Form	9	9	0	
Doporte		ftho	Tracau	

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.

8 **Open to Public**

6

OMB No. 1545-0047

ment of the Treasury	
Revenue Service	Inform

		enue Servic		▶	Information	on about For	m 990) and its	instruction	s is at wi	ww.irs.go	ov/form990.			In	specti	on
AF	or th	e 2018	caler	dar year, or ta	ax year be	ginning		09/	01, 2018	, and e	nding			08	/31,20	19	
		6		e of organization	-	-					-	D Emplo	yer id		ation num		
B c	heck if ap	oplicable:		YORK INST	ITUTE (OF TECHNO	OLOG	Y									
	Addre			Business As								11-	1788	3788	3		
	chang	e change		per and street (or F	.O. box if ma	il is not delivered	d to str	eet address	s)	Room/su	uite	E Telepi					
	-	return	NOF	THERN BLVI	GERRY	HOUSE			,	200		(516)					
-	-	-		or town, state or pr			oreian r	ostal code		200		(310)		<u> </u>	210		
	Amer	inated inded	-	WESTBURY,		-	noigii p					G Gross receipts \$ 397,885					715
-	returr	n L		and address of pr			VE	OLEY,	ם עם			H(a) Is thi				Yes	X No
	pendi	ing		•				-		1156	0	subo	rdinates	?			
	_			THERN BLVI							1	H(b) Are a				Yes	
		empt stat		X 501(c)(3)	501(c)	()◀ (insert r	no.)	4947(a)(1)	or	527	-			. (see instruc	tions)	
				NYIT.EDU								H(c) Grou					
				X Corporation	Trust	Association	1	Other 🕨		LY	ear of form	nation: 195	5 M	State	of legal do	micile:	NY
Pa	art I		mary														
	1	Briefly	descrit	be the organizati	on's missio	n or most sigr	nifican	t activities	: PROVI	DE CAI	REER-C	RIENTE) PR	OFE	SSIONA	L	
e		EDUC.	ATIO	N; GIVE AL	L QUALI	FIED STU	JDEN	TS ACC	CESS TO	OPPOI	RTUNII	Y;					
าลท		SUPP	ORT	RESEARCH A	ND SCHC	LARSHIP	THA	T BENE	EFIT TH	E LARO	GER WC	ORLD.					
Governance	2	Check t	this bo	x 🕨 📄 if the	organizatio	n discontinue	ed its o	operation	s or dispos	ed of mor	e than 25	5% of its net	asset	s.			
ĝ	3	Numbe	r of vo	ting members of	the govern	ing body (Part	t VI, lir	ne 1a)						3			16.
<u>م</u>	4	Numbe	r of ind	dependent voting	members	of the govern	ing bo	dy (Part \	/I, line 1b)					4			16.
ties	5			of individuals en										5		3,	179.
Activities &				of volunteers (es										6			10.
Act	7a	Total ur	nrelate	d business reven	ue from Pai	rt VIII. column	(C) li	ine 12		• • • •	• • • •			7a	4	,545	,157
				business taxable										7b		,	0
		Net uni	elateu	business taxabi		JIII OIII 990-	1, 1110		<u></u>		••••	Prior Y			Curr	ent Ye	ar
	8	Contrib	utione	and grants (Part	VIII line 1h						_	7,33		5			,840
anu	9			and grants (Part					COP	Y FOR		304,239					,447
Revenue				ce revenue (Part					PUBLIC I	NSPECTI		8,10					
Re	10			come (Part VIII,								7,50					
	11			e (Part VIII, colur							· ·	327,180					,240
	12			- add lines 8 thr								53,689					
	13			milar amounts pa								55,003	9,21	0.	60	,045	,767
	14			to or for member								152 160		••	1 - 0	607	
es	15			r compensation,								153,169	9,84		158	,607	,475
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)					· ·			0.			0					
Т. Д	b	Total fu	al fundraising expenses (Part IX, column (D), line 25) 2,423,076.														
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)							106,932					,912			
	18	Total ex	pense	s. Add lines 13-	17 (must eq	ual Part IX, co	olumn	(A), line 2	25)			313,793					,154
	19	19 Revenue less expenses. Subtract line 18 from line 12								13,388	8,86	58.	2	,218	,463		
s or ces							Beg	ginning of Cu	rrent \	Year	End	of Yea	r				
sets	20	Total as	ssets (I	Part X, line 16)								331,760	5,89	97.	318	,333	,196
Net Assets or Fund Balances	 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 					180,57	7,64	12.	166	,885	,325						
Punt Unt	22			fund balances.								151,189	9,25	55.	151	,447	,871
Pa	rt II			Block			-										
Un	der pei	nalties of	perjury	, I declare that I have a second seco									best of	fmyk	knowledge	and be	elief, it is
_	_		יצמי	PAYER COL	γ		_						_	_		_	
Sig	In			e of officer	• •							Da	te				
He			.ga.u									Du					

Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check if Paid 7/10/2020 Seth Shompett SCOTT THOMPSETT self-employed P00741490 Preparer ▶ GRANT THORNTON LLP 36-6055558 Firm's name Firm's EIN 🕨 Use Only 212-599-0100 Firm's address > 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013 Phone no X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No Form 990 (2018) For Paperwork Reduction Act Notice, see the separate instructions.

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number, see instructions		
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or		
print	NEW YORK INSTITUTE OF TECHNOLOGY	11-1788788		
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions. NORTHERN BLVD GERRY HOUSE 200	Social security number (SSN)		
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OLD WESTBURY, NY 11568			
		0 1		

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

BARBARA HOLAHAN

• The books are in the care of ► NORTHERN BLVD GERRY HOUSE RM 200 OLD WESTBURY NY 11568

	Telephone No. 🕨	516	686-7555
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•	If the organization does not have an office or place of business in the United States, check this box	►L						
	If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is	6						
for	r the whole group, check this box	1						
<u>a li</u>	a list with the names and EINs of all members the extension is for.							

Fax No. 🕨 _

1 I request an automatic 6-month extension of time until 07/15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

) _1	<u>.</u>
a	\$ 0.
b	\$ 0.
c	\$ 0.
87	9-EO for payment
k	b

instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

NEW	YORK	INSTITUTE	OF	TECHNOLOGY

-	Form 990 (2018)	Page 2
Pa	Part III Statement of Program Service Accomplishments	
1		ny line in this Part III X
'	ATTACHMENT 1	
2	5 5 1 5	
	prior Form 990 or 990-EZ?	Yes X No
2	If "Yes," describe these new services on Schedule O.	t changes in how it conducts only program
3	3 Did the organization cease conducting, or make significant services?	
	If "Yes," describe these changes on Schedule O.	
4		s for each of its three largest program services, as measured by
		required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service	reported.
-		
4a	4a (Code:) (Expenses \$ including gra ATTACHMENT 2	nts of \$60,045,767.) (Revenue \$312,351,018.)
	ATTACHMENT Z	
4b	4b (Code:) (Expenses \$ 5,604,703. including gra	nts of \$ 0.) (Revenue \$ 2,991,979.)
	ATTACHMENT 3	
4c	4c (Code:) (Expenses \$ including gra	nts of \$) (Revenue \$)
4	Ad Other program convices (Describe in Ostadula O.)	
4d	4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
40	(Expenses \$ including grants of \$ 4e Total program service expenses ► 315,903,951.	
JSA	JSA	Form 990 (2018)
0⊑1	8E1020 1.000 1856LU 700J 7/13/2020 6:10:38 AM V 18	

Test Type No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Ves" 1 2 Is the organization register in direct or indirect political campaign activities on behalf of or in opposition to candidates for public direct? If Vess' complete Schedule Q. Part I 3 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 X 5 Is the organization activities of Di(c)(1), 501(c)(5),	-	90 (2018)		F	Page 3
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A, the application regarization regarization regarization regarization regarization regarization regarizations. Board of the organization segare in direct political campaign activities on behalf of or in opposition to candidates for public others. Complete Schedule C, Part I. 1 X 2 X Define organization regare in direct political campaign activities on behalf of or in opposition to candidates for public others. Complete Schedule C, Part II. 3 X 3 Bet organization as section 501(c)(4). 501(c)(5). organization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceedue B-197 If "Yes," complete Schedule C, Part II. 4 X 4 Did the organization maintain any donor adveed funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II. 7 X 5 Did the organization response 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 I. 7 X 6 Did the organization response or hold a conservation easement, including easement, cell trapsit, or destinate assets? If "Yes." complete Schedule D, Part I. 7 X 10 Did the organization respont an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial for amounty or through a related organizat	Part	IV Checklist of Required Schedules			
complete Schedule A. 1 X 2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to and distate for public direct of 'M'sas' complete Schedule C. Part I. 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobping activities, or have a section 501(c) 4 X 5 Is the organization ascion 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or aninhar amounts as defined in Revenue Proceedure 8E-109 // Yws." complete Schedule C. Part I. 5 X 5 Did the organization maintain any doorn adveed funds on sy similar funds or accounts to which doorns have the right to provide advice on the distribution or investment of amounts in such funds or accounts? // 6 X 7 Did the organization maintain collections of works of at, historical treasures, or other similar assolf? // Yws." 8 8 8 Did the organization receive or hold a conservation assement. Including easements to preserve open space, the environment, historical treasures. Or other similar assolf? // Yws." 8 X 9 Did the organization report an amount in Part X, line 21. for secrow or custodial account liability, serve as a custodian for amounts not lised in Part X, line 21. for secrow or custodial account liability. serve as a custodian for amounts not lised in Part X, line 21. for secrow for custodial account liability. 8 X 9 Did the organization report an amount for land, buidings, and equipment				Yes	No
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3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public other? If "Yes," complete Schedule C, Part I. 3 X 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 I. 4 X Is the organization anisotion 501(c)(4). 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar anounts as defined in Revenue Procedure 98-197. If "Yes," complete Schedule C, Part I. 5 X Did the organization maintain any doora dvived 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 for which donors. It every more that areas or historic structures? If "Yes," complete Schedule D, Part I. 7 X 9 Did the organization maintain collections of works of ant, historical treasures, or other similar assets? If "Yes," and the schedule D, Part V. 8 X 10 Did the organization serves? If "Yes," complete Schedule D, Part V. 9 X 10 Did the organization report an amount in Part X, line 21, for secret or custodial account liability, serve as a custodian organization, aniocati or through a related organization, hold assets in temporarity restricted endowments, or quise-indowments, or quise-indowments, or quise-indowments, or quise-indowments, and the "Yes," complete Schedule D, Part V. 10 X 10 </td <td>2</td> <td></td> <td>H 1</td> <td></td> <td></td>	2		H 1		
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 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 "Vise" complete Schedule D, Part III. Is the organization a saction 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership tuss, assessments, or similar amounts as defined in Revenue Proceedure 98-19? If "Yes," complete Schedule D, Part III. 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. Did the organization maintain collections of vorks of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part I. Did the organization maintain collections of vorks of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part I. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, years, a custodial for amounts no listed in Part X. for provide credit counseling, debt management, credit repair, or debt negonization, directly or through a related organization, hold assets in temporarily restricted endowments, or quasi-endowments? II "Yes," complete Schedule D, Part V,	J		3		Х
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 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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14a		14a	Х	
foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 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 15 X 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 II and IV 16 X 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) 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X 20a Did the organization report more than \$15,000 of grass income from gaming activities on Part VIII, line 9a? 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a Did the organization report more than \$15,000 of grasts or other assistance to any domestic organization or 10 20a X					
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 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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part II</i>. 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>. 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 	16				37
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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 	17		4-		v
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If "Yes," complete Schedule G, Part III 19 X 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 1 1	10		10		
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20 b 20 b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 1 1	13		19		Х
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 20b	20 a				
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					
	JSA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
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	22	Х	
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	23	Х	
24 a	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	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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?			v
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or diagualified personal (f. "Veo." complete Schedule L. Part II.	26		х
27	disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		X
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? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			37
	or IV, and Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
α	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	35b		
26		350		
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	36		Х
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	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
-	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part		I		
	Check if Schedule O contains a response or note to any line in this Part V.	<u></u> .	. <u></u>	X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 163			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
JSA		Form	990	(2018)

