

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

## A For the 2023 calendar year, or tax year beginning 07-01-2023, and ending 06-30-2024

B Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

C Name of organization NEW YORK INSTITUTE OF TECHNOLOGY		D Employer identification number 11-1788788	
Doing business as		E Telephone number (516) 686-7915	
Number and street (or P.O. box if mail is not delivered to street address) NORTHERN BLVD GERRY HOUSE 200		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code OLD WESTBURY, NY 11568		G Gross receipts \$ 501,314,804	

F Name and address of principal officer: HENRY FOLEY PHD NORTHERN BLVD GERRY HOUSE OLD WESTBURY, NY 11568		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If "No," attach a list. See instructions.	
		H(c) Group exemption number	

I Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

J Website: WWW.NYIT.EDU

K Form of organization:  Corporation  Trust  Association  Other

L Year of formation: 1955 M State of legal domicile: NY

## Part I Summary

1 Briefly describe the organization's mission or most significant activities:  
WE ARE COMMITTED TO EDUCATING THE NEXT GENERATION OF LEADERS AND INSPIRING INNOVATION. (SEE SCH O)

2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	3	18
3 Number of voting members of the governing body (Part VI, line 1a)	4	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	5	2,754
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	6	0
6 Total number of volunteers (estimate if necessary)	7a	2,285,990
7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11		

8 Contributions and grants (Part VIII, line 1h)	11,785,536	10,679,764
9 Program service revenue (Part VIII, line 2g)	330,165,554	351,692,354
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,433,018	12,772,701
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,830,662	6,353,583
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	352,214,770	381,498,402

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	72,221,260	80,378,505
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	156,729,017	164,870,205
16a Professional fundraising fees (Part IX, column (A), line 11e)	333,814	353,232
b Total fundraising expenses (Part IX, column (D), line 25) 2,628,718		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	113,151,159	120,767,152
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	342,435,250	366,369,094
19 Revenue less expenses. Subtract line 18 from line 12	9,779,520	15,129,308

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	440,803,344	586,710,960
21 Total liabilities (Part X, line 26)	206,006,233	327,591,757
22 Net assets or fund balances. Subtract line 21 from line 20	234,797,111	259,119,203

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign  
Here

Signature of officer  
BARBARA J HOLAHAN VP FIN. AFFAIRS, CFO/TREASURER

2025-05-02

Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00741490
	Firm's name GRANT THORNTON ADVISORS LLC			Firm's EIN 99-1856619	
	Firm's address 757 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100172013			Phone no. (212) 599-0100	

May the IRS discuss this return with the preparer shown above? See Instructions.

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2023)

## Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission:

NEW YORK INSTITUTE OF TECHNOLOGY (NYIT) OFFERS VARIOUS DEGREE PROGRAMS, INCLUDING UNDERGRADUATE, GRADUATE, AND PROFESSIONAL DEGREES, IN MORE THAN 50 FIELDS OF STUDY, INCLUDING ARCHITECTURE AND DESIGN; ARTS AND SCIENCES; (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

Yes  No

**3** Did the organization cease conducting, or make significant changes in how it conducts, any programs or services? . . . . .

Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 337,975,576 including grants of \$ 80,378,505 ) (Revenue \$ 347,585,794 )  
SEE SCHEDULE O

**4b** (Code: ) (Expenses \$ 5,380,006 including grants of \$ 0 ) (Revenue \$ 4,283,912 )  
SEE SCHEDULE O

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d Other program services (Describe in Schedule Q.)**

**4e Total program service expenses** 343,355,582

## Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  . . . . .

2 Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.  . . . . .

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  . . . . .

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  . . . . .

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  . . . . .

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  . . . . .

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  . . . . .

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  . . . . .

9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  . . . . .

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V . . . . .

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.

- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  . . . . .
- b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  . . . . .
- c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  . . . . .
- d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  . . . . .
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  . . . . .
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? . . . . .

12a If "Yes" to question 11a, did the organization report on separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  . . . . .

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  . . . . .

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. . . . .

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		No
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b		No
11c		No
11d	Yes	
11e	Yes	
11f	Yes	
12a	Yes	
12b		No
13	Yes	
14a	Yes	
14b	Yes	
15		No
16		No
17	Yes	
18	Yes	
19		No
20a		No
20b		
21	Yes	

## Part IV Checklist of Required Schedules (continued)

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . 

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . . 

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . . 

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .

25a **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?

27 If "Yes," complete Schedule L, Part II. Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .

28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . . 

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? . . . . . 

31 If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . . 

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? . . . . .

34 If "Yes," complete Schedule R, Part I. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .

36 **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .

38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O. . . . .

	Yes	No
22	Yes	
23	Yes	
24a	Yes	
24b		No
24c		No
24d		No
25a		No
25b		No
26		No
27		No
28a		No
28b		No
28c		No
29	Yes	
30		No
31		No
32		No
33		No
34		No
35a		No
35b		
36		No
37		No
38	Yes	

## Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . 

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

1a	319	Yes	No
1b	0		
1c		Yes	

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .

Part V **Statements Regarding Other IRS Filings and Tax Compliance (continued)**

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	<b>2,754</b>		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2b</b>	Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	Yes		
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . . .	<b>3b</b>	Yes		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Enter the name of the foreign country: <u>C A</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	<b>4a</b>	Yes		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	No		
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	No		
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>	No		
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	Yes		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	Yes		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	No		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	No		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	No		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .				
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter:				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter:				
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .				
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>			
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.				
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .	<b>14b</b>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .				
<b>16</b> Is the organization subject to and files Form 4720, Schedule B, Section 4968 excise tax on net investment income? . . . . .				
<b>17</b> If "Yes," complete Form 4720, Schedule O. <b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.				

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.

## Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>1a</b>	<b>18</b>	
<b>1b</b>	<b>1b</b>	<b>17</b>	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		No
<b>7b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	<b>9</b>		No

## Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	

## Section C. Disclosure

**17** List the states with which a copy of this Form 990 is required to be filed

**18** Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website  Another's website  Upon request  Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: BARBARA HOLAHAN NORTHERN BLVD GERRY HOUSE RM 200 OLD WESTBURY, NY 11568 (516) 686-7555

