

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), or section 527, or section 4947(a)(1) nonexempt charitable trust

2000

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2000 calendar year, or tax year period beginning 09/01, 2000, and ending 08/31, 2001

B Check if applicable:
 Change of address
 Change of name
 Initial return
 Final return
 Amended return

C Name of organization, number and street, city, town, state, and ZIP code
NEW YORK INSTITUTE OF TECHNOLOGY
 PO BOX 8000
 OLD WESTBURY, NY 11568-8000

D Employer identification number
11-1788788

E Telephone number
(516) 686-7532

F Check if application pending

G Organization type (check only one) 501(c)(3) (insert no) 527 or 4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

J Accounting method Cash Accrual Other (specify) ▶

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

Note H and I are not applicable to sec 527 orgs

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? (If "No," attach a list. See inst.) Yes No

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit group exemption no (GEN) ▶

L Check this box if organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions)

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	1,703,914.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c	3,083,836.		
d	Total (add lines 1a through 1c) (cash \$ 4,787,750. noncash \$)	1d		4,787,750.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		124,516,253.	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		170,233.	
5	Dividends and interest from securities	5		2,031,404.	
6a	Gross rents	6a	323,919.		
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		323,919.	
7	Other investment income (describe ▶)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		22,327,735.	8a	1,493,450.	
b	Less cost/other basis & sales expenses	22,459,935.	8b	-237,027.	
c	Gain or (loss) (attach schedule)	-132,200.	8c	1,730,477.	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	1,598,277.	
9	Special events and activities (attach schedule)				
a	Gross revenue (not including contributions reported on line 1a)	9a	322,753.		
b	Less direct expenses other than fundraising expenses	9b	195,169.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		127,584.	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		133,555,420.	
13	Program services (from line 44, column (B))	13		126,485,629.	
14	Management and general (from line 44, column (C))	14		21,892,511.	
15	Fundraising (from line 44, column (D))	15		1,600,973.	
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17		149,979,113.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		-16,423,693.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		44,067,305.	
20	Other changes in net assets or fund balances (attach explanation)	20		97,234.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		27,740,846.	

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>14169673</u> noncash \$ _____)	22	14,169,673	14,169,673	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	1,056,327.	1,056,327.	0.
26	Other salaries and wages	26	522,544.83	498,115.66	2,119,480.
27	Pension plan contributions	27	2,472,429.	2,373,532.	98,897.
28	Other employee benefits	28	9,326,400.	8,934,048.	372,254.
29	Payroll taxes	29	4,355,013.	4,162,491.	173,438.
30	Professional fundraising fees	30			
31	Accounting fees	31	185,150.	177,744.	7,406.
32	Legal fees	32	591,213.	567,827.	23,386.
33	Supplies	33	6,123,006.	5,877,479.	244,896.
34	Telephone	34	1,324,649.	1,271,666.	52,983.
35	Postage and shipping	35	951,265.	889,895.	37,079.
36	Occupancy	36	8,331,487.	7,998,228.	333,259.
37	Equipment rental and maintenance	37	1,538,611.	1,477,065.	61,546.
38	Printing and publications	38	2,008,180.	1,737,198.	72,373.
39	Travel	39	829,234.	748,481.	31,187.
40	Conferences, conventions, and meetings	40	902,818.	814,900.	33,954.
41	Interest	41	6,459,119.	6,214,112.	245,007.
42	Depreciation, depletion, etc (attach schedule)	42	5,957,430.	5,718,817.	238,613.
43	Other expenses (itemize) a See Attached	43a	31,142,626	12,484,580	17,746,753
	b	43b			
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	14,997,911.3	12,648,562.9	2,189,251.1
					11,600,973.

