		000 T		Exempt Organization	on Business	Inc	ome T	ax Re	turn	0	MB No 1545-0047
	Form	990-T			ax under sec	tion (6033(e)) <i>\</i>	WY	,	2019
	Departm	ent of the Treasury	. 07 00.0	► Go to www.irs.gov/Forms							
	Internal I	Revenue Service	▶ Do i	not enter SSN numbers on this fo	rm as it may be mad	e public	if your org	anization i	is a 501(c)(to Public Inspection for (3) Organizations Only
	A D	Check box if address changed		Name of organization (box if name changed	and see	instructions	5)			dentification number
	B Exem	pt under section	Print	The Research Foundation for	The State Univers	ity of N	<u>ew York</u>		'	Employees	trust, see instructions)
	_	01(C) ∑ 3)	or	Number, street, and room or suite	no If a P O box, see i	nstructio	ns		L		-1368361
	<u></u>		Туре	PO Box 9						J nrelated b See instruc	ousiness activity code
	∐ 40			City or town, state or province, con	untry, and ZIP or foreig	ın postal	code				,
	52 C Book	(9(a) value of all assets		Albany, NY 12201							520000
	at en	d of vear		oup exemption number (See neck organization type			□ <u>501</u> /	c) trust		1(a) trus	t
-	H En			organization's unrelated trade							
		ide or business		•			o compl				r first) unrelated one, describe the
				at the end of the previous se							
			-	omplete Parts III-V.	sinterice, completi	e raits	i anu n,	Complet	e a ociie	dule IVI I	or each additional
				e corporation a subsidiary in ar	affiliated group or	a narer	nt-subsidi	any contro	alled group	2	→ □ Vas □ No
				and identifying number of the			it-subsidii	ary contic	nieu group	,,	□ 163 □ 140
٠				Emily Kunchala	parent corporati	011	Tele	phone n	umber ▶		518-434-7050
ĺ				e or Business Income		1	(A) Inc		(B) Exp		(C) Net
7	1a					\top			-		
	b	Less returns a	ind allov	wances	c Balance ▶	1c					· / /
	2	Cost of goods	sold (S	Schedule A, line 7)		2					1
	3	Gross profit. S	Subtract	l line 2 from line 1c		3					
	4a	Capital gain ne	et incor	ne (attach Schedule D) .		4a		66,856	!		66,856
	b	Net gain (loss)	(Form	4797, Part II, line 17) (attach	Form 4797) .	4b			1		
	С	Capital loss de	eductio	n for trusts		4c					
	5	Income (loss)	from	a partnership or an S cor	poration (attach						
		statement) .				5		-25,644			-25,644
	6	Rent income (•		6			/		
	7			ced income (Schedule E) .		7					
	8		•	s, and rents from a controlled organ		8		/_			
	9			ection 501(c)(7), (9), or (17) organiz	· ·	9					
	10	•	•	ivity income (Schedule I) .		10	_/_				
_=	11	Advertising inc			' <u>= ' - </u>	11					_ = ====
	12			structions; attach schedule)		12					
ı		Jotal. Combin			· · · · · · · · · · · · · · · · · · ·	13		41,212			41,212
	Part			Taken Elsewhere (See inshe unrelated business inco		tations	s on aeai	Jetions.)	(Deducti	ons mu	st be airectly
	14	Componenties	of office	cers, directors, and trustees	Schod DIVO E	43				. 14	
	15	Salaries and w	ranes	cers, directors, and trustees	OCH EGRIEF CE	IVE) ' ' [•		15	
	16	Repairs and m	-		8		اير	• •		16	
	17	Bad debts .	ian ito ito		5 MAR 02	2021		• •		17	
	18		h sched	lule) (see instructions)			100			18	
	19				OGDÉN	1 1:10	<u> </u>			19	250
	20	Depreciation (a		/	OODEN	1, 01	. 2	20		1	
1	21			imed on Schedule A and else	ewhere on return		. 2	ia		21b	
	22	Depletion .		. /			.			. 22	
	23	Contributions	to defe	rred compensation plans						23	
	24	Employee ben	efit pro	grams						24	
	25			nses (Schedule I)				•		25	
	26			sts (Schedule J)				•		26	
	27	Other deduction								27	11,189
	28									28	11,439
	29			xable income before net ope							29,773
	30			perating loss arising in tax						1 1	
		instructions) .								30	
-	31			xable income. Subtract line	30 from line 29		<u> </u>		· · · · ·	31	29,773 Form 990-T (2019)
1	For Pa	perwork Reduct	ion Act	Notice, see instructions.		Cat	No 11291	J			rorm 330-1 (2019)

