### EXTENSION ATTACHED

\_\_990

# Return of Organization Exempt From Income Tax 0

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

1997

This Form is pen to Public

	of the Treasury							pen to Public
Internal Reve		Note: The organization may have to use						Inspection
		lendar vear. OR tax vear period beginning	1-Sep	<u>. 1997, and ending</u>		8/31/98	, 19	<u> </u>
	ck if:	C Name of organization		}	D	Employer identif	lcatio	n number
Chan	ge of address	New York Institute of Technology				<u>11-1788788</u>		
Initial	return	Number and street (or P. O. box if mail is no	ot delivered to street add	dress)	Е	State registration	n num	ber
Final	return	PO Box 8000						_
X	nutes bebr	City, town, or post office	State	ZIP code	F	Check		If exemption
	ired also for	Old Westbury	NY	11568-8000	•	application is pe	ndina Ddina	-
	reporting)					application to pe	Halind	
	of organiza	ation X Exempt under sec	tion 501(c)( 3	)(insert no.)		   section 4947(s)(1) no	never	int charitable trust
	-	mpt organizations and 4947(a)(1) nonexempt charitable trusts					J.110.10111	prometiment item
		eturn filed for affiliates?	No 1	If either box in H i	s che	cked "Yes," ente	r four	-digit
•				group exemption i	numb	er (GEN)		
(b) it Yes	s." enter the nu	mber of affillates for which this return is filed:	J	Accounting	7	Cash	Х	Accrual
			No	method:	=			
fol is mis	a separate ret	urn filed by an organization covered by a group ruiling?		Tremod,	لنت	Other (specify)		
K Checi	khera <u></u>	If the organization's gross receipts are normally not more tha	an \$25,000. The organization	need not file a return w	ith the	IRS; but if it received	а Голт	1990 Package
		file a return without financial data. Some states require a con		· 				<del></del>
		be used by organizations with gross receipts less the			00 at	end of year.		
Part I		, Expenses, and Changes in Net As		ances (	See S	pecific Instructions o	n page	11.)
		tributions, gifts, grants, and similar amount		r				
		ct public support			1a	1,472,716		
		ect public support			1b			
		ernment contributions (grants)		<u></u>	<u>1c  </u>	2,944.938		
	d Tota	il (add lines 1a through 1c) (attach schedul	e of contributors)					
	(cash		/\\.				1d	4,417,654
	2 Prog	ram service revenue including governmen	t fees and contracts	(from Part VII, lir	ie 93	3)	2	98,522,695
	3 Men	nbership dues and assessments	(C)	<b>\</b>		<i></i> .	3	
	4 Inter	nbership dues and assessments est on savings and temporary cash investr dends and interest from securities	nanta)	₹ <b>/</b>			4	327,886
	5 Divid	dends and interest from securities as rents	10 m	<i>®</i>			5	469,852
	6a Gros	ss rents		را ا	6a	207,833		
R	b Less	s; rental expenses	militie 6a)	🗘 🖯	6b			
e	c Net	rental income or (loss) (subtract lin්ද ලින්)froi	m) (me 6a)			[	6c	207,833
V	7 Othe	er investment income (describe 💛 🔏 🔪		·			7	
е	8a Gros	ss amount from sale of assets other		A) Securities		(B) Olher		
n	ti i Giri	1114-011-011-1-1-1-1-1-1-1-1-1-1-1-1-1-1		14,053,186	8a	672,691		
u	b Less	: cost or other basis and sales expenses	<u> </u>	13,939,024	8b			
е	c Gair	or (loss) (attach schedule)		114,162	8c	672,691		
	d Net	galn or (loss) (combine line 8c, columns (A	) and (B))			[	8d	786,853
	9 Spe	cial events and activities (attach schedule)						
	a Gros	s revenue (not including	of contributions					
		ted on line 1a)			9a	220,220		
	b Less	s: direct expenses other than fundraising ex	cpenses		9b	109,674		l
	c Net	income or (loss) from special events (subtra	act line 9b from line !		٠,		9c	110,546
	10a Gros	ss sales of inventory, less returns and allow	ances		0a			
	<b>b</b> Less	cost of goods sold	<del>.</del>	ACCOUNT	άŰ			
	I C Gres	s profit or (loss) from sales of inventory (attach s	chedule) (subtract line.	.10b (torrilne 10a)			10c	0
	11 Oth	er revenue (from Part VII, line 103)					11	<del></del>
	12 <u>Tota</u>	<u>l revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8c</u>	d, 9c, 10c, and 11)	<u> </u>	<u>}</u>	<u> </u>	12	104,843,319
	13 Prog	gram services (from line 44, column (B)) .		733. 3 3 3 3 4 4	۶.		13	96,674,081
Ex-	14 Man	agement and general (from line 44, columr	n(C))		ر. در الا		14	3,301,197
pen-	15 Fun	draising (from line 44, column (D)) ments to affiliates (attach schedule)		MARRE GC	اتار	1 [	15	987,502
ses	16 Pay	ments to affiliates (attach schedule)	$1, \dots, 1$	Charles Charles		]	16	
	17 Tota	ments to affiliates (attach schedule) I expenses (add lines 16 and 44, column ( ess or (deficit) for the year (subtract line 17	<u>A)) </u>	الم المالياليال	<u> </u>	<u> </u>	17	100,962,780
•	10 -	to of (dollow) for the year (dubited) in	110111 III 127				18	3,880,539
Net		assets or fund balances at beginning of yea		mn (A))			19	42,504,871
Accete	20 016	y abanges in not espeta as fund belenges (	attach auslanatical			⊙™∧™™∧⊫∧ı™ ∡∫	20.1	. F40.047