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If "Yes," enter (i) aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions)

What is the organization's primary exempt purpose? ▶ ADVANCED DEGREE EDUCATIONAL INSTRUCTION	Program Service Expenses (Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts but optional for others)
a ANYIT PROVIDES UNDERGRADUATE, GRADUATE, AND DOCTORAL INSTRUCTION TO A DIVERSE STUDENT POPULATION. APPROXIMATELY 12,200 STUDENTS ATTEND THE INSTITUTION AND 1700 GRADUATED LAST YEAR. (Grants and allocations \$ 14,169,673.)	11,844,263.3
b THE CONFERENCE CENTER PROVIDES TRAINING FOR STUDENTS AND OUR MEDICAL OUTREACH CENTERS PROVIDE TRAINING TO STUDENTS AND NEEDED MEDICAL SERVICE TO THE COMMUNITY. (Grants and allocations \$ _____)	4,782,025.
c THE INSTITUTION PERFORMS RESEARCH FOR FEDERAL, STATE, AND LOCAL GOVERNMENTS, AS WELL AS RESEARCH FOR LARGE CORPORATIONS. (Grants and allocations \$ _____)	3,260,971.
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	▶ 12,648,562.9

Part IV Balance Sheets (See Specific Instructions)

Note				(A)		(B)
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only				Beginning of year		End of year
A S S E T S	45 Cash -- non-interest-bearing			10,159,993.	45	12,235,883.
	46 Savings and temporary cash investments			8,758,998.	46	13,276,806.
	47a Accounts receivable	47a	24,511,106.			
	b Less allowance for doubtful accounts	47b	5,774,556.	14,867,208.	47c	18,736,550.
	48a Pledges receivable	48a	828,200.			
	b Less allowance for doubtful accounts	48b		1,002,000.	48c	828,200.
	49 Grants receivable			1,198,924.	49	1,291,371.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges				53	
	54 Investments -- securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		37,045,008.	54	35,547,249.
	55a Investments -- land, buildings, and equipment, basis	55a	36,039,900.			
	b Less accumulated depreciation (attach schedule)	55b		39,146,560.	55c	36,039,900.
	56 Investments -- other (attach schedule)				56	
	57a Land, buildings, and equipment, basis	57a	161,896,317.			
	b Less accumulated depreciation (attach schedule)	57b	87,640,919.	72,421,795.	57c	74,255,398.
58 Other assets (describe ▶ _____)			14,173,927.	58	13,827,454.	
59 Total assets (add lines 45 through 58) (must equal line 74)			198,774,413.	59	206,038,811.	
L I A B I L I T I E S	60 Accounts payable and accrued expenses			15,616,898.	60	16,183,753.
	61 Grants payable				61	
	62 Deferred revenue			19,100,320.	62	23,289,176.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)			61,550,000.	64a	61,550,000.
	b Mortgages and other notes payable (attach schedule)			38,350,000.	64b	37,950,000.
	65 Other liabilities (describe ▶ See Statement Attached)			20,089,890.	65	39,325,036.
66 Total liabilities (add lines 60 through 65)			154,707,108.	66	178,297,965.	
N E T A S S E T S F U N D B A L A N C E S	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted			42,956,373.	67	26,457,422.
	68 Temporarily restricted			1,110,932.	68	1,121,620.
	69 Permanently restricted				69	161,804.
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, 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 line 21)			44,067,305.	73	27,740,846.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)			198,774,413.	74	206,038,811.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total revenue, gains, and other support per audited financial statements ▶	a 132029891
b Amounts included on line a but not on line 12, Form 990	
(1) Net unrealized gains on investments \$ -909,814.	
(2) Donated services & use of facilities \$	
(3) Recoveries of prior year grants \$	
(4) Other (specify) See Att'd	
\$ -42,294.	
Add amounts on lines (1) through (4) ▶	b -952,108.
c Line a minus line b ▶	c 132981999
d Amounts included on line 12, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990 \$ 99,367.	
(2) Other (specify)	
\$	
Add amounts on lines (1) and (2) ▶	d 99,367.
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e 133081366

a Total expenses and losses per audited financial statements ▶	a 149,067,43
b Amounts included on line a but not on line 17, Form 990	
(1) Donated services & use of facilities \$	
(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify)	
\$	
Add amounts on lines (1) through (4) ▶	b
c Line a minus line b ▶	c 149067431
d Amounts included on line 17, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990 \$ 99,367.	
(2) Other (specify) See Att'd	
\$ 812,315.	
Add amounts on lines (1) and (2) ▶	d 911,682.
e Total expenses per line 17, Form 990 (line c plus line d) ▶	e 149979113

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred comp	(E) Expense account and other allowances
EDWARD GUILIANO NEW YORK, NEW YORK	PRESIDENT 40.	292,332.	21,753.	27,000.
SHERYL MOODY W.GILGO BEACH, NY	SECRETARY 40.	173,250.	12,127.	0.
JOSEPH COOK III ROCKVILLE CENTRE, NY	TREASURER 40.	157,500.	11,025.	21,606.
SEE SCHEDULE ATTACHED	TRUSTEES	0.	0.	0.