Form 990	D-T (2019)						Page 2
Part I	ИТ	tal Unrelated Business Taxable	Income				
32	Total of	unrelated business taxable income	computed from all unrelated trade	es or businesses (see		
	instruct	ons)			. 🛭 🗎 з	i 2	29,773
33	Amount	s paid for disallowed fringes			. 3	3	
	Charital	1 -	4	2,977			
	Total ur						
	34 from		5	26,796			
		on for net operating loss arising				ř+	
		ions)				6	
		\sim	7	20.700			
		unrelated business taxable income b	•		13.	8	26,796
		deduction (Generally \$1,000, but se				8 —	1,000
		ed business taxable income. Subtr				_	
		e smaller of zero or line 37	· · · · · · · · · · · · · · · · · · ·		1/13	9	25,796
		x Computation					
	_	zations Taxable as Corporations. M	• • • • • • • • • • • • • • • • • • • •		· -	<u> </u>	5,417
		Taxable at Trust Rates. See			_	排	
	the amo	ount on line 39 from: 🔲 Tax rate sche	 ,	-		1	
42	Proxy t	ax. See instructions				2	
43	Alternat	ive minimum tax (trusts only)				3	
44	Tax on	Noncompliant Facility Income. See	instructions		. 4	4	
		dd lines 42, 43, and 44 to line 40 or 4			/ _	5	5,417
		x and Payments					
	1 7 7	tax credit (corporations attach Form	1118; trusts attach Form 1116) .	46a			
		redits (see instructions)		46b			
		business credit. Attach Form 3800 (s		46c			
		or prior year minimum tax (attach For		46d			
		redits. Add lines 46a through 46d			46	6e	
			7				
		et line 46e from line 45				8	
						9	
		x. Add lines 47 and 48 (see instruction				i0	
		et 965 tax liability paid from Form 965		1 -4.	.		
51a	Paymer	nts. A 2018 overpayment credited to a stimated tax payments	2019	51a			
b	2019 es	timated tax payments		51b	9,272		
U	Tux uch	osited with rollingood		<u> </u>			
		organizations. Tax paid or withheld a		51d			
		withholding (see instructions)		51e		·,~-	
		or small employer health insurance p		51f			
g	Other c	redits, adjustments, and payments.	☐ Form 2439	<u>} </u>			
	☐ Forn	n 4136 Oth	er Total ▶	51g			
52	Total p	ayments. Add lines 51a through 51g			_	2	9,272
53	Estimat	ed tax penalty (see instructions) Che	ck if Form 2220 is attached	▶	□ 5	3	
54	Tax du	e. If line 52 is less than the total of line	es 49, 50, and 53, enter amount ow	ed	▶ 5	4	
55		yment. If line 52 is larger than the tot			▶\ 5	5	3,855
56	-	amount of line 55 you want. Credited		Refunded	5 🔪 t	6	3,855
Part \		atements Regarding Certain Ac		(see instructions)			
57		ime during the 2019 calendar year, d			r other a	authorit	Yes No
٥.	over a f	inancial account (bank, securities, or	other) in a foreign country? If "Yes	" the organization	may ha	ve to fil	e III
	FinCEN	Form 114, Report of Foreign Bank a	nd Financial Accounts. If "Yes." en	ter the name of the	foreign	countr	γ
	here ▶	Tom Tri, Hopon or Foreign Dume			•		, <u> </u>
E0		ne tax year, did the organization receive a	distribution from or was it the grantor	of or transferor to a	foreian t	rust?	
58		' see instructions for other forms the		o., o	. J. Jigii t		
50				. •			
_59	Enter th	e amount of tax-exempt interest recepenalties of perjury, I declare that I have examined	this return including accompanying schedules a	nd statements and to the	e best of m	ıv knowle	dge and belief it is
Sign	true, co	periantes of perjury, I declare that I have examined prect, and complete Declaration of preparer (other	than taxpayer) is based on all information of which	preparer has any knowle	ige		
Sign	l k	lovely Boken Roll		ce & Administration	Мау		discuss this return arer shown below
Here			Z/10/21 V	~ ~ rommonation			ns)? ☑Yes ☐ No
	Signatu	re of officer	Date Title		'		DTIN
Paid		Print/Type preparer's name	Preparer's signature	Date	Check [PTIN
Prepa	arer	Todd P Teresco	food P. firm	2/9/2021	self-emp	<u> </u>	P00247720
Use (l.	Firm's name ► KPMG, LLP	/		Firm's Ell		13-5565207
	Jilly	Firm's address ► 515 Broadway, 4th Flo	or, Albany, NY 12207-2974		Phone no		8-427-4600
						For	m 990-T (2019)

acquisition debt on or of or allocable to 7. Gross income reportable 4 divided (column 6 × total of columns allocable to debt-financed debt-financed property ___ (column 2 x column 6) by column 5 = 3(a) and 3(b)) property (attach schedule) (attach schedule) % (1) (2) (3) % (4) % Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) **Totals** Þ Total dividends-received deductions included in column 8