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

	All organizations m	ıust cor	nolete column (A). Co	ilumns (B), (C), and (D) are re	ouired for section 501/c)(3) a	ind (4) organizations
	F			sts but optional for others. (S		
	Do not Include amounts reported on line		(A) Total	(B) Program	(C) Managament	(D) Fundraising
	6b, 8b, 9b, 10b, or 16 of Part I.		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	services	and general	(D) Turblading
22		200000		55,11555	dra general	
	(noncash \$ 11,492,407 cash \$	22	11,492,407	11,492,407		
23	Specific assistance to individuals (attach schedule)	_	NONE	NONE		
24	Benefits paid to or for members (attach schedule)		NONE	NONE		
25		25	906,127	869,883		NONE
26	Other ediction and worse				36,244	
	Other salaries and wages	26	40,981,200	39,103,254	1,629,302	248,644
27	The state of the s	27	1,812,618		<u>72,505</u>	NONE
28	Other employee benefits		8,928,826		356,384	19,245
29	Payroll taxes	29	3,419,107	3,267,958	<sup>-</sup> 136,165	14,984
30	Professional fundraising fees		420,050			420,050
31	Accounting fees	31	189,996	182,396	7,600	NONE
32	Legal fees	32	916,429	880,178	36,251	NONE
33	Supplies	33	2,362,256		94,481	244
34	Telephone	34	1,186,231	1,138,784	47,447	NONE
35	Postage and shipping	35	701.098	655,867	27,328	17,903
36	Occupancy	36	4,807,062	4,614,779	192,283	NONE
37		37	1,013,837	973,283	40,554	NONE
	Printing and publications ::	38	509,836			
					18,374	50,423
	Travel	39	1,341,246	1,210,632	50,443	80,171
	Conferences, conventions, and meetings	40	0		NONE	NONE
41	Interest	41	6,176,038	5,941,769	234,269	NONE
	Depreciation, depletion, etc. (attach schedule)	42	3,564,877	3,422,094	142,783	NONE
43	Other expenses (itemize): a STMT 2	43a	10,233,539	9,918,376	178,761	136,402
b		43b	0			·
C		43c	0			
ď	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	43d	. 0			
e	>=====================================	43e	0	,		
f		43f	0			· - · · · · · · · · · · · · · · · · · ·
44	Total functional expenses (add lines 22 through 43)	$\overline{}$				
	Organizations completing columns (B) - (D), carry					
	these totals to lines 13 - 15	44	100,962,780	96,673,539	3,301,174	988,066
Ren	orting of Joint Costs. Did you report in colu					·
	ational campaign and fundraising solicitation?				Yes	X No
	es," enter (I) the aggregate amount of these joint costs			; (ii) the amount allocat		
	•					·
	ne amount allocated to Management and general			; (iv) the amount allocal	ed to Fundraising	
Par	t III Statement of Program Service Accomp	olish	ments	(See Specific Instruction	s on page 18.)	Program Service
Wha	t is the organization's primary exempt purpose?					Expenses
All or	ganizations must describe their exempt purpose achievemen	nts in	a clear and concis	se manner. State the no	ımber	(Required for 501(c)(3) and
of cli	ents served, publications issued, etc. Discuss achievements	s that	are not measurab	le. (Section 501(c)(3) a	nd (4)	(4) orgs., and 4947(a)(1)
	nizations and 4947(a)(1) nonexempt charitable trusts must al					trusts; but optional for
_	ations to others.)					others.)
а						
	Million in the state of the sta	,,,,,,,,,,,,	***************************************			•
	14-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	*********		***************************************		
	***************************************	••••••	(Grants and alloc	ations \$	11.492.407	93,157,466
b	RESEARCH - THE INSTITUTION PRESENTL	VHA				
	ARE FEDERAL, REMAINING EIGHT ARE FU	,,,,,,,,,,,,	441414849118849899944444	***************************************		• •
	ARE FEDERAL, REMAINING EIGHT ARE FO	IANE	DOLLWINDIE	70011050	************************************	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		00.550
			(Grants and alloc	ations \$	<del></del>	83,550
· C	SEE STATEMENT 3		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	>>++++++++++++++++++++++++++++++++++++					
	\	.,,				
			(Grants and alloc	ations \$		3,432,523
d		*******	***************************************		Miles Maggggs and the control of the	<del></del>
'			********************************			
	***************************************		(Grants and alloc	ations \$	***************************************	- · ·
e.	Other program services (attach schedule)		(Grants and alloc			<del> </del>
	Total of Program Service Expenses (should equal line 44, co					96,673,539
	1 1 1 1 2 2 11 1	4141111	Tall todiani aci		<u> </u>	30,0,0,00