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Form	990 (2018)		F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	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. 2a 3, 179			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
	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)?	4a	Х	
b	If "Yes," enter the name of the foreign country: ATTACHMENT 4			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40.	against amounts due or received from them.)	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	IJa		
L	Note. See the instructions for additional information the organization must report on Schedule O.			
a	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			
-	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
р 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 40		
13	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form 99	0 (2018) NEW YORK INSTITUTE OF TECHNOLOGY 11-1788	3788	F	Page 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ir	struc	
Sectio	on A. Governing Body and Management			
			Yes	No
l i	Enter the number of voting members of the governing body at the end of the tax year 1a 16 there are material differences in voting rights among members of the governing body, or the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	-		
	enter the number of voting members included in line 1a, above, who are independent			
2 [Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			37
á	any other officer, director, trustee, or key employee?	2		X
	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?	3		х
4 [Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
	Did the organization have members or stockholders?	6		Х
	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?	7a		Х
	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	he year by the following:			
	The governing body?	8a	Х	

•	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			37
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
				NI.

			res	NO
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		х
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?	16b		
Sect	ion C. Disclosure			

17	List the states	with which a	copy of this	Form 990 is	required to be filed	▶.
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18 Section 6104 requires an organization to make its Forms 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 X 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

Page 7

Part VII	Compensation	ot	Officers,	Directors,	I rustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co										
	Check if Schedule	e O d	contains a re	esponse or n	ote to any line	e in thi	s Part VII				X
Section A.	Officers, Director	rs, T	rustees, Ke	ey Employee	s, and Highe	st Cor	npensated Emp	loyees			

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

				(0	C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and Title	Average					e than c is both		Reportable	Reportable	Estimated
	hours per week (list any					or/trust		compensation from	compensation from related	amount of other
	hours for							the	organizations	compensation
	related	ndivi r diri	nstitu	Officer	ey e	ighe	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	Individual trustee or director	Institutional trustee	Ÿ,	Key employee	Highest compensated employee	, a	(W-2/1099-MISC)		organization and related
	line)	r trus	al tr		yee	mp				organizations
		tee	Jste			esue				
			Φ			Ited				
(1)HENRY FOLEY (NON-VOTING)	60.00									
PRESIDENT	0.00	x		х				886,440.	0.	43,583.
(2)KEVIN D. SILVA	5.00							000,110.		13,303.
CHAIRPERSON	0.	x		х				0.	0.	0.
(3)PETER J. ROMANO	5.00									
VICE CHAIR	0.	x		Х				0.	0.	0.
(4)MICHAEL J. MERLO	5.00									
VICE CHAIR	0.	х		Х				0.	0.	0.
(5)CATHERINE ALLEN	5.00									
TRUSTEE	0.	x						0.	0.	0.
(6)ERNIE ANASTOS	5.00									
TRUSTEE (THRU 09/18)	0.	Х						0.	0.	0.
(7) ^{RICHARD} A. CODY	5.00									
TRUSTEE (THRU 09/18)	0.	Х						0.	0.	0.
(8)PHILIP FASANO	5.00									
TRUSTEE	0.	Х						0.	0.	0.
(9)PETER FERENTINOS	5.00									
TRUSTEE	0.	Х						0.	0.	0.
(10)DAN FERRARA	5.00	-								
TRUSTEE (AS OF 04/19)	0.	Х						0.	0.	0.
(11) ITZHAK FISHER	5.00									
TRUSTEE	0.	Х						0.	0.	0.
(12) SHARON GREENBERGER	5.00	-							_	_
TRUSTEE (THRU 12/18)	0.	X						0.	0.	0.
(13)ALAN C. GUARINO	5.00									
TRUSTEE (THRU 09/18)	0.	X						0.	0.	0.
(14)HENRY IERVOLINO	5.00							0	0	_
TRUSTEE	0.	Х						0.	0.	0.

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NEW YORK INSTITUTE OF TECHNOLOGY

Form 990 (2018)

S TEU MOUDIS 5.00 0.0. TRUSTER 0.0.X 0.0.0. 17 RUSTER 0.0.X 0.0.0. TRUSTER 0.0.X 0.0.0. 10 DEBCRAH VERDERAME MARCIANO 5.00 0.0.0. 10 CAROLINE MATEEUN 0.0.X 0.0.0. 10 CAROLINE MATEEUN 5.00 X 0.0.0. 10 ROBERT A. MILD, ESQ 5.00 X 0.0.0. 21 LEONARD AUBREY 40.00 X 571,565.0.4 43, 220 CATHERINE FLICKINGER 40.00 X 571,565.0.4 44, 23 BARBARA J HOLAHAN 40.00 X 616,724.0.4 44, 23 LEDEN VALERIO (AS OF 01/2019) 40.00 X 174,312.0.5 55, 25 JERNERAL COUNSEL AND SECRETARY 0.X 174,312.0.5 5,332,604.0.4 43, 25 JERNERAL COUNSEL AND SECRETARY	(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	ss pe d a d	ition more rson lirect	e than o is both or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
TRUSTEE 0. 0. 0. 0. 0. 61 MONTE N. REDMAN 5.00 x 0. 0. 0. TRUSTEE 0. x 0. 0. 0. TRUSTEE 0. x 0. 0. 0. TRUSTEE 0. x 0. 0. 0. 10 DEBORAH VERDERAME MARCIANO 5.00 x 0. 0. 0. 10 CAROLINE MATEEUW 5.00 x 0. 0. 0. 0. 11 LEONARD AUBREY 40.00 x 571,565 0. 43. 22) CATHERINE FLICKINGER 40.00 x 616,724. 0. 44. 23) BARBARA J HOLATIAN 40.00 x 231,517. 0. 24. 21 ELEEN VALEER (AS OF 12/18) 0. x 174,312. 0. 55. 23) BARBARA J HOLATIAN 40.00 x 174,312. 0. 55. 5. 5. 5. 5. 5. 5. 5.		organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-MISC)	from the organization and related organizations
6) MONTE N. REDMAN 5.00 x 0. 0. TRUSTEE 0. x 0. 0. 0. 7. ROGER SAMINEY 5.00 x 0. 0. 0. 9. CAROLINE WATTERUW 5.00 x 0. 0. 0. 0. 7. ROGER A. WILD, ESQ 5.00 x 0.			х						0.	0.	
7) DOGEE SAMENEY 5.00 x 0. 0. TRUSTEE 0. x 0. 0. 0. TUSTEE 0. x 0. 0. 0. 9) CAROLINE WATTEEUW 5.00 x 0. 0. 70) CAROLINE WATTEEUW 5.00 x 0. 0. 9) CAROLINE WATTEEUW 5.00 x 0. 0. TRUSTEE 0. x 0. 0. 0. 10) DOBERT A. WILD, ESQ 5.00 x 0. 0. 11 LEONARD AUBREY 40.00 x 571,555. 0. 43, 2) CATHERINE FLICKINGER 40.00 x 616,724. 0. 44, 3) BARBARA J HOLAHAN 40.00 x 174,312. 0. 55, 5) JERCH ASST. TREASURER 0. x 174,312. 0. 55, 5) JERCH ALAND ASSO,016. 0. 56, 5392,604. 0. 4390, 10 TOTAL (6) MONTE N. REDMAN	5.00									
8) DEBORAH VERDERAME MARCIANO 5.00 x 0. 0. TRUSTEE 0. x 0. 0. 0. 9) CAROLINE NATTEEUW 5.00 x 0. 0. TRUSTEE 0. x 0. 0. 0. 10) ROBERT A. WILD, ESQ 5.00 x 0. 0. TRUSTEE 0. x 0. 0. 0. 11 LEONARD AUBREY 40.00 x 571,565. 0. 43, 2) CATHERINE FLICKINGER 40.00 x 616,724. 0. 44, 3) BARBARA J HOLAHAN 40.00 x 231,517. 0. 24, 4) FILENSTINE ASST. TREASURER 0. x 850,016. 0. 55, 5) JERRY BALENTINE 40.00 x 850,016. 0. 56, 5,392,604. 0. 43, 2 Total from continuation sheets to Part VII, Section A. 5,392,604. 0. 43, 5,392,604. 0. 534, 3 3 X <td>7) ROGER SAWHNEY</td> <td>5.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	7) ROGER SAWHNEY	5.00									
9) CAROLINE WATTEEUW 5.00 x 0. 0. 00 ROBERT A. WILD, ESQ 5.00 x 0. 0. 11 LEONARD AUBREY 40.00 x 0. 0. 12 CATHERINE FLICKINGER 40.00 x 571,565. 0. 43, 2) CATHERINE FLICKINGER 40.00 x 616,724. 0. 44, 3) BARBARA J HOLAHAN 40.00 x 231,517. 0. 24, 4) ELEEN VALERIO (AS OF 12/18) 0. x 174,312. 0. 55, 5) JERRY BALENTINE 40.00 x 174,312. 0. 55, 5) JERNER (AS OF 12/18) 0. x 174,312. 0. 55, 5) JERNY BALENTINE 40.00 x 174,312. 0. 55, 5) JERNY BALENTINE 20.0 5, 32,604. 0. 43,2 1 Catal rom continuation sheets to Part VII, Section A 290 5,322,604. 0. 430,2 2 Total number of individual listed on line 1a, is th	8) DEBORAH VERDERAME MARCIANO	5.00									
0) ROBERT A. WILD, ESQ 5.00 0. 0. 0. 0. 1) LEONARD AUBREY 40.00 0. 0. 0. 0. 2) CATHERINE FLICKINGER 40.00 x 571,565. 0. 43. 3) BARBARA J HOLAHAN 40.00 x 616,724. 0. 44. 3) BARBARA J HOLAHAN 40.00 x 231,517. 0. 24. 4) ELENEN VALERIO (AS OF 12/18) 0. x 174,312. 0. 55. 5) JERRY BALENTINE 40.00 x 850,016. 0. 56. VF FOR MED AFFAIRS&GLEL HEALTH 0. x 850,016. 0. 56. 1b Sub-total - - 886,440. 0. 43.1 2 Total form continuation sheets to Part VII, Section A 5.392,604. 0. 43.1 2 Total aumber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization b 290 3 3 3 3 Did the organization list any former officer, director, or trustee, key employee, or highest co	9) CAROLINE WATTEEUW	5.00									
1) LEONARD AUBREY 40.00 x 571,565. 0. 43, 2) CATHERINE FLICKINGER 40.00 x 616,724. 0. 44, 3) BARBARA J HOLAHAN 40.00 x 231,517. 0. 24, 4) ELEEN VALERIO (AS OF 12/18) 0. x 231,517. 0. 24, 4) ELEEN VALERIO (AS OF 12/18) 0. x 174,312. 0. 55, 5) JERRY BALENTINE 40.00 x 850,016. 0. 56, (b) VP FOR MED AFFAIRS&GLBL HEALTH 0. x 850,016. 0. 54, 1 f sub-total 886,440. 0. 43, 231,517. 0. 54, 1 f sub-total 886,440. 0. 43, 5,392,604. 0. 43, c Total from continuation sheets to Part VII, Section A 5,392,604. 0. 53,47. 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 and related organizations greater than \$150,000? If "Yes," complete Schedule J for suc	0) ROBERT A. WILD, ESQ	5.00									
2) CATHERINE FLICKINGER 40.00 x 616,724. 0. 44, 3) BARBARA J HOLAHAN 40.00 x 231,517. 0. 24, 4) EILEEN VALERIO (AS OF 12/18) 0. x 174,312. 0. 25, 5) JERRY BALENTINE 40.00 x 850,016. 0. 5, 5) JERRY BALENTINE 40.00 x 886,440. 0. 49, 7 Total (add lines th and to). x 886,440. 0. 490,7 6 Total (add lines th and to). 290 6,279,044. 0. 53, 32,604. 0. 8 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "%es," complete Schedule J for such individual 3 x 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 person 4 x 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for such person 5 5 6 Dary person listed on line 1a receive or accrue compensation from any unrelated organization or individual for such person	1) LEONARD AUBREY	40.00			x						43,57
3) BARBARA J HOLAHAN 40.00 x 231,517. 0. 24, 4) EILEEN VALERIO (AS OF 01/2019) 40.00 x 174,312. 0. 55,7 4) EILEEN VALERIO (AS OF 01/2019) 40.00 x 174,312. 0. 55,7 5) JERRY BALENTINE 40.00 x 850,016. 0. 56,7 5) JERRY BALENTINE 40.00 x 850,016. 0. 56,7 6 Total from continuation sheets to Part VII, Section A 5,392,604. 0. 490,7 6 Total (add lines 1b and 1c) 5.392,604. 0. 534,7 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 b 290 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization? If "Yes," complete Schedule J for such individual 3 X 5 Joid any person listed on line 1a receive or accrue compensatio	2) CATHERINE FLICKINGER	40.00									44,38
4) EILEEN VALERIO (AS OF 01/2019) 40.00 x 174,312. 55, CONTROLLER & ASST. TREASURER 0. x 174,312. 0. 55, 5) JERRY BALENTINE 40.00 x 850,016. 0. 56, (b) Sub-total • 886,440. 0. 43,1 c Total from continuation sheets to Part VII, Section A • 6,279,044. 0. 534,3 c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 290 Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 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 5 Section B. Independent Contractors 1 Compensation for the organization. Report compensated independent contractors that received more than \$1	3) BARBARA J HOLAHAN	40.00									24,50
5) JERRY BALENTINE 40.00 X 850,016. 0. 56,70 1b Sub-total	4) EILEEN VALERIO (AS OF 01/2019)	40.00									55,27
1b Sub-total ▶ 886,440. 0. 43,1 c Total from continuation sheets to Part VII, Section A ▶ 5,392,604. 0. 490,7 d Total (add lines 1b and 1c) ▶ 6,279,044. 0. 534,7 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 ▶ 290 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Yes 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X 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 5 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 5 5 Section B. Independent Contractors 5 5 5 1 Complete this table for your five highest compensated independent contractors	5) JERRY BALENTINE	40.00				x					56,80
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 ▶ 290 Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	lb Sub-total c Total from continuation sheets to Part VII, Se	ection A				•••	· · ·		886,440. 5,392,604.	0.	43,58 490,75 534,34
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	 reportable compensation from the organization Did the organization list any former office employee on line 1a? <i>If "Yes," complete Schedu</i> 	er, directo	290 r, or ch ind) tru <i>ividu</i>	uste ual	e, I	key e	mp	loyee, or highest	t compensated	Yes I 3 X
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) (B) (C) Name and business address Compensation Compensation	organization and related organizations gre individual	ater than accrue cor	\$15 npen:	50,0 satio	00? on f	lf from	"Yes	," (• • uni	complete Schedu related organizatio	le J for such on or individual	
Name and business address Description of services Compensation	Complete this table for your five highest comp compensation from the organization. Report co										
ATTACHMENT 5		ress								irvices (

