#### **PUBLIC DISCLOSURE COPY**

Form **990-T** 

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

OMB No. 1545-0047

Department of the Treasury
nternal Revenue Service

For calendar year 2021 or other tax year beginning 07/01, 2021, and ending 06/30, 20 22

► Go to www.irs.gov/Form990T for instructions and the latest information.

	nent of the Treasury Revenue Service	▶ Do n	not enter SSN numbers on this form as it may be made public if your organization is a 501	(c)(3).	for 501(c)(3) Organizations Only
	Check box if address changed.	Print	Name of organization (		er identification number 4-1368361
<b>v</b> 5	mpt under section		xemption number ructions)		
4	108(e) 220(e) 108A 530(a) 529(a) 529A	C Book	City or town, state or province, country, and ZIP or foreign postal code  ALBANY, NY 12201  could value of all assets at end of year		eck box if amended return.
	· / <u> </u>		▼ 501(c) corporation		
	neck organization		Claim credit from Form 8941 Claim a refund shown on Form 2	2439	
			<del>_</del>		• □
			ched Schedules A (Form 990-T)		<u>▶</u> 3
			the corporation a subsidiary in an affiliated group or a parent-subsidiary controlle		
	•		and identifying number of the parent corporation ►	J 19	_ : 30
			► MS EMILY KUNCHALA, PO BOX 9, ALBANY, NY 12201  Telephone number	<b>&gt;</b> (	518) 434-7050
Par			ed Business Taxable Income	`	
1			siness taxable income computed from all unrelated trades or businesses (s	see	
	instructions) .			. 1	472,625
2	Reserved			. 2	
3	Add lines 1 an	d2 .		. 3	472,625
4			ons (see instructions for limitation rules)		0
5	Total unrelated	d busin	ess taxable income before net operating losses. Subtract line 4 from line 3 .	. 5	472,625
6	Deduction for	net ope	erating loss. See instructions	. 6	0
7			isiness taxable income before specific deduction and section 199A deduction	on.	
	Subtract line 6	from li	ne 5	. 7	472,625
8	•		enerally \$1,000, but see instructions for exceptions)		1,000
9	Trusts. Section	n 199A	deduction. See instructions		0
10			dd lines 8 and 9		1,000
11			taxable income. Subtract line 10 from line 7. If line 10 is greater than line		
				. 11	471,625
Part					
1	Organizations	s taxab	le as corporations. Multiply Part I, line 11 by 21% (0.21)	<b>▶</b> 1	99,041
2			ust rates. See instructions for tax computation. Income tax on the amount		
			☐ Tax rate schedule or ☐ Schedule D (Form 1041)	<b>2</b>	
3	•		ctions	▶ 3	0
4			ee instructions	. 4	0
5			tax (trusts only)	. 5	0
6		-	at facility income. See instructions	. 6	0
7	Total. Add line	es 3 thr	ough 6 to line 1 or 2, whichever applies	. 7	99.041

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11291J

Form **990-T** (2021)

Form 990-T (2021)

Part I	Π .	Tax and Payments							
1a		gn tax credit (corporations attach For	m 1118; trusts attach Form 1116)	1a		0			
	_	credits (see instructions)		1b		0			
		ral business credit. Attach Form 3800		1c		0			
		t for prior year minimum tax (attach F	,	1d					
		<b>credits.</b> Add lines 1a through 1d .				_	1e		0
2		act line 1e from Part II, line 7					2		99,041
3		amounts due. Check if from:   Form				6	_		
Ū	Othici					- 1	3		0
4	Total	tax. Add lines 2 and 3 (see instruction	,				-		
-		·			iy delerred und	n lar	4		00 041
-		on 1294. Enter tax amount here				<u> </u>	4		99,041
5		nt net 965 tax liability paid from Form		1	 I		5		
	-	ents: A 2020 overpayment credited to		6a		- 0			
		estimated tax payments. Check if sec		6b	0.0	0			
-		eposited with Form 8868		6c	98	9,041			
d		gn organizations: Tax paid or withheld		6d		0			
е		,		6e		0			
f		t for small employer health insurance		6f		0			
g		credits, adjustments, and payments:							
			er0 Total ►	6g		0			
7		payments. Add lines 6a through 6g					7		99,041
8		ated tax penalty (see instructions). C				$\sqcup$	8		0
9		ue. If line 7 is smaller than the total of				+	9		0
10	-	payment. If line 7 is larger than the to		ınt ove	•	+	10		0
11		the amount of line 10 you want: Credited			0 Refunde		11		0
Part I		Statements Regarding Certain A			·				
1		y time during the 2021 calendar year							s No
		a financial account (bank, securities,							
		N Form 114, Report of Foreign Bank	and Financial Accounts. If "Yes,"	' enter	the name of the	ne for	eign cou	ntry	
		CA, CJ, KE, MX, TS						· ·	
2	During	the tax year, did the organization recei	ve a distribution from, or was it the g	rantor	of, or transferor	to, a	foreign tr	ust?	-
	If "Yes	s," see instructions for other forms th	e organization may have to file.						
3		the amount of tax-exempt interest re							
4	Enter	available pre-2018 NOL carryovers h n on Schedule A (Form 990-T). Don	ere ►\$ Do not ir	nclude	any post-2017	7 NOI	_ carryo\	/er	
			t reduce the NOL carryover show	vn her	e by any dedu	ction	reported	d on	
		line 6.							
5		2017 NOL carryovers. Enter available							
	the ar	nounts shown below by any NOL clai	med on any Schedule A, Part II, lin	ie 17 f	or the tax year.	See i	nstructio	ons.	
		Business Activity	/ Code	Avail	able post-2017	NOL	carryov	er	
	52000	00		S			23,	994	
				} 					
			\$	S					
				<u> </u>					
		ne organization change its method of						· " 📙	
b		s "Yes," has the organization descri	_	0-EZ,	990-PF, or Fo	rm 11	28? If "I	NO,"	
		in in Part V		• •		• •		•	
Part '		Supplemental Information							
Provide	e the e	explanation required by Part IV, line 6	b. Also, provide any other additior	nal info	rmation. See ii	nstruc	tions.		
	I								
		penalties of perjury, I declare that I have examit is true, correct, and complete. Declaration of							dge and
Sign	20.101,		pp. s. (S s. and respect of to be bed off to		on pre	ا الاستام <b>ا</b>			
Here								RS discuss thi	
ı ici C	l <b>'</b> —		CFO					reparer show ctions)? 🗹 Ye	
	Sig	gnature of officer	Date Title		<u> </u>				
Paid		Print/Type preparer's name	Preparer's signature		Date	Chec	_	PTIN	
Prepa	arer					self-e	mployed		
Use (		Firm's name ► KPMG LLP				Firm's	EIN►	1	
JJC (	- : : · y	Firm's address ► 515 BROADWAY, 4TH F	LOOR, ALBANY, NY 12207-2974			Phone	no (	518) 427-46	600