154,606,310

#### Part IV Balance Sheets (See Specific Instructions on page 18.) Where required, attached schedules and amounts within the description Note: (A) (B) column should be for end-of-year amounts only. Beginning of year End of year Assets 9,531,421 45 7.910.962 Savings and temporary cash investments . . . . . . . . . . . . . . . 13,296,903 46 13,303,457 |47a| 14.653,021 2,770,817 11.350.398 47c 11,882,204 870,000 48c 870,000 602.382 49 658,889 50 Receivables due from officers, directors, trustees, and key employees 50 51a Other notes and loans receivable (attach schedule) . . . . . . 51a 51c 52 53 7.270.472 #- 54 Investments - securities (attach schedule) . . . . . . SEE STATEMENT 4 6.851.984 54 55a Investments - land, buildings, and equipment: 50,023,000 b Less: accumulated depreciation (attach 49,128,390 55c 50,023,000 O 56 0 |57a| 132,363,907 75,090,045 56,089,216 **57c** 57,273,862 5,620,488 58 58 Other assets (describe 5,413,464 154,606,310 59 Total assets (add lines 45 through 58) (must equal line 74) . . . . . . . . . 152,471,182 59 Liabilities 18,138,562 60 18.954.671 61 15,748,184 62 14,980,530 63 63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . 64a Tax-exempt bond liabilities (attach schedule) . . . SEE STATEMENT 5 33,800,000 64a 33,800,000 31,215,354 64b 29,717,429 b Mortgages and other notes payable (attach schedule) SEE STATEMENT 6 11,064,211 SEE STATEMENT 7 65 11,318,187 65 Other liabilities (describe 109,966,311 66 108,770,817 Net Assets or Fund Balances Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74. 42,504,871 67 44,841,940 68 993.553 69 Organizations that do not follow SFAS 117, check here land complete lines 70 through 74. 70 71 72 Retained earnings, accumulated income, endowment, or other funds . . . . . . . 72 73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal 42.504.871 73 45,835,493 74 Total liabilities and fund balances/net assets (add lines 66 and 73) . . . . . . . 152,471,182 74

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

If "Yes," attach schedule - see Specific Instructions on page 20.

X No

Forn	990 (1997) New York Institute of Technology	11-1788788		Page 5
<u>Par</u>	t VI Other Information (See Specific Instructions on pages 21.)			Yes or No
76	Did the organization engage in any activity not previously reported to the Internal Revenue Service	ce?	76	NO
	If "Yes," attach a detailed description of each activity.	::		
77	Were any changes made in the organizing or governing documents, but not reported to the IRS	ን	77	NO
	If "Yes," attach a conformed copy of the changes.			
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year or	overed		
	by this return?		78a	YES
b	If "Yes," has it filed a tax return on Form 990-T for this year?		78b	YES
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Y			
	attach a statement		79	NO
80a	Is the organization related (other than by association with a statewide or nationwide organization	)		
	through common membership, governing bodies, trustees, officers, etc., to any other exempt or			
	nonexempt organization?		80a	nunununununun. NO
b	If "Ves " enter the name of the organization			
		7		
815	and check whether it isexempt OR Enter the amount of political expenditures, direct or indirect, as described	_nonexempt.		
Ula	in the instructions for line 81	.		
h	Did the organization file Form 1120-POL for this year?		81b	NO NO
	Did the organization receive donated services or the use of materials, equipment, or facilities at	· · • · · · ·		
oża	no charge or at substantially less than fair rental value?		82a	
6	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue		02a	NO Milimini
D		<u>.</u> l		
025	in Part I or as an expense in Part II. (See instructions for reporting in Part III.)		922	
	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	YES
	Did the organization comply with the disclosure requirements relating to guld pro quo contributions?		83b	YES
	Did the organization solicit any contributions or gifts that were not tax deductible?	· · · · · ·	84a	N/A
Ь	If "Yes," did the organization include with every solicitation an express statement that such		9.410	NIIIIIIIIIIIIIIII
0.5	contributions or gifts were not tax deductible?		84b	N/A
	Section 501(c)(4), (5), or (6) organizations (a) Were substantially all dues nondeductible by members? .		85a	N/A
D	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85b	N/A
	If "Yes" to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year.	J		
	Dues, assessments, and similar amounts from members			
	Section 162(e) lobbying and political expenditures			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<del></del> _		
_	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?		85g	N/A
ก	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount			
	in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political			
	expenditures for the following tax year?		85h	N/A
86	Section 501(c)(7) organizations Enter: (a) Initiation fees and capital contributions	IN/A		
	······································	<del></del>		
		N/A		
		N/A		
D	Gross income from other sources. (Do not net amounts due or paid to other			
	sources against amounts due or received from them.)	IN/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable			
••	corporation or partnership? If "Yes," complete Part IX		88	YES
вуа	501(c)(3) organizations - Enter: Amount of tax paid during the year under:			
	section 4911; section 4912; section 4955	<del></del>		
	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
	transaction during the year? If "Yes," attach a statement explaining each transaction		89	NO
С	Enter: Amount of tax Imposed on the organization managers or disqualified persons during the year under			
	section 4912, 4955 and 4958			
	Enter: Amount of tax in 89c, above, reimbursed by the organization			
	List the states with which a copy of this return is filed		·········	***************************************
	Number of employees employed in the pay period that includes March 12, 1997 (See instruction		90ь	<u> </u>
91	The books are in care of Controller's Office			386 7532
•	Located at PO BOX 8000, OLD WESTBURY, NY	ZIP + 4		11568-8000
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here	_		
	enter the amount of tax-exempt interest received or accrued during the tax year	N/A		