## Part VII

**Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee			
(1) DR HENRY FOLEY PRESIDENT	60.00 0.00	X		X		1,285,176	0	47,267
(2) PETER J ROMANO CHAIRPERSON	5.00 0.00	X		X		0	0	0
(3) DAN FERRARA VICE CHAIR	5.00 0.00	X		X		0	0	0
(4) MICHAEL J MERLO VICE CHAIR	5.00 0.00	X		X		0	0	0
(5) CATHERINE ALLEN TRUSTEE	5.00 0.00	X				0	0	0
(6) ANDREW BERNER TRUSTEE	5.00 0.00	X				0	0	0
(7) DOMENICK CHIECO TRUSTEE	5.00 0.00	X				0	0	0
(8) PHILLIP FASANO TRUSTEE (THRU 09/2023)	5.00 0.00	X				0	0	0
(9) PETER FERENTINOS TRUSTEE	5.00 0.00	X				0	0	0
(10) HENRY IERVOLINO TRUSTEE	5.00 0.00	X				0	0	0
(11) SANTHOSH KESHAVAN TRUSTEE	5.00 0.00	X				0	0	0
(12) JOHN KEVILLE TRUSTEE	5.00 0.00	X				0	0	0
(13) THOMAS VAN LAAN TRUSTEE	5.00 0.00	X				0	0	0
(14) TED MOUDIS TRUSTEE	5.00 0.00	X				0	0	0
(15) PATRICK O'SHAUGHNESSY TRUSTEE	5.00 0.00	X				0	0	0
(16) MONTE N REDMAN TRUSTEE	5.00 0.00	X				0	0	0
(17) DEBORAH VOGEL TRUSTEE	5.00 0.00	X				0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee Or director	Institutional Trustee;	Officer	Key employee	Former employee	Highest compensated		
(18) ELI WACHTEL	5.00	X					0	0	0
TRUSTEE (AS OF 12/2023)	0.00								
(19) ROBERT A WILD ESQ	5.00	X					0	0	0
TRUSTEE	0.00								
(20) CATHERINE FLICKINGER	40.00			X			484,283	0	58,295
VP HR, GEN. COUNSEL & SECRETARY	0.00								
(21) BARBARA J HOLAHAN	40.00			X			439,714	0	55,239
VP FIN. AFFAIRS, CFO/TREASURER	0.00								
(22) EILEEN VALERIO	40.00			X			217,000	0	46,683
CONTROLLER & ASSISTANT TREASURER	0.00								
(23) JERRY BALENTINE	40.00			X			757,388	0	69,993
PROVOST & EXECUTIVE VICE PRESIDENT	0.00								
(24) NICOLE WADSWORTH	40.00			X			408,753	0	61,404
DEAN, COLLEGE OF OSTEOPATHIC MED.	0.00								
(25) JOSEPH POSILICO	40.00			X			417,822	0	59,780
VP FOR ENROLL MGMT/STRATEGIC COMM.	0.00								
(26) BABAK DASTGHEIB-BEHESHTI	40.00			X			350,586	0	54,366
DEAN ENGINEERING SCHOOL	0.00								
(27) DONALD BOOTH	40.00			X			308,223	0	44,064
VP, CAPITAL PLANNING & FACILITIES	0.00								
(28) SHANE SPEIGTS	40.00			X			433,320	0	61,654
SITE DEAN, COLLEGE OF OSTEOPATHIC MED.	0.00								
(29) PATRICK MINSON	40.00			X			373,070	0	59,701
VP DEV. & ALUM. RELATIONS & EXT AFF.	0.00								
(30) PENNIE TURGEON	40.00			X			406,249	0	24,332
VP OF IT & CIO	0.00								
(31) ANTHONY GERDES	40.00			X			348,263	0	58,332
PROFESSOR	0.00								
(32) NANCY BONO	40.00			X			315,116	0	72,327
ASSOC. DEAN CLINICAL REL. & OUTREACH /ASSOC. PROF	0.00								

**1b Sub-Total****c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

6,544,963

0

773,437

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **364**

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ACCENTURE LLP	CONSULTING	5,329,503
500 WEST MADISON STREET CHICAGO, IL 60661		
ROOF SERVICES OF NEW YORK	CONSTRUCTION	3,810,340
48 WEST JEFRYN BLVD DEER PARK, NY 11729		
UNIVERSAL PROTECTION SERVICE LP	SECURITY	2,585,939
50 JACKSON AVE SYOSSET, NY 11791		
CONSIGLI & ASSOCIATES LLC	CONSTRUCTION	2,390,625
22 COLT COURT RONKONKOMA, NY 11779		
BOILERMATIC WELDING INDUSTRIES INC	CONSTRUCTION	2,281,820
17 PECONIC AVE MEDFORD, NY 11763		
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>158</b>		

## Part VIII

## Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants, and Other Amt Similar Amounts		<b>1a</b> Federated campaigns . . . <b>b</b> Membership dues . . . <b>c</b> Fundraising events . . . <b>d</b> Related organizations <b>e</b> Government grants (contributions) <b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>g</b> Noncash contributions included in lines 1a - 1f:\$ <b>h Total.</b> Add lines 1a-1f . . .	<b>1a</b> <b>1b</b> <b>1c</b> 346,432 <b>1d</b> <b>1e</b> 4,969,453 <b>1f</b> 5,363,879 <b>1g</b> 176,463 <b>h Total.</b> Add lines 1a-1f . . .		10,679,764	
Program Service Revenue	<b>2a</b> TUITION AND FEES	Business Code 611600	333,209,620	333,209,620		
	<b>b</b> STUDENT INSUR. PREM.	900099	8,556,179	8,556,179		
	<b>c</b> MEDICAL OUTREACH CENT.	611600	4,102,485	4,102,485		
	<b>d</b> ROOM AND BOARD	900099	3,777,068	3,777,068		
	<b>e</b> CATERING & FOOD SERVICE	722320	1,080,793	1,080,793		
	<b>f</b> All other program service revenue.		966,209	966,209		
	<b>g Total.</b> Add lines 2a-2f. . . .		351,692,354			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		7,045,129		-3,607	
	<b>4</b> Income from investment of tax-exempt bond proceeds				7,048,736	
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real 256,111				
	<b>6b</b>	0				
	<b>6c</b>	256,111				
	<b>6d</b> Net rental income or (loss) . . . . .		256,111		256,111	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities 119,576,328	(ii) Other 5,735,836			
	<b>7b</b>	119,055,942	528,650			
	<b>7c</b>	520,386	5,207,186			
	<b>7d</b> Net gain or (loss) . . . . .		5,727,572			5,727,572
	<b>8a</b> Gross income from fundraising events (not including \$ 346,432 of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a	174,055			
<b>8b</b> Less: direct expenses	8b	231,810				
<b>8c</b> Net income or (loss) from fundraising events . . .		-57,755			-57,755	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	9a					
<b>9b</b> Less: direct expenses	9b					
<b>9c</b> Net income or (loss) from gaming activities . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . .	10a					
<b>10b</b> Less: cost of goods sold	10b					
<b>10c</b> Net income or (loss) from sales of inventory . . .						
<b>11a</b> DESEVERSKY CONF CENTER	Business Code 900099	2,289,597			2,289,597	
<b>b</b> ADMIN OVERHEAD COST RECOVERY	900099	1,520,255			1,520,255	
<b>c</b> ACADEMIC HEALTH CENTER	900099	177,352	177,352			
<b>d</b> All other revenue . . . . .		2,168,023			2,168,023	
<b>e Total.</b> Add lines 11a-11d . . . . .		6,155,227				
<b>12 Total revenue.</b> See instructions . . . . .		381,498,402	351,869,706	2,285,990	16,662,942	

OtherRevenueMiscAmt

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX 

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	500,255	500,255		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	79,878,250	79,878,250		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,779,801	720,684	2,059,117	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	121,837,218	116,257,074	4,849,121	731,023
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,591,588	7,243,893	302,145	45,550
9 Other employee benefits	22,371,268	21,346,664	890,376	134,228
10 Payroll taxes	10,290,330	9,819,033	409,555	61,742
11 Fees for services (non-employees):				
a Management				
b Legal	3,064,776		3,064,776	
c Accounting	394,067		394,067	
d Lobbying	12,000	12,000		
e Professional fundraising services. See Part IV, line 17	353,232			353,232
f Investment management fees	497,734		497,734	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,477,040	12,576,097	900,943	
12 Advertising and promotion	3,495,123	2,748,597	199,379	547,147
13 Office expenses	9,862,207	9,150,501	711,706	
14 Information technology				
15 Royalties				
16 Occupancy	33,640,483	32,294,864	1,345,619	
17 Travel	2,076,239	1,874,051	78,085	124,103
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,556,773	3,210,407	133,767	212,599
20 Interest	178,152	171,394	6,758	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,071,478	16,387,714	683,764	
23 Insurance	13,239,885	12,644,091	529,595	66,199
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIP. RENTAL & MAINT.	6,072,814	5,829,895	242,919	
b HOSPITAL ROTATIONS	3,646,134	3,499,924	146,210	
c RECRUITING EXPENSES	2,037,198	2,037,198		
d INTERNATIONAL PROGRAMS	966,156	927,510	38,646	
e All other expenses	7,478,893	4,225,486	2,900,512	352,895
25 Total functional expenses. Add lines 1 through 24e	366,369,094	343,355,582	20,384,794	2,628,718
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X **Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX 

