PUBLIC DISCLOSURE COPY

Form JJU	Form	990
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** PUBLIC DISCLOSURE COPY ** **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.

Department of the Treasury Internal Revenue Service

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



AF	or th	e 2021 calendar year, or tax year beginning JUL 1, 2021 and	ending ਹਾ	JN 30, 2022	
B c	Check if pplicab	e: C Name of organization		D Employer identi	fication number
	Addre	ss e NEW YORK INSTITUTE OF TECHNOLOGY			
	Name Chang	e Doing business as		11-1788788	3
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	er
	Final return		200	516-686-791	5
	termir ated			G Gross receipts \$	546,288,048.
	Amen return	ded OLD WESTBURY, NY 11568		H(a) Is this a group	return
	Applic tion	F Name and address of principal officer: market Folder, fin. b.		for subordinate	es? Yes X No
	pendi	^{ng} NORTHERN BLVD GERRY HOUSE, OLD WESTBURY, NY		H(b) Are all subordinates	included? Yes No
		empt status: 🕱 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🚺 4947(a)(1) c	or 📃 527	If "No," attach	a list. See instructions
		te: VWW.NYIT.EDU		H(c) Group exempti	on number 🕨
KF	orm o	organization: 🗴 Corporation 🦳 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 1955	M State of legal domicile: NY
Pa	art I	Summary			
~	1	Briefly describe the organization's mission or most significant activities: WE ARE	COMMITTE	D TO EDUCATING	
Governance		THE NEXT GENERATION OF LEADERS AND INSPIRING INNOVATION. (SE	E SCH O)		
rna	2	Check this box 🕨 🦳 if the organization discontinued its operations or dispos	ed of more	than 25% of its net a	ssets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)			15
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			
8 8	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		2444	
/itie	6	Total number of volunteers (estimate if necessary)		6	0
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			a 3,299,446.
<u>م</u>	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		14,922,484	. 20,280,003.
nué	9	Program service revenue (Part VIII, line 2g)		305,150,859	. 315,593,552.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,937,473	. 29,837,644.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,267,337	6,980,627.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		325,278,153	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		67,184,119	. 77,218,103.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	. 0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		157,612,604	. 145,687,883.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		97,332,139	. 103,481,765.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		322,128,862	. 326,387,751.
	19	Revenue less expenses. Subtract line 18 from line 12		3,149,291	. 46,304,075.
Sor			Be	ginning of Current Year	End of Year
t Assets d Balanc	20	Total assets (Part X, line 16)		405,132,037	. 422,758,629.
t As	21	Total liabilities (Part X, line 26)	L_	224,914,817	. 204,624,668.
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		180,217,220	. 218,133,961.
Pa	art II	Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of n	ny knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date					
Here	BARBARA J. HOLAHAN, VP FIN. AFFAI	IRS, CFO/TREASURER							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN				
Paid	SCOTT THOMPSETT	Set Shompett	5/8/20	23 ^{If} self-employed	₽00741490				
Preparer	Firm's name GRANT THORNTON LLP	V		Firm's EIN 🕨 3	6-6055558				
Use Only	Firm's address 🕨 757 THIRD AVENUE, 3RD FI	LOOR							
	NEW YORK, NY 10017-2013		Phone no. 212-59	99-0100					
May the I	May the IRS discuss this return with the preparer shown above? See instructions								
132001 12-0									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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.

Type or				Taxpayer identification number (TI			۷)
print	NEW YORK INSTITUTE OF TECHNOLOGY			11-1788788			
File by the due date for filing your		ee instruct	ions.				
return. See instructions	,	oreign addı	ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			0	1
Applicat	ion	Return	Application			Ret	urn
ls For		Code	Is For			Co	de
Form 99) or Form 990-EZ	01	Form 1041-A			08	8
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	9
Form 99)-PF	04	Form 5227			10	0
Form 99	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			1.	1
Form 99	D-T (trust other than above)	06	Form 8870			12	2
Form 99	D-T (corporation)	07					
Telep • If the • If this box • 1 I re the • 2 If t	X tax year beginning JUL 1, 2021 he tax year entered in line 1 is for less than 12 months, c Change in accounting period	s in the Uni Group Exe and atta <u>MAY 1</u> anization's , an heck reasc	Fax No. ► ted States, check this box	f this is fo all membe	r the whole ers the extension opt organize	group, check t	
	his application is for Forms 990-PF, 990-T, 4720, or 6069 y nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$		Ο.
	his application is for Forms 990-PF, 990-T, 4720, or 6069	enter any	refundable credits and		Ψ		
	timated tax payments made. Include any prior year overp			3b	\$		0.
	lance due. Subtract line 3b from line 3a. Include your pa				Ţ.		
	ing EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$		٥.
Caution: instruction	If you are going to make an electronic funds withdrawal	(direct deb	oit) with this Form 8868, see Form 84		d Form 887	'9-TE for payme 8868 (Rev. 1-2	

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Form	990 (2021) NEW YORK INSTITUTE OF TECHNOLOGY	11-1788788 Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: NEW YORK INSTITUTE OF TECHNOLOGY (NYIT) OFFERS VARIOUS DEGREE	
	PROGRAMS, INCLUDING UNDERGRADUATE, GRADUATE, AND PROFESSIONAL DEGREES,	
	IN MORE THAN 50 FIELDS OF STUDY, INCLUDING ARCHITECTURE AND DESIGN;	
	ARTS AND SCIENCES; (CONTINUED ON SCHEDULE O)	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	X Yes No
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	leasured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	e\$311,605,473.)
4b	(Code:) (Expenses \$6, 430, 284. including grants of \$0.) (Revenue	α ^Φ 3 988 079 γ
40	SEE SCHEDULE O	······································
4c	(Code:) (Expenses \$	e\$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 312,089,061.	
		Form 990 (2021)
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	J	

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 Form 990 (2021)
 NEW YORK INSTITUTE OF TECHNOLOGY

 Part IV
 Checklist of Required Schedules

11 - 1788788Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D. Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
u		11a	х	
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		<u> </u>
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
v	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
u		11d	х	
<u>م</u>	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
120		12a	х	
h	Schedule D, Parts XI and XII	120		<u> </u>
D		12b		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	x	<u> </u>
13 14a	Did the encoderation maintain an efficiency and a sector description of the Line is a Oraba of	13 14a	X	├──
14a		148		├──
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			1
		14b	х	
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	UTFL		<u> </u>
15		45		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		16		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	40		x
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	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		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		
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Form 990 (INSTITUTE		
Part IV	Checklist of	Requi	ed So	chedules ₍	cont	inued)