orm 990 (1997)	New York Institute of	f Technology	·	11-1788788	Page 6
art VII Analysis of Income-Produc			See Specific Instructions on	pages 25.)	<u>,,,                                    </u>
nter gross amounts unless otherwise	Unrelated busines	ss income	Excluded by section 512,	513, or 514	(E)
dicated.	(A)	(B)	(C)	(D)	Related or exempt
33 Program šervice revenue:	Business code	Amount	Exclusion code	Amount	function income
a TUITION AND FEES		1			89,493,458
b EDUCATIONAL ACTIVITIES					2,160,838
c SALES AUXILIARY ENTERPRISES	8980	2,407,650			2,578,910
d OTHER SOURCES					1,881,839
<del></del>	<del> </del>				
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
4 Membership dues and assessments .					
15 Interest on savings and temporary cash investments			14	327,886	
Dividends and interest from securities			14	469,852	
Pro Organica and Income (loss) from real estate:					
a debt-financed property	8220	207,833			
b not debt-financed property					
Not rental income or (loss) from personal property					
99 Other investment income					
OO Gain or (loss) from sales of assets other than inventory			18	786,853	
01 Net Income or (loss) from special events ;	1				110,546
O2 Gross profit or (loss) from sales of inventory					
03 Other revenue					·
b					
d					<u> </u>
e	- <del>                                    </del>				
04 Subtotal (add cols. (B), (D), and (E))		2,615,483		1,584,591	96,225,591
05 TOTAL (add line 104, columns (B), (D), and	nd (F))		.*		100,425,665
lote: (Line 105 plus line 1d, Part I, should	equal the amount on lin	e 12. Part l.)			
	to the Accomplish	ment of Exer	npt Purposes		uctione on page 26.)
Line Explain how each activity for	r which income is rep	orted in column	(E) of Part VII contributed	i importantly to	the
t	onization's everant nu	rnoses (other ti	an by providing funds for	such purposes)	)
	TRIBUTES IMPORTA	NTLY TO THE	INSTRUCTION PROGRA	M WHICH ENA	ABLES STUDENTS
THIS ACTIVITY CON TO MEET THEIR EDI	ICATIONAL GOALS				
THESE ACTIVITIES	CONTRIBUTE IMPOR	RTANTLY TO T	HE OVERALL EDUCATION	NAL PROCES	S AND PHYSICAL
)3B THESE ACTIVITIES (	STUDENT FACILITIES	S - INCLUDING	TEXTBOOKS, EDUCATI	ONAL MATERÍ	ACS, SUPPLIES,
RENTAL OF EDUCA	TIONAL RELATED E	QUIPMENT AN	D ATHLETIC PROGRAM	S	
(CHITAL OF EDGGA	MOTOR CONTRACTOR				
SAME AS LINE 938					
SAME AS LINE 938	·				
· · · · · · · · · · · · · · · · · · ·					
Part IX Information Regarding Tax	rahla Suheidiariae		(Complete this Part if the "Y	es" box on line 88	3 is checked.)
		% of owner-	Nature of business	Total	End-of-year
Name, address, and employer ide		ship interest	activities	income	assets
number of corporation or partr	iersnip	BIIID IIIEEESL	CONTINUO	1,239,064	
BEE STATEMENT 11			<u></u>	1,200,004	· · · · · · · · · · · · · · · · · · ·
			<u> </u>	· · · · · · · · · · · · · · · · · · ·	<del> </del>

Under penalties of periory, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge arer (other than officer) is based on all information of which preparer has any knowledge. Torus J. T. Cook In C.FO
Type or print name and title.