		(A) Beginning of year		(B) End of year	
<b>Assets</b>					
1	Cash—non-interest-bearing . . . . .		1		
2	Savings and temporary cash investments	60,141,977	2	144,728,160	
3	Pledges and grants receivable, net . . . . .	4,742,766	3	4,508,084	
4	Accounts receivable, net . . . . .	4,515,150	4	4,321,277	
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
7	Notes and loans receivable, net . . . . .	4,606,903	7	3,843,006	
8	Inventories for sale or use . . . . .		8		
9	Prepaid expenses and deferred charges . . . . .	3,951,514	9	2,645,668	
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	313,060,679		
b	Less: accumulated depreciation	10b	163,836,950	10c	149,223,729
11	Investments—publicly traded securities . . . . .		11	131,789,025	
12	Investments—other securities. See Part IV, line 11 . . . . .		12	16,047,555	
13	Investments—program-related. See Part IV, line 11 . . . . .		13		
14	Intangible assets . . . . .		14		
15	Other assets. See Part IV, line 11		15	129,604,456	
<b>16</b>	<b>Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . .		<b>16</b>	<b>586,710,960</b>	
<b>Liabilities</b>					
17	Accounts payable and accrued expenses . . . . .		17	37,944,628	
18	Grants payable . . . . .		18		
19	Deferred revenue . . . . .		19	24,255,864	
20	Tax-exempt bond liabilities . . . . .		20	108,673,360	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
23	Secured mortgages and notes payable to unrelated third parties . . . . .		23		
24	Unsecured notes and loans payable to unrelated third parties . . . . .		24		
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	156,717,905	
<b>26</b>	<b>Total liabilities:</b> Add lines 17 through 25 . . . . .		<b>26</b>	<b>327,591,757</b>	
<b>Net Assets or Fund Balances</b>					
	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
27	Net assets without donor restrictions . . . . .		27	243,421,306	
28	Net assets with donor restrictions . . . . .		28	15,697,897	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
29	Capital stock or trust principal, or current funds . . . . .		29		
30	Paid-in or capital surplus, or land, building or equipment fund . . . . .		30		
31	Retained earnings, endowment, accumulated income, or other funds . . . . .		31		
32	Total net assets or fund balances	234,797,111	32	259,119,203	
33	Total liabilities and net assets/fund balances	440,803,344	33	586,710,960	

## Part XI

**Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	1	381,498,402
2	2	366,369,094
3	3	15,129,308
4	4	234,797,111
5	5	9,469,791
6	6	
7	7	
8	8	
9	9	-277,007
10	10	259,119,203

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

 Separate basis  Consolidated basis  Both consolidated and separate basis

2b Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

 Separate basis  Consolidated basis  Both consolidated and separate basis

2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Yes	No
2a	No
2b	Yes
2c	Yes
3a	Yes
3b	Yes

## Additional Data

[Return to Form](#)

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

Special Condition Description

**SCHEDULE A**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
► Attach to Form 990 or Form 990-EZ.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023****Open to Public  
Inspection****Name of the organization**  
NEW YORK INSTITUTE OF TECHNOLOGY**Employer identification number**  
11-1788788**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.  
2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)  
3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:  
  
5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)  
6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:  
10  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 exempt 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)**. (Complete Part III.)  
11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  
a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**  
b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**  
c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**  
d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**  
e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.  
f Enter the number of supported organizations . . . . .  
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		

**Total**

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 11285F

Schedule A (Form 990) 2023

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11 Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) . . . . .						<b>12</b>

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ►

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
15 Public support percentage for 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a 33 1/3% support test—2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ►		
<b>b 33 1/3% support test—2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ►		
<b>17a 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ►		
<b>b 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ►		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6. . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b. .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ►						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
16 Public support percentage from 2022 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for <b>2023</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
18 Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	
<b>19a 33 1/3% support tests-2023.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ►		
<b>b 33 1/3% support tests-2022.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ►		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ►		

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

**1** Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*

**2** Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*

**3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*

**b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*

**c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*

**4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*

**b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*

**c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*

**5a** Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*

**b** **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

**c** **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

**6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*

**7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*

**8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*

**9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*

**b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*

**c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*

**10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*

**b** Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3a</b>		
<b>3b</b>		
<b>3c</b>		
<b>4a</b>		
<b>4b</b>		
<b>4c</b>		
<b>5a</b>		
<b>5b</b>		
<b>5c</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9a</b>		
<b>9b</b>		
<b>9c</b>		
<b>10a</b>		
<b>10b</b>		

**Part IV Supporting Organizations (continued)**

**11** Has the organization accepted a gift or contribution from any of the following persons?

- A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- A family member of a person described on 11a above?
- A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in **Part VI**

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

**1** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

**2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

**1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

**1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

**2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

**3** By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations

	Yes	No
1		
2		
3		

**Section E. Type III Functionally-Integrated Supporting Organizations**

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. Complete **line 3** below.
- The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

**2 Activities Test. Answer lines 2a and 2b below.**

**a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

	Yes	No
2a		

**b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

	Yes	No
2b		

**3 Parent of Supported Organizations. Answer lines 3a and 3b below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in **Part VI**.

	Yes	No
3a		

**b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

(A) Prior Year

(B) Current Year  
(optional)

<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b> Average monthly value of securities	<b>1a</b>	
<b>b</b> Average monthly cash balances	<b>1b</b>	
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d	<b>3</b>	
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b> Multiply line 5 by 0.035	<b>6</b>	
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	
<b>8</b> <b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

**Section C - Distributable Amount**

Current Year

<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6</b> <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting**

(continued)

**Section D Distributions****Current Year**

<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	<b>5</b>	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2023 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2023</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023: <b>a</b> From 2018. . . . . <b>b</b> From 2019. . . . . <b>c</b> From 2020. . . . . <b>d</b> From 2021. . . . . <b>e</b> From 2022. . . . .			
<b>f Total of lines 3a through e</b>			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7: <b>a</b> Excess from 2019. . . . . <b>b</b> Excess from 2020. . . . . <b>c</b> Excess from 2021. . . . . <b>d</b> Excess from 2022. . . . . <b>e</b> Excess from 2023. . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

### Facts And Circumstances Test

Return Reference

Explanation

## Additional Data

[Return to Form](#)

**Software ID:**

**Software Version:**

2023

**Schedule B****Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

(Form 990)

Department of the Treasury  
Internal Revenue ServiceName of the organization  
NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

**Organization type (check one):****Filers of:****Section:**

Form 990 or 990-EZ

 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation**Check if your organization is covered by the General Rule or a Special Rule.****Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1/3</sup>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . . ► \$ \_\_\_\_\_**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

**Part I****Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.**Contributors**

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization  
NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

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Name of organization

NEW YORK INSTITUTE OF TECHNOLOGY

**Employer identification number**

11-1788788

## Part III

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_**  
Use duplicate copies of Part III if additional space is needed.

Use duplicate copies of Part III if additional space is needed.

# Additional Data

[Return to Form](#)

Software ID:

Software Version:

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

►Complete if the organization is described below. ►Attach to Form 990 or Form 990-EZ.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2022****Open to Public  
Inspection****If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization  
NEW YORK INSTITUTE OF TECHNOLOGY**Employer identification number**

11-1788788

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- Political campaign activity expenditures. See instructions ..... ► \$ \_\_\_\_\_
- Volunteer hours for political campaign activities. See instructions .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- Was a correction made? .....  Yes  No

b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ► \$ \_\_\_\_\_
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... \$ \_\_\_\_\_
- Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

<b>(a) Name</b>	<b>(b) Address</b>	<b>(c) EIN</b>	<b>(d) Amount paid from filing organization's funds. If none, enter -0-.</b>	<b>(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.</b>
1				
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

**Limits on Lobbying Expenditures**  
 (The term "expenditures" means amounts paid or incurred.)

**(a) Filing organization's totals**
**(b) Affiliated group totals**

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) .....