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	(A) Name and title		box, office	Po ot check unless po r and a	erson direct	is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	col	(F) Estimated amount o other mpensati	of ion
		related organizations below dotted line)	Individual trustee or director	Officer Institutional trustee	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	or a	from the rganizatic nd relate ganizatio	on ed
6)	NADA ASSAF-ANID	40.00			v			247 000	0		20 '	70
7)	DEAN JUNIUS GONZALES	0.40.00			X			347,823.	0.		29,	19
	PROVOST & VICE PRESIDENT	0.			x			369,507.	0.		14,3	30
8)	WOLFGANG GILLIAR	40.00										
	DEAN MEDICAL SCHOOL	0.				Х		400,844.	0.		22,6	57
9)	SHANE SPEIGHTS	40.00										
0)	SITE DEAN NYITCOM	0.40.00			_	Х		424,940.	0.		50,8	30
	PETER DANE PROFESSOR & ASSOCIATE DEAN	40.00				x		313,655.	0.		44,0	05
1)	NICOLE WADSWORTH	40.00			-			5157055.				
	PROFESSOR & SENIOR ASSOCIATE D	0.				х		328,700.	0.		25,5	57
2)	GABRIEL SUNSHINE	40.00										
	FORMER PROFESSOR	0.				Х		320,059.	0.		5,5	51
3)	MARK HAMPTON	40.00					37	010 470			22	~ ~
4)	VICE PRESIDENT LOU REINISCH	0.40.00			+		Х	213,472.	0.		33,0	10
	ASSOCIATE PROVOST	0.					Х	229,470.	0.		40,4	48
1b	Sub-total						►					
С	Total from continuation sheets to Part VII, Se	ection A					•					
	Total (add lines 1b and 1c)						►					
2	Total number of individuals (including but not I reportable compensation from the organization		hose I 290		bov	e) who	o re	ceived more than	\$100,000 of			
											Yes	1
3	Did the organization list any former office										37	
	employee on line 1a? If "Yes," complete Schedu									3	X	
4	For any individual listed on line 1a, is the s organization and related organizations gre	sum of rep	ortab ¢15		nper	satior	n ar	nd other compens	sation from the			
	individual									4	Х	
5	Did any person listed on line 1a receive or											
	for services rendered to the organization? If "Ye	es," complet	te Sch	edule .	J for	such	per	son		5		
	ction B. Independent Contractors								14	. (
1	Complete this table for your five highest component compensation from the organization. Report converse.										٢	
	(A) Name and business add	ress						(B) Description of se	ervices	(C Compe	;) nsation	
												_

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Part VIII Statement of Revenue

		Check if Schedule O cor	ntains a respon	se or note to ar	y line in this Part VII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	<u>1a</u>					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
ts, (Am	c	Fundraising events		29,361.				
ilar İlar	d	Related organizations						
ns, Sim	е	Government grants (contribut		754,609.				
er S	f	All other contributions, gifts, g	, i i					
đđ		and similar amounts not included	above _ 1f	7,245,870.				
ont	g	Noncash contributions included in	n lines 1a-1f: \$					
	ĥ	Total. Add lines 1a-1f	<u></u>	<u></u> ▶	8,029,840.			
nue				Business Code				
evel	2a	TUITION AND FEES		611600	294,548,049.	294,548,049.		
e R	b	ROOM AND BOARD		900099	8,816,000.	8,816,000.		
Ś	c	STUDENT INSURANCE PREMIUMS	3	900099	5,980,023.	5,980,023.		
Sei	d	MEDICAL OUTREACH CENTERS		611600	3,247,511.	3,247,511.		
am	е	ANCILLARY STUDENT SERVICES	3	721310	1,810,231.			1,810,231.
Program Service Revenue	f	All other program service reve	enue		44,633.	44,633.		
<u> </u>	g	Total. Add lines 2a-2f		<u></u>	314,446,447.			1
	3	Investment income (incl	luding dividen	ds, interest,				
		and other similar amounts)			2,859,530.		-339.	2,859,869.
	4	Income from investment of ta	•	•	0.			
	5	Royalties			0.			
		-	(i) Real	(ii) Personal				
	6a	Gross rents	514,085.					
	b	Less: rental expenses						
	c	Rental income or (loss)	514,085.					
	d	Net rental income or (loss) .	(i) Securities	(ii) Other	514,085.			514,085.
	7a	Gross amount from sales of	(i) Securities					
		assets other than inventory	62,206,637.	1,750,335.				
	b	Less: cost or other basis	60.040.610	1 605 000				
		and sales expenses	62,048,612.	1,687,800.				
	C	Gain or (loss)	158,025.	62,535.	220 560			220 560
	d	Net gain or (loss)		••••	220,560.			220,560.
iue	8a	Gross income from fundrais						
Revenue		events (not including \$						
Re		of contributions reported on li		7,423.				
Other		See Part IV, line 18		31,686.				
õ	b c	Less: direct expenses Net income or (loss) from fun			-24,263.			-24,263.
		Gross income from gaming	-		21,203.			21,203.
	9a	See Part IV, line 19		0.				
	h	Less: direct expenses		0.				
	b c	Net income or (loss) from ga		•••••	0.			
	10a	Gross sales of invento	-					
		returns and allowances		0.				
	ь	Less: cost of goods sold		0.				
	c	Net income or (loss) from sale		· · · · · •	0.			
		Miscellaneous Revenue)	Business Code				
	11a	DESEVERSKY CONFERENCE CENT	FER	900099	3,333,760.		3,333,760.	
	b	STUDENT DINING		900099	805,130.		805,130.	
	с	NYIT ON BROADWAY AUDITORIU	JM	900099	406,606.		406,606.	
	d	All other revenue			3,525,922.	2,635,065.		890,857.
	е	Total. Add lines 11a-11d			8,071,418.			
	12	Total revenue. See instruction	18. .		334,117,617.	315,271,281.	4,545,157.	6,271,339.

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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 (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 127,716 127,716. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 59,918,051 59,918,051. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 0 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, 2,307,385. 2,215,090. 92,295 trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 115,851,022. 110,531,662. 4,610,409 708,951. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 7,206,116. 6,876,076. 286,803 43,237. section 401(k) and 403(b) employer contributions) 23,559,832. 22,480,792. 141,359. 937,681 9 Other employee benefits 385,388. 9,683,120. 9,239,633. 58,099. Payroll taxes 10 11 Fees for services (non-employees): 0 a Management 497,816. 497,816 **b** Legal 63,060. 63,060. c Accounting 60,000. 60,000. d Lobbying 0 e Professional fundraising services. See Part IV, line 17. 256,309 256,309 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 9,686,786. 8,718,107. 968,679 (A) amount, list line 11g expenses on Schedule O.) 3,709,014. 4,287,575 424,041. 154,520 12 Advertising and promotion 15,025,645. 13,523,081. 1,051,795. 450,769. 13 Office expenses 0 14 Information technology 0 Royalties 15 33,136,821. 31,811,348. 1,325,473 Occupancy 16 170,743. 2,856,532. 2,578,357. 107,432. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 3,328,980. 3,004,797. 125,200 198,983. 19 Conferences, conventions, and meetings 906,900. 35,757. 942,657. 20 0 21 Payments to affiliates 18,325,925. 17,591,916. 734,009 22 Depreciation, depletion, and amortization 7,285,769. 6,957,909. 291,431 36,429. 23 Insurance 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 EQUIPMENT RENTAL AND MAINT 6,209,661. 5,961,268. 248,393. **b**INTERNATIONAL PROGRAMS 3,652,134. 3,506,049. 146,085 2,652,316. cHOSPITAL ROTATIONS 2,763,117. 110,801. dBAD DEBT 1,245,536. 1,245,536. 2,288,333. 1,142,791. 190,465. 3,621,589. e All other expenses 331,899,154 315,903,951. 13,572,127. 2,423,076. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

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JSA

following SOP 98-2 (ASC 958-720)