Check if Preparer's SSN

Date

#### SCHEDULE A (Form 990)

### Organization Exempt Under Section 501(c)(3)

(Except Private Foundation), and Section 501(e), 501(f), 501(k),

OMB No. 1545-0047

1997

Department of the Treasury

or Section.4947(a)(1) Nonexempt Charitable Trust
Supplementary Information

Must be completed by the above organizations and attached to their Form 990 (or 990-EZ). Internal Revenue Service Name of the organization Employer identification number NEW YORK INSTITUTE OF TECHNOLOGY 11-1788788 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions on page 1. List each one. If there are none, enter "None.") (a) Name and address of each (b) Title and average (e) Expense account (d) Contributions to employee paid more than \$50,000 hours per week (c) Compensation and other employee beneft plane & devoted to position allowances deferred compensation Stanley Schiowitz 40 Stoner Ave, Great Neck, NY 247,367 208,291 NYCOM Dean James Gillespie 12 Adams Ct, Rockville Ctre, NY 189,208 725 Special Asst to Pres Arnold Nagler 77 Hazlewood Dr, Jericho, NY NYCOM 174,426 15,008 Eileen DiGlovanna 80 Gamer Ln, Bayshore, NY NYCOM 168,686 14,380 Robert Mancini 54 Fifty Acre Rd, Head Harbor, NY 166,978 NYCOM Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II (See instructions on page 1. List each one (whether individuals or firms.) If there are none, enter "None.") (a) Name and address of each independent contractor (b) Type of service (c) Compensation paid more than \$50,000 Collegis 2300 Maitland Ctr Pa, Maitland FI 2,429,556 Computer Services TIAA Group Administration PO Box 8500, Philadelphia, PA 19178 Pension Fund Mgmt 353,254 Cullen & Dykman 100 Quentin Roosevel, Garden City, NY Legal 220,165 Fulbright & Jaworski 686 Fifth Ave, NY, NY Legal 183,512 PriceWaterhouseCoopers LLP PO Box 905615, Charlotte, NC 189,996 Accounting Services Total number of others receiving over

\$50,000 for professional services

Scrie	date A feolitea of Teath 10 ct (140 th 2010)	<del></del> г	- P	ige Z
₽an	t III Statements About Activities	- {	Yes	No
1 2	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?  If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities.  Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.  During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:  Sale, exchange, or leasing of property?	1 2a		X
b	Lending of money or other extension of credit? ,	2b		<u>X</u>
С	Furnishing of goods, services, or facilities?	2c	-	_X_
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	х	
	Transfer of any part of its income or assets?	2e		<u>X</u> _
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X	
	Attach a statement explaining how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.) See Statement 12			
Pari	IV Reason for Non-Private Foundation Status (See Instructions on pages 2 through 4.)			
5 { 6 [ 7 [ 8 [ 9 [ 11a[ 11b] 12 [ 13 [	general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule below.)  An organization that normally receives: (a) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions- subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated busine taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. Se section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)  (a) Name(s) of supported organizations. (See instructions on page 4.)	n ess e umbe	···	
	from ab	ove	<del></del>	
		<del></del> -		
14	An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions on page	ge 4.	)	<del></del>