**b** Total lobbying expenditures to influence a legislative body (direct lobbying) .....

**c** Total lobbying expenditures (add lines 1a and 1b) .....

**d** Other exempt purpose expenditures .....

**e** Total exempt purpose expenditures (add lines 1c and 1d) .....

**f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
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.

**g** Grassroots nontaxable amount (enter 25% of line 1f) .....

**h** Subtract line 1g from line 1a. If zero or less, enter -0-. .....

**i** Subtract line 1f from line 1c. If zero or less, enter -0-. .....

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  Yes  No

**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 separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)

**(a) 2019**
**(b) 2020**
**(c) 2021**
**(d) 2022**
**(e) Total**

**2a** Lobbying nontaxable amount

**b** Lobbying ceiling amount  
(150% of line 2a, column(e))

**c** Total lobbying expenditures

**d** Grassroots nontaxable amount

**e** Grassroots ceiling amount  
(150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	(a)	(b)
		Yes	No
a	Volunteers? .....		No
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No
c	Media advertisements? .....		No
d	Mailings to members, legislators, or the public? .....		No
e	Publications, or published or broadcast statements? .....		No
f	Grants to other organizations for lobbying purposes? .....		No
g	Direct contact with legislators, their staffs, government officials, or a legislative body? .....		No
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No
i	Other activities? .....	Yes	12,000
j	Total. Add lines 1c through 1i .....		12,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? ....	No	
b	If "Yes," enter the amount of any tax incurred under section 4912 .....		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....		

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

1	Were substantially all (90% or more) dues received nondeductible by members? .....	Yes	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	1	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	2	
		3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1	Dues, assessments and similar amounts from members .....	1	
2	Section 162(e) nondeductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
a	Current year .....	2a	
b	Carryover from last year .....	2b	
c	Total .....	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....		
5	Taxable amount of lobbying and political expenditures. See Instructions .....	4	
		5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1:	THE INSTITUTE DOES NOT ENGAGE IN ANY DIRECT LOBBYING ACTIVITY ITSELF; HOWEVER, THE INSTITUTE HAS ENGAGED A THIRD PARTY CONSULTANT TO ADVOCATE ON VARIOUS EDUCATIONAL ISSUES AND TO COLLABORATE WITH KEY POLICYMAKERS IN THE EXECUTIVE AND THE STATE LEGISLATURE ON ISSUES IMPORTANT TO THE INSTITUTE. THIS CONSULTANT INVOICED NYIT \$12,000 IN FISCAL YEAR 2024. IN ADDITION, THE INSTITUTE IS A DUES-PAYING MEMBER IN VARIOUS HIGHER EDUCATION MEMBERSHIP ORGANIZATIONS (E.G. - NACUBO). A PORTION OF THESE MEMBERSHIP DUES MAY BE ATTRIBUTABLE TO LOBBYING ACTIVITIES (BUT HAS NOT BEEN QUANTIFIED FOR SCHEDULE C PURPOSES).

## Additional Data

[Return to Form](#)

**Software ID:**

**Software Version:**

**Supplemental Financial Statements****2022****Open to Public  
Inspection**► Complete if the organization answered "Yes," on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**Name of the organization**  
NEW YORK INSTITUTE OF TECHNOLOGY**Employer identification number**

11-1788788

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year . . . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .

 Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .

 Yes  No**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

**Held at the End of the Year**

	2a
a Total number of conservation easements . . . . .	
b Total acreage restricted by conservation easements . . . . .	
c Number of conservation easements on a certified historic structure included in (a) . . . . .	

d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . .

**2d**

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .

 Yes  No6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \_\_\_\_\_7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .

 Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a  Public exhibition      d  Loan or exchange programs  
 b  Scholarly research      e  Other .....

c  Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . .  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:  
 c Beginning balance . . . . .  
 d Additions during the year . . . . .  
 e Distributions during the year . . . . .  
 f Ending balance . . . . .

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No  
 . . .

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	100,104,365	78,240,785	100,902,836	84,815,425	87,908,924
b Contributions . . . . .	155,028	689,031	369,628	182,783	171,783
c Net investment earnings, gains, and losses	11,497,444	6,649,978	-2,459,917	21,085,597	105,408
d Grants or scholarships . . . . .	4,411,756	4,618,150	457,960	257,269	257,269
e Other expenditures for facilities and programs . . . . .	-10,000,000	-20,000,000	20,000,000	4,679,323	2,926,334
f Administrative expenses . . . . .	423,860	857,279	113,802	244,377	187,087
g End of year balance . . . . .	116,921,221	100,104,365	78,240,785	100,902,836	84,815,425

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► 89.320 %  
 b Permanent endowment ► 5.470 %  
 c Term endowment ► 5.210 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations . . . . .  
 (ii) Related organizations . . . . .  
 b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3a(i)	Yes	No
3a(ii)	Yes	No
3b	Yes	No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		4,798,837		4,798,837
b Buildings . . . . .	17,718,600	216,218,648	135,255,590	98,681,658
c Leasehold improvements				
d Equipment . . . . .		42,426,674	28,581,360	13,845,314
e Other . . . . .		31,897,920		31,897,920
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ►				149,223,729

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OPERATING RIGHT-OF-USE ASSETS	128,479,085
(2) OTHER ASSETS	1,125,371
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	129,604,456

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.

See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
OPERATING RIGHT-OF-USE LEASE OBLIGATION	143,793,410
REFUNDABLE GRANTS AND US GOVERNMENT LOAN FUNDS	7,881,796
POST-RETIREMENT HEALTH BENEFITS	5,042,699
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	156,717,905

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	310,592,209
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments . . . . .	2a	9,469,791
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII.) . . . . .	2d	-79,878,250
e	Add lines 2a through 2d . . . . .	2e	-70,408,459
3	Subtract line 2e from line 1 . . . . .	3	381,000,668
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	497,734
b	Other (Describe in Part XIII.) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	497,734
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .	5	381,498,402

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	278,299,973
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII.) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	278,299,973
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	497,734
b	Other (Describe in Part XIII.) . . . . .	4b	87,571,387
c	Add lines 4a and 4b . . . . .	4c	88,069,121
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .	5	366,369,094

**Part XIII****Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART V, LINE 4:	USE OF ENDOWMENT FUNDS THE INSTITUTE'S ENDOWMENT CONSISTS OF A BOARD-DESIGNATED QUASI-ENDOWMENT, PLUS 54 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF RESTRICTED AND DESIGNATED PURPOSES. INCOME GENERATED BY THE RESTRICTED ENDOWMENT FUNDS ARE USED PRIMARILY TO SUPPORT SCHOLARSHIPS AND OTHER PURPOSES IN LINE WITH ORIGINAL DONOR INTENTIONS. INCOME FROM THE QUASI-ENDOWMENT IS GENERALLY USED TO SUPPORT THE ANNUAL OPERATING BUDGET, BUT THE BOARD MAY ELECT TO WITHDRAW QUASI-ENDOWMENT PRINCIPAL TO FUND CAPITAL EXPENDITURES AND OTHER INSTITUTE PROJECTS. IN FISCAL YEAR 2022, THE INSTITUTE TRANSFERRED \$20 MILLION FROM THE BOARD-DESIGNATED ENDOWMENT FUND TO A NON-ENDOWED INVESTMENT POOL THAT CARRIES HIGH LIQUIDITY AND RELATIVELY LOW MARKET RISK. IN FISCAL YEAR 2023, THE INSTITUTE RETURNED THE FUNDS TO THE BOARD-DESIGNATED ENDOWMENT. IN FISCAL YEAR 2024, THE INSTITUTE TRANSFERRED \$10 MILLION FROM ITS CAPITAL RESERVE ACCOUNT TO ITS ENDOWED INVESTMENT POOL. THE FORM 990, SCHEDULE D ENDOWMENT TABLE HAS NO LINE ITEM FOR ENDOWMENT TRANSFERS AND SO THE TRANSFERS ARE REFLECTED IN SCHEDULE D, PART V, LINE 1(E).
PART X, LINE 2:	FIN 48 (ASC 740) - INCOME TAX THE INSTITUTE FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. THE INSTITUTE IS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE INSTITUTE HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED BUSINESS INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE INSTITUTE HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. IN ADDITION, THE INSTITUTE HAS NOT RECORDED A PROVISION FOR INCOME TAXES AS IT HAS NO MATERIAL TAX LIABILITY FROM UNRELATED BUSINESS INCOME ACTIVITIES.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	SCHOLARSHIPS AND FELLOWSHIPS -79,878,250.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	SCHOLARSHIPS AND FELLOWSHIPS 79,878,250. WRITEDOWN OF INACTIVE/IMPAIRED ASSETS 7,693,137.

