

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2015

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the **2015** calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK</u> Doing Business As _____			D Employer identification number <u>14-1368361</u>	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number <u>(518) 434-7050</u>	
	PO BOX 9				
	City or town, state or province, country, and ZIP or foreign postal code <u>ALBANY, NY 12201</u>				
F Name and address of principal officer: <u>DR. JEFFREY CHEEK</u> <u>PO BOX 9 ALBANY, NY 12201</u>			G Gross receipts \$ <u>1,424,189,363.</u>		
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			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)		
J Website: ▶ <u>WWW.RFSUNY.ORG</u>			H(c) Group exemption number ▶ _____		
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: <u>1951</u> M State of legal domicile: <u>NY</u>		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE ATTACHMENT 1</u>	
	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)	<u>3</u> 14.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u> 12.
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<u>5</u> 15,877.
	6 Total number of volunteers (estimate if necessary)	<u>6</u> 729.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u> 0.
7b Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u> 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 912,653,795. Current Year: 874,381,283.
	9 Program service revenue (Part VIII, line 2g)	190,870,321. 196,987,722.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,502,617. 6,054,335.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	65,547,206. 47,215,987.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,185,573,939. 1,124,639,327.
	Net Assets or Fund Balances	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	612,315,315. 650,911,105.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	557,997,742. 579,734,705.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,170,313,057. 1,230,645,810.	
19 Revenue less expenses. Subtract line 18 from line 12	15,260,882. -106,006,483.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 961,212,173. End of Year: 965,112,551.
	21 Total liabilities (Part X, line 26)	1,124,150,381. 997,734,711.
	22 Net assets or fund balances. Subtract line 21 from line 20.	-162,938,208. -32,622,160.

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 <u>MS. EMILY KUNCHALA</u>	Date <u>05/10/2017</u>
	Type or print name and title INTERIM CFO	

Paid Preparer Use Only	Print/Type preparer's name <u>SHYAMALEE JOSEPH</u>	Preparer's signature _____	Date _____	Check <input type="checkbox"/> if self-employed	PTIN <u>P01085371</u>
	Firm's name ▶ <u>KPMG LLP</u>			Firm's EIN ▶ <u>13-5565207</u>	
	Firm's address ▶ <u>60 SOUTH ST BOSTON, MA 02111</u>			Phone no. <u>617-988-1000</u>	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2015)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

[] Yes [X] 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 [X] No

[] Yes [X] 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 \$ 537,860,998. including grants of \$) (Revenue \$ 350,983.)

RESEARCH

SEE SCHEDULE O

4b (Code:) (Expenses \$ 108,682,879. including grants of \$) (Revenue \$ 3,567,952.)

PUBLIC SERVICE

SEE SCHEDULE O

4c (Code:) (Expenses \$ 85,566,115. including grants of \$) (Revenue \$ 0.)

TRAINING AND EDUCATION

SEE SCHEDULE O

4d Other program services (Describe in Schedule O.) ATTACHMENT 2

(Expenses \$ 246,994,488. including grants of \$) (Revenue \$ 229,426,181.)

4e Total program service expenses 979,104,480.

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)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
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? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII.</i>	X	
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? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
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? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, sub-part, and Yes/No columns. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 702.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (14), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
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: MS. EMILY KUNCHALA PO BOX 9 ALBANY, NY 12201 518-434-7050

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

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

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) MR. JOHN FITZGIBBONS DIRECTOR, CHAIRMAN	2.50 0.	X					0.	0.	0.	
(2) DR. MENG-LING HSIAO DIRECTOR	2.00 0.	X					0.	0.	0.	
(3) DR. MYRON J. MITCHELL VICE CHAIR	10.00 0.	X					20,673.	0.	2,606.	
(4) DR. SAMUEL L. STANLEY, JR. DIRECTOR	7.00 0.	X					0.	0.	0.	
(5) MR. STEVEN N. FISCHER DIRECTOR	5.00 0.	X					0.	0.	0.	
(6) MS. PATRICIA CALDWELL DIRECTOR	1.20 0.	X					0.	0.	0.	
(7) DR. ANNE KRESS DIRECTOR	1.00 0.	X					0.	0.	0.	
(8) DR. ALAN GINTZLER DIRECTOR	5.00 0.	X					0.	0.	0.	
(9) DR. D. BRUCE JOHNSTONE DIRECTOR	2.50 0.	X					0.	0.	0.	
(10) MR. JEFFREY H. BLACK VICE CHAIR	2.00 0.	X					0.	0.	0.	
(11) DR. HARVEY G. STENGER, JR. DIRECTOR	3.00 0.	X					125,000.	0.	10,000.	
(12) MR. PORTER BIBB DIRECTOR	5.00 0.	X					0.	0.	0.	
(13) DR. ROBERT JONES DIRECTOR	5.00 0.	X					110,000.	0.	8,800.	
(14) MR. DANIEL C. TOMSON ESQ. DIRECTOR	2.00 0.	X					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) DR. SATISH K. TRIPATHI DIRECTOR	4.00 0.	X					0.	0.	0.	
16) MR. PAUL KUTEY CHIEF FINANCIAL OFFICER	37.50 0.			X			255,826.	0.	47,345.	
17) MR. GARRETT SANDERS CHIEF OPERATING OFFICER	37.50 0.			X			238,944.	0.	33,044.	
18) MR. CHRISTOPHER ASHLEY GENERAL COUNSEL AND SECRETARY	37.50 0.			X			243,751.	0.	28,243.	
19) DR. ALEXANDER CARTWRIGHT INTERIM PRESIDENT	11.00 0.			X			116,638.	0.	17,065.	
20) DR. JEFFREY CHEEK PRESIDENT	37.50 0.			X			0.	0.	0.	
21) DR. ALAIN E. KALOYEROS PRINCIPAL INVESTIGATOR	37.50 0.				X		795,733.	0.	31,800.	
22) MR. PAUL FARRAR VP MFG.INNOVATION SUNY POLY	37.50 0.					X	332,642.	0.	39,596.	
23) MS. ERIN ABOUZAID CIO, STONY BROOK FOUNDATION	37.50 0.					X	255,681.	0.	46,941.	
24) MR. JASON HSUEH CEO, STONY BROOK FOUNDATION	37.50 0.					X	229,797.	0.	49,598.	
25) MS. LORRAINE MANZELLA ADMN DIR UPSTATE UNIV MED ASSC	37.50 0.					X	231,484.	0.	39,813.	
1b Sub-total							255,673.	0.	21,406.	
c Total from continuation sheets to Part VII, Section A							3,463,766.	0.	466,684.	
d Total (add lines 1b and 1c)							3,719,439.	0.	488,090.	