#### **SCHEDULE A** (Form 990-T)

11

12

13

#### **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only B Employer identification number A Name of the organization 14-1368361 THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK 3 901101 C Unrelated business activity code (see instructions) ▶ **D** Sequence: of **E** Describe the unrelated trade or business ▶ PARTNERSHIP INVESTMENTS Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 0 **c** Balance ▶ 0 Less returns and allowances 1c Cost of goods sold (Part III, line 8) . . . 0 2 2 Gross profit. Subtract line 2 from line 1c. . . 0 0 3 3 Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions . . . . . . . . . . . . . 96,087 96,087 4a

	**		/		/
b	Net gain (loss) (Form 4797) (attach Form 4797). See				_
	instructions	4b	0		0
С	Capital loss deduction for trusts	4c	0		0
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5	(19,930)		(19,930)
6	Rent income (Part IV)	6	0	0	0
7	Unrelated debt-financed income (Part V)	7	0	0	0
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8	0	0	0
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9	0	0	0
10	Exploited exempt activity income (Part VIII)	10	0	0	0

11

12

13

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1	0
2	Salaries and wages	2	0
3	Repairs and maintenance	3	0
4	Bad debts	4	0
5	Interest (attach statement). See instructions	5	96
6	Taxes and licenses	6	0
7	Depreciation (attach Form 4562). See instructions		
8	Less depreciation claimed in Part III and elsewhere on return 8a 0	8b	0
9	Depletion	9	0
10	Contributions to deferred compensation plans	10	0
11	Employee benefit programs	11	0
12	Excess exempt expenses (Part VIII)	12	0
13	Excess readership costs (Part IX)	13	0
14	Other deductions (attach statement)	14	19,837
15	Total deductions. Add lines 1 through 14	15	19,933
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	56,224
17	Deduction for net operating loss. See instructions	17	0
18	Unrelated business taxable income. Subtract line 17 from line 16	18	56,224

For Paperwork Reduction Act Notice, see instructions.

Advertising income (Part IX) . . . . . .

**Total.** Combine lines 3 through 12

Other income (see instructions; attach statement)

Cat. No. 74036O

Schedule A (Form 990-T) 2021

0

0

76,157

0

0

0

0

76,157

Part	Cost of Goods Sold Enter me	thod of inventory val	uation ►		<del> </del>
1	Inventory at beginning of year				1 0
2	Purchases				2 0
3	Cost of labor				3 0
4	Additional section 263A costs (attach statement)				4 0
5	Other costs (attach statement)				5 0
6	<b>Total.</b> Add lines 1 through 5				6 0
7	Inventory at end of year			📑	7 0
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6.				0
9	Do the rules of section 263A (with respect to proper				
Part	N Rent Income (From Real Property an				
1	Description of property (property street address,	city, state, ZIP code	). Check if a dual-us	se. See instructio	ons.
	A 🗌				
	B				
	C				
	D 🗌		_		
_		Α	В	С	D
2	Rent received or accrued				
а	From personal property is more than 10%				
	rent for personal property is more than 10% but not more than 50%)				
h	From real and personal property (if the				
b	percentage of rent for personal property (ii the				
	50% or if the rent is based on profit or income) .				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
	- '	1			
3	Total rents received or accrued. Add line 2c column	ns A through D. Enter	here and on Part I, li	ne 6, column (A) 🛭	0
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
_		D F-t	- D+   15 0	(D)	
5	Total deductions. Add line 4 columns A through	D. Enter here and o	n Part I, line 6, colu	mn (B)	<b>)</b>
Par	<b>Unrelated Debt-Financed Income</b> (se				
1	Description of debt-financed property (street add	dress, city, state, ZIP	code). Check if a d	ual-use. See ins	tructions.
	A				
	B				
	<u> </u>				
	D 📙				
2	Gross income from or allocable to debt -	Α	В	С	D
	financed property				
3	Deductions directly connected with or allocable				
•	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
C	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%		% %
7	Gross income reportable. Multiply line 2 by line 6	-			
0	, , , , , ,	igh D) Entar hara	ud on Dort I line 7	oolumn (A)	
8	Total gross income (add line 7, columns A throu	ugn D). Enter nere an	iu on Part I, line /, 0	column (A) . J	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lir	ne 7, column (B) ▶	•0
11	Total dividends - received deductions included	d in line 10		)	• 0