## Additional Data

[Return to Form](#)

**Software ID:**

**Software Version:**

Department of the Treasury  
Internal Revenue ServiceName of the organization  
NEW YORK INSTITUTE OF TECHNOLOGY**Employer identification number**

11-1788788

**Part I**

**1** 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? . . . . .

	<b>YES</b>	<b>NO</b>
<b>1</b>	Yes	

**2** 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? . . . . .

<b>2</b>	Yes	

**3** Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has a 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 use Part II. . . . .

<b>3</b>	Yes	

**4** Does the organization maintain the following?

**a** Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .

<b>4a</b>	Yes	

**b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .

<b>4b</b>	Yes	

**c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .

<b>4c</b>	Yes	

**d** Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .

If you answered "No" to any of the above, please explain. If you need more space, use Part II.


**5** Does the organization discriminate by race in any way with respect to:

**a** Students' rights or privileges? . . . . .

<b>5a</b>	No	

**b** Admissions policies? . . . . .

<b>5b</b>	No	

**c** Employment of faculty or administrative staff? . . . . .

<b>5c</b>	No	

**d** Scholarships or other financial assistance? . . . . .

<b>5d</b>	No	

**e** Educational policies? . . . . .

<b>5e</b>	No	

**f** Use of facilities? . . . . .

<b>5f</b>	No	

**g** Athletic programs? . . . . .

<b>5g</b>	No	

**h** Other extracurricular activities? . . . . .

If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.


**6a** Does the organization receive any financial aid or assistance from a governmental agency? . . . . .

<b>6a</b>	Yes	

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

<b>6b</b>	No	

If you answered "Yes" to either line 6a or line 6b, explain on Part II.

**7** 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, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II.

<b>7</b>	Yes	

**Part II Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	THE NEW YORK INSTITUTE OF TECHNOLOGY PUBLISHES ITS STATEMENT OF NON-DISCRIMINATION ON ITS WEBSITE AT <a href="HTTP://WWW.NYIT.EDU/ABOUT/STATEMENT_ON_NON_DISCRIMINATION">HTTP://WWW.NYIT.EDU/ABOUT/STATEMENT_ON_NON_DISCRIMINATION</a> . IN ADDITION, THE INSTITUTE'S POLICY IS PUBLISHED IN A CATALOG THAT IS MADE AVAILABLE TO ALL STUDENTS ONLINE AND IN ALL PHYSICAL BROCHURES SENT TO STUDENTS. FINALLY, THE INSTITUTE ENSURES THAT THE POLICY IS INCLUDED WITHIN APPLICABLE ADVERTISING MATERIALS. GOVERNMENT AID THE NEW YORK INSTITUTE OF TECHNOLOGY RECEIVES GOVERNMENTAL FUNDING FROM THE FOLLOWING THREE NEW YORK STATE PROGRAMS: 1. HIGH NEEDS NURSING PROGRAM 2. BUNDY AID 3. HIGHER EDUCATION OPPORTUNITY PROGRAM THESE PROGRAMS ENABLE THE INSTITUTE TO PROVIDE STUDENT SCHOLARSHIPS AND TO SUPPORT RESEARCH EFFORTS.

Schedule E (Form 990) (2023)

**Additional Data****Return to Form**

**Software ID:**  
**Software Version:**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

2023

Open to Public  
Inspection

Name of the organization

NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) NORTH AMERICA	1	36	PROGRAM SERVICES	EDUCATION	15,481,385
(2) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		13,094,259
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Sub-total . . .</b>	1	36			28,575,644
<b>b Total from continuation sheets to Part I . . .</b>	0	0			0
<b>c Totals (add lines 3a and 3b)</b>	1	36			28,575,644

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities . . . . . ►

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . .  Yes  No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  Yes  No

**Part V****Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Return Reference	Explanation
SCHEDULE F, PART IV	NEW YORK INSTITUTE OF TECHNOLOGY INVESTS DIRECTLY IN VARIOUS ALTERNATIVE INVESTMENTS THAT MAY BE ORGANIZED AS EITHER FOREIGN CORPORATIONS OR FOREIGN PARTNERSHIPS. THE INSTITUTE ALSO INVESTS IN DOMESTIC LIMITED PARTNERSHIPS THAT MAY INVEST IN FOREIGN CORPORATIONS OR PARTNERSHIPS. THE INSTITUTE'S INVESTMENT ACTIVITIES MAY NOT REACH THE THRESHOLDS REQUIRED FOR THE FILING OF FORMS 926, 5471, 8621, OR 8865. TO THE EXTENT THAT THE INSTITUTE IS REQUIRED TO COMPLETE ONE (OR MORE) OF THESE FOREIGN FORMS, IT IS FILED WITH THE INSTITUTE'S FORM 990-T FILING.

## Additional Data

**Software ID:**

**Software Version:**

Department of the Treasury  
Internal Revenue ServiceComplete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
► Attach to Form 990 or Form 990-EZ.► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If Yes, list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1 COMMUNITY COUNSELLING SERVICE CO LLC 527 MADISON AVENUE FL 5  NEW YORK, NY 10022	FUNDRAISING CONSULTANT	Yes	No	0	270,829	-270,829
2 THOMAS HILES CONSULTING LLC 5003 THORNBROOK RIDGE  COLUMBIA, MO 65203	FUNDRAISING CONSULTANT		No	0	82,403	-82,403
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total . . . . .</b>					353,232	-353,232

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

NY

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 <b>GOLF OUTING</b> (event type)	(b) Event #2 <b>FRIENDS EVENT</b> (event type)	(c) Other events <b>1</b> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts . . . . .	52,662	401,125	66,700	520,487
2 Less: Contributions . . . . .	11,075	280,707	54,650	346,432
3 Gross income (line 1 minus line 2) . . . . .	41,587	120,418	12,050	174,055
Direct Expenses				
4 Cash prizes . . . . .				
5 Noncash prizes . . . . .	9,251			9,251
6 Rent/facility costs . . . . .	45,994	8,531		54,525
7 Food and beverages . . . . .		137,605	19,800	157,405
8 Entertainment . . . . .				
9 Other direct expenses . . . . .	2,269	1,676	6,684	10,629
10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				231,810
11 Net income summary. Subtract line 10 from line 3, column (d) . . . . .				-57,755

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue . . . . .				
2 Cash prizes . . . . .				
3 Noncash prizes . . . . .				
4 Rent/facility costs . . . . .				
5 Other direct expenses . . . . .				
6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

b If "Yes," explain: \_\_\_\_\_

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ►

Director/officer

Employee

Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See

Instructions. Return Reference	Explanation
SCHEDULE G, PART I	NYIT PAYS VARIOUS PROFESSIONAL FUNDRAISERS, AS REPORTED ON SCHEDULE G, TO CULTIVATE DONORS, CREATE FUNDRAISING CAMPAIGNS AND TO INCREASE BRAND AWARENESS OF THE INSTITUTE AMONG THE GIVING PUBLIC. EACH FUNDRAISER HAS VARIOUS DIFFERENT TOUCHPOINTS WITH DONORS THROUGHOUT THE COURSE OF THE YEAR (OR YEARS) AND IT IS DIFFICULT TO TRACE WHAT CONNECTIONS MAY ULTIMATELY INSPIRE A DONOR TO MAKE A DONATION TO THE INSTITUTE. ACCORDINGLY, THE INSTITUTE IS UNABLE TO QUANTIFY THE GROSS RECEIPTS RAISED BY EACH FUNDRAISER FOR SCHEDULE G REPORTING PURPOSES AND IS THEREFORE REPORTING \$0 RATHER THAN MAKING AN ESTIMATION.