			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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	258		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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, or IV, and	04		x
<u> </u>	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	3 58		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00		
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
	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 288			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
132004	↓ 12-09-21	Form	990	(2021)

132004 12-09-21

Form Par	990 (2021) NEW YORK INSTITUTE OF TECHNOLOGY 11-178878	8	P	age 5
Fai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
0.			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 2444			
b		0.	х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Λ	
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e - <i>file</i> . See instructions.	3a	х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b	X	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
44	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х	
h	If "Yes," enter the name of the foreign country \blacktriangleright SEE SCHEDULE 0	40		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
h	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).			
	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1.0		
-	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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:			
а	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:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			v
	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? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Λ
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	47		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
120005	If "Yes," complete Form 6069.	Form	990	(2021)
132005	12-09-21 0			(2021)

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	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u></u> .	X
Sec	tion A. Governing Body and Management			
		_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x
Soc	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		^
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vee	No
10-	Did the exercited have lead charters branches as offlicted?	100	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	···· ··· · · · · · · · · · · · · · · ·	12a	x	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
U	on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13		
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	
	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process on 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		x
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		
	tion C. Disclosure			
Sec	List the states with which a copy of this Form 990 is required to be filed NONE			
)s only)	availal	ble
Sec 17 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			
17	for public inspection. Indicate how you made these available. Check all that apply.			
17				
17 18	for public inspection. Indicate how you made these available. Check all that apply.	nd finan	cial	
17	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Image: Check all that apply.	nd finan	cial	
17 18	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and the organization made its governing documents.	nd finan	cial	
17 18 19	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Image: Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are statements available to the public during the tax year.	nd finan	cial	

Form 990 (2	021) NEW YORK INSTITUTE OF TECHNOLOGY	11-1788788	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complet	e this table for all persons required to be listed. Report compensation for the calendar year ending with	or within the organization's	s tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