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 **▶ 365**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 93**

Part VIII Statement of Revenue

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

				(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	575,291,756.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	299,089,527.					
	g Noncash contributions included in lines 1a-1f: \$		2,261,767.					
	h Total. Add lines 1a-1f			874,381,283.				
	Program Service Revenue				Business Code			
2a AGENCY ACTIVITY			561000	196,987,722.	196,987,722.			
b								
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				196,987,722.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 5			3,471,037.			3,471,037.	
	4 Income from investment of tax-exempt bond proceeds			0.				
	5 Royalties			10,858,593.			10,858,593.	
	6a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)			0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		290,613,562.	11,519,772.					
		b Less: cost or other basis and sales expenses			291,409,310.	8,140,726.		
		c Gain or (loss)			-795,748.	3,379,046.		
	d Net gain or (loss)			2,583,298.			2,583,298.	
	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			0.			
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			0.				
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			0.				
Miscellaneous Revenue			Business Code					
11a AGENCY FEES		561000	7,745,440.	7,745,440.				
b SERVICE CENTER REVENUE		541380	12,000,378.	12,000,378.				
c FIXED PRICE AWARD REVENUE		611710	3,751,957.	3,751,957.				
d All other revenue		611710	12,859,619.	12,859,619.				
e Total. Add lines 11a-11d			36,357,394.					
12 Total revenue. See instructions.			1,124,639,327.	233,345,116.		16,912,928.		

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 X

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,012,430.	12,222.	2,000,208.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	779,050.		779,050.	
7 Other salaries and wages	445,399,835.	382,400,348.	62,999,487.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,310,125.	23,372,396.	7,937,729.	
9 Other employee benefits	142,223,019.	103,050,893.	39,172,126.	
10 Payroll taxes	29,186,646.	24,903,071.	4,283,575.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	1,484,582.	265,111.	1,219,471.	
c Accounting	415,327.	23,148.	392,179.	
d Lobbying	265,026.		265,026.	
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	563,915.		563,915.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	95,552,639.	83,634,263.	11,918,376.	
12 Advertising and promotion	1,464,394.	1,339,050.	125,344.	
13 Office expenses	72,524,850.	62,583,405.	9,941,445.	
14 Information technology	6,565,845.	2,406,348.	4,159,497.	
15 Royalties	6,795,419.	6,795,419.		
16 Occupancy	20,204,828.	13,834,031.	6,370,797.	
17 Travel	20,081,398.	15,929,177.	4,152,221.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	5,901,035.	4,079,084.	1,821,951.	
20 Interest	246,402.		246,402.	
21 Payments to affiliates. ATCH 6	35,093,238.	34,811,557.	281,681.	
22 Depreciation, depletion, and amortization	65,651,023.	57,839,518.	7,811,505.	
23 Insurance	3,230,423.	2,162,915.	1,067,508.	
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 <u>SUBCONTRACTS</u>	64,469,518.	64,325,690.	143,828.	
b <u>TUITION AND FEES/FELLOWSHIPS</u>	34,521,574.	32,191,287.	2,330,287.	
c <u>EQUIPMENT</u>	50,626,380.	50,141,555.	484,825.	
d <u>BAD DEBT</u>	69,841,163.		69,841,163.	
e All other expenses	24,235,726.	13,003,992.	11,231,734.	
25 Total functional expenses. Add lines 1 through 24e	1,230,645,810.	979,104,480.	251,541,330.	
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)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	19,616,939.	2	23,776,878.
	3 Pledges and grants receivable, net	267,724,765.	3	218,695,002.
	4 Accounts receivable, net	30,894,605.	4	32,028,987.
	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	1,849.	6	0.
	7 Notes and loans receivable, net ATCH 7	5,505,461.	7	2,667,917.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	18,898.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 682,766,595.		
	b Less: accumulated depreciation	10b 205,592,329.	426,088,230.	10c 477,174,266.
	11 Investments - publicly traded securities ATCH 8	42,247,810.	11	46,077,172.
	12 Investments - other securities. See Part IV, line 11	106,707,280.	12	106,140,411.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	53,655,224.	14	44,907,808.
	15 Other assets. See Part IV, line 11	8,751,112.	15	13,644,110.
16 Total assets. Add lines 1 through 15 (must equal line 34)	961,212,173.	16	965,112,551.	
Liabilities	17 Accounts payable and accrued expenses	115,674,989.	17	145,005,743.
	18 Grants payable	0.	18	0.
	19 Deferred revenue ATCH 9	280,756,490.	19	363,499,609.
	20 Tax-exempt bond liabilities	4,665,000.	20	4,470,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	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	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties ATCH 10	294,679,194.	23	278,757,597.
	24 Unsecured notes and loans payable to unrelated third parties	23,309,040.	24	17,384,930.
	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	405,065,668.	25	188,616,832.
	26 Total liabilities. Add lines 17 through 25	1,124,150,381.	26	997,734,711.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-162,938,208.	27	-32,622,160.
	28 Temporarily restricted net assets	0.	28	0.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-162,938,208.	33	-32,622,160.
34 Total liabilities and net assets/fund balances	961,212,173.	34	965,112,551.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,124,639,327.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,230,645,810.
3	Revenue less expenses. Subtract line 2 from line 1	3	-106,006,483.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-162,938,208.
5	Net unrealized gains (losses) on investments	5	-2,704,402.
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	239,026,933.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-32,622,160.

Part XII Financial Statements and Reporting

Check 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		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2015)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization **THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK**

Employer identification number
14-1368361

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (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)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 1-9 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						

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

Schedule A (Form 990 or 990-EZ) 2015

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

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2015 (77.20%); 15 Public support percentage from 2014 Schedule A, Part II, line 14 (76.95%); 16a 33 1/3% support test - 2015 (checked); 16b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; 17b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

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? <i>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.</i>	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? <i>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.</i>	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)? <i>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).</i>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	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.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	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? <i>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.</i>	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? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	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. **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 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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
AGENCY DIRECT	170,764,760.	202,260,864.	178,692,182.	190,870,321.	196,987,722.	939,575,849.
EQ PARTNERSHIP	1,959,624.	1,494,746.	1,038,787.	2,221,850.	2,345,191.	9,060,198.
AGENCY FEES	6,537,496.	6,924,187.	6,937,816.	7,316,917.	7,745,440.	35,461,856.
SERVICE CENTER REVENUE	14,208,540.	13,413,733.	14,293,512.	14,125,247.	12,000,378.	68,041,410.
OTHER EDUC. SUPPORT SERVICES	7,907,563.	11,414,372.	9,651,313.	8,520,782.	12,859,619.	50,353,649.
FIXED PRICE AWARD REVENUE	6,192,709.	5,990,791.	5,879,488.	25,080,260.	3,751,957.	46,895,205.
TOTALS	<u>207,570,692.</u>	<u>241,498,693.</u>	<u>216,493,098.</u>	<u>248,135,377.</u>	<u>235,690,307.</u>	<u>1,149,388,167.</u>