Schedule G (Form 990) 2023

**Additional Data**

[Return to Form](#)

**Software ID:**

**Software Version:**

**Schedule I  
(Form 990)**Department of the  
Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**Open to Public  
Inspection

Name of the organization

NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

 Yes  No**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NEW YORK UNIVERSITY 70 WASHINGTON SQUARE SOUTH NEW YORK, NY 100121019	13-5562308	501(C)(3)	48,372	0			RESEARCH
(2) RESEARCH FOUNDATION OF CUNY 230 WEST 41ST STREET 7TH FLOOR NEW YORK, NY 10036	13-1988190	501(C)(3)	10,745	0			RESEARCH
(3) SANFORD BURNHAM PREBYS MEDICAL DISCOVERY INSTITUTE 10901 NORTH TORREY PINES ROAD LA JOLLA, CA 920371005	51-0197108	501(C)(3)	61,499	0			RESEARCH
(4) TRUSTEES OF TUFTS COLLEGE 136 HARRISON AVE BOSTON, MA 021111817	04-2103634	501(C)(3)	83,254	0			RESEARCH
(5) BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM 21 N PARK STREET SUITE 6401 MADISON, WI 537151218	39-6006492	SECTION 115	92,097	0			RESEARCH
(6) ARIZONA STATE UNIVERSITY 660 SOUTH MILL AVENUE SUITE 204 TEMPE, AZ 852813670	86-0196696	SECTION 115	45,825	0			RESEARCH
(7) THE UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	94,636	0			RESEARCH
(8) RUTGERS THE STATE UNIVERSITY OF NEW JERSEY 33 KNIGHTBRIDGE ROAD PISCATAWAY, NJ 08854	22-6001086	501(C)(3)	22,158	0			RESEARCH
(9) THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 615 WEST 131ST ST 6TH FLOOR MAIL CODE 8725 NEW YORK, NY 100277922	13-5598093	501(C)(3)	41,669	0			RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

9

3 Enter total number of other organizations listed in the line 1 table

0

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	4559	79,878,250			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 1:	GRANT MONITORING PROCEDURES THE GRANTS DEPARTMENT AND THE FINANCIAL AID OFFICE OVERSEE ALL GRANTS, GOVERNMENT LOANS AND SCHOLARSHIP EXPENDITURES. ALL GRANT EXPENSES ARE APPROVED AND REIMBURSED IN ACCORDANCE WITH UNIVERSITY POLICY. AN ANNUAL AUDIT IS CONDUCTED IN ACCORDANCE WITH GOVERNMENTAL REGULATIONS. TO THE EXTENT THE INSTITUTE OFFERS SCHOLARSHIPS TO ITS STUDENTS, THOSE FUNDS MAY ONLY BE USED TO DEFRAY THE COST OF ATTENDANCE AND MAY NOT BE SPENT AT THE STUDENT'S DISCRETION.

## Additional Data

1234567890

Return to Form

Software ID:

Software Version:

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2023****Open to Public Inspection**Name of the organization  
NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:**a** Receive a severance payment or change-of-control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.****5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:**a** The organization?  
**b** Any related organization?  
If "Yes," on line 5a or 5b, describe in Part III.**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:**a** The organization?  
**b** Any related organization?  
If "Yes," on line 6a or 6b, describe in Part III.**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	Yes	

<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>	Yes	

<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No

<b>6b</b>		No
<b>7</b>	Yes	
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title	(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DR HENRY FOLEY PRESIDENT		(i) 840,176	325,000	120,000	23,100	24,167	1,332,443	0
	(ii) 0	0	0	0	0	0	0	0
2 JERRY BALENTINE PROVOST & EXECUTIVE VICE PRESIDENT		(i) 700,765	50,000	6,623	29,700	40,293	827,381	0
	(ii) 0	0	0	0	0	0	0	0
3 CATHERINE FLICKINGER VP HR, GEN. COUNSEL & SECRETARY		(i) 427,779	50,000	6,504	33,000	25,295	542,578	0
	(ii) 0	0	0	0	0	0	0	0
4 SHANE SPEIGTS SITE DEAN, COLLEGE OF OSTEOPATHIC ME		(i) 433,182	0	138	27,025	34,629	494,974	0
	(ii) 0	0	0	0	0	0	0	0
5 BARBARA J HOLAHAN VP FIN. AFFAIRS, CFO/TREASURER		(i) 383,091	50,000	6,623	29,717	25,522	494,953	0
	(ii) 0	0	0	0	0	0	0	0
6 JOSEPH POSILLICO VP FOR ENROLL MGMT/STRATEGIC COMM.		(i) 386,060	25,000	6,762	23,100	36,680	477,602	0
	(ii) 0	0	0	0	0	0	0	0
7 NICOLE WADSWORTH DEAN, COLLEGE OF OSTEOPATHIC MED.		(i) 408,615	0	138	23,100	38,304	470,157	0
	(ii) 0	0	0	0	0	0	0	0
8 PATRICK MINSON VP DEV. & ALUM. RELATIONS & EXT AFF.		(i) 366,506	0	6,564	23,100	36,601	432,771	0
	(ii) 0	0	0	0	0	0	0	0
9 PENNIE TURGEON VP OF IT & CIO		(i) 373,287	25,000	7,962	23,100	1,232	430,581	0
	(ii) 0	0	0	0	0	0	0	0
10 ANTHONY GERDES PROFESSOR		(i) 347,552	0	711	33,000	25,332	406,595	0
	(ii) 0	0	0	0	0	0	0	0
11 BABAK DASTGHEIB-BEHESHTI DEAN ENGINEERING SCHOOL		(i) 350,467	0	119	33,000	21,366	404,952	0
	(ii) 0	0	0	0	0	0	0	0
12 NANCY BONO ASSOC. DEAN CLINICAL REL. & OUTREACH		(i) 314,213	0	903	31,308	41,019	387,443	0
	(ii) 0	0	0	0	0	0	0	0
13 DONALD BOOTH VP, CAPITAL PLANNING & FACILITIES		(i) 301,482	0	6,741	13,563	30,501	352,287	0
	(ii) 0	0	0	0	0	0	0	0
14 EILEEN VALERIO CONTROLLER & ASSISTANT TREASURER		(i) 216,881	0	119	22,670	24,013	263,683	0
	(ii) 0	0	0	0	0	0	0	0