Name and title Average hours per (star) Description between states on states (star) Peoptable compension from organization Reportable compension from related organization Estimated states (star) Esti	(A)	(B)	(C)					(D)	(E)	(F)	
hours per vex. box. test per vex. compensation is one and information of the organizations in pair and information (W2/1009-MISC/ 1009-MISC/ 100-MISC/ 100-MI	Name and title	Average	(do					ne	Reportable	Reportable	Estimated
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(7) NICOLE WADSWORTH 40.00 x 40.00 x 407,533. 0.61,097. (8) PATRICK MINSON 40.00 x 359,394. 0.59,554. (9) JOSEPH POSILICO 40.00 x 359,394. 0.59,554. (9) JOSEPH POSILICO 40.00 x 350,164. 0.58,004. (10) NADA ASSAF-ANID (THRU 09/21) 40.00 x 349,235. 0.50,911. (11) ANTHONY GERDES 40.00 x 325,525. 0.52,319. (12) SUZANNE MUSHO 40.00 x 363,403. 0.11,236. (13) BABAK DASTCHEIB - BEHESHTI 40.00 x 363,403. 0.57,856. (14) PENVE TURGEON 40.00 x 326,232. 0.20,780. (15) EILEEN VALERIO 40.00 x 326,232. 0.20,780. (16) PETER J. ROMANO 5.00 x 326,232. 0.20,780. (16) PETER J. ROMANO 5.00 x 326,232. 0.20,780. (16) PETER J. ROMANO 5.00 x	(6) BARBARA J. HOLAHAN	40.00									
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(8) PATRICK MINSON 40.00 x 359,394. 0. 59,554. (9) JOSEPH POSILLICO 40.00 x 350,164. 0. 58,004. (10) NADA ASSAF-ANID (THRU 09/21) 40.00 x 349,235. 0. 50,911. (11) NATHONY GERDES 40.00 x 325,525. 0. 52,319. (12) SUZANNE MUSHO 40.00 x 363,403. 0. 11,236. (13) BABAK DASTGHEIB-BEHESHTI 40.00 x 304,151. 0. 57,856. (14) PENNIE TURGEON 40.00 x 326,232. 0. 20,780. VP OF IT & CIO 0.00 x 326,232. 0. 20,780. 59,683. (14) PENNIE TURGEON 40.00 x 326,232. 0. 20,780. (15) ELEEN VALERIO 40.00 x 326,232. 0. 20,780. (16) PET T. ROMANO 5.00 x 0. 0. 0. <td>(7) NICOLE WADSWORTH</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(7) NICOLE WADSWORTH	40.00									
VP DEV. & ALUM. RELATIONS & EXT AFF. 0.00 X 359,394. 0. 59,554. (9) JOSEPH POSILLICO 40.00 X 350,164. 0. 58,004. (10) NADA ASSAF-ANID (THRU 09/21) 40.00 X 350,164. 0. 58,004. (11) NADA ASSAF-ANID (THRU 09/21) 40.00 X 349,235. 0. 50,911. (11) ANTHONY GERDES 40.00 X 325,525. 0. 52,319. (12) SUZANNE MUSHO 40.00 X 363,403. 0. 11,236. (13) BABAK DASTGHEIB-BEHESHTI 40.00 X 304,151. 0. 57,856. (14) PENNIE TURGEON 40.00 X 326,232. 0. 20,780. VP OF IT & CIO 0.00 X 326,232. 0. 59,683. (16) PETER J. ROMANO 5.00 X 0. 0. 0. (17) DAN FERRARA 5.00 X 0. 0. 0. 0.	DEAN NYITCOM	0.00				Х			407,533.	0.	61,097.
(9) JOSEPH POSILLICO 40.00 x 350,164. 0. 58,004. (10) NADA ASSAF-ANID (THRU 09/21) 40.00 x 349,235. 0. 50,911. (11) ANTHONY GERDES 40.00 x 325,525. 0. 52,319. (12) SUZANNE MUSHO 40.00 x 363,403. 0. 11,236. (13) BABAK DASTGHEIB-BEHESHTI 40.00 x 363,403. 0. 11,236. (13) BABAK DASTGHEIB-BEHESHTI 40.00 x 304,151. 0. 57,856. (14) PENNIE TURGEON 40.00 x 326,232. 0. 20,780. (15) EILEEN VALERIO 40.00 x 326,232. 0. 20,780. (16) PETER J. ROMANO 5.00 x 0. 0. 0. 0. (17) DAN FERRARA 5.00 x 0. <td>(8) PATRICK MINSON</td> <td></td>	(8) PATRICK MINSON										
VP FOR ENROLL MGMT/STRATEGIC COMM. 0.00 X 350,164. 0. 58,004. (10) NADA ASSAF-ANID (THRU 09/21) 40.00 X 349,235. 0. 50,911. VP STRATEGIC COMM/EXTERNAL AFFAIRS 0.00 X 349,235. 0. 50,911. (11) ANTHONY GERDES 40.00 X 325,525. 0. 52,319. (12) SUZANNE MUSHO 40.00 X 363,403. 0. 11,236. (13) BABAK DASTGHEIB-BEHESHTI 40.00 X 304,151. 0. 57,856. (14) PENNIE TURGEON 40.00 X 326,232. 0. 20,780. VP OF I & CIO 0.00 X 326,232. 0. 20,780. (15) EILEEN VALERIO 40.00 X 223,304. 0. 59,683. (16) PETER J. ROMANO 5.00 X X 0. 0. 0. (17) DAN FERRARA 5.00 X X 0. 0. 0. 0.							X		359,394.	0.	59,554.
(10) NADA ASSAF-ANID (THRU 09/21) 40.00 x 349,235. 0. 50,911. (11) ANTHONY GERDES 40.00 x 325,525. 0. 52,319. (12) SUZANNE MUSHO 40.00 x 363,403. 0. 11,236. (13) BABAK DASTGHEIB-BEHESHTI 40.00 x 304,151. 0. 57,856. (14) PENNIE TURGEON 40.00 x 304,151. 0. 57,856. (14) PENNIE TURGEON 40.00 x 326,232. 0. 20,780. (15) EILEEN VALERIO 40.00 x 326,232. 0. 20,780. (16) PETER J. ROMANO 5.00 x x 0. 0. 0. (17) DAN FERRARA 5.00 x x 0. 0. 0. 0. VICE CHAIR 0.00 x X 0. <td></td>											
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(11) ANTHONY GERDES 40.00 x 325,525. 0. 52,319. (12) SUZANNE MUSHO 40.00 x 363,403. 0. 11,236. (13) BABAK DASTGHEIB-BEHESHTI 40.00 x 363,403. 0. 11,236. (14) PENNIE TURGEON 40.00 x 304,151. 0. 57,856. (14) PENNIE TURGEON 40.00 x 304,151. 0. 57,856. (14) PENNIE TURGEON 40.00 x 326,232. 0. 20,780. (15) EILEEN VALERIO 40.00 x 223,304. 0. 59,683. (16) PETER J. ROMANO 5.00 x x 0. 0. 0. (17) DAN FERRARA 5.00 x x 0. 0. 0. 0.											
PROFESSOR 0.00 x 325,525. 0.52,319. (12) SUZANNE MUSHO 40.00 x 363,403. 0.11,236. VP OF REAL ESTATE DEV & SUST CAP 0.00 x 363,403. 0.11,236. (13) BABAK DASTGHEIB-BEHESHTI 40.00 x 304,151. 0.57,856. DEAN ENGINEERING SCHOOL 0.00 x 326,232. 0.20,780. VP OF IT & CIO 0.00 x 326,232. 0.20,780. (15) EILEEN VALERIO 40.00 x 223,304. 0.59,683. (16) PETER J. ROMANO 5.00 x x 0.00. 0.0. (17) DAN FERRARA 5.00 x x 0.00. 0.0. 0.							X		349,235.	0.	50,911.
(12) SUZANNE MUSHO 40.00 X 363,403. 0. 11,236. VP OF REAL ESTATE DEV & SUST CAP 0.00 X 363,403. 0. 11,236. (13) BABAK DASTGHEIB-BEHESHTI 40.00 X 304,151. 0. 57,856. (14) PENNIE TURGEON 40.00 X 326,232. 0. 20,780. VP OF IT & CIO 0.00 X 326,232. 0. 20,780. (15) EILEEN VALERIO 40.00 X 223,304. 0. 59,683. (16) PETER J. ROMANO 5.00 X X 0. 0. 0. (17) DAN FERRARA 5.00 X X 0. 0. 0. 0.											
VP OF REAL ESTATE DEV & SUST CAP 0.00 X 363,403. 0. 11,236. (13) BABAK DASTGHEIB-BEHESHTI 40.00 X 304,151. 0. 57,856. (14) PENNIE TURGEON 40.00 X 326,232. 0. 20,780. VP OF IT & CIO 0.00 X 326,232. 0. 20,780. (15) EILEEN VALERIO 40.00 X 223,304. 0. 59,683. (16) PETER J. ROMANO 5.00 X X 0. 0. 0. CHAIRPERSON 0.000 X X 0. 0. 0. VICE CHAIR 0.000 X X 0. 0. 0.							X		325,525.	0.	52,319.
(13) BABAK DASTGHEIB-BEHESHTI 40.00 x 304,151. 0. 57,856. (14) PENNIE TURGEON 40.00 x 304,151. 0. 57,856. (14) PENNIE TURGEON 40.00 x 326,232. 0. 20,780. VP OF IT & CIO 0.00 X 326,232. 0. 20,780. (15) EILEEN VALERIO 40.00 X 223,304. 0. 59,683. (16) PETER J. ROMANO 5.00 X X 0. 0. 0. (17) DAN FERRARA 5.00 X X 0. 0. 0. VICE CHAIR 0.000 X X 0. 0. 0. 0.											
DEAN ENGINEERING SCHOOL 0.00 X 304,151. 0. 57,856. (14) PENNIE TURGEON 40.00 X 326,232. 0. 20,780. VP OF IT & CIO 0.00 X 326,232. 0. 20,780. (15) EILEEN VALERIO 40.00 X 223,304. 0. 59,683. (16) PETER J. ROMANO 5.00 X X 0. 0. 0. CHAIRPERSON 0.000 X X 0. 0. 0. VICE CHAIR 0.000 X X 0. 0. 0.						Х			363,403.	0.	11,236.
(14) PENNIE TURGEON 40.00 x 326,232. 0. 20,780. VP OF IT & CIO 0.00 x 326,232. 0. 20,780. (15) EILEEN VALERIO 40.00 x 223,304. 0. 59,683. (16) PETER J. ROMANO 5.00 x x 0. 0. 0. CHAIRPERSON 0.000 x x 0. 0. 0. 0. VICE CHAIR 0.000 x x 0. 0. 0. 0.											
VP OF IT & CIO 0.00 X 326,232. 0. 20,780. (15) EILEEN VALERIO 40.00 X 223,304. 0. 59,683. CONTROLLER & ASSISTANT TREASURER 0.00 X 223,304. 0. 59,683. (16) PETER J. ROMANO 5.00 X X 0. 0. 0. CHAIRPERSON 0.000 X X 0. 0. 0. 0. (17) DAN FERRARA 5.00 X X 0. 0. 0. 0. VICE CHAIR 0.000 X X 0. 0. 0. 0.						х			304,151.	0.	57,856.
(15) EILEEN VALERIO 40.00 X 223,304. 0. 59,683. CONTROLLER & ASSISTANT TREASURER 0.00 X 223,304. 0. 59,683. (16) PETER J. ROMANO 5.00											
CONTROLLER & ASSISTANT TREASURER 0.00 X 223,304. 0. 59,683. (16) PETER J. ROMANO 5.00 X X 0. 0. 0. CHAIRPERSON 0.00 X X 0. 0. 0. (17) DAN FERRARA 5.00 X X 0. 0. 0. VICE CHAIR 0.00 X X 0. 0. 0.							X		326,232.	0.	20,780.
(16) PETER J. ROMANO 5.00 x x 0. 0. 0. CHAIRPERSON 0.00 x x 0. 0. 0. 0. (17) DAN FERRARA 5.00 x x 0. 0. 0. 0. VICE CHAIR 0.00 x x 0. 0. 0. 0.											
CHAIRPERSON 0.00 x x 0.					X				223,304.	0.	59,683.
(17) DAN FERRARA 5.00 x x 0.			-								
VICE CHAIR 0.00 x x 0.			х		X				0.	0.	0.
											_
		0.00	Х		Х				0.	0.	