Schedule of Contributors

2015

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK	Employer identification number 14-1368361
--	---

Organization type (check one):

Filers of:

Section:

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK	Employer identification number 14-1368361
---	---

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	<hr/> <hr/> <hr/>	\$ 186,979,190.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 28,650,288.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 66,510,212.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 79,883,729.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 35,999,051.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 24,732,169.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK	Employer identification number 14-1368361
---	---

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	_____ _____ _____	\$ 21,747,672.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 20,575,103.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 21,490,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK	Employer identification number 14-1368361
---	---

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 THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK	Employer identification number 14-1368361
---	---

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	
	_____	_____	
	_____	_____	
_____	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
_____	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
_____	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK	Employer identification number 14-1368361
---	--

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2015

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

DESCRIPTION OF LOBBYING ACTIVITIES

THE REPORTED EXPENDITURES ARE INCURRED BY THE RF AS FISCAL AGENT FOR THE STATE UNIVERSITY OF NEW YORK (SUNY) SYSTEM ADMINISTRATION AND MANY OF SUNY'S 64 MEMBER INSTITUTIONS WITH REGARD TO FEDERAL, STATE, AND LOCAL LEGISLATION AND DIRECT FUNDING SUPPORT FOR VARIOUS PROJECTS TO BE SPONSORED BY OR ADMINISTERED BY NUMEROUS SUNY CAMPUSES. BECAUSE THE RF ACTS AS FISCAL AGENT FOR SUNY AND ITS MEMBER INSTITUTIONS, EXPENDITURES INCURRED BY SUNY AND THE RF REGARDING FEDERAL LEGISLATION AND FUNDING ARE REPORTED ON THE APPROPRIATE FEDERAL LOBBY DISCLOSURE ACT (LDA) FORM LD-2. EXPENDITURES FOR STATE AND LOCAL LEGISLATION AND APPROPRIATIONS ARE REPORTED BY SUNY CONSISTENT WITH APPLICABLE NEW YORK STATE AND NEW YORK CITY LAW AND REGULATIONS.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Name of the organization THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK

Employer identification number 14-1368361

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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., 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?, 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)?, 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.

Table with 2 columns: Description, Amount. Rows include: 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., 1b 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 in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2015

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 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
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
Table with columns: Yes, No. Rows: 3a(i), 3a(ii), 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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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) ABSOLUTE MULTISTRATEGY FUNDS	28,834,890.	FMV
(B) INVEST IN EQUITY PARTNERSHIP	3,137,813.	FMV
(C) CREDIT SECURITIES FUNDS	6,612,985.	FMV
(D) GLOBAL EQUITIES FUNDS	24,529,957.	FMV
(E) HEDGED EQUITIES FUNDS	29,053,606.	FMV
(F) PRIVATE EQUITY FUNDS	11,960,493.	FMV
(G) UAF POOLED ENDOWMENT	2,010,667.	FMV
(H) -		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	106,140,411.	

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) POST RETIREMENT BENEFIT LIABILITY	181,635,741.
(3) 457B PLAN LIABILITY	5,979,607.
(4) INTEREST RATE SWAP	1,001,484.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	188,616,832.

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	1163974136.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-2,704,402.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	239,026,933.	
e	Add lines 2a through 2d	2e		236,322,531.
3	Subtract line 2e from line 1	3		927,651,605.
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	196,987,722.	
c	Add lines 4a and 4b	4c		196,987,722.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5		1124639327.

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	1033658088.
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		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		1033658088.
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	196,987,722.	
c	Add lines 4a and 4b	4c		196,987,722.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5		1230645810.

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 PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 4B

AGENCY PROGRAM SERVICE REVENUE: \$196,987,722

SCHEDULE D, PART XII, LINE 4B

AGENCY PROGRAM SERVICE EXPENSE: \$196,987,722

SCHEDULE D, PART X, LINE 2

FOOTNOTE 2(K) OF THE JUNE 30, 2016 AUDITED FINANCIAL STATEMENTS CONTAINS THE FOLLOWING LANGUAGE REGARDING FIN 48 (ASC 740): "MANAGEMENT HAS DETERMINED THERE ARE NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2016 AND 2015."

SCHEDULE D, PART XI, LINE 2D

CHANGE IN VALUATION OF INTEREST RATE SWAP: -\$220,515

POST-RETIREMENT CHANGE IN NET ASSETS: \$239,247,448

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization THE RESEARCH FOUNDATION FOR THE
STATE UNIVERSITY OF NEW YORK

Employer identification number
14-1368361

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN		8.	PROGRAM SERVICES	ORGANIZED RESEARCH	204,638.
(2) SOUTH AMERICA	1.	7.	PROGRAM SERVICES	ORGANIZED RESEARCH	372,823.
(3) EUROPE		26.	PROGRAM SERVICES	ORGANIZED RESEARCH	3,196,400.
(4) MIDDLE EAST AND NORTH AFRICA		1.	PROGRAM SERVICES	ORGANIZED RESEARCH	16,334.
(5) SOUTH ASIA		1.	PROGRAM SERVICES	ORGANIZED RESEARCH	27,384.
(6) CENTRAL AMERICA/CARIBBEAN		1.	PROGRAM SERVICES	PUBLIC SERVICES	12,500.
(7) EAST ASIA AND THE PACIFIC		10.	PROGRAM SERVICES	ORGANIZED RESEARCH	419,787.
(8) EAST ASIA AND THE PACIFIC		3.	PROGRAM SERVICES	PUBLIC SERVICES	167,721.
(9) EAST ASIA AND THE PACIFIC		3.	PROGRAM SERVICES	TRAINING	666,568.
(10) EUROPE		4.	PROGRAM SERVICES	EDUCATIONAL SUPPORT	125,021.
(11) EUROPE		2.	PROGRAM SERVICES	PUBLIC SERVICES	1,496,924.
(12) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	EDUCATIONAL SUPPORT	1,197.
(13) MIDDLE EAST AND NORTH AFRICA		3.	PROGRAM SERVICES	PUBLIC SERVICES	32,972.
(14) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	TRAINING	82,171.
(15) NORTH AMERICA	1.	7.	PROGRAM SERVICES	ORGANIZED RESEARCH	109,845.
(16) NORTH AMERICA		1.	PROGRAM SERVICES	PUBLIC SERVICES	95,934.
(17) NORTH AMERICA		1.	PROGRAM SERVICES	EDUCATIONAL SUPPORT	57,180.
3a Sub-total	2.	78.			7,085,399.
b Total from continuation sheets to Part I	8.	23.			101,980,390.
c Totals (add lines 3a and 3b)	10.	101.			109,065,789.