Form 990-T (2019)

Schedule F-Interest, Ann	uities	, Royalties,	and Ren	ts From	Controlled Org	janizations (se	e instru	ctions)	
		· · · · · · · · · · · · · · · · · ·			Organizations			•	
Name of controlled organization		2. Employer fication number		lated income instructions)	4. Total of specified payments made	5. Part of column included in the corganization's great street in the corganization of the column included in the corganization of the column included in the co	controlling	conn	eductions directly ected with income in column 5
(1)	_							1	
(2)						<u> </u>		1	
(3)									
(4)			•						
Nonexempt Controlled Organiz	ations	 s			·	<u> </u>	· · · ·		
7. Taxable Income		. Net unrelated incloss) (see instructi			ital of specified yments made	10. Part of column included in the corganization's great transfer or the corganization of the corganization of the corganization of the column includes the column included in the column includes the column	controlling	conne	eductions directly cted with income in column 10
(1)									
(2)									
(3)									
(4)									
Tabela						Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter I	columns 6 and 11 nere and on page 1, line 8, column (B)
Totals Schedule G—Investment I		on of a Cast	F01/	. (0)	or (17) Organi	action (see and		<u> </u>	
1. Description of income	ncon	2. Amount of		3.	Deductions ctly connected	4. Set-aside	s	5. To and s	otal deductions et-asides (col. 3
	+			(atta	ach schedule)				plus col_4)
(1)				+					
(2)				-					
(3)				+					
Totals Schedule I—Exploited Exe	>	Enter here and Part I, line 9, c	olumn (A)		Advertising In	come /soo jost	ructions	Part I, Ii	re and on page 1, ne 9, column (B)
Scriedule I—Exploited Exe	inpt /	Activity ince		-		Conie (See inst	Tuctions	·)	
Description of exploited activity		2. Gross unrelated business incor from trade of business	ome or unrelated		4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		_							
(2)									
(3)								-	
(4)									
Totals	>	Enter here and page 1, Part line 10, col (A	i, page	here and on e 1, Part I, 0, col (B)					Enter here and on page 1, Part II, line 25
Schedule J-Advertising I	ncom	e (see instruc	tions)						<u> </u>
Part I Income From P				Consoli	dated Basis				
1. Name of periodical		2. Gross advertising income	3.	. Direct	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute	5. Circulation income		dership sts	7. Excess readership costs (column 6 minus column 5, but not more than
(4)		income			cols 5 through 7				column 4)
(1)		+ -				-			
(2)		 	-						
(3)		 	- 						 -
(4)		 	-+						<u> </u>
Totals (carry to Part II, line (5))	<u> </u>							F	form 990-T (2019)

Page 5

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)		_				
(3)						
(4)						
Totals from Part I .					* **	
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1–5) ▶			i	ر په دی څخه پ		<u> </u>
Schedule K—Compensation of	Officers, Direc	tors, and Tru	stees (see instri			
1. Name	•	2. Title	3. Percent of time devoted to business		tion attributable to ed business	
(1)				9/	6	
(2)				9/	ó	
(3)				%	6	
(4)				9/	6	
Total. Enter here and on page 1, Part II, IIr	ne 14			<u> </u>		

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-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