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Form 990 (2021)

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Form 990 (2021) NEW YORK INST	ITUTE OF T	ECH	NOL	OGY					11-178878	8	F	Page 8
Part VII Section A. Officers, Directors, Trust	ees, Key Em	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)		(F)	
Name and title	Average	(do		Pos heck i		l than c	one	Reportable	Reportable	1	stimat	
	hours per week					s both r/trust		compensation	compensation	ar	nount	
	(list any							- from the	from related organizations			
	hours for	Individual trustee or director				p		organization	(W-2/1099-MISC/	1	rom th	
	related	ee or	Istee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	1	janiza	
	organizations	trust	nal tru		oyee	ompe		1099-NEC)	,	an	d rela	ted
	below	vidua	Institutional trustee	cer	Key employee	hest c oloyee	Former			org	anizat	ions
	line)	Indi	Inst	Officer	Key	Higlemp	For					
(18) MICHAEL J. MERLO	5.00											
VICE CHAIR	0.00	х		X				0.	0.			0.
(19) KEVIN D. SILVA	5.00											
TRUSTEE EMERITUS (NON-VOTING)	0.00	х						0.	0.			٥.
(20) CATHERINE ALLEN	5.00											
TRUSTEE	0.00	х						0.	0.			٥.
(21) PHILLIP FASANO	5.00											
TRUSTEE	0.00	Х						0.	0.			٥.
(22) PETER FERENTINOS	5.00											
TRUSTEE	0.00	х						0.	0.			٥.
(23) HENRY IERVOLINO	5.00											
TRUSTEE	0.00	х						0.	0.			٥.
(24) TED MOUDIS	5.00											
TRUSTEE	0.00	х						0.	0.			٥.
(25) MONTE N. REDMAN	5.00											
TRUSTEE	0.00	х						0.	0.			٥.
(26) ROGER SAWHNEY	5.00											
TRUSTEE (THRU 05/22)	0.00	Х						0.	0.			0.
1b Subtotal								6,617,922.	0.		807	,387.
c Total from continuation sheets to Part VII								0.	0.		0.07	0.
d Total (add lines 1b and 1c)								6,617,922.	0.		807	,387.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			242
compensation from the organization											Vee	343
											Yes	No
3 Did the organization list any former officer,												v
line 1a? If "Yes," complete Schedule J for su										3		X
4 For any individual listed on line 1a, is the su											v	
and related organizations greater than \$150										4	X	
5 Did any person listed on line 1a receive or a										_		v
rendered to the organization? <i>If "Yes," com</i>	olete Schedule	e J fo	or si	ıch r	oers	on .				5		X
Section B. Independent Contractors									100.000 - (1 C.		
1 Complete this table for your five highest con										tion fro	om	
the organization. Report compensation for t	ne calendar ye	ear e	enair	ig w		or wi	<u>tnin</u>		ear.		~	
(A) Name and business	address							(B) Description of s	ervices	י) Compe	C) Insatic	n
CONSIGLI & ASSOCIATES LLC, 22 COLT CO								Becomption of e		Jompo	lioure	
RONKONKOMA, NEW YORK, NY 11779	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							CONSTRUCTION		7	518	,361.
UNIVERSAL PROTECTION SERVICE, LP							-	complification		,	, 510	, 301.
0 JACKSON AVENUE, SYOSSET, NY 11791 SECURITY 2,340,797.							797					
HELLMAN CONSTRUCTION CO INC								BECONTT			, 540	,,,,,,,
79 WATER MILL LANE, GREAT NECK, NY 11	021							CONSTRUCTION		1	676	,576.
LANE ASSOCIATES, 145 HUGUENOT ST, SUI							-	complification			,070	, 570.
320, NEW ROCHELLE, NY 10801								CONSTRUCTION			884	,747.
ACSYS INC							-					, · • · •
1577 NEW BRITAIN AVE, FARMINGTON, CT	06032							ADVERTISING			672	,758.
2 Total number of independent contractors (ir		ot lin	nitor	1 to 1	thoo				ore than			,
\$100,000 of compensation from the organiz	•	or m	met		0105 94		ιοu	above, who received me				
SEE PART VII, SECTION A CONTINU		TS								Form	990	(2021)
132008 12-09-21												-321)