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? Yes No
If "Yes," attach schedule -- see Specific Instructions

Part VI Other Information (See Specific Instructions)		N/A	Yes	No
76	Did organization engage in any activity not previously reported to IRS? If "Yes," attach detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
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		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a		
b	Did the organization file Form 1120-POL for this year?	81b	N/A	
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered 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	85b	N/A	
c	Dues, assessments, and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
h	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	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a		
b	Gross receipts, included on line 12, for public use of club facilities	86b		
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X	
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>			
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
90a	List the states with which a copy of this return is filed <input type="checkbox"/> NEW YORK			
b	Number of employees employed in the pay period that includes March 12, 2000 (See inst.)	90b		1,734
91	The books are in care of <input type="checkbox"/> CONTROLLER'S OFFICE Telephone no <input type="checkbox"/> (516) 686-7533 Located at <input type="checkbox"/> PO BOX 8000 OLD WESTBURY, NY ZIP code <input type="checkbox"/> 11568-4000			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92			

Part VII Analysis of Income-Producing Activities (See Specific Instructions)

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a TUITION AND FEES					114,017,078.
b EDUCATIONAL ACTIV					2,228,094.
c SALES-AUXILIARY E	561439	2,700,636.			3,791,305.
d OTHER SOURCES					1,779,140.
e					
f Medicare/Medicaid payments					
g Fees & contracts from govt. agencies					
94 Membership dues & assessments					
95 Interest on savings and temporary cash investments			14	170,233.	
96 Dividends & interest from securities			14	2,031,404.	
97 Net rental income or (loss) from real estate					
a debt-financed property	531190	323,919.			
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	1,361,250.	
101 Net income or (loss) from special events					127,584.
102 Gross profit/(loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		3,024,555.		3,562,887.	121,943,201.
105 Total (add line 104, columns (B), (D), and (E))					128,530,643.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions)

Line No Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

93A THE ACTIVITY CONTRIBUTES TO OUR INSTRUCTION PROGRAM WHICH ENABLES STUDENTS TO MEET THEIR EDUCATIONAL GOALS.

93B THESE ACTIVITIES CONTRIBUTE TO THE OVERALL EDUCATIONAL

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int.	(C) Nature of activities	(D) Total income	(E) End-of-year assets
WHEATLEY ADVERTISING 11-2359770	100. %	ADVERTISING	1,697,079.	669,296.
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Including accompanying schedules and statements, and to the best of my knowledge and that of the preparer (if any), this return is based on all information of which the preparer has any knowledge (Important)

4/25/02
Date

JOSEPH COOK TREASURER
Type or print name and title

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate Instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl benefit plans & deferred compensation	(e) Expense account and other allowances
STANLEY SCHIOWITZ	DEAN NYCOM			
GREAT NECK, NY	40	288,552.	11,900.	2,502.
MARYSE PREZEAU	VP STD AFF			
WOODBURY, NY	40	189,031.	13,232.	5,586.
ARNOLD NAGLER	ASSOC DEAN			
JERICHO, NY	40	182,212.	18,221.	17,354.
DENNIS DOWLING	PROF&PHYSI			
BALDWIN, NY	40	174,701.	14,486.	
ROBERT VOGT	DEAN ART/S			
SEA CLIFF, NY	40	165,000.	11,550.	79,500.
Total number of other employees paid over \$50,000 ▶	358			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
PRICE WATERHOUSE COOPERS LLP		
SUFFOLK, NY	AUDITING	197,130.
FIRST STEP		
NEW YORK, NY	CONSULTING	238,113.
FULBRIGHT & JAWORSKI		
NEW YORK, NY	LEGAL SERVICES	190,187.
McMILLIAN, RATHER, BENNETT		
MELVILLE, NY	LEGAL SERVICES	160,527.
CULLEN & DYKMAN		
BROOKLYN, NY	LEGAL SERVICES	375,322.
Total number of others receiving over \$50,000 for professional services ▶	9	