Form 990 (201	18)
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	n 990 (Page 11
Pa	irt X	Check if Schedule O contains a response or note to any line in this Pa	ort V		
		Check if Schedule O contains a response of hote to any line in this Pa		•••	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	62,368,225.	2	48,244,687.
	3	Pledges and grants receivable, net	4,451,461.	3	7,986,779.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
ets	7	Notes and loans receivable, net	15,868,970.	7	15,165,440.
Assets	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	4,670,141.	9	4,569,946.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 336,010,753.			
	b	Less: accumulated depreciation	145,531,480.	10c	138,886,563.
	11	Investments - publicly traded securities	76,396,417.	11	75,650,117.
	12	Investments - other securities. See Part IV, line 11	20,694,684.	12	25,851,772.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	1,785,519.	15	1,977,892.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	331,766,897. 34,080,360.	16	318,333,196.
	17	Accounts payable and accrued expenses	34,080,380.	17	37,523,368.
	18	Grants payable	86,893,171.	18 19	75,970,765.
	19 20	Deferred revenue	0.	20	0.
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D	0.	20	0.
s	22	Loans and other payables to current and former officers, directors,		21	
abilities		trustees, key employees, highest compensated employees, and			
lide		disqualified persons. Complete Part II of Schedule L	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	59,604,111.	25	53,391,192.
	26	Total liabilities. Add lines 17 through 25.	180,577,642.	26	166,885,325.
es		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	140,657,481.	27	139,559,509.
3al:	28	Temporarily restricted net assets	5,237,384.	28	6,298,913.
Fund Balances	29	Permanently restricted net assets	5,294,390.	29	5,589,449.
or Fur		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	151,189,255.	33	151,447,871.
	34	Total liabilities and net assets/fund balances	331,766,897.	34	318,333,196.
					Form 990 (2018)

NEW	YORK	INSTITUTE	OF	TECHNOLOGY

Form 99	90 (2018)				Pa	ge 12
Part						
	Check if Schedule O contains a response or note to any line in this Part XI.					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			17,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2	3.		99,1	
3	Revenue less expenses. Subtract line 2 from line 1	3			18,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15		89,2	
5	Net unrealized gains (losses) on investments	5		2	88,1	
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-	-2,2	47,9	47.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	1	51,4	47,8	71.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			ſ		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	na			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	oversi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	int?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in 🛛			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in 🛛			
	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b	Х	

 SCHEDULE A (Form 990 or 990-EZ)
 Public Charity Status and Public Support

 Department of the Treasury
 Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

 Note: The Treasury
 Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2

		nt of the Treasury evenue Service		Go to www.irs.go	v/Form990 for instruction	ons and t	he latest i	nformation.	Inspection
		ne organization						Employer identifi	cation number
-		ORK INSTIT				<u> </u>		11-17887	
Pa				•	<u> </u>			art.) See instructions	
	orga		-		is: (For lines 1 through	-	-		
1	37				tion of churches desc				
2	X				. (Attach Schedule E	-			
3	\square		-		rganization described				(III) Estas tha
4			•	•	conjunction with a not	spital de	scribed ir	n section 170(b)(1)(A)	(III). Enter the
5		hospital's nam			a collega or universit		d or one	rated by a governme	ntal unit described in
5		•	•	Complete Part II.)	a college of universit	y owned	u or ope	aled by a governme	
6					rnmental unit describe	d in sect	tion 170(h(1)(A)(y)	
7	H								om the general public
•		-)(1)(A)(vi). (Compl	-	pport in	om a go		
8					b)(1)(A)(vi). (Complete	Part II)			
9	\square			-		-		l in conjunction with a	land-grant college
•		•		•			•	name, city, and state of	• •
		university:		g		,.		,, ,, ,	
10		An organization receipts from support from acquired by the	activities rela gross investme ne organizatio	ited to its exempt f nent income and u on after June 30, 1	unctions - subject to nrelated business tax 975. See section 509	certain e able inco (a)(2). (0	exception ome (les: Complete		n 331/3 %of its
11	Щ	-	-		usively to test for publ	-			
12		•	•		•				arry out the purposes
									ee section 509(a)(3).
				-					nes 12e, 12f, and 12g.
а						-		orted organization(s),	
			-				ajority of	the directors or truste	es of the
			-		e Part IV, Sections A			· · · · · · · · · · · · · · · · · · ·	
b								supported organization	
			-		-	the sam	ie persor	is that control or man	age the supported
		-		-	, Sections A and C.	tod in a	onnoctio	n with, and functional	ly integrated with
С		••	-	• • • •	ng organization operation operation operations). You must comple				iy integrated with,
d			-					ection with its suppor	ted organization(s)
u			-			-		oution requirement and	
					omplete Part IV, Sect	-		-	
е		-			-			nat it is a Type I, Type I	I. Type III
•					ionally integrated sup				., .) p o
f	En			l organizations					
g				-	orted organization(s).				
	(i) N	ame of supported	organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
						Yes	No	matractionay	matructionay
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Page 2

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 fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
4 5 6	Total. Add lines 1 through 3. 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). Public support. Subtract line 5 from line 4						
	tion B. Total Support						
_	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4.	(4) 2011	(,	(0) 2010	(,	(0) 2010	(1) 1 0 101
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for organization, check this box and stop here						
	tion C. Computation of Public Sup		-				
14	Public support percentage for 2018 (li		, ,			14	<u>%</u>
15	Public support percentage from 2017					15	<u>%</u>
16a	331/3% support test - 2018. If the org	-					
h	box and stop here . The organization q			-			
D	331/3% support test - 2017. If the organization						
170	this box and stop here. The organization 10%-facts-and-circumstances test - 2	-		-			
17a	10% or more, and if the organization		-				
	Part VI how the organization meets t					-	
	organization.			•			
h	10%-facts-and-circumstances test - 2						
5	15 is 10% or more, and if the orga		•				
	Explain in Part VI how the organizati						-
	supported organization				-	-	
18	Private foundation. If the organization						
	instructions						

Schedule A (Form 990 or 990-EZ) 2018

ge **3**

		ORK INSTIT	UTE OF TECH	INOLOGY		11-1788	
-	t III Support Schedule for Orga	nizations De	scribed in Sec	tion 509(a)(2)			Page 3
T al	(Complete only if you check If the organization fails to qua	ed the box o	n line 10 of Pa	rt I or if the org			der Part II.
Sec	tion A. Public Support			1	-	1	I
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
6	Total. Add lines 1 through 5						
<i>i</i> a	Amounts included on lines 1, 2, and 3						
b	received from disqualified persons						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b. Public support. (Subtract line 7c from						
0							
Sec	line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	.,					
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	-			-		
	organization, check this box and stop here.						· · · . ▶
	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,	column (t), divi	aed by line 13, colu	imn (t))		. 15	%

16	Public support percentage from 2017 Schedule A, Part III, line 15	16	
Sec	tion D. Computation of Investment Income Percentage		
17	Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

	investment moonie percentage nor		, i uit iii, iiio i <i>i</i>					10	
19 a	331/3% support tests - 2018.	f the organization	did not check	the box	on line	14, and	line 15 is moi	e than	331/3%, and line

17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. b 331/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Schedule A (Form 990 or 990-EZ) 2018

%

%

%

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (as 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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.*
- **10 a** 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 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.)

10b Schedule A (Form 990 or 990-EZ) 2018

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Schedu	le A (Form 990 or 990-EZ) 2018		I	Page 5
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the 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.	1		
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? <i>If</i> "Yes," <i>explain in</i> Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
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).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
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?	1		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization</i> (s).	2		
3	By reason of the relationship described in (2), 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? <i>If</i> "Yes," <i>describe in</i> Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins 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		-	
		21.01	,	No
2	Activities Test. Answer (a) and (b) below.			
а	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	990-F	Z) 2018
JSA				-, _0.0

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions All other Type III and functionally integrated supporting arguments	g trust o	n Nov. 20, 1970 (expla	,
instructions. All other Type III non-functionally integrated supporting organiz Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 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)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Section B - Minimum Asset Amount	8	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	Page 7
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.	5		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	, ,		(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018		Cali - duite	A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Page 8

Schedule A (Form 990 or 990-EZ) 2018

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.)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

11-1788788

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (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 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 1/3% 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$252,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$130,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$118,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$110,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$109,904.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$ 80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$29,692.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$28,090.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>11</u>		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

art I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$23,070.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$18,215.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$17,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$17,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$16,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$14,976.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
24		\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25		\$11,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
26		\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
27		\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
28		\$10,628.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>29</u>		\$10,150.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
30		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

	butors (see instructions). Use duplicate cop		1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$8,562.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$ 8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$7,540.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

art I C	ontributors (see instructions). Use duplicate copie	es of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>45</u>		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$6,920.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>47</u>		\$ 6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

art I C	contributors (see instructions). Use duplicate copie	es of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$5,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$5,550.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$5,405.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

	/1_\	(-)	(-1)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$5,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$5,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>59</u>		\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
61			Person
			Payroll
		\$5,000.	Noncash
			(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
62			Person
		\$ 5,000.	Payroll
		\$ 5,000.	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4		
63			Person
			Payroll
		\$ 5,000.	•
		\ \$	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
64			Person
		\$ 5,000.	Payroll
		Þ	Noncash
			(Complete Part II for
-			noncash contributions.)
(a)	(b)	(c)	(d)
(a)	(b)	(0)	
	(b) Name, address, and ZIP + 4	Total contributions	Type of contribution
No.			Type of contribution
No.			
lo.		Total contributions	Type of contribution
lo.			Type of contribution Person X
lo.		Total contributions	Type of contribution Person X Payroll Image: Complete Part II for
No.		Total contributions	Type of contribution Person X Payroll Noncash
10.		Total contributions	Type of contribution Person X Payroll Image: Complete Part II for
<u>65</u> (a)	Name, address, and ZIP + 4	Total contributions \$5,000.	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No. 65 (a) No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll D Noncash D (Complete Part II for noncash contributions.) (d) (d) Type of contribution
<u>65</u> (a)	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll X Noncash X (Complete Part II for noncash contributions.) (d) (d) Type of contribution Person X
65 63 (a) Io.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll X Noncash X (Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll X
10. 65 (a) No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll X Noncash X (Complete Part II for noncash contributions.) (d) (d) Type of contribution Person X
10. 65 (a) No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll X Noncash X (Complete Part II for noncash contributions.) (d) (d) Type of contribution Person X Payroll X

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

artl	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67 -		\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68 -		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
 		\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70 -		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71 -		\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72 -		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
73		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
o.	Name, address, and ZIP + 4	Total contributions	Type of contribution
74		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
o.	Name, address, and ZIP + 4	Total contributions	Type of contribution
75		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
O.	Name, address, and ZIP + 4	Total contributions	Type of contribution
76		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
o.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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		
		\$			

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)	Page 4				
Name of organization NEW YORK INSTITUTE OF TECHNOLOGY	Employer identification number				
	11-1788788				
Part III Exclusively religious, charitable, etc., contributions to organizations described	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 ex	clusively religious, charitable, etc.,				

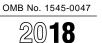
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfer of gir	tt Relationship of transferor to transferee		
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gi	ft		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gi	 ft		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		

JSA

Department of the Treasury Internal Revenue Service	Comp	blete if the organization is described be ► Go to <i>www.irs.gov/Form990</i> for		to Form 990 or Form 990-EZ. latest information.	Open to Public Inspection
•	•	on Form 990, Part IV, line 3, or Form Complete Parts I-A and B. Do not compl		16 (Political Campaign Activities)	, then
 Section 501(c) (oth 	er than secti	on 501(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Part I-B.	
 Section 527 organi 	zations: Com	plete Part I-A only.			
If the organization answ	vered "Yes,"	on Form 990, Part IV, line 4, or Form	990-EZ, Part VI, line 4	17 (Lobbying Activities), then	
 Section 501(c)(3) c 	organizations	that have filed Form 5768 (election un	der section 501(h)): Co	omplete Part II-A. Do not complete	e Part II-B.
	0	that have NOT filed Form 5768 (election	•	·/ ·	•
Tax) (see separate instr	uctions), ther	on Form 990, Part IV, line 5 (Proxy n n anizations: Complete Part III.	Tax) (see separate i	instructions) or Form 990-EZ,	Part V, line 35c (Prox
Name of organization				Employer identific	cation number
NEW YORK INSTIT	י הר היתוי	TECHNOLOGY		11-178878	
		organization is exempt under	section 501(c) or		
•		• •		•	
	•	organization's direct and indirect p	political campaign a	ictivities in Part IV. (see instru	ictions for
definition of "pol	•	u		. .	
		xpenditures (see instructions)			
	for political	campaign activities (see instruction	1S)		
		organization is exempt under s			
1 Enter the amour	nt of any exc	cise tax incurred by the organizatio	n under section 495	55\$	
		cise tax incurred by organization m			
		a section 4955 tax, did it file Form			
					Yes No
b If "Yes," describe					
-		organization is exempt under expended by the filing organization	· /·	• • • • • • • • •	
activities				▶\$	
		ng organization's funds contributed			
		enditures. Add lines 1 and 2. En			
4 Did the filing org	anization fil	e Form 1120-POL for this year?			Yes No
5 Enter the names organization ma the amount of p	s, addresses de payment olitical cont	and employer identification numb ts. For each organization listed, en tributions received that were prom nd or a political action committee (f	er (EIN) of all secti ter the amount pai optly and directly de	ion 527 political organization id from the filing organizatio elivered to a separate politic	ns to which the filing on's funds. Also ente al organization, such
(a) Name		(b) Address	(c) EIN	filing organization's con funds. If none, enter -0	e) Amount of political tributions received and promptly and directly elivered to a separate olitical organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
For Paperwork Reducti	on Act Notic	e, see the Instructions for Form 990 or	990-EZ.	Schedule C ((Form 990 or 990-EZ) 2018