2019

OMB No 1545-0123

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

Name		·			Employ	er ide	ntification number
The I	Research Foundation for The State University of New Yo	rk					<u>14-13683</u> 61
	he corporation dispose of any investment(s) in a qual						► ☐ Yes 🗹 No
	es," attach Form 8949 and see its instructions for add			our gain	or loss	i	
Pa	Short-Term Capital Gains and Losses (S	See instructions.)				
	See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	or loss fro	from Form(s)		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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, leave this line blank and go to line 1b						
1b 	Totals for all transactions reported on Form(s) 8949 with Box A checked						
2	Totals for all transactions reported on Form(s) 8949 with Box B checked						
3	Totals for all transactions reported on Form(s) 8949 with Box C checked				6	5,391	65,39
4	Short-term capital gain from installment sales from Form	m 6252, line 26 or 3	37			_4_	
5	Short-term capital gain or (loss) from like-kind exchange	es from Form 8824				5	
6	Unused capital loss carryover (attach computation)					6	(
7	Net short-term capital gain or (loss). Combine lines 1a th	hrough 6 in column	ıh			7	65,39
	t II Long-Term Capital Gains and Losses (S						
	See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjust or loss fro 8949, Par	m Form(t II, line 2	(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine
	whole dollars	(02.00 p.100)	(0. 0	column (g)		the result with column (g)
8a 	Totals for all long-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, leave this line blank and go to line 8b		<u>.</u>		_n	,	
8ь	Totals for all transactions reported on Form(s) 8949 with Box D checked						
9	Totals for all transactions reported on Form(s) 8949 with Box E checked						
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					1,465	1,465
11	Enter gain from Form 4797, line 7 or 9					11	
12	Long-term capital gain from installment sales from Form	n 6252, line 26 or 3	7			12	
13	Long-term capital gain or (loss) from like-kind exchange	es from Form 8824				13	
14	Capital gain distributions (see instructions)				.	14	
	Net long-term capital gain or (loss). Combine lines 8a th	rough 14 in column	<u>nh</u>			15	1,465
Par	III Summary of Parts I and II						
	Enter excess of net short-term capital gain (line 7) over i	net long-term capit	al loss (line 15)		[16	
				al loss (lir	 ne 7)	16 17	
16 17	Enter excess of net short-term capital gain (line 7) over it	aın (line 15) over ne	et short-term capit		Г		

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ 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.

OMB No 1545-0074

Attachment Sequence No 12A

Name(s) shown on return The Research Foundation for The State University of New York 14-1368361

Social security number or taxpayer identification number

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 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)

(C) Short-term transactions				sis wasn t repon	tea to the ii	HS	
1 (a) Description of property	(b) Date acquired (Mo , day, yr)	(c)	(d) Proceeds	(e) Cost or other basis See the Note belov	Adjustment, if you enter an enter a c	(h) Gain or (loss). Subtract column (e)	
(Example 100 sh XYZ Co)			(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Partnership Flowthrough	Various	Various	65,391				65,39
2 Totals. Add the amounts in columns	s (d), (e), (g), and	I (h) (subtract					

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

65,391

negative amounts) Enter each total here and include on your 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) ▶

Page 2

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side

Social security number or taxpayer identification number

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.

☐ (D) Long-term transactions☐ (E) Long-term transactions✓ (F) Long-term transactions	reported on	Form(s) 1099	-B showing bas				e)
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f) arate instructions.	(h) Gain or (loss). Subtract column (e)
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of (Mo , day, yr)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Partnership Flowthrough	Various	Various	1,465				1,465
							_
	-						
2 Totals. Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box D above is checked).	al here and incl is checked), lir	lude on your ne 9 (if Box E	1,465				1,465

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

Research Foundation for The State University of New York

14-1368361 ATTACHMENT 1

Form 990-T, Part I, Line 5

Loss from partnership investment

\$(25,644)

Form 990-T, Part II, Line 28

Investment management fees	\$8,439
990-T paid preparer's fees	\$2,750
Total other deductions	\$11,189

THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK 30-Jun-20

14-1368361 ATTACHMENT 2

FORM 990-T, LINE 20 · CHARITABLE CONTRIBUTION CARRYOVER

YEAR ENDING	AMOUNT OF CHARITABLE CONTRIBUTION	AMOUNT PREVIOUSLY UTILIZED	TOTAL AVAILABLE	UTILIZED IN 2018	AMOUNT AVAILABLE 2019
6/20/2010	(26, 502)	(47)	(26, 455)		/26 455)
6/30/2019	(26,502)	(47)	(26,455)		(26,455)
6/30/2020	(52,802)		(52,802)	(2,977)	(49,825)
	(79,304)	_ (47)	(79,257)	(2,977)	(76,280)

THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK 30-Jun-20

14-1368361 ATTACHMENT 3

FORM 990-T, LINE 34: DISALLOWED FRINGES

WHILE THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK DID PAY AMOUNTS FOR QUALIFIED TRANSPORTATION FRINGES DURING THE TAX YEAR, SUCH AMOUNTS DO NOT RESULT IN UBTIGIVEN THE RETROACTIVE REPEAL OF SECTION 512(A)(7)