Part III Statements About Activities

	Yes	No
1 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 total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>24,000.</u> 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	1	X
2 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		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain 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 the instructions)		

Part IV Reason for Non-Private Foundation Status (See the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶**
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions -- subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13** 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))

Provide the following information about the supported organizations (See the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety Section 509(a)(4) (See the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting**

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in) ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11. **a** Enter 2% of amount in column (e), line 24 ▶ **26a**

b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts ▶ **26b**

c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ **26c**

d Add: Amounts from column (e) for lines **18** _____ **19** _____
22 _____ **26b** _____ ▶ **26d**

e Public support (line 26c minus line 26d total) ▶ **26e**

f **Public support percentage** (line 26e (numerator) divided by line 26c (denominator)) ▶ **26f** %

27 Organizations described on line 12. **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:

(1999) _____ (1998) _____ (1997) _____ (1996) _____

b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the **larger** of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(1999) _____ (1998) _____ (1997) _____ (1996) _____

c Add: Amounts from column (e) for lines **15** _____ **16** _____
17 _____ **20** _____ **21** _____ ▶ **27c**

d Add: Line 27a total _____ and line 27b total _____ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) ▶ **27f**

g **Public support percentage** (line 27e (numerator) divided by line 27f (denominator)) ▶ **27g** %

h **Investment Income percentage** (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ **27h** %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See the instructions.)

Part V Private School Questionnaire (See the instructions)
 (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?	X	
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 student admissions, programs, and scholarships?	X	
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) <u>ALL NEWSPAPER ADVERTISEMENTS INDICATE OUR NONDISCRIMINATORY POLICY.</u>	X	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a Does the organization receive any financial aid or assistance from a governmental agency?	X	
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.		X
35 Does the organization certify that it has complied 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	X	

Part VI-A Lobbying Expenditures by Electing Public Charities (See the instructions)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

- Check here **a** if the organization belongs to an affiliated group
- Check here **b** if you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)	(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38 Total lobbying expenditures (add lines 36 and 37)	38													
39 Other exempt purpose expenditures	39													
40 Total exempt purpose expenditures (add lines 38 and 39)	40													
41 Lobbying nontaxable amount. Enter the amount from the following table --														
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">If the amount on line 40 is --</td> <td style="width: 50%; border: none;">The lobbying nontaxable amount is --</td> </tr> <tr> <td style="border: none;">Not over \$500,000</td> <td style="border: none;">20% of the amount on line 40</td> </tr> <tr> <td style="border: none;">Over \$500,000 but not over \$1,000,000</td> <td style="border: none;">\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td style="border: none;">Over \$1,000,000 but not over \$1,500,000</td> <td style="border: none;">\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td style="border: none;">Over \$1,500,000 but not over \$17,000,000</td> <td style="border: none;">\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td style="border: none;">Over \$17,000,000</td> <td style="border: none;">\$1,000,000</td> </tr> </table>	If the amount on line 40 is --	The lobbying nontaxable amount is --	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is --	The lobbying nontaxable amount is --													
Not over \$500,000	20% of the amount on line 40													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
42 Grassroots nontaxable amount (enter 25% of line 41)	42													
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.												
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.												

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h)

Yes	No	Amount

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
(ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Summary table with columns Yes and No, and rows for 51a(i), 51a(ii), 51b(i), 51b(ii), 51b(iii), 51b(iv), 51b(v), 51b(vi), and 51c.

Main schedule table with columns (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, and (d) Description of transfers, transactions, & sharing arrangements.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

Schedule table for 52a(b) with columns (a) Name of organization, (b) Type of organization, and (c) Description of relationship.