Service Control

	t IV-A Support Schedule (Complete only if you					
<u>NO.</u>	FE: You may use the worksheet in the instructions	for converting fro	m the accrual to t	the cash method	of accounting.	
Cale	endar year (or fiscal year beginning in)	(a) 1996	(b) 1995	(c) 1994	(d) 1993 -	(e) Total
15	Gifts, grants, and contributions received. (Do		]			
	not include unusual grants. See line 28.)			<u> </u>		0
16	Membership fees received			)		0
17	Gross receipts from admissions, merchandise					
	sold or services performed, or furnishing		,	]	ļ ,	
	of facilities in any activity that is not a					
	business unrelated to the organization's				J .	
	charitable, etc., purpose					0
18	Gross Income from interest, dividends, amounts			<del>                                     </del>		
	received from payments on securitles loans		-			
	(section 512(a)(5)), rents, royalties, and unrelated		j			
	business taxable income (less section 511 taxes)					
	from businesses acquired by the organization					
						•
19	after June 30, 1975	<del></del>	<del></del>	<del> </del> -		0
19	Net income from unrelated business activities			!		_
	not included in line 18	<u></u>	<del></del>			0
20	Tax revenues levied for the organization's benefit					
	and either paid to it or expended on its behalf					0
21						
	organization by a governmental unit without charge.	•• ••				
	Do not include the value of services or facilities					
	generally furnished to the public without charge	·				0
22	Other income. Attach a schedule. Do not include	•				
	gain or (loss) from sale of capital assets					0
23	Total of lines 15 through 22	0	0	0	0	0
24	Line 23 minus line 17	0	0	0	0	0
	Enter 1% of line 23	0	0	0	0	
	Organizations described in lines 10 or 11:	a	Enter 2% of amoun	t in column (e). line	N/A 26a	0
	Attach a list (which is not open to public inspection					
-	each person (other than a governmental unit or person)					
	1993 through 1996 exceeded the amount shown	in line 26a Ente	the sum of all the	ese excess amou	nts 26b	iidaanii ka
	Toob anough 1000 choosed the amount onews	m mo zou. Emp	and dam or an ore	oco oxecco anieqi		
_	Total support for section 509(a)(1) test: Enter line	(a) nmuloo AC				<i>ilimininininini</i> O
	Add: Amounts from column (e) for lines: 18	0 19		· · <i>· ·</i> · · ·		
u	• •	0 26b	0		26d	Minimikki niki
_	22 .		<u>_</u>			0
	Public support (line 26c minus line 26d total)					0 0000
	Public support percentage (line 26e (numerator) o					0.00%
21					were received from	n a
	"disqualified person," attach a list to show the nam	•		•	each "disqualified	
	person." Enter the sum of such amounts for each	-	NOT APPLICABLE			
_	(1996)(1995)		(1994)	***************************************	(1993)	
Ó	For any amount included in line 17 that was received				•	nď
	amount received for each year, that was more tha					
	(Include in the list organizations described in lines					
	between the amount received and the larger amount	unt described in (	1) or (2), enter the	sum of all these	differences (the	
	excess amounts) for each year:					
	(1996) (1995)		(1994)	******	(1993)	
	· · · · · · · · · · · · · · · · · · ·					
ି	Add: Amounts from column (e) for lines: 15  17 0 20  Add: Line 27a total 0 an	0 16	0			
	17 0 20	0 21			<u>27</u> c	0
d	Add: Line 27a total 0 an	d line 27b total	0		27d	0
e	Public support (line 27c minus line 27d total)				27e	0
	Total support for section 509(a)(2) test: Enter am				mm	
	Public support percentage (line 27e (numerator) d	1,777				0 <u>.00</u> %
	Investment income percentage (line 18, column (s					0.00%
	Unusual Grants: For an organization described in line					0.0070
20						
	attach a list (which is not open to public inspection) for ea	-				
	grant, and a brief description of the nature of the grant. [	yo not inciude these	grants in life to, (S	oce monucions on p	/aye 4.)	

Schedule A (Form 990) 1997 NEW YORK INSTITUTE OF TECHNOLO: 11-1788788 Page 4 Private School Questionnaire (See Instructions on page 4.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . . 29 Х 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with 30 Х 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) SEE STATEMENT 13 32 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? . b Records documenting that scholarships and other financial assistance are awarded on a racially c Copies of all catalogues, brochures, announcements, and other written communications to the public 32c d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . 32d If you answered "No" to any of the above, please explain. (If you need more space, attach a statement.) Does the organization discriminate by race in any way with respect to: Χ b Admissions policies? c Employment of faculty or administrative staff? . . . . d Scholarships or other financial assistance? . . . . . . e Educational policies? 33e Χ f Use of facilities? . g Athletic programs? 33g33h If you answered "Yes" to any of the above, please explain. (If you need more space, attach a statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency? . . . . .

b Has the organization's right to such aid ever been revoked or suspended? . . . .

If you answered "Yes" to either 34a or b, please explain using an attached statement.

35 Does the organization certify that it has compiled with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation 34a

34b

Total lobbying expenditures (add lines c through h) . . . . . . . . .

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities,

Part VII			ransters to and trans: Organizations	actions and Relationships With			
51 Did t				lowing with any other organization described in	<del></del> -		147 -
				In section 527, relating to political organizations'	7		·
a Tran	nsfers from the	reporting organ	ization to a noncharitable e	kempt organization of:		Yes	No
(i)	Cash				51a(i)		Χ
(ii)	Other assets				a(ii)		X
	er transactions;						
(i)	Sales of assets	s to a nonchari	table exempt organization		b(i)		X
(ii)	Purchases of a	assets from a n	oncharitable exempt organiz	ration	b(ii)		Χ
(iii)	Rental of facili	ties or equipme	ent		b(iii)	1	Χ
					b(iv)		Χ
					b(v)		_X_
				olicitations	b(vi)		X
				ees	<u> </u>		X
				ng schedule. Column (b) should always	show		
				ven by the reporting organization. If the			
-			-	ction or sharing arrangement, show in co	olumn		
			ssets, or services received.	r	·		
(a)	(b)	<i>,                                    </i>	(c)	(d)			
Line no.	Amount involved		charitable exempt organization	Description of transfers, transactions, and si	<u>manna annaem</u>	ents	
<u>·</u>	ļ <del></del>		· <u>·</u>				
	<del> </del>		<del></del>	<del> </del>	<del></del>		
<del></del>	<u> </u>	<u> </u>		<del></del>			
		<del></del>					
<del></del>			<del> </del>				
	<del></del>	<del></del>	<del></del>	<del></del>		<del></del>	
<del></del> _	<del></del>	<del></del>		<del></del>			
	<del></del>			<u> </u>			
	<del> </del>	<del></del>	<del></del>	<del> </del>			
	<del></del>	<del></del>	<del></del>	<del> </del>			
			<del></del>		<del></del>		
	<del></del>	<u> </u>	<del></del>	<del></del>	· <del>·</del>		<del></del> -
			<del></del>				
						<del></del> -	<u> </u>
	<del></del>	<u> </u>	<del></del>				
52a le the	organization direc	tly or indirectly af	fillated with, or related to, one or r	nore tax-exempt organizations	Yes		No
	-		other than section 501(c)(3)) or in	· -	X	Γ	-140
	es," complete th				<del>. ^^ _</del>	_	
	(a)	<u></u>	(b)	(c)			
ı	Name of organia	zation	Type of organization	Description of relation	nship		
	IA COLLEGE	<u> </u>	501 (C) (3) SCHOOL	COMMON BOARD OF TRUSTEES			
<del></del> -							
			<del> </del>				
-	<del></del>						·
					<del> </del>		
			_ ·				