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

Schedule F (Form 990) 2015

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization THE RESEARCH FOUNDATION FOR THE
STATE UNIVERSITY OF NEW YORK

Employer identification number
14-1368361

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

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) RUSSIA/INDEPENDENT STATES		3.	PROGRAM SERVICES	ORGANIZED RESEARCH	226,701.
(2) SUB-SAHARAN AFRICA			PROGRAM SERVICES	TRAINING	23,981.
(3) SUB-SAHARAN AFRICA	2.	6.	PROGRAM SERVICES	ORGANIZED RESEARCH	212,553.
(4) SUB-SAHARAN AFRICA	6.	14.	PROGRAM SERVICES	PUBLIC SERVICES	5,948,720.
(5) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS	INVESTMENTS	95,568,435.
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2015

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

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

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

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

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

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

EXPENDITURE RECORDS AND REPORTING

THE RF IS NOT A GRANTMAKER, AND WHILE IT DOES NOT MAKE GRANTS TO FOREIGN ORGANIZATIONS OR TO FOREIGN INDIVIDUALS, IT DOES ADMINISTER GRANTS, CONTRACTS AND OTHER SPONSORED PROGRAMS FUNDED BY OTHERS, INCLUDING GRANTS WITH ACTIVITY IN FOREIGN COUNTRIES. THE RF COMPLIES WITH SPONSOR REQUIREMENTS AS WELL AS OMB UNIFORM GUIDANCE IN ITS COSTING, ADMINISTRATION, AND RECORD-KEEPING PRACTICES INCLUDING RECORDS OF ALL DISBURSEMENTS AND REPORTS ON THE USAGE OF THE SPONSORS' FUNDS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization THE RESEARCH FOUNDATION FOR THE
STATE UNIVERSITY OF NEW YORK

Employer identification number
14-1368361

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 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 checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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 in 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 checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" 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" to 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 non-fixed 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 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 MR. PAUL KUTEY CHIEF FINANCIAL OFFICER	(i)	255,826.	0.	0.	21,022.	26,323.	303,171.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 DR. ALAIN E. KALOYEROS PRINCIPAL INVESTIGATOR	(i)	795,733.	0.	0.	31,800.	0.	827,533.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MR. JOSHUA TOAS CHIEF COMPLIANCE OFFICER	(i)	184,636.	0.	0.	15,152.	19,032.	218,820.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 MR. GARRETT SANDERS CHIEF OPERATING OFFICER	(i)	238,944.	0.	0.	23,061.	9,983.	271,988.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 MR. RICHARD AGNELLO DEPUTY GENERAL COUNSEL	(i)	145,341.	0.	0.	13,609.	9,356.	168,306.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 MR. CHRISTOPHER ASHLEY GENERAL COUNSEL AND SECRETARY	(i)	243,751.	0.	0.	16,760.	11,483.	271,994.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 MR. FRANK J. GABRIEL VICE PRESIDENT, TREASURY	(i)	197,297.	0.	0.	20,035.	10,983.	228,315.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 MR. PAUL FARRAR VP MFG. INNOVATION SUNY POLY	(i)	332,642.	0.	0.	21,200.	18,396.	372,238.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 MS. ERIN ABOUZOID CIO, STONY BROOK FOUNDATION	(i)	225,681.	30,000.	0.	20,981.	25,960.	302,622.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 MR. JASON HSUEH CEO, STONY BROOK FOUNDATION	(i)	229,797.	0.	0.	23,638.	25,960.	279,395.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 MS. LORRAINE MANZELLA ADMN DIR UPSTATE UNIV MED ASSC	(i)	231,484.	0.	0.	27,775.	12,038.	271,297.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 MR. PAUL TOLLEY VP DISRUPTIVE TECH. SUNY POLY	(i)	235,996.	0.	0.	19,385.	25,687.	281,068.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to 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.

SCHEDULE J, PART I, LINE 3

SALARY OF PRESIDENT- THE SALARY OF THE RF INTERIM PRESIDENT DR. ALEXANDER CARTWRIGHT WAS PAID BY THE STATE UNIVERSITY OF NEW YORK (SUNY) WITH PARTIAL REIMBURSEMENT PROVIDED BY THE RF DURING THE TAX YEAR, UNTIL DR. JEFFREY CHEEK ASSUMED THE ROLE OF PRESIDENT IN JUNE 2016. DR. CARTWRIGHT'S SALARY WAS DETERMINED BY SUNY'S CHANCELLOR AND GOVERNING BODY. DR. CHEEK'S SALARY IS NOT REPORTED ON PART VII OR SCHEDULE J SINCE HIS EMPLOYMENT BEGAN IN CALENDAR YEAR 2016. DR. CHEEK'S COMPENSATION WAS INCLUDED IN EXECUTIVE COMPENSATION BENCHMARKING AND GOVERNING BODY REVIEW DESCRIBED FURTHER IN SCHEDULE O.

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS - MS. ABOUZAIID RECEIVED INCENTIVE COMPENSATION FOR REACHING PERFORMANCE TARGETS.

SCHEDULE J, PART I, LINE 1A

DISCRETIONARY ACCOUNT - VICE CHAIR MITCHELL WAS PROVIDED A DISCRETIONARY SPENDING ACCOUNT AS PART OF HIS DUTIES AS A PRINCIPAL INVESTIGATOR. IT WAS NOT PROVIDED AS PART OF OR AS A CONSEQUENCE OF HIS SERVICE ON THE RF

Part III Supplemental Information

Complete this part to 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.

BOARD OF DIRECTORS.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2015

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization **THE RESEARCH FOUNDATION FOR THE
STATE UNIVERSITY OF NEW YORK**

Employer identification number
14-1368361

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A												
B												
C												
D												

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue								
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion								
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?								
15 Were the bonds issued as part of an advance refunding issue?								
16 Has the final allocation of proceeds been made?								
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?								

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2 Are there any lease arrangements that may result in private business use of bond-financed property?								

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

Part III Private Business Use (Continued)

ALBANY IDA BONDS

Table with 9 rows and 8 columns (A, B, C, D). Rows include questions about management contracts, research agreements, and percentages of financed property used in private business use.

Part IV Arbitrage

Table with 10 rows and 8 columns (A, B, C, D). Rows include questions about Form 8038-T, rebate computation, and hedge issues.

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

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization **THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK**

Employer identification number
14-1368361

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

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

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
					Yes	No
(1)	PAULA KALOYEROS	FAMILY MEMBER - KEY EMPL	150,169.	EMPLOYEE COMPENSATION		X
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **THE RESEARCH FOUNDATION FOR THE
STATE UNIVERSITY OF NEW YORK**

Employer identification number
14-1368361

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes	X	4.	106,250.	APPRAISALS
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		1.	2,155,517.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 2.