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527

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(Form 990 or 990-EZ)

SCHEDULE C

0193097-00009

Part II-A Complete if the organizat section 501(h)).	ion is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
	elongs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures).	ach affiliated group meml	per's name,
B Check ► if the filing organization cl	necked box A and "limited control" provisions app	oly.	
	bying Expenditures leans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
 b Total lobbying expenditures to influence c Total lobbying expenditures (add lines d Other exempt purpose expenditures e Total exempt purpose expenditures (add f Lobbying nontaxable amount. Enter the columns. 	e public opinion (grass roots lobbying) a legislative body (direct lobbying) 1a and 1b) Id lines 1c and 1d) ne amount from the following table in both		
If the amount on line 1e, column (a) or (b) 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 \$500,000.		
Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000. \$1,000,000.		
 g Grassroots nontaxable amount (enter 2 h Subtract line 1g from line 1a. If zero or 	25% of line 1f)		
j If there is an amount other than zero	o on either line 1h or line 1i, did the organiza		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 Expen	ditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(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					

Schedule C (Form 990 or 990-EZ) 2018

Page	3
Page	÷ J

Schedule C (Form 990 or 990-EZ) 2018				
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		(2	a)	(b)
	description of the lobbying activity.			Amount
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:			
а	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		Х	
с	Media advertisements?		Х	
d	Mailings to members, legislators, or the public?		Х	
е	Publications, or published or broadcast statements?		Х	
f	Grants to other organizations for lobbying purposes?		Х	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
i	Other activities?	Х		60,000
i	Total. Add lines 1c through 1i			60,000
, 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
с	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?		Х	
Pa	t = 0		01.0	aatian

501(c)(6).	
r	

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

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 (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year.		
	Total		
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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	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.

SEE PAGE 4

JSA

Schedule C (Form 990 or 990-EZ) 2018

Page 4

Schedule C (Form 990 or 990-EZ) 2018

Part IV Supplemental Information (continued)

LOBBYING EXPENSES

SCHEDULE C, PART II-B, LINE 1G

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 WAS PAID \$60,000 IN FISCAL YEAR 2019.

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).

Schedule C (Form 990 or 990-EZ) 2018

SCHEE	DULE D
(Form	990)

Supplemental Financial Statements ► 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.

OMB No. 1545-0047

2018

Depa	rtment of the Treasury		Attach to Form 990.			Open to Public
Intern	al Revenue Service	► Go to www.irs.gov/	/Form990 for instructions and the latest info	rmation.		Inspection
Name	of the organization			Emp	oloyer identificat	tion number
NEW	YORK INSTITU	JTE OF TECHNOLOGY			11-178878	38
Ра	rt I Organiza	tions Maintaining Donor Advi	ised Funds or Other Similar Funds o	or Acco	ounts.	
	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 e	nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5		-	advisors in writing that the assets held	d in dou	nor advised	
•	U		organization's exclusive legal control?			Yes No
6			and donor advisors in writing that grant			
•	-	-	fit of the donor or donor advisor, or for			
				•		Yes No
Pa		tion Easements.				
			"Yes" on Form 990, Part IV, line 7.			
1			organization (check all that apply).			
		n of land for public use (e.g., rec		n of a h	istorically im	portant land area
		of natural habitat	37		ertified histor	
		n of open space				
2			eld a qualified conservation contribution	in the fo	orm of a cons	servation
_		last day of the tax year.				End of the Tax Year
а				2a		1.
b			· · · · · · · · · · · · · · · · · · ·	2b		32.00
c	-		historic structure included in (a)	2c		1.
d			acquired after 7/25/06, and not on a			
u				2d		1.
3		-	sferred, released, extinguished, or term		by the organ	ization during the
•	tax year ▶				ey me ergen	Lation damig the
4	•		rvation easement is located ►		1.	
5			garding the periodic monitoring, inspec		andling of	
•	-		sements it holds?		-	Yes X No
6			ting, handling of violations, and enforcing co			
•	•					
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violations, and enforcing	conserv	vation easem	ents during the vear
	▶\$	3 , 1	3,			<u> </u>
8	Does each conserv	vation easement reported on line 2	2(d) above satisfy the requirements of sec	tion 170)(h)(4)(B)(i)	
		-				Yes X No
9			conservation easements in its revenue a			
	•	e 1	of the footnote to the organization's finan			•
		ounting for conservation easeme				
Ра	rt III Organiza	tions Maintaining Collections	of Art, Historical Treasures, or Oth	er Sim	ilar Assets.	
	Complete	if the organization answered	"Yes" on Form 990, Part IV, line 8.			
1a	If the organization	elected, as permitted under SF	AS 116 (ASC 958), not to report in its	revenu	ue statement	and balance sheet
	works of art, hist	orical treasures, or other simila	FAS 116 (ASC 958), not to report in its ar assets held for public exhibition, ed	ucation	, or researc	h in furtherance of
	-		potnote to its financial statements that de			
b			SFAS 116 (ASC 958), to report in its ar assets held for public exhibition, ed			
		vide the following amounts relati		ucation	, or researc	
					▶ \$	
2	.,		rt, historical treasures, or other similar			
	•		FAS 116 (ASC 958) relating to these iter			5 ine
	0		, , ,			

Revenue included on Form 990, Part VIII, line 1. а ▶\$. Assets included in Form 990, Part X b ▶\$ Schedule D (Form 990) 2018

For Paperwork Reduction Act Notice, see the Instructions for Form 990.									
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NEW YORK INSTITUTE OF TECHNOLOGY

11-1788788

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_	dule D (Form 990) 2018						<u></u>					age 2
	rt III Organizations Maintaini										<i>,</i>	
3	Using the organization's acquisition collection items (check all that app		other record	ds, check	c any of	f the	followir	ng that are	a sign	nificant us	se of	its
а	Public exhibition	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	d	Loan d	or excha	anae r	program	s				
b	Scholarly research		e	Other		3-1	- 3 -					
c	Preservation for future gene	rations]								
4	Provide a description of the organ		s and expla	in how t	hev fur	ther t	the ora	anization's e	xemp	t purpose	in I	Part
•	XIII.						and enge					c
5	During the year, did the organization	on solicit or receive	donations of	art, histo	orical tre	easur	es, or of	her similar				
•	assets to be sold to raise funds rath								Г	Yes		No
Pa	rt IV Escrow and Custodial A								<u> </u>			
	Complete if the organiza		es" on Forn	n 990, F	Part IV.	line §	9. or rei	ported an a	mour	nt on For	m	
	990, Part X, line 21.			,	,	-	-,					
1a	Is the organization an agent, truste	e, custodian or oth	er intermedi	iary for c	ontribut	ions c	or other a	assets not				
	included on Form 990, Part X?								[Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the foll	owing tab	ole:				•• -			-
				0	[An	nount			
С	Beginning balance					1c						
	Additions during the year					1d						
е	Distributions during the year					1e						
f	Ending balance					1f						
2a	Did the organization include an am	ount on Form 990,	Part X, line	21, for e	scrow d	or cus	stodial a	ccount liabilit	y?	Yes		No
	If "Yes," explain the arrangement i									 • • • • • •		1
Pa	rt V Endowment Funds.											
	Complete if the organiza	ation answered "Y	es" on Forn	n 990, F	Part IV,	line '	10.					
		(a) Current year	(b) Prior	year	(c) Two	o years	back	(d) Three years	back	(e) Four y	ears b	ack
1a	Beginning of year balance	85,438,132.	110,508	8,940.	103,3	378,	802. 1	LOO,498,9	950.	100,5	51,	291.
b		4,774,035.	1,332	2,294.	2	283,	301.	380,8	,849. 1,681,		31,	281.
С	Net investment earnings, gains,											
	and losses	2,316,324.	-387	7,743.	7,2	216,	653.	2,202,8	301.	-1,6'	78,	622.
d	Grants or scholarships	308,264.	9	9,000.		21,	000.	25,0	000.		55,	000.
	Other expenditures for facilities											
	and programs	4,084,024.										
f	Administrative expenses	227,279.		3,167.			816.	-321,2				
g	End of year balance	87,908,924.	111,256	5,324.	110,5	508,	940. 1	LO3,378,8	302.	100,49	98,	950.
2	Provide the estimated percentage	of the current year	end balance	e (line 1g,	column	(a)) h	neld as:					
а	Board designated or quasi-endown	nent 90.190	0_%									
b		9300 %										
С	Temporarily restricted endowment											
	The percentages on lines 2a, 2b, a											
3a	Are there endowment funds not in	the possession of t	the organizat	tion that	are helo	d and	adminis	stered for the)			
	organization by:										es	No
	(i) unrelated organizations									3a(i)		X
	(ii) related organizations									3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate	•				?			• • •	3b		
4	Describe in Part XIII the intended u	<u>v</u>	ation's endov	vment fur	nds.							
Pa	rt VI Land, Buildings, and Equ Complete if the organize	ation answered "Y	es" on For	m 990. I	Part IV.	line	11a. Se	ee Form 99)0. Pa	rt X. line	10.	
	Description of property	(a) Cost of	or other basis stment)	(b) Cost of			(c) Accu depred	mulated) Book valu		
1a	Land	,			98,83	8.			-	4,798	3,8	38.
b	Buildings		217,251.				.33,63	5,169.		94,95		
C	Leasehold improvements											
d	Equipment			93,9	21,35	5.	63,48	9,021.		30,432	2,3	34.
	Other			8,7	03,08	3.				8,703		
	I. Add lines 1a through 1e. (Column		m 990, Part 2	X, columi	n (B), lin	e 10c	.)	>		138,880		
		•							Sched	ule D (Form	990)	2018

Schedule D (Form 990) 2018 Page 3 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 (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other 16,250,986 FMV (A) HEDGE FUNDS (B) LIMITED PARTNERSHIPS 9,600,786. FMV (C) (D) (E) (F) (G) (H) 25,851,772. Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Investments - Program Related. Part VIII 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) Total. (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) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► 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. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) BONDS PAYABLE 30,489,875 (3) REFUNDABLE GRANTS AND US GOVT 14,384,265 LOAN FUNDS (4)(5) POST-RETIREMENT HEALTH BENEFIT 8,517,052. (6)(7)(8)

(9)
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 53, 391, 192.