Schedule A (Form 990-T) 2021

Schea	ule A (Form 990-1) 2021							Page 3
Pai	t VI Interest, Annuit	ties, Royaltie	es, and Rents	s fro	m Controlled Org	<b>janizations</b> (see instru	ctions	s)
	Exempt Controlled Organizations							
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)								
(2)								
(3)								
(4)								
			Nonexemp	ot Co	ntrolled Organization	ns		
	7. Taxable income	inco	t unrelated ome (loss) ostructions)	9	. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
	als	 ome of a Se	ction 501(c)(	 7). (9	▶ ). or (17) Organiz	Enter here and on Part I, line 8, column (A) 0 ation (see instructions)	1	er here and on Part I, line 8, column (B) 0
	1. Description of income		unt of income	,, (-	3. Deductions	4. Set-asides		Total deductions
	i. Bosonption of moonic	21741100	ant of moonie		directly connected (attach statement)	(attach statement)		and set-asides Id columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
		Enter here	nts in column 2. e and on Part I, column (A)				Ente	amounts in column 5. er here and on Part I, line 9, column (B)
	als	<b>&gt;</b>	0					0
Par	t VIII Exploited Exem		ncome, Othe	r Th	an Advertising In	come (see instructions	s)	
1	Description of exploited							
2						Part I, line 10, column (A)	2	
3	Expenses directly conn line 10, column (B)					Enter here and on Part I,	3	
4	Net income (loss) from lines 5 through 7					e 2. If a gain, complete	4	
5	Gross income from act						5	
6	Expenses attributable t	o income ente	red on line 5				6	
7	Excess exempt expens	ses. Subtract li	ne 5 from line	6, but	t do not enter more	than the amount on line	7	

Par	Advertising Income						_
1	Name(s) of periodical(s). Check box if re	eportina t	wo or more periodic	als on a consol	idated basis.		
•	A 🗆	-	•	, alo on a conson	idatod baolo.		
	B 🗆						
	<b>c</b> □						
	D						
Enter	amounts for each periodical listed above	in the co	rresponding columi	າ.			
	·		A	В	С	D	
2	Gross advertising income						
а	Add columns A through D. Enter here a	nd on Pa	rt I, line 11, column	(A)		<b>&gt;</b>	0
3	Direct advertising costs by periodical						
а	Add columns A through D. Enter here a	nd on Pa	rt I, line 11, column	(B)		<b>&gt;</b>	0
4	Advertising gain (loss). Subtract line 3 ft 2. For any column in line 4 showing complete lines 5 through 8. For any co- line 4 showing a loss or zero, do not co- lines 5 through 7, and enter zero on line	a gain, olumn in omplete					
5 6 7	Readership costs	ss than 5 is less					
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	as a gain on					
а	Add line 8, columns A through D. Ent Part II, line 13	_				on 🕨	0
Par	t X Compensation of Officers, Di	rectors	, and Trustees (s	ee instructions	s)		
	1. Name		<b>2.</b> Title		3. Percentage of time devoted to business	<ol> <li>Compensation attributable to unrelated business</li> </ol>	
(1)					%		
(2)					%		
(3)					%		
(4)					%		
_							
	I. Enter here and on Part II, line 1 .				▶		0
Part	Supplemental Information (se	e instru	ctions)				

## SCHEDULE A (Form 990-T)

## **Unrelated Business Taxable Income From an Unrelated Trade or Business**

OMB No. 1545-0047

▶ Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Open to Public Inspection for ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only B Employer identification number A Name of the organization 14-1368361 THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK 3 52 C Unrelated business activity code (see instructions) ▶ **D** Sequence: of **E** Describe the unrelated trade or business ▶ PARTNERSHIP INVESTMENTS Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 0 **c** Balance ▶ 0 Less returns and allowances 1c Cost of goods sold (Part III, line 8) . . . . . . . . . . . 0 2 2 0 0 3 Gross profit. Subtract line 2 from line 1c. . . . . . 3 Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions . . . . . . . . . . . . . . . 4a 0 0 Net gain (loss) (Form 4797) (attach Form 4797). See 0 0 4b 0 Capital loss deduction for trusts . . . . . . 0 4c 5 Income (loss) from a partnership or an S corporation (attach statement) 5 1.135 1.135 Rent income (Part IV) . . . . . . . . . . . . . . . . . 0 0 0 6 6 7 0 0 0 7 Unrelated debt-financed income (Part V) . . . . . 8 Interest, annuities, royalties, and rents from a controlled 0 8 0 0 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) . . . . . . . . . . . . . . . 0 0 0 9 0 0 0 10 Exploited exempt activity income (Part VIII) . . . . . . 10 0 0 0 11 Advertising income (Part IX) . . . . . . . . . . . . . 11 0 0 Other income (see instructions; attach statement) . . . . 12 12 Total. Combine lines 3 through 12 . . . . . . . . 13 13 1.135 0 1,135 Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be Part II directly connected with the unrelated business income 0 Compensation of officers, directors, and trustees (Part X) . . . 1 0 2 Salaries and wages . . . . . . . . . . . . . . . . 2 0 3 3 4 4 0 Bad debts 0 5 5 Interest (attach statement). See instructions 0 6 6 7 Depreciation (attach Form 4562). See instructions . . . . . . . . . 0 8 Less depreciation claimed in Part III and elsewhere on return . . . 8b 0 0 9 10 0 Contributions to deferred compensation plans . . . . . 10 0 11 Employee benefit programs . . . . . . . . . . . . . 11 0 12 12 Excess exempt expenses (Part VIII) . . . . . . 0 13 Excess readership costs (Part IX) . . . . . . . . . . . . 13 1.231 14 14 15 Total deductions. Add lines 1 through 14 . . . . . . 15 1,231 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16 (96)16 17 17 0

