPERVISORY EMPLOYEES WITHIN ACS AND PROVIDER AGENCIES.</p> <p>COLLABORATIVE SAFETY LLC - FOR SCHOOL OF PROFESSIONAL STUDIES (CUNY SPS) - COLLABORATIVE SAFETY LLC PROVIDED TRAINING DESIGNED TO SUPPORT CUNY SPS TO PROVIDE AGENCY MANAGEMENT WITH A HIGH-LEVEL UNDERSTANDING OF SAFETY SCIENCE. IT ENGAGED MANAGERS ON HOW TO SUPPORT SAFETY ADVANCEMENT AND SYSTEM CHANGE AS WELL AS HOW TO ETHICALLY RESPOND TO FAILURE IN A WAY THAT PROMOTES ORGANIZATIONAL LEARNING AND IMPROVEMENT.</p>

Return Reference - Identifier	Explanation				
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses
	INDEPENDENT CONTRACTORS	18,700,200	18,668,281	31,919	
	SUBCONTRACTS	52,099,314	52,099,314		
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description				(b) Amount
	POSTRETIREMENT CREDIT				6,319,349
	PERIODIC POSTRETIREMENT BENEFIT CHANGE				- 12,263,588
	CHANGE IN FOUNDATION INVESTMENT IN GRANTSPLUS				- 38,649

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number
13-1988190

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) 230 WEST 41ST STREET LLC (20-1105113) 230 WEST 41ST STREET, NEW YORK, NY 10036	RENTAL REAL ESTATE	DE	17,316,443	79,550,507	RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) GRANTS PLUS, INC. (20-1541601) 230 WEST 41ST STREET, NEW YORK, NY 10036	GRANT MANAGEMENT	NY	501(C)(3)	12 TYPE I	RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK	✓	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Cat. No. 50135Y

Schedule R (Form 990) 2018

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

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

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

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1	During the tax year, did the 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	✓
b	Gift, grant, or capital contribution to related organization(s)	1b	✓
c	Gift, grant, or capital contribution from related organization(s)	1c	✓
d	Loans or loan guarantees to or for related organization(s)	1d	✓
e	Loans or loan guarantees by related organization(s)	1e	✓
f	Dividends from related organization(s)	1f	✓
g	Sale of assets to related organization(s)	1g	✓
h	Purchase of assets from related organization(s)	1h	✓
i	Exchange of assets with related organization(s)	1i	✓
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	✓
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	✓
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	✓
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	✓
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✓
o	Sharing of paid employees with related organization(s)	1o	✓
p	Reimbursement paid to related organization(s) for expenses	1p	✓
q	Reimbursement paid by related organization(s) for expenses	1q	✓
r	Other transfer of cash or property to related organization(s)	1r	✓
s	Other transfer of cash or property from related organization(s)	1s	✓
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

	(a) Name of related organization	(b) Transaction type (a—s)	(c) Amount involved	(d) Method of determining amount involved
(1)	GRANTSPLUS INC.	L	144,500	FMV
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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