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

Х

Schedu	le D (Form 990) 2018		Page 4
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.	า.	
		1	269,763,607.
1	Total revenue, gains, and other support per audited financial statements	-	200770070071
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments $ 2a = -4, 179, 650.$		
а			
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	_	
е	Add lines 2a through 2d	2e	-64,097,701.
3	Subtract line 2e from line 1	3	333,861,308.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 256, 309.		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	256,309.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	334,117,617.
Part		rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	267,257,044.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses. 2c -4,467,750.		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	-4,467,750.
e	Subtract line 2e from line 1	3	271,724,794.
3			, , , , , ,
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	investment expenses not included on Form 990, Part Vill, line 75		
b		4-	60,174,360.
_ c	Add lines 4a and 4b	4c	331,899,154.
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	JJI,099,154.
	XIII Supplemental Information.	vr+ \ / 1	no 4: Dort V linc
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	utv, I	ne 4, Part A, line

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Schedule D (Form 990) 2018

Part XIII Supplemental Information (continued)

CONSERVATION EASEMENT

SCHEDULE D, PART II, LINE 9

NYIT REPORTS CONSERVATION EASEMENTS ON THE BALANCE SHEET AS INVESTMENTS IN REAL ESTATE AT FAIR VALUE.

THE INSTITUTE'S AUDITED FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE DESCRIBING ITS ACCOUNTING FOR CONSERVATION EASEMENTS.

USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE INSTITUTE'S ENDOWMENT CONSISTS OF A BOARD-DESIGNATED QUASI-ENDOWMENT, PLUS 43 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.

SCHEDULE D, PART V, ENDOWMENT RESTATEMENT

THE INSTITUTE RESTATED THE 08/31/2019 BEGINNING OF THE YEAR BALANCE IN ITS ENDOWMENT (AS REPORTED IN PART V, LINE 1(A)) TO REFLECT THE EXCLUSION OF CERTAIN REAL ESTATE INVESTMENT ASSETS AND PLEDGES FROM THE ENDOWMENT BALANCE. THE ENDOWMENT'S PURPOSE IS TO HOLD LIQUID INVESTMENT ASSETS THAT WILL PRODUCE INVESTMENT GAINS TO FUND SCHOLARSHIPS AND OTHER EDUCATIONAL INITIATIVES. NON-INCOME PRODUCING ASSETS WERE EXCLUDED FROM

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

NEW YORK INSTITUTE OF TECHNOLOGY

Part XIII Supplemental Information (continued)

THE ENDOWMENT TO ALIGN WITH THE ENDOWMENT'S FUNDAMENTAL PURPOSE. THIS RESTATEMENT HAS BEEN REFLECTED IN THE INSTITUTE'S AUDITED FINANCIAL STATEMENTS.

FIN 48 (ASC 740) - INCOME TAX

SCHEDULE D, PART X, LINE 2

THE COLLEGE 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 CONSOLIDATED

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 COLLEGE IS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE (IRC OR CODE) 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 COLLEGE 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 COLLEGE HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE

Schedule D (Form 990) 2018

JSA

Schedule	D (Forn	n 990) 2018
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NEW YORK INSTITUTE OF TECHNOLOGY

RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. IN ADDITION, THE
COLLEGE HAS NOT RECORDED A PROVISION FOR INCOME TAXES AS IT HAS NO
MATERIAL TAX LIABILITY FROM UNRELATED BUSINESS INCOME ACTIVITIES.

RECONCILIATION OF REVENUE

SCHEDULE D, PART XI, LINE 2D

SCHOLARSHIPS AND FELLOWSHIPS (59,918,051)

Part XIII Supplemental Information (continued)

RECONCILIATION OF EXPENSES

SCHEDULE D, PART XII, LINE 4B

SCHOLARSHIPS AND FELLOWSHIPS 59,918,051

Schedule D (Form 990) 2018

Schools

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

NEW YORK INSTITUTE OF TECHNOLOGY

11-1788788

Pa				
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		YES	NO
•	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
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?	2	x	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media	-		
	during the period of solicitation for students, or during the registration period if it has no solicitation program,			
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please			
	describe. If "No," please explain. If you need more space, use Part II	3	X	
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	x	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	4-	x	
Ь	with student admissions, programs, and scholarships?	4c 4d	X	
ŭ	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?	5a		х
b	Admissions policies?	5b		X
с	Employment of faculty or administrative staff?	5c		x
d	Scholarships or other financial assistance?	5d		X
-	Educational policies?	5-		х
е	Educational policies?	5e		
f	Use of facilities?	5f		Х
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		х
	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?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
_	If you answered "Yes" on 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, covering racial nondiscrimination? If "No," explain on Part II	7	x	
For F	Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form			Z) 2018

11-1788788

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).

EXPLANATION OF NONDISCRIMATORY POLICY PUBLICATION THE NEW YORK INSTITUTE OF TECHNOLOGY PUBLISHES ITS STATEMENT OF

NON-DISCRIMINATION ON ITS WEBSITE AT

HTTP://WWW.NYIT.EDU/ABOUT/STATEMENT_ON_NON_DISCRIMINATION. 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 TWO 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 or 990-EZ) (2018)

SCH	IEDULE F	Staten	nent of A	ctivities	Outside the Unit	ted States	OMB No. 1545-0047
(Foi	rm 990)	► Complete	"Yes" on Form 990, Part IV,	line 14b, 15, or 16.	2018		
	tment of the Treasury al Revenue Service	► G	o to www.irs.go		to Form 990. nstructions and the latest inf	formation.	Open to Public Inspection
Name	of the organization					Employer ider	ntification number
	YORK INSTITU					11-178	
Par		nformation o Part IV, line 14		Outside the	United States. Compl	ete if the organization	on answered "Yes" on
1	assistance, the gra	antees' eligibili	ty for the gran	ts or assistanc	substantiate the amount of e, and the selection criteri	a used to award the	X Yes No
2	For grantmakers. outside the United		Part V the org	anization's pro	ocedures for monitoring t	the use of its grants	and other assistance
3	Activities per Reg	ion. (The follov	ving Part I, line	3 table can be	e duplicated if additional sp	ace 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 the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) a program service, describe specific type service(s) in the region	expenditures for of and investments
(1)	MIDDLE EAST AND N	ORTH AFRICA	1.	21.	PROGRAM SERVICES	EDUCATION	4,235,561.
(2)	NORTH AMERICA		1.	28.	PROGRAM SERVICES	EDUCATION	6,097,107.
(3)	EAST ASIA AND THE	PACIFIC	2.	38.	PROGRAM SERVICES	EDUCATION	2,264,159.
(4)	CENTRAL AMERICA/C	ARIBBEAN	0.	0.	INVESTMENTS		21,652,237.
(5)							
(6)							
(7)							
(8)							
(9)							
<u>(10)</u>							
<u>(11)</u>							
<u>(12)</u>							
<u>(13)</u>							
<u>(14)</u>							
<u>(15)</u>							
<u>(16)</u>							
<u>(17)</u>							
3a	Subtotal		4.	87.			34,249,064.
b	Total from sheets to Part I	continuation					

87.

c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 8E1274 1.000 1856LU 700J 7/13/2020 6:10:38 AM V 18-8.6F

4.

34,249,064.

Page **2**

Schedule F (Form 990) 2018

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, othe
1)									
2)									
3)									
4)									
5)									
6)									
7)									
8)									
9)									
10)									
11)									
12)									
13)									
14)									
15)									
16)									
by	ter total number of recipien the IRS, or for which the gr ter total number of other or	nt organizations listed above rantee or counsel has provide	that are recognized ad a section 501(c)(3	as charities by the f B) equivalency letter	foreign country, re	ecognized as tax	a-exempt		

....

. .

Schedule F (Form 990) 2018

(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)							
0)							
11)							
12)							
3)							
4)							
5)							
6)							
7)							
18)							

Schedule F (Form 990) 2018

JSA

Page 3

DGY

X Yes

Yes

X Yes

Х

e F (Form 990) 2018	Page 4
V Foreign Forms	
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).	No No
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	X No
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)	No No
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,	

Schedule F (Form 990) 2018

No

No

No

NEW	YORK	INSTITUTE	OF	TECHNOLC

Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)

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)

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)

Schedule F (Form 990)

Part IV

1

2

3

4

5

6

Page 5

Schedule F (Form 990) 2018

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).

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.

Schedule F (Form 990) 2018

SCHEDULE G (Form 990 or 990-EZ)		Information Re			-	-	OMB No. 1545-0047
(FOIL 990 01 990-EZ)							
Department of the Treasury Internal Revenue Service	►G	Open to Public Inspection					
Name of the organization						Employer identificat	
NEW YORK INSTITU	JTE OF TECHNOL	OGY				11-1788788	
Part I Fundrais	ing Activities. Con	nplete if the orga	anization a	answered	"Yes" on Form	990, Part IV, line	e 17.
	0-EZ filers are not						
	the organization rais	sed funds through		-			
a Mail solicita		е			non-government g		
	email solicitations	f			government grant	5	
c Phone solic		g		cial fundra	ising events		
d log In-person so			with any in	مانينا مارانه	aludian officers d	line etere tructeee	
2a Did the organiza or key employee	is listed in Form 990						Yes No
	10 highest paid indi					-	fundraiser is to be
	least \$5,000 by the			<i>,</i> .	-		
(i) Name and addr		(ii) Activity		ndraiser have or control of	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fu	noraiser)		contrit	outions?	from activity	fundraiser listed in col. (i)	organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
				L			
Total 3 List all states in registration or lice	which the organiza ensing.	tion is registered of	or licensed	d to solicit	contributions or	has been notified	d it is exempt from

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 0193097-00009

Schedule G (Form 990 or 990-EZ) 2018

PAGE 56

Schedule G (For m 990 or 990-E7) 2018

		e G (Form 990 or 990-EZ) 2018				Page 2
Pa	rt l	Fundraising Events. Complete more than \$15,000 of fundra events with gross receipts gree	aising event contributi			
			(a) Event #1 GOLF OUTING	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
0			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	36,784.			36,784.
R	2	Less: Contributions	29,361.			29,361.
	3	Gross income (line 1 minus line 2)	7,423.			7,423.
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs	13,589.			13,589.
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses	18,097.			18,097.
	10	Direct expense summary. Add lin Net income summary. Subtract lin	es 4 through 9 in colu	mn (d)		31,686.
Pa			anization answered ""			
Revenue		· · · · · · · · · · · · · · · · · · ·	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
enses	2	Cash prizes				
Expen:	3	Noncash prizes				
Direct Exp	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes %	│	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	Ibtract line 7 from line	1, column (d)	.	
9 a k	l	Enter the state(s) in which the organization licensed to con If "No," explain:		in each of these state		Yes No
10a k		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, susp		= =	Yes No

Schedule G (Form 990 or 990-EZ) 2018

NEW	YORK	INSTITUTE	OF	TECHNOLOGY

Sched	ule G (Form 990 or 990-EZ) 2018	±± ±/	00700	Page 3
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 en			
	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			%
14	Enter the name and address of the person who prepares the organization's gaming/special events boo			/0
17	records:			
	Name ▶			
	Address ►			
15 a	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 \blacktriangleright	and the		
	amount of gaming revenue retained by the third party \blacktriangleright \$			
С	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	Mondetony distributions			
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming plant	aaada ti	_	
a	retain the state gaming license?			No
h	Enter the amount of distributions required under state law to be distributed to other exempt or			
U	or spent in the organization's own exempt activities during the tax year > \$	anzation	3	
Par		s (iii) and	(v), and	
T ul	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additi			
	(see instructions).			