For Paperwork Reduction Act Notice, see instructions.

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Unrelated business taxable income. Subtract line 17 from line 16 . . .

Cat. No. 74036O

Schedule A (Form 990-T) 2021

(96)

	e A (1 01111 990-1) 2021				Fage <b>Z</b>
Part		thod of inventory val			
1	Inventory at beginning of year			<del></del>	0
2	Purchases			<del></del>	0
3	Cost of labor				0
4	Additional section 263A costs (attach statement)			<del></del>	0
5 6	Other costs (attach statement)				0
7	<b>Total.</b> Add lines 1 through 5				0
8	Cost of goods sold. Subtract line 7 from line 6.				0
9	Do the rules of section 263A (with respect to prope		•		
Part	IV Rent Income (From Real Property an				
1	Description of property (property street address,				
	A 🗆				
	В 🗌				
	C				
	D 🗌	_			
•		Α	В	С	D
2 a	Rent received or accrued From personal property (if the percentage of				
а	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income) .				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c column	ns A through D. Enter	here and on Part I li	ne 6. column (A) ▶	0
	·	To Attail Gught B. Entor	noro and orr art i, ii		
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D. Enter here and o	n Part I, line 6, colu	mn (B) <b>&gt;</b> _	0
Par	Unrelated Debt-Financed Income (se	e instructions)			
1	Description of debt-financed property (street add	dress, city, state, ZIP	code). Check if a c	ual-use. See instruct	rions.
	A 🗆				
	В 🗌				
	C				
	D 🗌	_		•	
2	Gross income from or allocable to debt -	Α	В	С	D
2	financed property				
3	Deductions directly connected with or allocable				
•	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
_	financed property (attach statement)	0.4	0.4		
6	Divide line 4 by line 5	%	%	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	d on Part I, line 7, o	column (A) . 🕨 _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D Enter h	ere and on Part I lir	ne 7 column (R) ►	0
11	Total dividends - received deductions includer	•	oro aria orri arti, III		0

Schedule A (Form 990-T) 2021

Scried	lule A (Form 990-1) 2021							Page 3
Pai	rt VI Interest, Annuiti	es, Royaltie	es, and Rents	s fro	m Controlled Org	anizations (see instru	ctions	s)
Exempt Controlled Organizations								
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)								
(2)								
(3)								
(4)								
			Nonexemp	ot Co	ntrolled Organization	ns		
	7. Taxable income	inco	t unrelated me (loss) nstructions)		Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
	als					Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Ente	d columns 6 and 11. or here and on Part I, ine 8, column (B)
Par	t VII Investment Inco	me of a Se	ction 501(c)(	7), (9	), or (17) Organiza	ation (see instructions)	)	
	1. Description of income	<b>2.</b> Amou	unt of income		3. Deductions directly connected attach statement)	4. Set-asides (attach statement)		Total deductions and set-asides d columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
<b>-</b> .		Enter here	nts in column 2. e and on Part I, column (A)				Ente	amounts in column 5. er here and on Part I, ine 9, column (B)
	als	P	0	u Tle	on Advortisins III		, 	0
Far	t VIII Exploited Exem		ncome, Othe	rin	an Advertising in	come (see instructions	5)	
1	Description of exploited		a dua da la ultimate		Fotou bous and D	land I line 40 and one - (A)		
2	Gross unrelated busines						2	
3	Expenses directly conne line 10, column (B)	•					3	
4	Net income (loss) from lines 5 through 7					•	4	
5	Gross income from activ						5	
6	Expenses attributable to	-					6	
7	Excess exempt expense 4. Enter here and on Par	es. Subtract li					7	