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)

JSA

5E1298 1.000

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

USE OF THIRD PARTIES

IN SOME CASES, THE RF WILL LIST FOR SALE, BOATS DONATED TO BUT NO LONGER
NEEDED BY THE SUNY MARITIME COLLEGE PROGRAM USING A BROKER TO ENABLE THE
SALE TO OCCUR IN A TIMELY FASHION AT A REASONABLE MARKET PRICE.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
NANOTECHNOLOGY EQUIPMENT	X	1.	2,155,517.	DONATION AGREEMENTS
TOTALS		<u>1.</u>	<u>2,155,517.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the 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.**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization THE RESEARCH FOUNDATION FOR THE
STATE UNIVERSITY OF NEW YORK

Employer identification number
14-1368361

PART III, LINES 4A THROUGH 4D

PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

RESEARCH - THE RF PROVIDES SUNY FACULTY AND STAFF WITH ADMINISTRATIVE SUPPORT FOR RESEARCH GRANTS AND AWARDS THAT ARE FUNDED BY SPONSORS (FEDERAL AND STATE GOVERNMENTS, PRIVATE SECTOR COMPANIES AND NONPROFIT FOUNDATIONS). THE ADMINISTRATIVE SUPPORT INCLUDES SERVICES SUCH AS HIRING PERSONNEL NECESSARY TO CONDUCT THE RESEARCH, PURCHASING EQUIPMENT AND SUPPLIES, PREFUNDING EXPENSES PRIOR TO SPONSOR REIMBURSEMENT AND PROVIDING FINANCIAL REPORTS TO THE SPONSORS. THESE RESEARCH GRANTS AND AWARDS ENCOMPASS A WIDE RANGE OF DISCIPLINES INCLUDING IN LIFE SCIENCES AND MEDICINE; ENGINEERING AND NANOTECHNOLOGY; PHYSICAL SCIENCES AND ENERGY; SOCIAL SCIENCES, AND COMPUTER AND INFORMATION SCIENCES. THE RF SUPPORTED 4,780 RESEARCH GRANTS AND AWARDS THAT WERE CONDUCTED BY 1,813 FACULTY MEMBERS (PRINCIPAL INVESTIGATORS) DURING THE FISCAL YEAR ENDED JUNE 30, 2016. THIS YEAR, RESEARCH AT SUNY LED TO 329 INVENTION DISCLOSURES, 68 U.S. PATENTS, 66 LICENSE AGREEMENTS, AND 228 PATENT APPLICATIONS FILED.

PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

PUBLIC SERVICE - SUNY FACULTY AND STAFF CONDUCT VARIOUS PROGRAMS THAT BENEFIT LOCAL COMMUNITIES AND BEYOND SUCH AS PROVIDING WORKFORCE DEVELOPMENT SERVICES, EDUCATIONAL AND THERAPEUTIC SERVICES TO CHILDREN THROUGH EARLY INTERVENTION PROGRAMS AND COORDINATING SMALL BUSINESS DEVELOPMENT CENTER ACTIVITIES. FUNDING FOR THESE GRANTS AND PROGRAMS IS

Name of the organization THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK	Employer identification number 14-1368361
---	--

PROVIDED BY SPONSORS TO THE RF ON BEHALF OF SUNY. THE RF SUPPORTS THE FACULTY AND STAFF BY PERFORMING THE FOLLOWING ADMINISTRATIVE TASKS: HIRING PERSONNEL THE FACULTY NEED TO HELP CONDUCT THE PROGRAM, PURCHASING NECESSARY EQUIPMENT AND SUPPLIES AND REIMBURSING TRAVEL COSTS THAT ARE PROVIDED FOR BY THE GRANT, SUBMITTING FINANCIAL REPORTS REQUIRED BY THE SPONSORS, AND ENSURING COMPLIANCE WITH FEDERAL AND STATE REGULATIONS AND THE SPONSOR'S TERMS AND CONDITIONS. THE RF SUPPORTED 925 PUBLIC SERVICE GRANTS AND AWARDS THAT WERE CONDUCTED BY 259 PRINCIPAL INVESTIGATORS DURING THE FISCAL YEAR ENDED JUNE 30, 2016.

PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

TRAINING AND EDUCATION - SUNY FACULTY AND STAFF ARE AWARDED GRANTS AND CONTRACTS FOR TRAINING AND EDUCATION PROGRAMS THAT HELP BUILD SKILLS AND DISSEMINATE SUNY EXPERTISE. THE PROGRAMS ARE DESIGNED TO HELP PEOPLE OF ALL AGES IN NEW YORK STATE AND AROUND THE WORLD, SUCH AS TEACHERS AND HEALTH CARE WORKERS. THE RF PROVIDES ADMINISTRATIVE SERVICES THAT ALLOW SUNY FACULTY AND STAFF TO FOCUS ON THESE PROGRAMS. THESE ADMINISTRATIVE SERVICES INCLUDE: HIRING PERSONNEL TO HELP CONDUCT PROGRAMS, PURCHASING NECESSARY EQUIPMENT AND SUPPLIES AND REIMBURSING TRAVEL COSTS THAT ARE PROVIDED FOR BY GRANT, SUBMITTING FINANCIAL REPORTS REQUIRED BY THE SPONSOR, AND ENSURING COMPLIANCE WITH FEDERAL AND STATE REGULATIONS AND THE SPONSOR'S TERMS AND CONDITIONS. THE RF SUPPORTED 762 TRAINING AND EDUCATIONAL GRANTS AND AWARDS THAT WERE CONDUCTED BY 196 PRINCIPAL INVESTIGATORS DURING THE FISCAL YEAR ENDED JUNE 30, 2016. UNDER THE PROGRAM SERVICES INCLUDED ON LINES 4A THROUGH 4C, THE RF EMPLOYED

Name of the organization THE RESEARCH FOUNDATION FOR THE
STATE UNIVERSITY OF NEW YORK

Employer identification number
14-1368361

APPROXIMATELY 10,500 INDIVIDUALS.

PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

OTHER PROGRAM SERVICES - THE RF ADMINISTERS GRANTS AND CONTRACTS SUCH AS SCHOLARSHIPS AND FELLOWSHIPS FOR SUNY STUDENTS THAT ARE FUNDED BY EXTERNAL SPONSORS, AS WELL AS SERVICES THE RF PROVIDED TO CAMPUS-RELATED ORGANIZATIONS ACROSS 31 SUNY LOCATIONS AND TO RF AFFILIATES - SEPARATE, PRIVATE CORPORATIONS THAT SUPPORT CAMPUS GOALS TO CONDUCT COLLABORATIVE RESEARCH PROJECTS, EMPOWER SMALL BUSINESS INCUBATION, AND MANAGE AND DEVELOP REAL ESTATE. THE RF OFFERS HUMAN RESOURCES/PAYROLL AND PURCHASING/PAYABLES ADMINISTRATIVE SERVICES TO THESE ORGANIZATIONS. CAMPUS-RELATED ORGANIZATIONS ARE CREATED TO SUPPORT SUNY'S MISSION; EXAMPLES OF SUCH ORGANIZATIONS ARE CAMPUS FOUNDATIONS AND CLINICAL PRACTICE PLANS AT THE SUNY MEDICAL INSTITUTIONS. APPROXIMATELY 2,800 INDIVIDUALS WERE EMPLOYED BY THE RF FOR THESE PROGRAM SERVICES. ADDITIONAL PROGRAMS SUPPORTED BY THE RF INCLUDE: *SUNY NETWORKS OF EXCELLENCE, WHICH HARNESS THE MULTIDISCIPLINARY EXPERTISE OF RESEARCHERS AND STUDENTS FROM ACROSS SUNY'S 64 CAMPUSES TO HELP SOLVE SOME OF THE MOST IMPORTANT PROBLEMS OF OUR TIME-PROBLEMS RELATED TO GLOBAL CLIMATE CHANGE, THE SPREAD OF INFECTIOUS DISEASES, AND THE INTRICACIES OF THE BRAIN, AMONG OTHERS. *SUNY TECHNOLOGY ACCELERATOR FUND (TAF) INVESTMENTS, WHICH TARGET CRITICAL RESEARCH AND DEVELOPMENT MILESTONES - SUCH AS FEASIBILITY STUDIES, PROTOTYPING AND TESTING - TO HELP FACULTY INVENTORS AND SCIENTISTS DEMONSTRATE THAT THEIR PROMISING IDEAS HAVE COMMERCIAL POTENTIAL. *START-UP NY, NEW YORK STATE'S GROUNDBREAKING INITIATIVE TO

Name of the organization THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK	Employer identification number 14-1368361
---	--

GROW BUSINESS THROUGH TAX-FREE ZONES AND ACCESS TO SUNY'S
STATE-OF-THE-ART FACILITIES AND TALENT.

THE REMAINING 2,600 INDIVIDUALS EMPLOYED BY THE RF WERE MAINLY CORPORATE
STAFF SUPPORTING THE PROGRAMS DESCRIBED IN LINES 4A THROUGH 4D. FOR MORE
INFORMATION ABOUT THE RF GO TO WWW.RFSUNY.ORG

PART VI, LINE 2

THE FOLLOWING INDIVIDUALS ARE OR WERE MEMBERS OF THE RF BOARD DURING THE
TAX YEAR AND ARE ALSO EMPLOYED BY THE STATE UNIVERSITY OF NEW YORK
(SUNY): VICE CHAIR MITCHELL, DIRECTOR GINTZLER, DIRECTOR JONES, DIRECTOR
KRESS, DIRECTOR STENGER, DIRECTOR STANLEY, AND DIRECTOR TRIPATHI. DR.
KALOYEROS, WHO WAS A KEY EMPLOYEE OF THE RF, WAS AN EMPLOYEE OF SUNY AS
WELL. THESE BUSINESS RELATIONSHIPS ARE NOT REPORTABLE ON SCHEDULE L NOR
DID THEY GIVE RISE TO TRANSACTIONS REPORTABLE ON SCHEDULE L.

PART VI, LINE 11

THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE FORM 990 PRIOR
TO SUBMISSION ACCORDING TO THE AUDIT COMMITTEE CHARTER. THE RF PROVIDED
A COMPLETE COPY OF THE FINAL FORM 990 (INCLUDING ALL REQUIRED SCHEDULES),
AS ULTIMATELY FILED WITH THE IRS, TO EACH PERSON WHO WAS A VOTING MEMBER
OF THE GOVERNING BODY AT THE TIME THE FORM 990 WAS FILED WITH THE IRS.

PART VI, LINE 12

THE RF MONITORS CONFLICTS OF INTEREST FOR DIRECTORS, OFFICERS AND KEY
EMPLOYEES BY DOING AN ANNUAL CERTIFICATION OF BUSINESS AND FAMILY

Name of the organization THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK	Employer identification number 14-1368361
---	--

RELATIONSHIPS. ANY DIRECTOR WITH A RELATIONSHIP THAT MAY BE PERCEIVED AS CONSTITUTING A CONFLICT OF INTEREST WILL RECUSE HIM/HERSELF FROM THE VOTE ON THAT ISSUE.

UNDER THE RF'S CONFLICT OF INTEREST POLICY AND MANAGEMENT OF CONFLICTS OF INTEREST PROCEDURE, IF A POTENTIAL CONFLICT IS IDENTIFIED, IT IS REVIEWED BY AN IMPARTIAL INDIVIDUAL OR GROUP WITH CONSULTATION AS NEEDED WITH THE CHIEF COMPLIANCE OFFICER. IF A CONFLICT IS DETERMINED TO EXIST, A MANAGEMENT PLAN IS PUT IN PLACE TO MITIGATE THE CONFLICT.

PART VI, LINE 15

THE PROCESS FOR DETERMINING THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL, OFFICERS, AND EMPLOYEES MEETS THE REQUIREMENTS OF THE REBUTTABLE PRESUMPTION PROVISION UNDER TREAS. REG. §53.4958-6. THE RF BOARD HAS DESIGNATED THE EXECUTIVE COMMITTEE TO ACT AS THE COMPENSATION COMMITTEE FOR THE RF ACCORDING TO THE EXECUTIVE COMMITTEE CHARTER. FOR RF PRESIDENT DR. JEFFREY CHEEK, AN RF EMPLOYEE, HIS COMPENSATION WAS SET BY THE RF BOARD OF DIRECTORS AS PER THE RF'S EXECUTIVE COMPENSATION POLICY.

INTERIM PRESIDENT DR. CARTWRIGHT, WHO SERVED AS THE RF'S TOP MANAGEMENT OFFICIAL WHILE ALSO SERVING SUNY IN AN UNRELATED CAPACITY DURING THE TAX YEAR UNTIL DR. CHEEK ASSUMED THE POSITION OF PRESIDENT, WAS NOT AN RF EMPLOYEE BUT WAS EMPLOYED BY SUNY. AS A RESULT, DR. CARTWRIGHT'S SALARY WAS DETERMINED BY THE SUNY CHANCELLOR CONSISTENT WITH RELEVANT NEW YORK LAW AND SUNY REGULATIONS AND POLICY SET BY THE SUNY BOARD OF TRUSTEES. DR. CARTWRIGHT DID NOT RECEIVE ANY SALARY FROM THE RF. HE RECEIVED HIS

Name of the organization THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK	Employer identification number 14-1368361
---	--

SALARY FROM SUNY, AND THE RF REIMBURSED SUNY AT THE RATE OF 30%.