Schedule G (Form 990 or 990-EZ) 2018

SCHEDULE I				Assistance t			F	OMB No. 1545-0047	
(Form 990)	(Form 990) Governments, and Individuals in the United States								
	Comp	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		2018	
Department of the Treasury			► A	ttach to Form 990				Open to Public	
Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest informatior).		Inspection	
Name of the organization							Employer identifica	ion number	
NEW YORK INSTIT	FUTE OF TECHNOLOGY						11-17887	88	
Part I General I	nformation on Grants and	d Assistanc	e						
1 Does the organiz	zation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and		
-	eria used to award the grant			-	-			X Yes No	
	IV the organization's proced								
	nd Other Assistance to D			5		nlete if the organiz	ation answered "	/es" on Form 990	
			-					163 OH I OH 330,	
	ne 21, for any recipient th	nat received	more man 55	,000. Part II can t		•			
	d address of organization 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) FEINSTEIN INSTITU	JTE FOR MEDICAL RESEARCH								
350 COMMUNITY DRI	VE MANHASSET, NY 11030	11-2673595	501(C)(3)	20,878.				RESEARCH	
(2) THE RESEARCH FDN	FOR THE STATE UNI. OF NY								
	STONY BROOK, NY 11794-8181	11-4601320	501(C)(3)	9,323.				RESEARCH	
(3) UNIVERSITY OF IOW	A								
	A CITY, IA 52242-1320	42-6004813	501(C)(3)	9,737.				RESEARCH	
(4) THE UNIVERSITY OF	F SOUTH DAKOTA								
	VERMILLION, SD 57069	46-6000364	501(C)(3)	15,454.				RESEARCH	
(5) ARKANSAS STATE UN	IIVERSITY- JONESBORO								
2105 AGGIE ROAD J	IONESBORO, AR 72401	71-6000556	501(C)(3)	26,113.				RESEARCH	
(6) SANFORD BURNHAM P	PREBYS MEDICAL DISCOVERY IN								
10901 N. TORREY P	PINES RD., CA 92037	15-1019710	501(C)(3)	46,211.				RESEARCH	
(7)		_							
(8)		_							
(9)		_							
(10)									
· · ·									
(11)		-							
(12)		-							
	per of section 501(c)(3) and							6.	
	per of other organizations list on Act Notice, see the Instructi				<u></u>	<u></u>		hedule I (Form 990) (2018)	

Schedule I (Form 990) (2018)

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	4.042	50 010 051			
SCHULARSHIPS	4,942.	59,918,051.			
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provid	le the information re	equired in Part I,	line 2, Part III, c	column (b); and any o	ther additional

information.

GRANT MONITORING PROCEDURES

SCHEDULE I, PART I, LINE 1

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.

Schedule I (Form 990) (2018)

JSA 8E1504 1.000

SCH	EDULE J	Compen	sa	tion Information	L	OMB No.	1545-0	047
(For	m 990)	For certain Officers, Dire	ctors	, Trustees, Key Employees, and Highest		എന	10	
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						010	
	nent of the Treasury	· · · · • •	Attac	ch to Form 990.		Open		
	Revenue Service of the organization	Go to www.irs.gov/Forms	90 to	or instructions and the latest information	Employer identifica		oectio	n
	0	ITUTE OF TECHNOLOGY			11-17887			
Part		is Regarding Compensation			11 1/00/	00		
i ait							Yes	No
1a	Check the app	propriate box(es) if the organization pro	vide	d any of the following to or for a pers	son listed on Fo	rm		
	990, Part VII,	Section A, line 1a. Complete Part III to	prov	ide any relevant information regardin	g these items.			
	X First-cla	ss or charter travel	X	Housing allowance or residence for	personal use			
	X Travel for	or companions		Payments for business use of perso	nal residence			
	Tax inde	emnification and gross-up payments	X	Health or social club dues or initiati	on fees			
	Discretio	onary spending account	Χ	Personal services (such as maid, ch	auffeur, chef)			
b	If any of the	boxes on line 1a are checked, did th	ie oi	ganization follow a written policy r	egarding payme	ent		
	or reimpurse	ment or provision of all of the ex	pens	ses described above? If "No," con	nplete Part III	10 1	X	
2		anization require substantiation prior			s incurred by			
	-	stees, and officers, including the CEC			-			
	1a?					. 2	X	
3	Indicate which	n, if any, of the following the filing organ	nizati	ion used to establish the compensati	on of the			
	organization's	CEO/Executive Director. Check all the ization to establish compensation of the	at ap	ply. Do not check any boxes for metho	ods used by a			
		nsation committee		Written employment contract				
		dent compensation consultant	X	Compensation survey or study				
	X Form 99	00 of other organizations	Χ	Approval by the board or compensation	ation committee			
4		ar, did any person listed on Form 990, or a related organization:	Part	t VII, Section A, line 1a, with respect t	o the filing			
а		verance payment or change-of-control page	-				X	
b		, or receive payment from, a suppleme						X
С		, or receive payment from, an equity-ba				. 4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and p	ovid	e the applicable amounts for each i	tem in Part III.			
	Only costion	E01(a)(2) E01(a)(4) and E01(a)(20) a		izationa must complete lines 5.0				
F	-	501(c)(3), 501(c)(4), and 501(c)(29) or	-	-	001			
5		isted on Form 990, Part VII, Section A, n contingent on the revenues of:	line	ra, did the organization pay of accrue	any			
а	-	ion?				. 5a		X
b		rganization?						X
-		e 5a or 5b, describe in Part III.						
6		isted on Form 990, Part VII, Section A	line	1a, did the organization pay or accrue	any			
	compensatior	n contingent on the net earnings of:			-			
а	The organizat	ion?				. 6a		Х
b	Any related of	rganization?				. 6b		Х
	If "Yes" on lin	e 6a or 6b, describe in Part III.						
7		listed on Form 990, Part VII, Sectio						
		described on lines 5 and 6? If "Yes," d				. 7	X	
8		ounts reported on Form 990, Part VII,				.		
		I contract exception described in	-					x
0		ine 8, did the organization also fol						
9		ection 53.4958-6(c)?						
	regulations S	ection 53.4938-6(c)?				• 9		1

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Page **2**

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 aren't 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 o	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
HENRY FOLEY (NON-VOTING	(i)	696,440.	70,000.	120,000.	23,800.	19,783.	930,023.	0.
1 ^{PRESIDENT}	(ii)	0.	0.	0.	0.	0.	0.	0.
LEONARD AUBREY	(i)	371,045.	194,016.	6,504.	24,500.	19,074.	615,139.	0.
CFO AND TREASURER (THRU 12/18)	(ii)	0.	0.	0.	0.	0.	0.	0.
CATHERINE FLICKINGER	(i)	400,860.	209,360.	6,504.	24,500.	19,882.	661,106.	0.
GENERAL COUNSEL AND SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
BARBARA J HOLAHAN	(i)	228,426.	3,091.	0.	24,500.	0.	256,017.	0.
4 ^{CFO & TREASURER (AS OF 12/18)}	(ii)	0.	0.	0.	0.	0.	0.	0.
JERRY BALENTINE	(i)	541,091.	302,421.	6,504.	24,500.	32,309.	906,825.	0.
5 VP FOR MED AFFAIRS&GLBL HEALTH	(ii)	0.	0.	0.	0.	0.	0.	0.
NADA ASSAF-ANID	(i)	328,249.	18,490.	1,084.	9,912.	19,882.	377,617.	0.
6 ^{DEAN}	(ii)	0.	0.	0.	0.	0.	0.	0.
JUNIUS GONZALES	(i)	315,713.	50,000.	3,794.	8,531.	5,772.	383,810.	0.
7PROVOST & VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
WOLFGANG GILLIAR	(i)	167,941.	0.	232,903.	14,394.	8,284.	423,522.	0.
8 DEAN MEDICAL SCHOOL	(ii)	0.	0.	0.	0.	0.	0.	0.
SHANE SPEIGHTS	(i)	419,291.	5,649.	0.	18,500.	32,309.	475,749.	0.
9 ^{SITE DEAN NYITCOM}	(ii)	0.	0.	0.	0.	0.	0.	0.
PETER DANE	(i)	308,920.	4,735.	0.	24,267.	19,783.	357,705.	0.
10 ^{PROFESSOR & ASSOCIATE DEAN}	(ii)	0.	0.	0.	0.	0.	0.	0.
NICOLE WADSWORTH	(i)	311,475.	17,225.	0.	0.	25,578.	354,278.	0.
11 PROFESSOR & SENIOR ASSOCIATE D	(ii)	0.	0.	0.	0.	0.	0.	0.
GABRIEL SUNSHINE	(i)	151,912.	2,291.	165,856.	5,515.	0.	325,574.	0.
12 ^{FORMER PROFESSOR}	(ii)	0.	0.	0.	0.	0.	0.	0.
LOU REINISCH	(i)	201,440.	28,030.	0.	20,600.	19,882.	269,952.	0.
13 ASSOCIATE PROVOST	(ii)	0.	0.	0.	0.	0.	0.	0.
MARK HAMPTON	(i)	204,319.	0.	9,153.	19,751.	13,255.	246,478.	0.
14 ^{VICE PRESIDENT}	(ii)	0.	0.	0.	0.	0.	0.	0.
EILEEN VALERIO (AS OF C	(i)	171,661.	2,651.	0.	22,969.	32,309.	229,590.	0.
15 ^{CONTROLLER & ASST. TREASURER}	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
16	(ii)							

Schedule J (Form 990) 2018

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Page 3

Schedule J (Form 990) 2018

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.

TRAVEL AND HOUSING BENEFITS

SCHEDULE J, PART I, LINE 1A

- NYIT IS A GLOBAL UNIVERSITY WITH CAMPUSES IN NEW YORK (MANHATTAN AND LONG
- ISLAND), CHINA, CANADA, AND THE MIDDLE EAST, 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 2018 INCLUDED A \$120,000 HOUSING ALLOWANCE.

SCHEDULE J, PART I, LINE 4A

THE FOLLOWING INDIVIDUALS REPORTED ON THE INSTITUTE'S FORM 990 RECEIVED A

Schedule J (Form 990) 2018

11-1788788

Page 3

Schedule J (Form 990) 2018

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.

SEVERANCE PAYMENT IN THE CALENDAR YEAR 2018.

- DEAN OF MEDICAL SCHOOL, WOLFGANG GILLIAR - \$232,902

- PROFESSOR, GABRIEL SUNSHINE - \$165,856

THESE SEVERANCE PAYMENTS ARE REPORTED IN FORM 990, SCHEUDLE J, PART II,

COLUMN (B)(III).

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 2018. AMOUNTS DISCLOSED AS A BONUS INCLUDE A PORTION OF REGULARLY BUDGETED COMPENSATION FOR ALL

ADMINISTRATIVE STAFF THAT IS CONSISTENT WITH A CONTRACTUAL PERCENTAGE

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Page 3

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.

PAYMENT PROVIDED TO FULL-TIME FACULTY UNDER A COLLECTIVE BARGAINING

AGREEMENT. THE ACTUAL AMOUNT DISTRIBUTED TO ADMINISTRATIVE STAFF IS

SUBJECT TO SOME ANNUAL DISCRETION AT THE DIRECTION OF THE PRESIDENT AND

SENIOR MANAGERS. IN ADDITION, CERTAIN SENIOR ADMINISTRATORS RECEIVED AN

INCENTIVE STAY BONUS AWARDED BY THE BOARD OF TRUSTEES.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.



Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number 11-1788788

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11A

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.

CONFLICT OF INTEREST REVIEW

FORM 990, PART VI, SECTION B, LINE 12C

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.

COMPENSATION REVIEW

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FORM 990, PART VI, SECTION B, LINE 15
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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 DECEMBER 2019, 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.

DOCUMENT AVAILABILITY

JSA

FORM 990, PART VI, SECTION C, LINE 19 THE INSTITUTE'S FORM 990 IS AVAILABLE ON THE INTERNET AT WWW.GUIDESTAR.ORG. 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.

OTHER CHANGES IN NET ASSETS FORM 990, PART XI, LINE 9 CANCELLATION OF CAPITAL PROJECTS \$(1,161,958)

CHANGE IN POSTRETIREMENT PROGRAM \$(1,085,989)

TOTAL OTHER CHANGES:

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\$(2,247,947)

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

NEW YORK INSTITUTE OF TECHNOLOGY (NYIT) OFFERS 90 DEGREE PROGRAMS, INCLUDING UNDERGRADUATE, GRADUATE, AND PROFESSIONAL DEGREES, IN MORE THAN 50 FIELDS OF STUDY, INCLUDING ARCHITECTURE AND DESIGN; ARTS AND SCIENCES; EDUCATION; ENGINEERING AND COMPUTING SCIENCES; HEALTH PROFESSIONS; 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

Employer identification number 11-1788788

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

NYIT PROVIDES UNDERGRADUATE, GRADUATE, AND DOCTORAL INSTRUCTION TO A DIVERSE STUDENT POPULATION. APPROXIMATELY 11,000 STUDENTS ATTENDED THE INSTITUTION LAST YEAR AND 2,638 GRADUATED.