Par	IX Advertising Income					
1	Name(s) of periodical(s). Check box if re	porting t	wo or more periodi	cals on a conso	lidated basis.	
	A 🗆					
	В 🗌					
	C					
	D					
∟nter	amounts for each periodical listed above	in the co	rresponding colum	n. B	С	D
2	Gross advertising income		A	В		
_	_			1-1		
а	Add columns A through D. Enter here ar		rt I, line 11, column	(A)		0
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here ar	nd on Pa	rt I, line 11, column	(B)		<b>&gt;</b> 0
4	Advertising gain (loss). Subtract line 3 fr					
	2. For any column in line 4 showing					
	complete lines 5 through 8. For any co line 4 showing a loss or zero, do not co					
	lines 5 through 7, and enter zero on line					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is le					
	line 5, subtract line 6 from line 5. If line 5					
_	than line 6, enter zero					
8	Excess readership costs allowed deduction. For each column showing a					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Ente		Leater of the line 8	 a_columns_tota	l or zero here and	on
-	Part II, line 13					
Par	t X Compensation of Officers, Di					
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted to business	attributable to unrelated business
(4)						uniferated business
(1) (2)					% %	
(3)					%	
(4)					%	
<del>``</del>	-					
	al. Enter here and on Part II, line 1 .				•	0
Par	<b>Supplemental Information</b> (se	e instru	ctions)			

#### **SCHEDULE A** (Form 990-T)

#### **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

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

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). A Name of the organization B Employer identification number 14-1368361 THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK 3 54 C Unrelated business activity code (see instructions) ▶ **D** Sequence:

E De	scribe the unrelated trade or business PROFESSIONAL, SCIEN	NTIFIC	, AND TECHNICAL SE	RVICES	
Pai	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 2,060,380				
b	Less returns and allowances 0 c Balance ▶	1c	2,060,380		
2	Cost of goods sold (Part III, line 8)	2	0		
3	Gross profit. Subtract line 2 from line 1c	3	2,060,380		2,060,380
4a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a	0		0
b	Net gain (loss) (Form 4797) (attach Form 4797). See				
	instructions	4b	0		0
С	Capital loss deduction for trusts	4c	0		0
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5	0		0
6	Rent income (Part IV)	6	0	0	0
7	Unrelated debt-financed income (Part V)	7	0	0	0
8	Interest, annuities, royalties, and rents from a controlled				
_	organization (Part VI)	8	0	0	0
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9	0	0	0
10	Exploited exempt activity income (Part VIII)	10	0	0	0
11	Advertising income (Part IX)	11	0	0	0
12	Other income (see instructions; attach statement)	12	0		0
13	Total. Combine lines 3 through 12	13	2,060,380	0	=,000,000
Par			limitations on ded	luctions. Deduction	ons must be
	directly connected with the unrelated business inco				
1	Compensation of officers, directors, and trustees (Part X)				000.040
2	Salaries and wages				298,842
3	Repairs and maintenance				567,586
4	Bad debts				0
5	Interest (attach statement). See instructions				100.047
6	Taxes and licenses				106,047
7	Depreciation (attach Form 4562). See instructions			0 0 <b>8b</b>	
8	Less depreciation claimed in Part III and elsewhere on return .			0 8b	0
9	Depletion				12,515
10	Contributions to deferred compensation plans				35,950
11	Employee benefit programs			11	35,930
12 13	Excess exempt expenses (Part VIII)				0
14	Excess readership costs (Part IX)				623,039
15	Total deductions. Add lines 1 through 14				1,643,979
16	Unrelated business income before net operating loss deduction	 n. Sul	otract line 15 from P	art I. line 13.	1,040,373
. •	column (C)				416,401
17	Deduction for net operating loss. See instructions			10	0
18	Unrelated business taxable income. Subtract line 17 from lin				416,401
	On old to business taxable modifie. Odbitaet life 17 from in			<u>   10</u>	1.5,101

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 74036O

	e A (1 01111 990-1) 2021				Fage <b>Z</b>
Part		thod of inventory val			
1	Inventory at beginning of year			<del></del>	0
2	Purchases			<del></del>	0
3	Cost of labor				0
4	Additional section 263A costs (attach statement)			<del></del>	0
5 6	Other costs (attach statement)				0
7	<b>Total.</b> Add lines 1 through 5				0
8	Cost of goods sold. Subtract line 7 from line 6.				0
9	Do the rules of section 263A (with respect to prope		•		
Part	IV Rent Income (From Real Property an				
1	Description of property (property street address,				
	A 🗆				
	В 🗌				
	C				
	D 🗌	_			
•		Α	В	С	D
2 a	Rent received or accrued From personal property (if the percentage of				
а	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income) .				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c column	ns A through D. Enter	here and on Part I li	ne 6. column (A) ▶	0
	·	1071 till ough D. Entor	noro and orr art i, ii		
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D. Enter here and o	n Part I, line 6, colu	mn (B) <b>&gt;</b> _	0
Par	Unrelated Debt-Financed Income (se	e instructions)			
1	Description of debt-financed property (street add	dress, city, state, ZIP	code). Check if a c	ual-use. See instruct	rions.
	A 🗆				
	В 🗌				
	C				
	D 🗌	_		•	
2	Gross income from or allocable to debt -	Α	В	С	D
2	financed property				
3	Deductions directly connected with or allocable				
•	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
_	financed property (attach statement)	0.4	0.4		
6	Divide line 4 by line 5	%	%	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	d on Part I, line 7, o	column (A) . 🕨 _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D Enter h	ere and on Part I lir	ne 7 column (R) ►	0
11	Total dividends - received deductions includer	•	oro aria orri arti, III		0