### Form 990, Part I - Other changes in net assets or fund balances

Increases:	Amount
Unrealized gain on property held for sale	424,080
<i>,</i> **	
Decreases:	
Unrealized loss on depreciation of investments	-173,997
Loss on contribution of property	-800,000
Total	-549,917

			, <sup>7,5</sup>	
Form 990, Part II - Other Expenses				
		Program	Management	
Description	Total	Services	and General	Fundraising
Auxiliary Enterprises	2,041,484	2,041,484		
Cafeteria / Meal Plan	2,089,824	2,089,824		
Consulting / Outside Services	3,819,057	3,666,293	152,764	
General Insurance	1,436,104	1,436,104		
Bad Debt	448,175	430,249	17,925	
Miscellaneous	398,896	254,423	8,071	136,402
Totals	10,233,539	9,918,376	178,761	136,402

Statement 2

New York Institute of Technology

Form 990, Part III - Statement of Program Service Accomplishments

Expenses	93,157,466	3,432,523		686,589,989
Grants and Allocations	11,492,407			11,492,407
Description	Instruction 6,282 Students in undergraduate classes 4,147 Students in graduate and doctoral classes	1,991 Students graduated in 1998 Conference and Outreach Centers — The Institution's Conference Center serves as a training facility for students. The Institution operates three family medical outreach centers which serve as training facilities for	NYCOM students, and serve 1500 - 2000 patients.	Totals

Statement 3

## Form 990, Part IV - Investments - Securities

Description	Amount
Common Stock	1,958,111
U.S. Government Securities	3,431,855
Other Debt Securities	1,680,341
Money Market	200,165
Total	7,270,472

### Form 990, Part IV - Tax-Exempt Bond Liabilities

Description		Amount
7.5% Town of Islip Community Development		33,800,000
Agency Refunding Revenue Bonds Due		
March 1, 2006		
÷		
	•	
Total		33,800,000

## Form 990, Part IV - Mortgages and Other Notes Payable

Lender:	11% New	York Institute	of Technology
LUIUUI.	11/V 11/V	T OTT THOUSE	OI ACCIDION

Original Amount:

33,500,000

Interest Rate:

11.520000

Maturity Date:

03/01/06

Beginning Balance Due	31,215,354 29,717,429
Total Beginning Mortgages and Other Notes Payable	31,215,354
Total Ending Mortgages and Other Notes Payable	29,717,429

	Ending
Description	Book Value
Refundable Grants and U.S. Government Loan Funds	8,914,225
Capital Lease Obligations	2,403,962
Total	11,318,187

### Form 990, Part IV-A - Revenue on Financial Statements not on Line 12

Description	Amount
Line 9b Expenses	109,674
Unrealized gain on ppty held for sale	424,080
Total	533,754

Form 990, Part IV-B - Expenses on Financial Statements not on Line 17

Description	Amount	
Line 9b Expenses		109,674
•	m market in the second of the second	
,		
Total	•	109,674

#### NEW YORK INSTITUTE OF TECHNOLOGY

#### **BOARD OF TRUSTEES**

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Ms. Patricia A. Thomas Director, Northeast States Local Services Organization AT & T P.O. Box 8000 Old Westbury, NY 11568-8000

Mr. Richard Torrenzano Chairman & Chief Executive The Torrenzano Group, Ltd. P.O. Box 8000 Old Westbury, NY 11568-8000

New York Institute of Technology

11-1788788

Form 990, Part IX - Information Regarding Taxable Subsidiaries

Nature of	Total	Activities Income Assets	Advertising 1,239,064 192,354	1,239,064
	Ownership	į	100%	
	Name and Address	Employer Identification Number	Wheatley Advertising PO Box 8000 Old Westbury, NY 11568-8000 11-2359770	Total