APPROXIMATELY 11,000 STUDENTS BECOME ENGAGED, TECHNOLOGICALLY SAVVY PHYSICIANS, ARCHITECTS, SCIENTISTS, ENGINEERS, BUSINESS LEADERS, DIGITAL ARTISTS, HEALTH CARE PROFESSIONALS, AND MORE.

WITH CAMPUSES IN NORTH AMERICA, CHINA, AND THE MIDDLE EAST AS WELL AS ONLINE, NYIT'S STUDENT AND FACULTY GLOBAL EXCHANGE PROGRAMS, UNIQUE EXPERIENTIAL LEARNING PROGRAMS, AND NUMEROUS EXTRA- AND CO-CURRICULAR OPPORTUNITIES COMBINE TO CREATE A UNIQUE, 21ST-CENTURY LEARNING EXPERIENCE.

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

THE INSTITUTE OFFERS THE FOLLOWING DEGREES:

0193097-00009

Schedule O (Form 990 or 990-EZ) 2018	orm 990 or 990-EZ) 2018
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Name of the organization NEW YORK INSTITUTE OF TECHNOLOGY Employer identification number 11-1788788

ATTACHMENT 2 (CONT'D)

ASSOCIATE IN .	APPLIED	SCIENCE
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BACHELOR OF ARCHITECTURE

BACHELOR OF ARTS

BACHELOR OF FINE ARTS

BACHELOR OF PROFESSIONAL STUDIES

BACHELOR OF SCIENCE

MASTER OF ARTS

MASTER OF ARTS IN TEACHING

MASTER OF BUSINESS ADMINISTRATION

- MASTER OF FINE ARTS
- MASTER OF SCIENCE

JSA

- DOCTOR OF PHILOSOPHY
- DOCTOR OF PHYSICAL THERAPY

DOCTOR OF OSTEOPATHIC MEDICINE

PROGRAMMATIC REVENUES REPRESENT TUITION AND FEES, ROOM AND BOARD, THE VOCATIONAL INDEPENDENCE PROGRAM, ANCILLARY EDUCATIONAL SERVICES, AND OTHER EDUCATIONAL PROGRAMS (REPORTED ON LINE 11(D) OF PART VIII OF THE 990).

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, 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 NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number 11-1788788

ATTACHMENT 3 (CONT'D)

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 AND CENTRAL ISLIP 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.

THE CLINICS ARE AS FOLLOWS:

A. W. KENNETH RILAND ACADEMIC HEALTH CARE CENTER: THIS PRIMARY CARE CLINIC SERVES THE OLD WESTBURY, N.Y., CAMPUS AND COMMUNITY.

B. CENTRAL ISLIP FAMILY HEALTH CARE CENTER THIS 7,000-SQUARE-FOOT FACILITY SERVES THE CENTRAL ISLIP, N.Y., COMMUNITY USING AN ADVANCED MEDICAL RECORDS DATABASE AND BOARD-CERTIFIED PHYSICIANS UTILIZING OSTEOPATHIC MANIPULATIVE MEDICINE TO TREAT A WIDE RANGE OF AILMENTS.

THESE CLINICS OFFER A WIDE VARIETY OF SERVICES, INCLUDING: ACUPUNCTURE, BREAST HEALTH, CLINICAL PSYCHOLOGY, FAMILY MEDICINE, GENERAL INTERNAL MEDICINE, GENETIC COUNSELING, OCCUPATIONAL THERAPY, OSTEOPATHIC MANIPULATIVE MEDICINE, PARKINSON'S DISEASE TREATMENT, PEDIATRICS, PHYSICAL THERAPY, SPEECH PATHOLOGY AND TAI CHI.

ATTACHMENT 3 (CONT'D)

Page 2

C. ADELE SMITHERS PARKINSON'S DISEASE TREATMENT CENTER - THIS CENTER IS DEDICATED TO PARKINSON'S DISEASE TREATMENT, COMMUNITY AWARENESS, RESEARCH, AND ENSURING THAT PATIENTS MAINTAIN THE BEST QUALITY OF LIFE.

D. NYIT CENTER FOR SPORTS MEDICINE - THIS CENTER OFFERS INJURY EVALUATIONS, CARDIOPULMONARY EXERCISE TESTING, DIETARY AND NUTRITIONAL GUIDANCE, AND OTHER SPORTS-RELATED TREATMENT.

E. EHLERS-DANLOS SYNDROME/HYPERMOBILITY TREATMENT CENTER.

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

EGYPT

CANADA

BAHRAIN

UNITED ARAB EMIRATES

ATTACHMENT 5

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
POSILICO CIVIL INC 1750 NEW HIGHWAY FARMINGDALE, NY 11735	CONSTRUCTION	4,020,630.
UNIVERSAL PROTECTION SERVICE, LP 50 JACKSON AVE	SECURITY	2,356,743.

0193097-00009

Schedule O (Form 990 or 990-EZ) 2018

ATTACHMENT 4

Schedule O (Form 990 or 990-EZ) 2018	Page 2
Name of the organization	Employer identification number
NEW YORK INSTITUTE OF TECHNOLOGY	11-1788788
<u>i</u>	ATTACHMENT 5 (CONT'D)
990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTOR	RS
NAME AND ADDRESS DESCRIPTION OF SE	RVICES COMPENSATION

SYOSSET, NY 11791		
HUAJING GROUP, CORP. 866 UNITED NATIONS PLZ NEW YORK, NY 10017-1822	RECRUITING SERVICES	1,122,223.
W.J. REGAN & COMPANY, LLC. 767 CHARNWOOD DRIVE WYCKOFF, NJ 07481	CONSTRUCTION	905,688.
OBERLAND, INC. 27 W 24TH STREET, SUITE 802 NEW YORK, NY 10010	ADVERTISING	889,400.

Schedule O (Form 990 or 990-EZ) 2018

OMB No. 1545-0047

Open to Public

Inspection

8

2

Employer identification number

11-1788788

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

NEW YORK INSTITUTE OF TECHNOLOGY

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NYIT GLOBAL LLC 47-2303439					
NORTHERN BLVD GERRY HOUSE, 200 OLD WESTBURY, NY 11568	INACTIVE	NY	0.	0.	NYIT
(2)					
(3)					
(4)					
(5)					
(6)					

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr enti	olled
						Yes	No
(1)	-						
(2)	-						
(3)	_						
(4)	-						
(5)	-						
(6)							
(7)							

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

Schedule R (Form 990) 2018

JSA

Schedule R (Form 990) 2018

Page **2**

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

because it had one of more related organizations iteated as a partnership during the tax year.												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportion allocations		Gene	j) eral or aging ner?	(k) Percentage ownership	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Yes N	0	Yes	No		
(1)												
()												
(2)												
(2)												
(3)												
(5)												
(4)												
(5)												
(6)												
<u>\-/</u>												
(7)												
<u></u>												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controlled entity?
								Yes No
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2018

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NEW YORK INSTITUTE OF	TECHNOLOGY
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Schedule R (Form 990) 2018

	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes N
1 D	uring the tax year, did the organization engage in any of the following transactions with one or m	ore related organizations lis	ted in Parts II-IV?		
a R	eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a	
b G	ft, grant, or capital contribution to related organization(s)			1t	
c G	ft, grant, or capital contribution from related organization(s)			10	
d Lo	bans or loan guarantees to or for related organization(s)			1c	
e Lo	pans or loan guarantees by related organization(s)			<u>1</u> e	
f D	vidends from related organization(s)			1f	
g Sa	ale of assets to related organization(s)			10	
	urchase of assets from related organization(s)				
	change of assets with related organization(s).				
	ease of facilities, equipment, or other assets to related organization(s)				
k Li	ease of facilities, equipment, or other assets from related organization(s)			16	
	erformance of services or membership or fundraising solicitations for related organization(s)				
	erformance of services or membership or fundraising solicitations by related organization(s)				1
	naring of facilities, equipment, mailing lists, or other assets with related organization(s)				
	naring of paid employees with related organization(s)				
рR	eimbursement paid to related organization(s) for expenses.			1p	
-	eimbursement paid by related organization(s) for expenses				
rО	ther transfer of cash or property to related organization(s)			1r	-
	har transfor of each or property from related ereculation(a)				
s O	ther transfer of cash or property from related organization(s).			1s	
s O	the answer to any of the above is "Yes," see the instructions for information on who must compl	lete this line, including cove	ered relationships and trans	1s saction thresho	
s O	the answer to any of the above is "Yes," see the instructions for information on who must compl (a) Name of related organization	lete this line, including cove (b) Transaction type (a-s)	ered relationships and trans (c) Amount involved	1s	ds. termining
s O 2 If	the answer to any of the above is "Yes," see the instructions for information on who must compl (a)	lete this line, including cove (b) Transaction	ered relationships and trans (c)	saction thresho (d) Method of de	ds. termining
<u>s O</u> 2 If 1)	the answer to any of the above is "Yes," see the instructions for information on who must compl (a)	lete this line, including cove (b) Transaction	ered relationships and trans (c)	saction thresho (d) Method of de	ds. termining
<u>s</u> O 2 If 1) 2)	the answer to any of the above is "Yes," see the instructions for information on who must compl (a)	lete this line, including cove (b) Transaction	ered relationships and trans (c)	saction thresho (d) Method of de	ds. termining
s O 2 If 1) 2) 3)	the answer to any of the above is "Yes," see the instructions for information on who must compl (a)	lete this line, including cove (b) Transaction	ered relationships and trans (c)	saction thresho (d) Method of de	ds. termining
s O 2 If (1) (2) (3) (4)	the answer to any of the above is "Yes," see the instructions for information on who must compl (a)	lete this line, including cove (b) Transaction	ered relationships and trans (c)	saction thresho (d) Method of de	ds. termining
s O 2 If 1) 2) 3)	the answer to any of the above is "Yes," see the instructions for information on who must compl (a)	lete this line, including cove (b) Transaction	ered relationships and trans (c)	saction thresho (d) Method of de	ds. termining

11-1788788

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Schedule R (Form 990) 2018

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	sec 501(organiz	tion c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloc	ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	aging tner?	(k) Percentag ownershi
		sections 512-514)	Yes	No			Yes	No		Yes	No	
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	Primary activity	(state or foreign country)	(state or foreign country) income (related, unrelated, excluded from tax under sections 512-514)	(state or foreign country) income (related, unrelated, excluded from tax under sections 512-514) Yes	(state or foreign country) income (related, unrelated, excluded from tax under sections 512-514) Yes No	(state or foreign country) income (related, unrelated, excluded from tax under sections 512-514) section 501(c)(3) organizations? Yes No	(state or foreign country) income (related, unrelated, excluded from tax under section \$01(c)(3) total income end-of-year assets Yes No	(state or foreign country) income (related, unrelated, excluded from tax under sections 512-514) section 501(c)(3) organizations? total income end-of-year assets alloca Yes No	(state or foreign country) income (related, unrelated, excluded from tax under sections 512-514) section 501(c)(3) organizations? total income end-of-year assets allocations? Wes No	(state or foreign country) income (related, unrelated, excluded from tax under sections 512-514) total income foreign of schedule k-1 (Form 1065) amount in box 20 of Schedule K-1 (Form 1065) Yes No	(state or foreign country) income (related, excluded from tax under sections ? total income end-of-year assets allocations? amount in box 20 of Schedule K-1 (Form 1065) man participation (Form 1065)	(state or foreign country) income (related, unrelated, excluded from tax under sections 5112-514) section of total income sections for eign (c)(3) or ganizations? total income for eign assets end-of-year assets allocations? amount in box 20 of Schedule K-1 (Form 1065) managing partner?

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JSA

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 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.

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