Sched	dule A (Form 990-T) 2021						Page <b>3</b>
Pa	rt VI Interest, Annuiti	es, Royaltie	es, and Rents	s fro	m Controlled Org	anizations (see instru	ctions)
		entrolled Organizations					
Name of controlled organization		2. Employer identification number	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)							
(2)							
(3)							
(4)							
			Nonexemp	ot Co	ntrolled Organization	าร	
	7. Taxable income	inco	8. Net unrelated income (loss) (see instructions)		. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)							
(2)							
(3)							
(4)							
Tot						Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	-
Pai	t VII Investment Inco	me of a Se	ction 501(c)(1	7), (9	), or (17) Organiza	ation (see instructions)	
	1. Description of income	<b>2.</b> Amou	unt of income		3. Deductions directly connected attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)							
(2)							
(3)							
(4)							
Tot	als	Enter here	nts in column 2. e and on Part I, column (A)				Add amounts in column 5. Enter here and on Part I, line 9, column (B)
		nt Activity I		r Th	an Advertising In	come (see instructions	
1	Description of exploited		, •		/ 1 0. 1101119 111	TIME (SSS HISTIGOTION	-,
2	Gross unrelated busines		n trade or busi	ness.	Enter here and on P	art I. line 10. column (A)	2
3	Expenses directly conne	ected with pro	duction of unre	elatec	l business income. E	Enter here and on Part I,	
4	line 10, column (B) Net income (loss) from	unrelated trad	de or business	. Sub	tract line 3 from line	e 2. If a gain, complete	3
	lines 5 through 7						4
5	Gross income from activ	-					5
6	Expenses attributable to						6
7	Excess exempt expense 4. Enter here and on Particular to the second exempt.						7

Par	IX Advertising Income					
1	Name(s) of periodical(s). Check box if re	porting t	wo or more periodi	cals on a conso	lidated basis.	
	A 🗆					
	В 🗌					
	C					
	D					
∟nter	amounts for each periodical listed above	in the co	rresponding colum	n. B	С	D
2	Gross advertising income		A	В		
_	_			1-1		
а	Add columns A through D. Enter here ar		rt I, line 11, column	(A)		0
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here ar	nd on Pa	rt I, line 11, column	(B)		<b>&gt;</b> 0
4	Advertising gain (loss). Subtract line 3 fr					
	2. For any column in line 4 showing					
	complete lines 5 through 8. For any co line 4 showing a loss or zero, do not co					
	lines 5 through 7, and enter zero on line					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is le					
	line 5, subtract line 6 from line 5. If line 5					
_	than line 6, enter zero					
8	Excess readership costs allowed deduction. For each column showing a					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Ente		Leater of the line 8	 a_columns_tota	l or zero here and	on
-	Part II, line 13					
Par	t X Compensation of Officers, Di					
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted to business	attributable to unrelated business
(4)						uniferated business
(1) (2)					% %	
(3)					%	
(4)					%	
<del>``</del>	-					
	al. Enter here and on Part II, line 1 .				•	0
Par	<b>Supplemental Information</b> (se	e instru	ctions)			

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2021	2,613	2,613			0	
Totals	2 613	2 613	0	0	0	

Charitable Contributions

Form 990T Part I, Line 4

Name of Partnership	Share of gross income	Share of deductions	Gain or loss
CODE 901101 ACTIVITY			
(1) PARTNERSHIP INVESTMENT INCOME	(19,930)		(19,930)
Total	(19,930)	0	(19,930)
CODE 52 ACTIVITY			
(1) PARTNERSHIP INVESTMENT INCOME	1,135		1,135
Total	1,135	0	1,135

Schedule A - Part II, Line 5	Interest	
	Description	Amount
CODE 901101 ACTIVITY		

Total for Schedule A - Part II, Line 5

(1) INTEREST

96

Schedule A - Part II, Line 6	Taxes and Licenses	
	Description	Amount
CODE 54 ACTIVITY		

(1) TAXES AND LICENCES

106,047

#### Schedule A - Part II, Line 14

Other Deductions

Description		Amount
CODE 901101 ACTIVITY		
(1) INVESTMENT MANAGEMENT FEES		18,887
(2) TAX PREPARATION FEES		950
	Total	19,837
CODE 52 ACTIVITY		
(1) INVESTMENT MANAGEMENT FEES		281
(2) TAX PREPARATION FEES		950
	Total	1,231
CODE 54 ACTIVITY		
(1) SUPPLIES		399,648
(2) INSURANCE		16,163
(3) UTILITIES		118,175
(4) MISC - TRAVEL, POSTAGE, LEGAL, BUSINESS, TREASURY		37,537
(5) RENT		50,566
(6) TAX PREPARATION FEES	·	950
	Total	623,039

#### SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

#### **Capital Gains and Losses**

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-RIC, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2021

Name **Employer identification number** THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK 14-1368361 Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? . ► Yes No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (d) (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) column (g) the result with column (g) whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, 0 leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked 0 2 Totals for all transactions reported on Form(s) 8949 0 with **Box B** checked 3 Totals for all transactions reported on Form(s) 8949 0 with Box C checked 75.489 0 75.489 Short-term capital gain from installment sales from Form 6252, line 26 or 37. 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 **6** Unused capital loss carryover (attach computation) 6 0) 7 75,489 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses—Assets Held More Than One Year See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (d) (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (g) column (q) whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IBS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, 0 leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 0 with **Box D** checked 9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked 0 10 Totals for all transactions reported on Form(s) 8949 0 20.589 with **Box F** checked 20.589 0 11 Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37. 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 20.589 Summary of Parts I and II Part III 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 75.489 20,589 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns 18 96,078 Note: If losses exceed gains, see Capital Losses in the instructions.

