

This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)

1. General Information

a. For the fiscal year beginning (mm/dd/yyyy) 07/01/2006 and ending (mm/dd/yyyy) 06/30/2007

b. Check if applicable for NYS:

- Address change
- Name change
- Initial filing
- Final filing
- Amended filing
- NY registration pending

c. Name of organization
RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK

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

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

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

e. NY State registration no. (##-##-##)
21-37-20

f. Telephone number
(212) 417-8503

g. Email

2. Certification - Two Signatures Required

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

a. President or Authorized Officer

Richard F. Rothbard
Signature

RICHARD F. ROTHBARD **PRESIDENT**

4/4/08
Date

b. Chief Financial Officer or Treasurer

Edward Kalaydjian
Signature

EDWARD KALAYDJIAN **CFO**

4/4/08
Date

3. Annual Report Exemption Information

a. **Article 7-A** annual report exemption (Article 7-A registrants and dual registrants)

Check if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 **and** the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.

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

b. **EPTL** annual report exemption (EPTL registrants and dual registrants)

Check if total gross receipts for this fiscal year did not exceed \$25,000 **and** the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.

For EPTL or Article-7A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above.

Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.

4. Article 7-A Schedules

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

a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? . . . Yes* No

* If "Yes", complete Schedule 4a.

b. Did the organization receive government contributions (grants)? . . . Yes* No

* If "Yes", complete Schedule 4b.

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

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

a. Article 7-A filing fee \$ 25.

b. EPTL filing fee \$

c. **Total fee** \$ 25.

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

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

- Mail completed form with **required schedules, fee and attachments** to the address at the top of this page -

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

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

1. Type of fund raising professional (FRP):
- | | |
|------------------------------------|-------------------------------------|
| Professional fund raiser | <input type="checkbox"/> |
| Fund raising counsel | <input checked="" type="checkbox"/> |
| Commercial co-venturer | <input type="checkbox"/> |

2. Name of FRP:
COMMUNITY COUNSELING SERVICES CO., LLC

Number and street (or P.O. box if mail is not delivered to street address):
461 FIFTH AVENUE, 3RD FLOOR

City or town, state or country and zip + 4:
NEW YORK, NY 10017

3. FRP telephone number:
212-695-1175

4. Services provided by FRP (provide description):
PROVIDE PROFESSIONAL FUNDRAISING SERVICES TO ASSIST CUNY BY PROVIDING GUIDANCE ON MAJOR GIFTS, FUND RAISING AND ONGOING COUNSEL TO THE "INVEST IN CUNY CAMPAIGN."

5. Compensation arrangement with FRP (provide description):
BILLED MONTHLY FOR PROFESSIONAL FEES DURING THE MONTH AS SERVICES ARE PROVIDED. MONTHLY AMOUNTS VARY DEPENDING ON THE CONTRACT.

6. Dates of contract 02/02/2004 through 06/30/2007
(mm/dd/yyyy) (mm/dd/yyyy)

7. Amount paid to FRP \$ 70,000.

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

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

1. Type of fund raising professional (FRP):

Professional fund raiser	<input type="checkbox"/>
Fund raising counsel	<input checked="" type="checkbox"/>
Commercial co-venturer	<input type="checkbox"/>

2. Name of FRP:
FUTURE FUNDS LLC

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

City or town, state or country and zip + 4:
STATEN ISLAND, NY 10312

3. FRP telephone number:
212-567-5680

4. Services provided by FRP (provide description):
PROVIDE PROFESSIONAL FUNDRAISING SERVICES TO
PLAN AND IMPLEMENT A PLANNED GIVING PROGRAM THAT
WILL BE IN EFFECT FOR TWELVE MONTHS.

5. Compensation arrangement with FRP (provide description):
BILLED MONTHLY FOR PROFESSIONAL FEES DURING
THE MONTH AS SERVICES ARE PROVIDED. MONTHLY
AMOUNTS VARY DEPENDING ON THE CONTRACT.

6. Dates of contract 06/01/2005 through 05/31/2008
(mm/dd/yyyy) (mm/dd/yyyy)

7. Amount paid to FRP \$ 199,992.

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

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

1. Type of fund raising professional (FRP):
- | | |
|------------------------------------|-------------------------------------|
| Professional fund raiser | <input type="checkbox"/> |
| Fund raising counsel | <input checked="" type="checkbox"/> |
| Commercial co-venturer | <input type="checkbox"/> |

2. Name of FRP:
HARVEST FRC, INC.

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

City or town, state or country and zip + 4:
NEWTOWN, PA 18940

3. FRP telephone number:
215-262-6508

4. Services provided by FRP (provide description):
PROVIDE PROFESSIONAL FUNDRAISING SERVICES TO
MANAGE THE IDENTIFICATION, RESEARCH, STRATEGY,
SCHEDULING, AND SOLICITATION OF THE TOP 50 CUNY
MAJOR GIFT PROSPECTS.

5. Compensation arrangement with FRP (provide description):
BILLED MONTHLY FOR PROFESSIONAL FEES DURING
THE MONTH AS SERVICES ARE PROVIDED. MONTHLY
AMOUNTS VARY DEPENDING ON THE CONTRACT.

6. Dates of contract 12/11/2006 through 12/31/2007
(mm/dd/yyyy) (mm/dd/yyyy)

7. Amount paid to FRP \$ 70,629.

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

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

1. Type of fund raising professional (FRP):
- | | |
|------------------------------------|-------------------------------------|
| Professional fund raiser | <input type="checkbox"/> |
| Fund raising counsel | <input checked="" type="checkbox"/> |
| Commercial co-venturer | <input type="checkbox"/> |

2. Name of FRP:
JEANNE SIGLER & ASSOCIATES

Number and street (or P.O. box if mail is not delivered to street address):
222 E. 46 STREET, SUITE 401

City or town, state or country and zip + 4:
NEW YORK, NY 10017

3. FRP telephone number:
212-730-4461

4. Services provided by FRP (provide description):
HELP QUEENS COLLEGE IDENTIFY PROSPECTIVE FUNDERS FOR CENTERS AND PRIORITY PROJECTS AT THE COLLEGE WHICH WILL ENABLE THE COLLEGE TO BEGIN A PROCESS OF FOUNDATION AND CORPORATE FUNDRAISING.

5. Compensation arrangement with FRP (provide description):
BILLED MONTHLY FOR PROFESSIONAL FEES DURING THE MONTH AS SERVICES ARE PROVIDED. MONTHLY AMOUNTS VARY DEPENDING ON THE CONTRACT.

6. Dates of contract 01/01/2007 through 03/31/2007
(mm/dd/yyyy) (mm/dd/yyyy)

7. Amount paid to FRP \$ 29,850.

Schedule 4b: Government Contributions (Grants)

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

Government Agency Name	Grant Amount
NATIONAL SCIENCE FOUNDATION	\$ 20,776,233.
US DEPARTMENT OF HEALTH & HUMAN SERVICES	\$ 42,034,350.
US DEPARTMENT OF EDUCATION	\$ 19,932,857.
OTHER FEDERAL SPONSORS	\$ 21,950,619.
NEW YORK STATE EDUCATION DEPARTMENT	\$ 45,872,724.
NYC DEPARTMENT OF EDUCATION	\$ 87,685,729.
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Total Government Contributions (Grants)	\$ 238,252,512.