	STITUTE OF T	ECH	NOL	OGY					11-17887	788
Part VII Section A. Officers, Directors, T		nplo	yee			ligh	est (```	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(C	hecł T	k all '	that	app	ly)	compensation	compensation	amount of
	per week					9		from the	from related organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	r direc				ed en		(W-2/1099-MISC)		organization
	related	stee o	rustee			ensat				and related
	organizations	al trus	onal ti		oloyee	comp				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(27) DEBORAH VERDERAME MARCIANO	5.00	-	=	0	×	<u>+</u>	<u>ц</u>			
TRUSTEE (THRU 05/22)	0.00	х						٥.	0.	0.
(28) CAROLINE WATTEEUW	5.00									
TRUSTEE (THRU 05/22)	0.00	х						0.	0.	0.
(29) ROBERT A. WILD, ESQ	5.00									
TRUSTEE	0.00	х						0.	0.	0.
(30) ANDREW BERNER	5.00									
TRUSTEE	0.00	х						0.	0.	0.
(31) DOMENICK CHIECO	5.00									
TRUSTEE (AS OF 06/22)	0.00	х						0.	0.	0.
(32) SANTHOSH KESHAVAN	5.00									
TRUSTEE (AS OF 06/22)	0.00	Х						0.	0.	0.
(33) PATRICK O'SHAUGHNESSY	5.00							0		0
TRUSTEE (AS OF 06/22)	0.00	Х						0.	0.	0.
			-	-	-	-				
		-								
					1					
Total to Part VII, Section A, line 1c	<u>.</u>	<u></u> .	<u></u> .	<u></u> .	<u></u> .	<u></u> .				

132201 04-01-21

ar	t VII	Statement of Re	ven	ue						-
		Check if Schedule O	conta	ains a respo	onse	or note to any line		(D)		[
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
S	1 a	Federated campaigns		1a						
uno		Membership dues								
Ĕ	с	Fundraising events		1c						
and Other Similar Amounts	d	Related organizations		1d						
Ē	е	Government grants (contr	ibuti	ons) 1e		16,235,407.				
5	f	All other contributions, gifts,	grant	ts, and						
the		similar amounts not included	abov	/e 1f		4,044,596.				
0 0	-	Noncash contributions included in								
an	h	Total. Add lines 1a-1f				>	20,280,003.			
						Business Code				
	2 a					611600	299,403,138.	299,403,138.		
e	b	STUDENT INSUR. PREM	-			900099	6,931,962.	6,931,962.		
ent	С	MEDICAL OUTREACH CE	NT.			611600	3,847,103.	3,847,103.		
AeV	d					900099	3,355,343.	3,355,343.		
Kevenue	е					721310	1,416,283.	1,416,283.		
		All other program service				900099	639,723.	639,723.		
+							315,593,552.			
	3	Investment income (includ	•			· .	2 272 445		2 410	2 275 0
		other similar amounts)					3,372,445.		-3,410.	3,375,8
	4	Income from investment o				ſ				
	5	Royalties		(i) Rea		(ii) Personal				
	•	0	•	245,		(II) Personal				
		Gross rents	6a	<u> </u>	0.					
		Less: rental expenses	6b 6c	245,						
		Rental income or (loss) Net rental income or (loss)		<u> </u>	540.		245,946.			245,9
		Gross amount from sales of) <u></u>	(i) Securi	ties	(ii) Other				110,5
	<i>i</i> a	assets other than inventory	70			20,915,896.				
	h	Less: cost or other basis	74			,,				
	D.	and sales expenses	7h	72,069	781.	1,526,441.				
	c	Gain or (loss)				19,389,455.				
		Net gain or (loss)					26,465,199.			26,465,1
		Gross income from fundraisi					· · ·			
		including \$								
		contributions reported on								
		Part IV, line 18		,	8a					
	b	Less: direct expenses			8b					
		Net income or (loss) from			nts)				
	9 a	Gross income from gamin	ig ac	tivities. See)					
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from				🕨				
	10 a	Gross sales of inventory, I								
		and allowances			10a					
		Less: cost of goods sold			10b					
+	с	Net income or (loss) from	sales	s of invento	ory	····· ►				
						Business Code				
е	11 a	DESEVERSKY CONF CEN				900099	3,302,856.		3,302,856.	
Kevenue	b	INS RECOV (HURRICAN	ES)			900099	2,602,825.			2,602,8
ve v	С									-
۲		All other revenue				900099	829,000.			829,0
	е	Total. Add lines 11a-11d				►	6,734,681.			
	12	Total revenue. See instruction					372,691,826.	315,593,552.	3,299,446.	33,518,8

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2021.05080 NEW YORK INSTITUTE OF TEC 01930971

NEW YORK INSTITUTE OF TECHNOLOGY 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).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	423,427.	423,427.		
~	and domestic governments. See Part IV, line 21	425,427.	425,427.		
2	Grants and other assistance to domestic	76,794,676.	76,794,676.		
~	individuals. See Part IV, line 22	10,194,010.	10,194,010.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	0 050 070	2 726 020	114 020	
_	trustees, and key employees	2,850,978.	2,736,939.	114,039.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	106,369,399.	101,481,145.	4,232,932.	655,32
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	6,934,361.	6,616,767.	275,988.	41,60
9	Other employee benefits	20,763,353.	19,812,392.	826,381.	124,58
10	Payroll taxes	8,769,792.	8,368,135.	349,038.	52,61
11	Fees for services (nonemployees):				
а	Management				
b	Legal	1,037,574.		1,037,574.	
С	Accounting	455,967.		455,967.	
d	Lobbying	22,000.	22,000.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	436,527.		436,527.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	7,461,584.	7,090,384.	371,200.	
12	Advertising and promotion	2,645,698.	2,031,288.	164,094.	450,31
13	Office expenses	9,372,005.	8,369,228.	701,944.	300,83
14	Information technology				
15	Royalties				
16	Occupancy	33,186,394.	31,858,938.	1,327,456.	
17	Travel	772,671.	697,427.	29,059.	46,18
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,979,657.	1,786,874.	74,453.	118,33
20	Interest	793,835.	763,723.	30,112.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,414,374.	19,596,717.	817,657.	
23	Insurance	10,120,616.	9,665,188.	404,825.	50,60
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	EQUIP. RENTAL & MAINT.	6,799,862.	6,527,861.	272,001.	
b	HOSPITAL ROTATIONS	3,156,938.	3,030,345.	126,593.	
с	RECRUITING EXPENSES	1,907,547.	1,907,547.		
d	INTERNATIONAL PROGRAMS	1,013,109.	972,585.	40,524.	
е	All other expenses	1,905,407.	1,535,475.	322,874.	47,05
25	Total functional expenses. Add lines 1 through 24e	326,387,751.	312,089,061.	12,411,238.	1,887,45
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