#### **Sales and Other Dispositions of Capital Assets**

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No. 12A

OMB No. 1545-0074

Name(s) shown on return

THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK

Social security number or taxpayer identification number 14-1368361

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions.

complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Gain or (loss). Cost or other basis (c) (d) (a) (b) Date sold or Proceeds See the Note below See the separate instructions Subtract column (e) Description of property Date acquired from column (d) and disposed of (sales price) and see Column (e. (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (see instructions) combine the result (Mo., day, yr.) in the separate (g) Code(s) from Amount of adjustment instructions with column (a) instructions PARTNERSHIP FLOWTHROUGH **VARIOUS** 0 75,489 75,489 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

75,489

75,489

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked) ▶

Form 8949 (2021) Attachment Sequence No. **12A** Page **2** 

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK

Social security number or taxpayer identification number 14-1368361

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

#### Part II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

П	(D)	Long-term transactions re	ported on Form(s)	1099-B showing	basis was rea	ported to the IRS	(see <b>Note</b> above
	<b>\-</b> /	Long torri trancactions re	portoa orri orrino,	1000 D one wing	Dadio Wao Io	oortoa to the hito	occ item above

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

~	(F)	Long-term	transactions	not re	ported to	you on	Form	1099-	E

(F) Long-term transactions	not reported	to you on i c	1111 1099-0				
1 (a) Description of property	<b>(b)</b> Date acquired	(c) Date sold or	Proceeds Se		Adjustment, it If you enter an enter a c See the sep	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
PARTNERSHIP FLOWTHROUGH							
	VARIOUS		20,589			0	20,589
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	l here and incl is checked), <b>lir</b>	ude on your ne 9 (if Box E	20,589	0		0	20,589
above is checked), or title to (II box	· above is the	on <del>c</del> u) ►	20,569	ı		U	20,569

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2021)

# Form **8990**(Rev. May 2020) Department of the Treasury Internal Revenue Service

Limitation on Business Interest Expense Under Section 163(j)

► Attach to your tax return.

▶ Go to www.irs.gov/Form8990 for instructions and the latest information.

OMB No. 1545-0123

Taxpay	er name(s) shown on tax return	Identification number		
If For	m 8990 relates to an information return for a foreign entity (for example, Form 547	I), enter:		
Name	e of foreign entity ►			
	oyer identification number, if any ▶			
	ence ID number ▶			
Par	Computation of Allowable Business Interest Expense			
	I is completed by all taxpayers subject to section 163(j). Schedule A and Schedule B ne ayer is a partner or shareholder of a pass-through entity subject to section 163(j).	ed to be complete	ed before Part I when the	
Sect	ion I—Business Interest Expense			
1	Current year business interest expense (not including floor plan financing interest expense), before the section 163(j) limitation	1		
2	Disallowed business interest expense carryforwards from prior years. (Does not apply to a partnership)	2		
3	Partner's excess business interest expense treated as paid or accrued in current year (Schedule A, line 44, column (h))	3		
4	Floor plan financing interest expense. See instructions	4		
5	Total business interest expense. Add lines 1 through 4		. ▶ 5	
Sect	ion II—Adjusted Taxable Income			
	Taxable Income			
6	Taxable income. See instructions		6	
	Additions (adjustments to be made if amounts are taken int	o account on line	e 6)	
7	Any item of loss or deduction that is not properly allocable to a trade or business of the taxpayer. See instructions	7		
8	Any business interest expense not from a pass-through entity. See instructions	8		
9	Amount of any net operating loss deduction under section 172	9		
10	Amount of any qualified business income deduction allowed under section 199A	10		
11	Deduction allowable for depreciation, amortization, or depletion attributable to a trade or business. See instructions	11		
12	Amount of any loss or deduction items from a pass-through entity. See instructions	12		
13	Other additions. See instructions	13		
14	Total current year partner's excess taxable income (Schedule A, line 44, column (f))	14		
15	Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c))	15		
16	Total. Add lines 7 through 15		. 🕨   16	
	Reductions (adjustments to be made if amounts are taken in	to account on lin	e 6)	
17	Any item of income or gain that is not properly allocable to a trade or business			
, -	of the taxpayer. See instructions	17 (	)	
18	Any business interest income not from a pass-through entity. See instructions	18 (	<u>)</u>	
19	Amount of any income or gain items from a pass-through entity. See instructions	19 (	)	
20	Other reductions. See instructions	20 (	)	
21	<b>Total.</b> Combine lines 17 through 20		. • 21 (	)
_22_	Adjusted taxable income. Combine lines 6, 16, and 21. (If zero or less, enter -0-	)	. 22	

For Paperwork Reduction Act Notice, see the instructions.