Statement 11

### Schedule A, Part III - Explanation for Line 4

Most disbursements in furtherance of the Institution's exempt programs are made directly for salary and similar expenses incurred directly in the active conduct of the activities constituting the exempt purpose or function for which the Institution is organized and operated. Otherwise, disbursements in furtherance of the Institution's exempt programs are made in accordance with procedures, or subject to conditions established by the Institution's governing board, designed to insure that individuals and organizations receiving disbursements from the organization in furtherance of its exempt programs are adequately investigated to insure that they are qualified recipients. The College grants academic scholarships to freshmen and upperclass students on the basis of academic achievement of high scholastic potential. Academic scholarships range in value up to full tuition, depending on financial need. As funds allow, they may be reviewed each year for students who maintain at least a 3.0 GPA and continue to demonstrate financial need. In general, Institutional scholarships may be applied toward full-time tuition only.

Schedule A, Part V - Explanation For Line 31

Advertising in local newspaper announcing registration dates and programs offered. These advertisements include a summary statement of non-discrimination policy.

# Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

Department o Internai Reve	of the Treasur nue Service	y	File a separate application for each return.	
	Please type or WEW YORK INSTITUTE O,		EW YORK INSTITUTE OF TECHNOLOGY	Employer identification number
original ar	original and one Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)			
copy by the		ھ		
your return	n.See 📗	/6	CONTROLLER'S OFFICE - 10 BOX 8000	
instruction back.	is on	City, tov	un or post office, state, and ZIP code, For a foreign address, see instructions.	
		02	N WESTBURY, NY 11568-8000	
			e tax return filers must use <b>Form 7004</b> to request an extension of time to file. Part o <mark>rm 8736</mark> to request an extension of time to file Form 1065, 1066, or 1041.	nerships, REMICs, and
1 I red	quest an	extens	sion of time until	
	Form 706-		Form 990-T (sec. 401(a) or 408(a) trust)	ixes) 🔲 Form 8612
	Form 706	·GS(T)	Form 990-T (trust other than above) Form 3520-A	☐ Form 8613
<b>2</b>	Form 990	or 990	EZ  Form 1041 (estate) (see instructions)  Form 4720	☐ Form 8725
	Form 990-	-BL	☐ Form 1041-A ☐ Form 5227	☐ Form 8804
	Form 990-		☐ Form 1042 ☐ Form 6069	☐ Form 8831
lf th	ie organiz	zation	does not have an office or place of business in the United States, check this box.	<b>&gt;</b>
2a For	calendar	year	, or other tax year beginning $9-1$ , and ending $9$	<u>8-31</u> , <u>/778</u> ,
			or less than 12 months, check reason: 🔲 Initial return 🗎 Final return 🔲 Change	
3 Has	an exter	nsion d	of time to file been previously granted for this tax year?	Yes 🗀 No
4 Stat	te in deta	ill why		73 FILE
	<u>ع، بيد</u>	- 4 424.E	LETE AND ACCURATE RETURN IS NOT SE	1 TON/LADES
		<del>'</del>		<del></del>
			rm 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720,	· ·
			25, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions.	\$
			orm 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and	
			nents made, include any prior year overpayment allowed as a credit	<b>*</b>
			See instructions	\$
			Signature and Verification	
Under pena it is true, co	sities of perj arrect, and o	jury, I de complete	clare that I have examined this form, including accompanying schedules and statements, and to the best ;; and that I am authorized to prepare this form.	of my knowledge and belief,
		/,	11111	1
Signature 🕨	MA	Lecute.	Title > CONTROLLER	Date > 4-19-99
FILE ORI	GINAL A	ND ON	E COPY. The IRS will show below whether or not your application is approved an	d will return the copy.
Notice 1	to Appli	cant-	-To Be Completed by the IRS	
			your application. Please attach this form to your return.	•
☐ We	HAVE NO	ОТ арр	proved your application. However, we have granted a 10-day grace period from the	e later of the date
sho	wn below	v or the	e due date of your return (including any prior extensions). This grace period is cons	sidered to be a valid
exte	ension of	time f	or elections otherwise required to be made on a timely return. Please attach this fo	orm to your return.
			proved your application. After considering the reasons stated in item 4, we cannot e to file. We are not granting the 10-day grace period.	grant your request for .
☐ We	cannot c		The state of the s	n extension was
We cannot consider your application because it was filed after the due date of the return for which an extension was requested.  Other:EXTENSION GRANTED TO				
∠ Other	ег:	EXT	ENSION GRANTED TO	(Drawn) (rem
		•	17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100 ED , 1.
			07-15-99. — MAY 13	Date
			The same of the sa	1500
If you want	t a cópy of	this for	m to be returned to an address other than that shown above, please enter the address to which th	e copy should be sent.
<u> </u>	Name .		Service Service	
Please				CEMES OF
Type	Number,	streat, a	nd room or suite no. (or P.O. box no. If mall is not delivered to street address)	THER
Print	City, tow	n or pos	t office, state, and ZIP code. For a foreign address, see instructions.	
		•		