132010 12-09-21

Check here

09090508 153424 0193097-00009

if following SOP 98-2 (ASC 958-720)

Form 990 (2021)

132011 12-09-21

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					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			39,492,679.	2	48,591,029.
	3	Pledges and grants receivable, net			4,944,410.	3	7,135,448.
	4	Accounts receivable, net			• •	4	· ·
	5	Loans and other receivables from any current or				-	
	-	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif	•			-	
	-	under section 4958(f)(1)), and persons described				6	
<u>ر</u>	7	Notes and loans receivable, net			10,035,459.	7	10,079,376.
Assets	8	Inventories for sale or use				8	
As	9	— · · · · · · · · · · · · · · · · · · ·			3,822,440.	9	4,679,812.
		Land, buildings, and equipment: cost or other	 		, , , -	Ŭ	, , -
	lou	basis. Complete Part VI of Schedule D	10a	378,564,965.			
	Ь	Less: accumulated depreciation		248,708,620.	131,773,380.	10c	129,856,345.
	11	Investments - publicly traded securities			86,251,951.	11	102,800,752.
	12	Investments - other securities. See Part IV, line 1			20,329,709.	12	23,064,854.
	13	Investments - program-related. See Part IV, line 1				13	,,
	14					14	
	15	•			108,482,009.	15	96,551,013.
	16	Other assets. See Part IV, line 11	405,132,037.	16	422,758,629.		
	17	Total assets. Add lines 1 through 15 (must equa			36,679,594.	17	32,159,761.
	18	Accounts payable and accrued expenses				18	
	19	Grants payable			26,477,201.	19	26,387,219.
		Deferred revenue			20,177,201.	20	
	20			Cabadula D		20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst				- 00	
Lia		controlled entity or family member of any of thes	-		22,476,104.	22	20,309,764.
_	23	Secured mortgages and notes payable to unrela			22,470,104.	23	20,305,704.
	24	Unsecured notes and loans payable to unrelated	-	F		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines			139,281,918.	~	125,767,924.
		of Schedule D			224,914,817.	25 26	204,624,668.
_	26			▶ ▼	224,014,017.	20	204,024,000.
ŝ		Organizations that follow FASB ASC 958, che	ck nere				
ů	07	and complete lines 27, 28, 32, and 33.			166,861,015.	07	205,044,410.
ala	27				13,356,205.	27	13,089,551.
a b	28	Net assets with donor restrictions		15,550,205.	28	13,009,551.	
ŝ		Organizations that do not follow FASB ASC 9	bo, check	nere 🕨 🛄			
5		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SSG	30	Paid-in or capital surplus, or land, building, or eq		Г		30	
۲ A	31	Retained earnings, endowment, accumulated inc			100 017 000	31	210 122 061
ž	32	Total net assets or fund balances			180,217,220.	32	218,133,961.
	33	Total liabilities and net assets/fund balances			405,132,037.	33	422,758,629. Form 990 (2021

NEW YORK INSTITUTE OF TECHNOLOGY

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

Form 990 (2021)

Part X Balance Sheet

11-1788788 Pa

Form	990 (2021) NEW YORK INSTITUTE OF TECHNOLOGY	11-1788	3788	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				<u>.</u>
	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	372	,691,	826.
2	Total expenses (must equal Part IX, column (A), line 25)	2	326	,387,	751.
3	Revenue less expenses. Subtract line 2 from line 1	3	46	,304,	075.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	180	,217,	220.
5	Net unrealized gains (losses) on investments	5	-15	,806,	025.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	7	,418,	691.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	218	,133,	961.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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," explain on Schedule	Ο.			
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 compiled 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?		. 2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X 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 oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		<u>3a</u>	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3 b	X 000	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2021

	n to F spect	ublic ion	

Nan	ne of t	he organization						Employer	identification number
			RK INSTITUTE OF						11-1788788
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	íS.	
The	organi	zation is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of chi	urches, or associatio	on of churches described	l in sectio	n 170(b)(1	1)(A)(i).		
2	X	A school described in secti	ion 170(b)(1)(A)(ii).(Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative				(b)(1)(A)(ii	ii).		
4	\square	A medical research organization)(iii). Enter	the hospital's name,
		city, and state:	·						
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
-		section 170(b)(1)(A)(iv). (C		5 ,		, 0			
6		<i><i><i>(nnn) (</i></i></i>	. ,	nental unit described in	section 17	70(b)(1)(A)	(v).		
7									
•		section 170(b)(1)(A)(vi). (C			on a gore			ie general r	
8		A community trust describe	-	(1)(A)(vi) (Complete Par	+ 11)				
9	H	An agricultural research org				ed in conii	inction with a	land-grant	college
5		or university or a non-land-g				-		-	-
		university:	frant college of agric			name, ony	, and state of	the college	
10		An organization that norma		than 33 1/304 of its supr	ort from o	ontribution	as momborsh	in food and	d groce receipte from
10		activities related to its exem							
		income and unrelated busir		-					-
		See section 509(a)(2). (Cor				ses acqui		janization a	
11			. ,	walk to toot for public on	foty Soo	nontion E(O(a)(4)		
12	\square	An organization organized a An organization organized a	-	•	•			m out the	nurnance of one or
12		v		•	•			•	• •
		more publicly supported or	-						
_		lines 12a through 12d that	• •					-	
а		Type I. A supporting orga		-	• • • •	-			
		the supported organization			i majonty d	or the direc	cors or truste	es or the st	ipporting
		organization. You must o	-					va (a) kuu kau	
b		Type II. A supporting org	-				-		•
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ortea
_		organization(s). You mus	-						al 194
С		J Type III functionally inte						ly integrate	a with,
		its supported organization							
d		Type III non-functionally	• •					•	
		that is not functionally int	•	0 1	•		-	an attentiv	/eness
		requirement (see instructi		-					
е		Check this box if the orga					Туре I, Туре	II, Type III	
_		functionally integrated, or		nally integrated supporti	ng organiz	ation.			
f		r the number of supported c	•						
g		vide the following information Name of supported	i about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
	(,	organization	(1) 2.13	(described on lines 1-10	in your governi		support (see ir	,	support (see instructions)
				above (see instructions))	Yes	No		,	, , ,
Tota	al								