Form 990 - Part IV - Balance Sheets
Line 54 - Investments - Securities

Description	Amount
COMMON STOCK	8,580,572.
US GOVERNMENT SECURITIES	1,506,908.
MONEY MARKET ACCOUNTS	25,459,769.
TOTAL	<u>35,547,249.</u>

Form 990 - Part IV - Balance Sheets
Line 65 - Other Liabilities

Description	Amount
CAPITAL LEASE OBLIGATIONS	2,407,031.
REFUNDABLE GRANTS & LOAN FUNDS	11,822,969.
POST RETIREMENT BENEFITS	7,485,036.
FAIR VALUE OF INTEREST SWAP	17,610,000.
TOTAL	<u>39,325,036.</u>

Form 990 - Part IV-A - Line b(4)
Other amounts included on line A but not on line 12, Form 990

Description	Amount
	195,169.
	-436.
	-237,027.
TOTAL	<u>-42,294.</u>

Form 990 - Part IV-B - Line d(2)
Other amounts included on line 17, Form 990 but not on line A

Description	Amount

	195,169.
	617,146.

TOTAL	812,315.
	=====

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99)

See separate instructions

Attach this form to your return

2000 Attachment Sequence No 67

Name(s) shown on return

NEW YORK INSTITUTE OF TECHNOLOGY

Business or activity to which this form relates

Form 990T

Identifying number

11-1788788

Part I Election To Expense Certain Tangible Property (Section 179) (Note If you have any "listed property," complete Part V before you complete Part I)

Table with 5 rows and 2 columns. Row 1: 1 Maximum dollar limitation... \$20,000. Row 2: 2 Total cost of section 179 property... Row 3: 3 Threshold cost of section 179 property... \$200,000. Row 4: 4 Reduction in limitation... Row 5: 5 Dollar limitation for tax year... 20,000.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Row 6: Blank header row.

Table with 2 columns and 7 rows. Row 7: 7 Listed property... Row 8: 8 Total elected cost... Row 9: 9 Tentative deduction... Row 10: 10 Carryover of disallowed deduction... Row 11: 11 Business income limitation... Row 12: 12 Section 179 expense deduction... Row 13: 13 Carryover of disallowed deduction to 2001...

Note Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement) Instead, use Part V for listed property

Part II MACRS Depreciation for Assets Placed in Service Only During Your 2000 Tax Year (Do not include listed property)

Section A -- General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box See the instructions

Section B -- General Depreciation System (GDS) (See the instructions)

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depr, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 15a-i: 3-year property, 5-year property, 7-year property, 10-year property, 15-year property, 20-year property, 25-year property, Residential rental property, Nonresidential real property.

Section C -- Alternative Depreciation System (ADS) (See the instructions)

Table with 7 columns: (a) Class life, (b) 12-year, (c) 40-year, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 16a-c: Class life, 12-year, 40-year.

Part III Other Depreciation (Do not include listed property) (See the instructions)

Table with 2 columns and 3 rows. Row 17: 17 GDS and ADS deductions for assets placed in service in tax years beginning before 2000. Row 18: 18 Property subject to section 168(f)(1) election. Row 19: 19 ACRS and other depreciation.

Part IV Summary (See the instructions)

Table with 2 columns and 3 rows. Row 20: 20 Listed property... Row 21: 21 Total... 80,184. Row 22: 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see the Instructions

Form 4562 (2000)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)
Note Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization NEW YORK INSTITUTE OF TECHNOLOGY	Employer identification number 11 : 1788788
File by the due date for filing your return. See instructions	Number street and room or suite no. If a P.O. box, see instructions P.O. Box 8000	
	City town or post office state and ZIP code. For a foreign address see instructions OLD WESTBURY, NY 11568	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month for **990-T corporation**) extension of time until May 15 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year 20
 ▶ tax year beginning SEPTEMBER 1 2000 and ending AUGUST 31 2001

2 If this tax year is for less than 12 months check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form or if required, deposit with FTD coupon or if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ **NONE**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶  Title ▶ **CONTROLLER** Date ▶ **10/31/01**

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868**
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return See instructions	Number, street and room or suite no. If a P.O. box see instructions	For IRS use only
	City, town or post office, state and ZIP code. For a foreign address see instructions	