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
HOUSING BENEFITS	SCHEDULE J, PART I, LINE 1A NYIT IS A GLOBAL UNIVERSITY WITH CAMPUSES IN NEW YORK (MANHATTAN AND LONG ISLAND), ARKANSAS (JONESBORO) AND CANADA (VANCOUVER), AND, AS SUCH, THE PRESIDENT IS REQUIRED TO ENGAGE IN EXTENSIVE INTERNATIONAL TRAVEL. THE PRESIDENT TRAVELS WITH ABOVE STANDARD ACCOMMODATIONS (E.G., BUSINESS OR FIRST CLASS). THE UNIVERSITY ALSO MAKES A CAR AND DRIVER AVAILABLE TO THE PRESIDENT FOR TRAVEL BETWEEN CAMPUSES. THESE ACCOMMODATIONS ARE USED FOR BUSINESS PURPOSES ONLY AND ARE NOT TREATED AS TAXABLE COMPENSATION. NYIT DOES NOT MAINTAIN PRESIDENTIAL CAMPUS HOUSING. NYIT PROVIDES A HOUSING ALLOWANCE TO THE PRESIDENT TO MAINTAIN A RESIDENCE FOR PERSONAL AND UNIVERSITY FUNCTIONS. OTHER TAXABLE COMPENSATION RECEIVED BY PRESIDENT FOLEY IN CALENDAR YEAR 2023 INCLUDED A \$120,000 HOUSING ALLOWANCE. THE INSTITUTE HAS A MEMBERSHIP AT A LOCAL UNIVERSITY CLUB IN THE NAME OF PRESIDENT, HANK FOLEY. THIS CLUB IS USED EXCLUSIVELY TO ENGAGE IN UNIVERSITY BUSINESS; ACCORDINGLY THE VALUE OF THE CLUB MEMBERSHIP IS NOT INCLUDED IN PRESIDENT FOLEY'S TAXABLE WAGES. SCHEDULE J, PART I, LINE 4B: PRESIDENT & CEO, DR. HANK FOLEY, PARTICIPATES IN THE INSTITUTE'S SECTION 457(F) NON-QUALIFIED DEFERRED COMPENSATION PLAN; IN CALENDAR YEAR 2023, THE INSTITUTE ACCRUED \$60,000 TO BE CONTRIBUTED INTO DR. FOLEY'S PLAN. THIS AMOUNT HAS BEEN REPORTED IN SCHEDULE J, PART II, COLUMN (C). SCHEDULE J, PART I, LINE 7 AND PART II, COLUMN (B)(II) THE PRESIDENT'S REPORTABLE COMPENSATION INCLUDES BONUS AND INCENTIVE COMPENSATION EARNED BASED ON MEETING CERTAIN OBJECTIVE PERFORMANCE CRITERIA AND IN ACCORDANCE WITH THE PRESIDENT'S EMPLOYMENT AGREEMENT. THE DECISION TO AWARD THE PRESIDENT WITH A BONUS RESTS WITH THE BOARD OF TRUSTEES EXECUTIVE COMMITTEE. OTHER OFFICERS AND KEY EMPLOYEES REPORTED ON SCHEDULE J, LIKEWISE, RECEIVED A BONUS IN CALENDAR YEAR 2023 AT THE DIRECTION OF THE PRESIDENT AND BOARD OF TRUSTEES.

## Additional Data

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule K  
(Form 990)**

OMB No. 1545-0047

## Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2023**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

### Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A DASNY - SERIES 2024	14-6000293	65000BT81	03-14-2024	109,947,838	RENOVATIONS OF EXISTING FACILITIES		X		X		X

### Part II Proceeds

	A	B	C	D
1 Amount of bonds retired . . . . .				
2 Amount of bonds legally defeased . . . . .				
3 Total proceeds of issue . . . . .	109,947,838			
4 Gross proceeds in reserve funds . . . . .				
5 Capitalized interest from proceeds . . . . .				
6 Proceeds in refunding escrows . . . . .				
7 Issuance costs from proceeds . . . . .	896,505			
8 Credit enhancement from proceeds . . . . .				
9 Working capital expenditures from proceeds . . . . .				
10 Capital expenditures from proceeds . . . . .	109,051,333			
11 Other spent proceeds . . . . .	125,000			
12 Other unspent proceeds . . . . .	109,822,838			
13 Year of substantial completion . . . . .				

	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)? . . . . .		X						
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)? . . . . .		X						
16 Has the final allocation of proceeds been made? . . . . .		X						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X							

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
		X						
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X						
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .								
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
		X						
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X						
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .	X							
<b>b</b> Exception to rebate? . . . . .		X						
<b>c</b> No rebate due? . . . . .		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed. . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X						

**Part IV Arbitrage (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference

Explanation

**Additional Data**

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## Noncash Contributions

2023

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceName of the organization  
NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

## Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . .				
3 Art—Fractional interests . . .				
4 Books and publications . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . .				
9 Securities—Publicly traded .	X	1	50,963	FMV
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . .				
24 Archeological artifacts . . . .				
25 Other ► ( OTHER )	X	2	125,000	FMV
26 Other ► ( _____ )				
27 Other ► ( _____ )				
28 Other ► ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that  
it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period?

	Yes	No
30a		No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31	Yes
----	-----

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions?

32a		No
-----	--	----

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE M, PART I, COLUMN  
(B):

THE COLLEGE IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

# Additional Data

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**SCHEDULE O**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  
NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