OTHER RF OFFICERS LISTED IN PART VII ARE IN FACT RF EMPLOYEES AND

THEREFORE SUBJECT TO THE RF'S EXECUTIVE COMPENSATION POLICY.

THAT POLICY STATES, "COMPENSATION OF OTHER RF OFFICERS WILL BE SET BY THE

RF PRESIDENT AND WILL BE REVIEWED FOR REASONABLENESS BY THE RF BOARD OF

DIRECTORS IN ACCORDANCE WITH THE PROCEDURE FOR REVIEWING EXECUTIVE

COMPENSATION." THIS REVIEW OF REASONABLENESS IS BASED UPON APPROPRIATE

BENCHMARKING DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT.

THAT CONSULTANT WAS RETAINED BY THE EXECUTIVE COMMITTEE DURING THE TAX

YEAR TO GATHER COMPARABLE LOCAL MARKET AND NATIONAL DATA TO CREATE

BENCHMARKS FOR ALL OFFICER POSITIONS AND THE RF RETAINS CONTEMPORANEOUS

DOCUMENTATION OF THE COMPENSATION REVIEW AND APPROVAL PROCESS IN ORDER TO

CONFORM WITH THE TREASURY DEPARTMENT'S REBUTTABLE PRESUMPTION RULES UNDER

TREAS. REG. §53.4958-6.

PART VI, LINE 19

THE RESEARCH FOUNDATION CHARTER, THE 1977 AGREEMENT WITH THE STATE

UNIVERSITY OF NEW YORK, THE CONFLICT OF INTEREST POLICY AND THE FINANCIAL

STATEMENTS ARE ALL AVAILABLE ON THE RF'S PUBLIC WEB SITE AT

WWW.RFSUNY.ORG.

PART VII, SECTION A, LINE 1A

COMPENSATION FOR DIRECTORS WHO ARE ALSO FACULTY MEMBERS IS UNRELATED TO

THEIR ACTIVITIES AS MEMBERS OF THE BOARD OF DIRECTORS. SUCH COMPENSATION

IS RELATED TO THEIR ROLE AS PRINCIPAL INVESTIGATORS OR RESEARCH

SCIENTISTS, OR AS CAMPUS ADMINISTRATORS. THE RF PAID DIRECT COMPENSATION

Name of the organization THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK	Employer identification number 14-1368361
---	--

TO DR. MYRON MITCHELL AS A PRINCIPAL INVESTIGATOR, AND TO DR. ROBERT JONES AND DR. HARVEY STENGER AS CAMPUS ADMINISTRATORS.

MR. FRANK GABRIEL PERFORMED SERVICE AS AN OFFICER DURING TAX YEAR 2012 AND MR. RICHARD AGNELLO AND MR. JOSHUA TOAS PERFORMED SERVICE AS OFFICERS DURING TAX YEAR 2013. THESE FORMER OFFICERS SERVED THE RF IN DIFFERENT CAPACITIES AND RECEIVED COMPENSATION DURING CALENDAR YEAR 2015.

PART XI, LINE 9

OTHER CHANGES TO NET ASSETS CONSIST OF A LOSS ON AN INTEREST RATE SWAP \$220,515 AND A POST-RETIREMENT BENEFIT RELATED INCREASE TO NET ASSETS OF \$239,247,448.

ATTACHMENT 1

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

MISSION OF THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK: A. TO ASSIST IN DEVELOPING AND INCREASING THE FACILITIES OF THE STATE UNIVERSITY OF NEW YORK TO PROVIDE MORE EXTENSIVE EDUCATIONAL OPPORTUNITIES FOR AND SERVICE TO ITS STUDENTS, FACULTY, STAFF AND ALUMNI, AND TO THE PEOPLE OF THE STATE OF NEW YORK, BY MAKING AND ENCOURAGING GIFTS, GRANTS, CONTRIBUTIONS AND DONATIONS OF REAL AND PERSONAL PROPERTY TO OR FOR THE BENEFIT OF THE STATE UNIVERSITY OF NEW YORK; B. TO RECEIVE, HOLD AND ADMINISTER GIFTS OR GRANTS, AND TO ACT WITHOUT PROFIT AS TRUSTEE OF EDUCATIONAL OR CHARITABLE TRUSTS, OF BENEFIT TO AND IN KEEPING WITH THE EDUCATIONAL PURPOSES AND OBJECTS OF THE STATE UNIVERSITY OF NEW YORK; AND C. TO FINANCE THE CONDUCT OF STUDIES AND RESEARCH IN ANY AND ALL FIELDS OF THE ARTS AND SCIENCES, OF BENEFIT TO AND IN KEEPING WITH THE EDUCATIONAL PURPOSES AND

Name of the organization THE RESEARCH FOUNDATION FOR THE
STATE UNIVERSITY OF NEW YORK

Employer identification number
14-1368361

ATTACHMENT 1 (CONT'D)

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

OBJECTS OF THE STATE UNIVERSITY OF NEW YORK.

ATTACHMENT 2

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
OTHER PROGRAM SERVICES		246,994,488.	229,426,181.
TOTALS		<u>246,994,488.</u>	<u>229,426,181.</u>

ATTACHMENT 3

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

BOSNIA AND HERZEGOVINA

CAYMAN ISLANDS

COTE D'IVOIRE (IVORY COAST)

KENYA

MEXICO

ATTACHMENT 4

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
TOKYO ELECTRON LIMITED AKASAKA BIZ TOWER, 3-1 MINATO-KU TOKYO JAPAN 107-6325	SEMICOND. CONSULTING	8,023,170.
NIKON PRECISION INCORPORATED 1399 SHOREWAY ROAD BELMONT, CA 94002	SEMICOND. PATTERNING	6,000,000.
INFRASTRUCTURE 5 ENTERPRISE AVENUE CLIFTON PARK, NY 12065	INFO. TECH. SUPPORT	5,170,165.

Name of the organization THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK	Employer identification number 14-1368361
---	--

ATTACHMENT 4 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
COMPUTER TASK GROUP INCORPORATED 800 DELAWARE AVENUE BUFFALO, NY 14209	INFO. TECH. SUPPORT	4,200,000.
HURON CONSULTING SERVICES LLC 4795 PAYSPIRE CIRCLE` CHICAGO, IL 60674	SYS. MGMT. SUPPORT	2,126,144.