Check type of return to be filed (File a separate application for each return)

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box If it is for **part of the group**, check this box and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until _____, 20__
- 5 For calendar year _____, or other tax year beginning _____, 20__ and ending _____, 20__
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension _____

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax less any nonrefundable credits. See instructions. \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ _____
- c **Balance Due** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature _____ Title _____ Date _____

Notice to Applicant—To Be Completed by the IRS

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested.
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) Or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

Part V List of Officers, Directors, Trustees and key Employees (List each one even if not compensated, see Specific Instructions)

(A) Name, Company and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred comp	(E) Expense account and other allowances
Duane Albro Net2000 Communications Herdon, Virginia	Trustee Part	-0-	-0-	-0-
James E Cheek Howard University Greenboro, North Carolina	Trustee Part	-0-	-0-	-0-
Angelo Corva Angelo Francis Corva & Assoc , Architects Manhasset, New York	Trustee Part	-0-	-0-	-0-
Linda Davila Merrill Lynch Private Client Group New York, New York	Trustee-Vice Chair Part	-0-	-0-	-0-
Peter Ferentinos NJS Carpentry Inc Union, New Jersey	Trustee Part	-0-	-0-	-0-
Ronald Gade St Barnabas Hospital Bronx, New York	Trustee Part	-0-	-0-	-0-
Roger P Gimbel Global Document Solutions Corp New York, New York	Trustee Part	-0-	-0-	-0-
Stanley Kreitman Manhattan Associates, LLC New York, New York	Trustee-Chair Part	-0-	-0-	-0-
G Bruce Leib Morgan Stanley New York, New York	Trustee Part	-0-	-0-	-0-
Frank Liguori Lloyd Harbor, New York	Trustee Part	-0-	-0-	-0-
Michael Merlo Signature Bank New York, New York	Trustee Part	-0-	-0-	-0-
Seymour Meyer Great Neck, New York	Trustee Part	-0-	-0-	-0-
Philip Munson Northport, New York	Trustee Part	-0-	-0-	-0-
Robert F Rose Marsh USA, Inc Melville, New York	Trustee Part	-0-	-0-	-0-
Matthew Schure Philadelphia College of Osteopathic Medicine Philadelphia, Pennsylvania	Trustee Part	-0-	-0-	-0-
Richard Torrenzano The Torrenzano Group New York, New York	Trustee Part	-0-	-0-	-0-

Form 990 - Exempt Organization Tax Return
 Line 9a - Special Fundraising Events and Activities

Description of Event	Gross Rec.	Contrib.	Exp.
GOLD COAST FOOD & WINE CLASSIC	322,753.	0.	195,169.
TOTAL	322,753.	0.	195,169.

Form 990 - Exempt Organization Tax Return
 Part II - Line 22 - Grants and Allocations - Cash

Class of Activity	Name and Address	Amount	Relationship
INSTITUTIONAL AID	VAR	14,169,673	N/A
TOTAL		14169673	

Form 990 - Exempt Organization Tax Return
 Line 43 - Other Expenses

Description	(A) Total	(B) Program Services	(C) Mgmt & General	(D) Fund-raising
CONTRACT SERVICES	6,801,158.	6,801,158.	0.	0
FOOD SERVICES	1,845,962.	1,845,962.	0.	0.
CONSULTING	689,861.	662,266.	27,595.	0
INSURANCE	119,578.	119,578.	0.	0.
BAD DEBT EXPENSE	1,379,609.	1,324,430.	55,179.	0.
LOSS ON SWAP TRANSACTIONS	17,610,000.	0.	17,610,000.	0.
ALL OTHER	2,696,458.	1,731,186.	53,979.	911,293.
TOTAL	31,142,626.	12,484,580.	17,746,753.	911,293.

Notes

Company: NEW YORK INSTITUTE OF TECHNOLOGY

2000

EIN: 11-1788788

Note # 3 - NET ASSETS (LINE 20)

FORM 990

LINE 20

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED LOSS	(\$909,814)
WHEATLEY ADVERTISING	(436)
LOSS ON SALE OF LAND	617,146
GOLD COAST	390,338
	<u>\$97,234</u>
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