Return Reference	Explanation
FORM 990, PART I, LINE 1	SINCE 1955, NYIT HAS PURSUED ITS MISSION TO PROVIDE CAREER-ORIENTED PROFESSIONAL EDUCATION; GIVE ALL QUALIFIED STUDENTS ACCESS TO OPPORTUNITY; SUPPORT RESEARCH AND SCHOLARSHIP THAT BENEFIT THE LARGER WORLD. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ENGINEERING AND COMPUTING SCIENCES; HEALTH PROFESSIONS; ARCHITECTURE; MANAGEMENT; AND MEDICINE. NYIT IS A NON-PROFIT, INDEPENDENT, PRIVATE, AND NONSECTARIAN INSTITUTION OF HIGHER EDUCATION. SINCE 1955, NYIT HAS PURSUED ITS MISSION TO: -PROVIDE CAREER-ORIENTED PROFESSIONAL EDUCATION -GIVE ALL QUALIFIED STUDENTS ACCESS TO OPPORTUNITY -SUPPORT RESEARCH AND SCHOLARSHIP THAT BENEFIT THE LARGER WORLD. BY 2028, NEW YORK INSTITUTE OF TECHNOLOGY, BY PROVIDING AN OUTSTANDING STUDENT EXPERIENCE, WILL BECOME ONE OF THE BEST PRIVATE INSTITUTIONS OF HIGHER EDUCATION IN METROPOLITAN NEW YORK CITY AND LONG ISLAND. AT NEW YORK INSTITUTE OF TECHNOLOGY, CARING AND EXPERT FACULTY AND STAFF PROVIDE A STUDENT EXPERIENCE THAT: -INSPIRES CRITICALLY CREATIVE THINKING IN PROFESSIONAL PROGRAMS INFUSED WITH TECHNOLOGY; AND -EMPOWERS OUR GRADUATES TO CHANGE THE WORLD, TO SOLVE 21ST-CENTURY CHALLENGES, AND TO REINVENT THE FUTURE.
FORM 990, PART III, LINE 4A	NYIT PROVIDES UNDERGRADUATE, GRADUATE, AND DOCTORAL INSTRUCTION TO A DIVERSE STUDENT POPULATION. APPROXIMATELY 7,559 STUDENTS ATTENDED THE INSTITUTION LAST YEAR AND 2,344 GRADUATED. THE INSTITUTE OFFERS THE FOLLOWING SCHOOLS AND COLLEGES: COLLEGE OF ARTS AND SCIENCES COLLEGE OF OSTEOPATHIC MEDICINE SCHOOL OF ARCHITECTURE AND DESIGN COLLEGE OF ENGINEERING AND COMPUTING SCIENCES SCHOOL OF HEALTH PROFESSIONS SCHOOL OF MANAGEMENT SOME HIGHLIGHTS FROM THE INSTITUTE'S MOST RECENT SCHOOL YEAR: -99% OF OUR FIRST TIME, FULL TIME STUDENTS RECEIVE SOME FORM OF FINANCIAL AID -\$33,200+ AVERAGE FINANCIAL AID AWARD FOR FIRST-TIME, FULL-TIME DEGREE-SEEKING STUDENTS AT OUR NEW YORK CAMPUSES -13:1 STUDENT-TO-FACULTY RATIO -#1 MOST DIVERSE STUDENT BODY IN THE UNITED STATES -116,000 ALUMNI -81% OF OUR INTERNS RECEIVED OFFERS OF CONTINUED EMPLOYMENT -TOP 2% OF U.S. COLLEGES FOR RETURN ON INVESTMENT FOR LOW-INCOME STUDENTS -30% OF UNDERGRADUATE STUDENTS ARE FIRST-GENERATION -15% OF STUDENTS AT OUR U.S. CAMPUSES ARE INTERNATIONAL STUDENTS -67% OF STUDENTS AT OUR U.S. CAMPUSES ARE FROM NEW YORK STATE. -TOP 10% RETURN IN INVESTMENT OVER 20, 30 AND 40 YEARS. PROGRAMMATIC REVENUES REPRESENT TUITION AND FEES, ROOM AND BOARD, ANCILLARY EDUCATIONAL SERVICES, AND OTHER EDUCATIONAL PROGRAMS (REPORTED ON LINE 11(D) OF PART VIII OF THE 990).
FORM 990, PART III, LINE 4B	NYIT'S ACADEMIC HEALTH CARE CENTERS OFFER HEALTH AND MEDICAL SERVICES TO STUDENTS, FACULTY, STAFF, AND COMMUNITY MEMBERS. THE CENTERS ARE STAFFED BY PHYSICIANS FROM NYIT'S COLLEGE OF OSTEOPATHIC MEDICINE - ONE OF THE NATION'S MOST PRESTIGIOUS OSTEOPATHIC MEDICAL SCHOOLS - AS WELL AS MEDICAL STUDENTS WHO ARE PREPARING TO ENTER VARIOUS HEALTH PROFESSIONS. THESE PRIMARY CARE CENTERS ARE OPERATED IN OLD WESTBURY, CENTRAL ISLIP, AND JONESBORO AND ARE STAFFED BY FACULTY FROM THE DEPARTMENTS OF FAMILY PRACTICE, CLINICAL SPECIALTIES, OSTEOPATHIC MANIPULATIVE MEDICINE, AS WELL AS PHYSICAL, OCCUPATIONAL, SPEECH THERAPISTS AND EXERCISE PHYSIOLOGISTS.
FORM 990, PART VI, SECTION A, LINE 1A	IN ADDITION TO THE POWERS HELD BY THE BOARD OF DIRECTOR, THE INSTITUTE'S BYLAWS HAVE CREATED AN EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL CONDUCT AFFAIRS OF THE BOARD BETWEEN REGULARLY SCHEDULED MEETINGS AND SHALL EXERCISE ALL THE POWERS OF THE BOARD EXCEPT THE FOLLOWING: A. THOSE POWERS RESERVED TO THE FULL BOARD BY LAW; B. ACTIONS INCONSISTENT WITH THESE BYLAWS OR WITH THE EXPRESS POLICIES OF THE BOARD; C. AWARD OF DEGREES; D. APPOINTMENT OR REMOVAL OF THE PRESIDENT; E. MERGER, ASSOCIATION OR CONSOLIDATION WITH ANOTHER INSTITUTION; AND F. AMEND THESE BYLAWS.
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 REVIEW PROCESS THE INSTITUTE'S FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM IN CONJUNCTION WITH BOTH THE INSTITUTE'S FINANCIAL DEPARTMENT AND ITS MANAGEMENT TEAM. THE 990 IS REVIEWED BY THE CHIEF FINANCIAL OFFICER, PRESIDENT AND GENERAL COUNSEL PRIOR TO SUBMISSION TO THE FULL BOARD OF TRUSTEES. THE BOARD OF TRUSTEES IS PROVIDED AMPLE TIME TO REVIEW AND COMMENT ON THE 990 BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST REVIEW VICE PRESIDENTS AND CERTAIN OTHER EMPLOYEES, PARTICULARLY EMPLOYEES INVOLVED WITH THE PROCUREMENT OF GOODS AND SERVICES, ARE REQUIRED TO SUBMIT ANNUAL DISCLOSURE FORMS TO THE GENERAL COUNSEL, AND TO SUBMIT UPDATED FORMS IN THE EVENT THAT THERE IS ANY CHANGE IN THE TIME PERIOD BETWEEN THE SUBMISSION OF THE ANNUAL FORMS. WITH RESPECT TO ANY DISCLOSED CONFLICTS, THE GENERAL COUNSEL WILL CONSULT, (AS APPROPRIATE), WITH NYIT MANAGEMENT SUCH AS THE PRESIDENT, CHIEF FINANCIAL OFFICER, INTERNAL AUDIT DIRECTOR, AND, IF NECESSARY OR ADVISABLE, THE CHAIR OF THE BOARD OF TRUSTEES AUDIT COMMITTEE. THE GENERAL COUNSEL WILL RECOMMEND TO THE PRESIDENT AND, IF INDICATED, THE CHAIR OF THE AUDIT COMMITTEE, SUCH STEPS AS MAY BE APPROPRIATE TO MANAGE THE CONFLICT OF INTEREST. ANY CONFLICTS OF INTEREST RELATING TO OFFICERS OR KEY EMPLOYEES, WHETHER REPORTED ON THE ANNUAL FORMS OR OTHERWISE, WILL BE REPORTED BY THE GENERAL COUNSEL TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES.
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION REVIEW NYIT'S BOARD (ALL INDEPENDENT TRUSTEES OTHER THAN THE NYIT PRESIDENT), REVIEWS THE COMPENSATION OF NYIT'S PRESIDENT AT CONTRACT RENEWAL INTERVALS. THE LAST SUCH REVIEW WAS IN APRIL 2023, IN CONNECTION WITH CONSIDERATION OF AMENDMENTS TO THE EMPLOYMENT CONTRACT OF NYIT'S PRESIDENT. THE BOARD IS ADVISED BY INDEPENDENT COMPENSATION CONSULTANTS AND REVIEWS COMPENSATION DATA FROM SIMILAR ORGANIZATIONS TO ENSURE THAT NYIT DOES NOT COMPENSATE IN EXCESS OF MARKET NORMS. COMPENSATION OF OTHER KEY EMPLOYEES AND OFFICERS OF THE CORPORATION ARE DETERMINED UPON HIRE BY MARKET REVIEWS CONDUCTED BY THE PRESIDENT AND OTHER SENIOR MANAGERS, WHO MAY CONSULT FURTHER WITH HUMAN RESOURCES AND EXTERNAL CONSULTANTS. ANNUAL INCREASES FOR KEY EMPLOYEES AND OFFICERS ARE BASED ON BUDGET PARAMETERS AND REVIEW BY THE PRESIDENT OR HUMAN RESOURCES. CONTEMPORANEOUS SUBSTANTIATION FOR COMPENSATION LEVELS OF THE PRESIDENT, KEY EMPLOYEES OR OFFICERS WILL BE MAINTAINED BY THE OFFICE OF THE PRESIDENT OR HUMAN RESOURCES.
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENT AVAILABILITY THE INSTITUTE'S FORM 990 IS AVAILABLE ON THE INTERNET AT <a href="http://WWW.GUIDESTAR.ORG">WWW.GUIDESTAR.ORG</a> . IN ADDITION, THE INSTITUTE MAKES A COPY OF ITS FORM 990 AVAILABLE AT ITS PLACE OF BUSINESS. GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND AT MANAGEMENT'S (THE GENERAL COUNSEL) DISCRETION.
FORM 990, PART XI, LINE 9:	CHANGE IN POSTRETIREMENT PROGRAM -277,007.

## Additional Data

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