Schedule A	Eorm	000	2021
Schedule A		990	1 202 1

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)
(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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		•		•	ł	•
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	• • • • • • • • • •	etc. (see instruction	ons)		•	12	•
13	First 5 years. If the Form 990 is for the	-				501(c)(3)	
	organization, check this box and stop	U U					
See	ction C. Computation of Publi	c Support Per	rcentage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2021. If the o					nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not				
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
b	0 10% -facts-and-circumstances test	- 2020. If the orc	anization did not	check a box on lin	-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circl						
18	Private foundation. If the organization		•		• • •		s ►
						Schedule A	(Form 990) 2021

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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						
7a Amounts included on lines 1, 2, and						
3 received from disgualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
check this box and stop here						
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2021 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	%
16 Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20)21 (line 10c, colui	mn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from 2	2020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the			on line 14, and lin	e 15 is more than	33 1/3%, and I	ine 17 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2020. If the						3%, and
line 18 is not more than 33 1/3%, che	ck this box and s f	top here. The orga	anization qualifies	as a publicly supp	orted organiza	tion ►
20 Private foundation. If the organizatio						▶□
132023 01-04-22						lule A (Form 990) 2021
		17	1			

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

18

132024 01-04-21

| 10b | | Schedule A (Form 990) 2021

Sche	edule A	(Form 990) 2021 NEW YORK INSTITUTE OF TECHNOLOGY	11-1/88/88	Pa	age 5
Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
с	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		<i>in</i> Part VI.	11c		
C					

Section B.	Type I	Supporting	Organizations

Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	l. or controlled the s	supportina orc	anization.
Section C. T	ype II Supporti	ng Organiz	zations

Yes No 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

Section 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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction	<u>s).</u>
---	--	---	--	------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

Yes No

Yes

1

2

No

19

Sche	dule A (Form 990) 2021 NEW YORK INSTITUTE OF TECHNOLOGY			11-1788788	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain ir</i>	Part VI). See instr	uctions.
	All other Type III non-functionally integrated supporting organizations must		•		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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)	8			
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
<u>a</u>	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			
е	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 0.015 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 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 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	/ integra	ted Type III supporting org	anization (see	

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

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Schedule A (Form 990) 2021

Section D - Distributions

_1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	າຣ	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
<u>i</u>	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				
				Sc	hedule A (Form 990) 2021

NEW YORK INSTITUTE OF TECHNOLOGY Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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Current Year

Schedule A	Form 990) 2021 NEW YORK INSTITUTE OF TECHNOLOGY	11-1788788	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition	17b; Part III, line 12; and 2; Part IV, Sectior , Section B, line 1e; Pa	n C,
	(See instructions.)		
132028 01-04-2		Schedule A (Form S	990) 2021
	22		

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Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

Department of the Treasury	
Internal Revenue Service	

Schedule B

(Form 990)

Name of the organization

· · · · · · · · · · · · · · · · · · ·		
	NEW YORK INSTITUTE OF TECHNOLOGY	11-1788788
Organization type (cheo	sk one):	
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	
, ,	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.
-		

General Rule

X 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), 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 for an exclusively religious.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

NEW YORK	INSTITUTE OF TECHNOLOGY	1	1-1788788
Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$12,214,679.	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
2		\$1,666,314.	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
3		\$1,280,257.	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
4		\$	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		\$\$	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
6		\$110,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

Name of organization

Employer identification number

NEW YORK	INSTITUTE OF TECHNOLOGY	1	1-1788788
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additionadditional additionadditionadditionadditionad additionadd	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$101,096.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$100,000.	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
9		\$66,000.	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
10		\$60,000.	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
		\$51,100.	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		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021) Name of organization

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EW YORK INSTITUTE OF TECHNOLOGY		1	11-1788788	
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 contribut	ions	(d) Type of contributior
13		\$4	1,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	ions	(d) Type of contribution
14		\$4	0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	ions	(d) Type of contribution
15		\$3	5,590.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	ions	(d) Type of contribution
16_	<i> </i>		5 000	Person X Payroll

(a)	(B)	(0)	(u)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
15		\$35,590.	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
16		\$35,000.	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
17		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
 (a)	 	\$35,000.	Payroll Noncash (Complete Part II for
	(b) Name, address, and ZIP + 4		Payroll Noncash (Complete Part II for noncash contributions.)
(a)	Name, address, and ZIP + 4	(c)	Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization

Employer identification number

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NEW YORK	INSTITUTE OF TECHNOLOGY		11-1788788
Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19_		\$30,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$26,000.	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
		\$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
22		\$\$,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Name of organization

Employer identification number

Schedule B (Form 990) (2021)

(d)

Type of contribution

Person Payroll

Noncash

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(Complete Part II for noncash contributions.)

(d)

Type of contribution

X

X

27

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

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(a)

No.

23

(a)

No.

24

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20,000.

21,000.

(c)

Total contributions

(c)

Total contributions

\$

\$

- · ·			
Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	s Type of contribution
25		\$20,0	Person X Payroll Image: Complete Part II for noncash contributions
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	s Type of contribution
26		\$20,0	D00. Person X Payroll D Noncash D (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	s Type of contribution

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

Employer identification number

Person Payroll

Noncash

Person

Payroll Noncash

Person Payroll

Noncash

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(Complete Part II for noncash contributions.)

(d)

Type of contribution

15,000.

15,000.

15,000.

(c)

Total contributions

(c)

Total contributions

(c)

Total contributions

\$

\$

\$

\$

X

X

X

X

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27

(a)

No.

(a)

No.

29

(a)

No.

30

28

Schedule B (Form 990) (2021) Name of organization

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15,000.