ATTACHMENT 5

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>(A) TOTAL REVENUE</u>	<u>(B) RELATED OR EXEMPT REVENUE</u>	<u>(C) UNRELATED BUSINESS REV.</u>	<u>(D) EXCLUDED REVENUE</u>
DIVIDENDS, INTEREST AND PARTNERSHIP I	3,471,037.			3,471,037.
TOTALS	<u>3,471,037.</u>			<u>3,471,037.</u>

ATTACHMENT 6

FORM 990, PART IX - PAYMENTS TO AFFILIATES

<u>DESCRIPTION</u>	<u>(A) TOTAL EXPENSES</u>	<u>(B) PROGRAM SERVICE EXP.</u>	<u>(C) MANAGEMENT AND GENERAL</u>	<u>(D) FUNDRAISING EXPENSES</u>
FULLER ROAD MANAGEMENT CORPORATION	34,347,526.	34,347,362.	164.	
DOWNSTATE TECHNOLOGY CENTER INC.	48,543.	48,543.		
CUBRC INC.	278,758.	271,507.	7,251.	
BROOKHAVEN SCIENCE ASSOCIATES LLC	106,885.		106,885.	
NEW YORK GENOME CENTER LLC	170,325.	141,125.	29,200.	
LONG ISLAND HIGH TECHNOLOGY INCUBATO	3,020.	3,020.		
FORT SCHUYLER MANAGEMENT CORP	138,181.		138,181.	
TOTALS	<u>35,093,238.</u>	<u>34,811,557.</u>	<u>281,681.</u>	

Name of the organization THE RESEARCH FOUNDATION FOR THE
STATE UNIVERSITY OF NEW YORK

Employer identification number
14-1368361

ATTACHMENT 7

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

BORROWER: UNIVERSITY AT BUFFALO ASSOCIATES LOAN
INTEREST RATE: 4.0000
DATE OF NOTE: 05/19/2010
MATURITY DATE: 05/19/2017
PURPOSE OF LOAN: TO ENABLE UB ASSOC TO IMPLEMENT MED RECORDS SYSTEM
RELATIONSHIP: NONE

BEGINNING BALANCE DUE 5,505,461.
ENDING BALANCE DUE 2,667,917.

TOTAL BEGINNING NOTES AND LOANS RECEIVABLE 5,505,461.

TOTAL ENDING NOTES AND LOANS RECEIVABLES 2,667,917.

ATTACHMENT 8

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
MUTUAL FUNDS-GOV FIXED INCOME	21,680,240.	FMV
MUTUAL FUNDS-US EQUITIES	5,884,030.	FMV
MUTUAL FUNDS-COMMODITIES	4,649,846.	FMV
MUTUAL FUNDS/ETF'S-FOREIGN EQ	7,010,331.	FMV
MUTUAL FUNDS/ETF'S-REAL ESTATE	6,717,304.	FMV
OTHER EQUITIES	135,421.	FMV
TOTALS	<u>46,077,172.</u>	

ATTACHMENT 9

Name of the organization THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK

Employer identification number 14-1368361

ATTACHMENT 9 (CONT'D)

FORM 990, PART X - DEFERRED REVENUE

Table with 2 columns: DESCRIPTION and ENDING BOOK VALUE. Rows include DEFERRED REVENUE TRADE, DEPOSITS HELD FOR OTHERS, and TOTALS.

ATTACHMENT 10

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: CAPITAL LEASE #1- KEY BANK EQUIP
INTEREST RATE: 4.1100 %
DATE OF NOTE: 09/22/2011
MATURITY DATE: 09/22/2015
REPAYMENT TERMS: MONTHLY
SECURITY PROVIDED: EQUIPMENT

Table with 2 columns: Description and Value. Rows: BEGINNING BALANCE DUE, ENDING BALANCE DUE.

LENDER: CAPITAL LEASE #2- KEY BANK EQUIP
INTEREST RATE: 4.5800 %
DATE OF NOTE: 03/19/2012
MATURITY DATE: 03/19/2016
REPAYMENT TERMS: MONTHLY
SECURITY PROVIDED: EQUIP

Table with 2 columns: Description and Value. Rows: BEGINNING BALANCE DUE, ENDING BALANCE DUE.

LENDER: CAPITAL LEASE #3- FULLER RD MGMT CORP
ORIGINAL AMOUNT: 317,704,048.
INTEREST RATE: 8.2800 %
DATE OF NOTE: 01/01/2013
MATURITY DATE: 12/31/2028
REPAYMENT TERMS: QUARTERLY
SECURITY PROVIDED: NANOFABXTENSION BUILDING

Name of the organization THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK	Employer identification number 14-1368361
---	--

ATTACHMENT 10 (CONT'D)

PURPOSE OF LOAN:	CAPITAL LEASE ON BLDG	
BEGINNING BALANCE DUE	291,046,211.	
ENDING BALANCE DUE	278,757,597.	<u> </u>
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	294,679,194.	<u> </u>
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	278,757,597.	<u> </u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

Name of the organization **THE RESEARCH FOUNDATION FOR THE
STATE UNIVERSITY OF NEW YORK**

Employer identification number
14-1368361

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)					
(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) RF POST-RETIREMENT BENEFITS PLAN 80-0412424 PO BOX 9 ALBANY, 12201	BENEFITS	NY	501(C)(9)		RF FOR SUNY	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2015

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	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) RF POST-RETIREMENT BENEFITS PLAN	Q	11,430,852.	CASH
(2) RF POST-RETIREMENT BENEFITS PLAN	R	22,139,618.	CASH
(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)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

RESEARCH FOUNDATION POST-RETIREMENT BENEFITS PLAN

THE RELATED ORGANIZATION, "RESEARCH FOUNDATION POST-RETIREMENT BENEFITS PLAN," EIN 80-0412424, IS A SECTION 501(C)(9) VOLUNTARY EMPLOYEE BENEFITS ASSOCIATION (VEBA) TRUST THAT HAS BEEN ESTABLISHED TO PROVIDE POST-RETIREMENT BENEFITS TO ELIGIBLE PARTICIPANTS. THE FILING ORGANIZATION IS THE CONTRIBUTING EMPLOYER AND SPONSORING ORGANIZATION FOR THIS VEBA TRUST.

THE TRANSACTIONS LISTED IN SCHEDULE R, PART V, INCLUDE GOVERNANCE PROVIDED BY THE FILING ORGANIZATION OVER THE VEBA'S TRUSTEE (LINE 1L), REIMBURSEMENTS MADE BY THE VEBA TRUST FOR BENEFITS PAID BY THE FILING ORGANIZATION (LINE 1Q) AND THE FILING ORGANIZATION'S FUNDING OF THE ASSETS IN THE VEBA TRUST (LINE 1R).

"RF," WITHIN THE VEBA TRUST'S NAME AS SHOWN ON SCHEDULE R PART II DUE TO SPACE LIMITATION ON THE FORM, STANDS FOR "RESEARCH FOUNDATION."