Cat. No. 37814C

Form **8990** (Rev. 5-2020)

Form 8990 (Rev. 5-2020)

Sect	ion III—Business Interest Income						
23	Current year business interest income. See instructions	23					
24	Excess business interest income from pass-through entities (total of Schedule						
	A, line 44, column (g), and Schedule B, line 46, column (d))	24					
25	Total. Add lines 23 and 24			<b>•</b>	25		
Sect	ion IV—163(j) Limitation Calculations						
	Limitation on Business Interest Expense	е					
26	Multiply adjusted taxable income (line 22) by the applicable percentage. See						
	instructions	26					
27	Business interest income (line 25)	27					
28	Floor plan financing interest expense (line 4)	28					
29	<b>Total.</b> Add lines 26, 27, and 28		· · · ·		29		
30	<b>Total current year business interest expense deduction.</b> See instructions		30				
	Carryforward						
31							
Par							
	II is only completed by a partnership that is subject to section 163(j). The partnersh are not carried forward by the partnership. See the instructions for more informatio		ms below are	e alloc	ated to	the partners	
anu	are not carried forward by the partnership. See the instructions for more information	11.					
	Excess Business Interest Expense						
32	Excess business interest expense. Enter amount from line 31				32		
	Excess Taxable Income (If you entered an amount on line 32, si	kip lin	es 33 throug	gh 37.)			
33	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0)		33				
34	Subtract line 33 from line 26. (If zero or less, enter -0)		34				
35	Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-		35	· · · · · · · · · · · · · · · · · · ·			
36	Excess taxable income. Multiply line 35 by line 22		36				
	Excess Business Interest Income						
37	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from li						
	enter -0)		37				
Part	· · · · · · · · · · · · · · · · · · ·			.,			
	III is only completed by S corporations that are subject to section 163(j). The S corporat the instructions for more information.	ion ite	ms below are	e alloca	ated to t	he shareholders.	
	Excess Taxable Income						
38	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0)				38		
39	Subtract line 38 from line 26. (If zero or less, enter -0)		39				
40	Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-		40	<u> </u>			
41	Excess taxable income. Multiply line 40 by line 22				41		
	Excess Business Interest Income						
42	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from li	ne 25	. (If zero or I	ess,			

Form **8990** (Rev. 5-2020)

Form 8990 (Rev. 5-2020)

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SCHEDULE A Summa	ary of Partner's Sect	ion 163(j) Exce	ss Items					,		
Any taxpayer that owns an inte	rest in a partnership subj	ect to section 163(j	i) should com	plete Sche	dule A before	e completing Part I.				
		Excess Business Interest Expense			(f) Current year	(g) Current year	(h) Excess business	(i) Current year		
(a) Name of partnership	(b) EIN	(c) Current year	(d) Prio year carryfo		(e) Total ((c) plus (d))	excess taxable income	excess business interest income	interest expense treated as paid or accrued (see instructions)	excess business interest expense carryforward ((e) minus (h))	
43										
44 Total	•									
SCHEDULE B Summar		Shareholder's E	xcess Tax	able Inco	me and Ex	cess Business II	nterest Income	<del>,</del>		
Any taxpayer that is required to before completing Part I.	o complete Part I and is a	shareholder in an	S corporation	that has ex	cess taxable	income or excess bu	usiness interest ind	come should comple	ete Schedule B	
(a) Name of S corporation				(b) EIN		(c) Current year excess taxable income		(d) Current year excess business interest income		
45										

Form **8990** (Rev. 5-2020)

#### Form **8453-TE**

## Tax Exempt Entity Declaration and Signature for Electronic Filing

OMB No. 1545-0047	
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For calendar year 2021, or tax year beginning 07/01, 2021, and ending 06/30, 20 22 For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

2021

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8453TE for the latest information.

14-1368361 THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK Type of Return and Return Information Part I Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **1a** Form 990 check here . . ▶ □ **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) . . . 1b 2b Form 990-EZ check here . ▶ **b Total revenue,** if any (Form 990-EZ, line 9) . . . . . . . 2a 3a Form 1120-POL check here ▶ **Total tax** (Form 1120-POL, line 22) . . . . . . . . . . . . . . . . 3b Form 990-PF check here . ▶ □ 4b 4a **b** Tax based on investment income (Form 990-PF, Part V, line 5) Form 8868 check here . . ▶ **b Balance due** (Form 8868, line 3c) . . . . . . . . . . 5h 5a 99,041 Form 990-T check here . ▶ 🗹 **b Total tax** (Form 990-T, Part III, line 4) . . . . . . 6b **b Total tax** (Form 4720, Part III, line 1) . . . . . . . . . Form 4720 check here . . ▶ 7b 7a Form 5227 check here . . ▶ □ **b FMV** of assets at end of tax year (Form 5227, Item D) . . . 8b Form 5330 check here . . ▶ **b Tax due** (Form 5330, Part II, line 19) . . . . . . . . . 9b 9a Form 8038-CP check here ▶ □ 10a **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b **Declaration of Officer or Person Subject to Tax** Part II ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/ 990-PF (as specifically identified in Part I above) to the selected state agency(ies). Under penalties of perjury, I declare that 🗹 I am an officer of the above named entity or 🔲 I am the person subject to tax with respect to and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. Sign 12/19/22 Here Signature of officer or person subject to tax Title, if applicable Date Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge. ERO's SSN or PTIN Check if self-Check if also ERO's ERO's signature paid preparer employed Use Firm's name (or yours if EIN self-employed) Only address, and ZIP code Phone no. Under penalties of periury. I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge. Print/Type preparer's name Date Preparer's signature PTIN Check if self-**Paid** 12/16/2022 employed **Preparer** 

Firm's EIN ▶

Phone no.

Firm's address ► 515 BROADWAY, 4TH FLOOR, ALBANY, NY 12207-2974

**KPMG LLP** 

Firm's name ▶

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