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
31		\$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
32		\$15,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$14,050.	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		\$13,500.	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
35		\$11,500.	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
36		\$11,500.	Person X Payroll Noncash

|--|

(Complete Part II for noncash contributions.)

Employer identification number

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NEW YORK INSTITUTE OF TECHNOLOGY

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Schedule B (Form 990) (2021) Name of organization

NEW YORK	INSTITUTE OF TECHNOLOGY		11-1788788
Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
37_		\$11	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contributior
38			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contributior
39			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Ons Type of contributior
40		\$10	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Ons Type of contributior
41			Person X Payroll Noncash

41		\$10,000.	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
42		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021)	

Name of organization

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Employer identification number

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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	
43		\$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	
44		\$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	
<u>45</u>		\$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	
46		\$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	
		\$10,000.	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	

noncash contributions.) Schedule B (Form 990) (2021)

Person Payroll

Noncash

(Complete Part II for

X

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Employer identification number

Schedule B (Form 990) (2021)

NEW YORK INSTITUTE OF TECHNOLOGY

Name of organization

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>		\$9,000.	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	, , , , , , , , , , , , , , , , ,	\$8,825.	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_		\$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
52		\$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
53		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

NEW YORK INSTITUTE OF TECHNOLOGY

Name of organization

Employer identification number

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Schedule B (Form 990) (2021)

(d)

Type of contribution

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

X

(b)

Name, address, and ZIP + 4

123452 11-11-21

(a)

No.

54

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7,319.

(c)

Total contributions

\$

09090508 153424 0193097-00009

NEW YORK INSTITUTE OF TECHNOLOGY		11-1788788	
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
55		\$7,0	30. Person X Moncash Image: Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$6,5	00. Person X 00. Payroll Image: Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$6,0	00. Person X Oloc Noncash Image: Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$6,0	Person X Payroll Noncash (Complete Part II for

		\$6,000.	Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
59		\$6,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
60		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization

Schedule B (Form 990) (2021)

Employer identification number

09090508 153424 0193097-00009

123452 11-11-21

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61_		\$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
62		\$5,571.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$5,520.	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
64		\$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
65		\$5,350.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)

Schedule B (Form 990) (2021)

NEW YORK INSTITUTE OF TECHNOLOGY

Name of organization

Employer identification number

11-1788788

Schedule B (Form 990) (2021)

Type of contribution

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

X

34

Name, address, and ZIP + 4

123452 11-11-21

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No.

66

2021.05080 NEW YORK INSTITUTE OF TEC 01930971

5,250.

Total contributions

\$

NEW YORK	INSTITUTE OF TECHNOLOGY		11-1788788
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 contributio	(d) ons Type of contribution
67		\$ 5	,100. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
68		\$5	,050. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Ons Type of contribution
69			,003. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
70			,000. Complete Part II for

ution Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 71 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 72 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021) 35

09090508 153424 0193097-00009

Schedule B (Form 990) (2021) Name of organization

IEW YORK	INSTITUTE OF TECHNOLOGY	1	1-17887
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a)	(b)	(c)	
No.	Name, address, and ZIP + 4	Total contributions	Туре
73		\$5,000.	Pers Pay Nor (Compl noncas
(a)	(b)	(c)	
No.	Name, address, and ZIP + 4	Total contributions	Туре
74			Pers

			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$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
75		\$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
76		\$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
78	-21	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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2021.05080 NEW YORK INSTITUTE OF TEC 01930971

Employer identification number

Person Payroll Noncash (Complete Part II for

(d) Type of contribution

X

Schedule B (Form 990) (2021) Name of organization

 $09090508 \ 153424 \ 0193097 - 00009$

IEW YORK	INSTITUTE OF TECHNOLOGY		11-1788788
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
79		\$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
80		\$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 contributio

Schedule B (Form 990) (2021) Name of organization

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$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
81		\$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
82		\$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
83		\$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 contributior
84		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
452 11-11-21	37 1 0193097-00009 2021.0	5080 NEW YORK INSTITU	Schedule B (Form 99

Page **2**

Employer identification number

NEW YORK	INSTITUTE OF TECHNOLOGY		11-1788788
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
85		\$5,0	00. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$5,0	00. Person X 00. Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$5,0	00. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		\$5,0	00. Person X Payroll Noncash Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			1

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

Page 2

Schedule B (Form 990) (2021)

Х

X

Person Payroll

Noncash

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(Complete Part II for noncash contributions.)

(d)

Type of contribution

38

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 $09090508 \ 153424 \ 0193097 - 00009$

89

(a)

No.

90

2021.05080 NEW YORK INSTITUTE OF TEC 01930971

5,000.

5,000.

(c)

Total contributions

\$

\$

(b)

Name, address, and ZIP + 4

EW YORK	INSTITUTE OF TECHNOLOGY		11-1788788
Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
91		\$5,00	Person X Payroll Image: Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
92		\$5,00	Person X Payroll Image: Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
93			Person X Payroll

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
93		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94		\$5,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occupiete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122452, 11, 12, 1		\$	Person Payroll Payroll Point (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Employer identification number

Schedule B (Form 990) (2021) Name of organization

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Name of o	rganization		Employer identification number
NEW YORE	INSTITUTE OF TECHNOLOGY		11-1788788
Part II	Noncash Property (see instructions). Use duplicate copies of Part II in	f additional space is needed	1.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
	STOCK	_	
7		\$101,	096. 06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	l listo rocoivod
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		_ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - \$	

40

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Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Page 3

ame of or	ganization		Employer identification number			
EW YORK	INSTITUTE OF TECHNOLOGY		11-1788788			
Part III) through (e) and the following line entricharitable, etc., contributions of \$1,000 or l	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the yea			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gift				
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
-	Transferee's name, address, ar 	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
 		(e) Transfer of gift				
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(b) Purpose of gift	(c) Use of gift				
		(e) Transfer of gift				
	Transferee's name, address, ar		Relationship of transferor to transferee			
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SCHEDULE C	SCHEDULE C Political Campaign and Lobbying Activities					OMB No. 1545-0047	
(Form 990)	orm 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527						
	Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.						
Department of the Treasury Internal Revenue Service		to www.irs.gov/Form990 for i				Open to Public Inspection	
	-	Form 990, Part IV, line 3, or For			ian Activit	ties), then	
-	-	plete Parts I-A and B. Do not com			Ign Activit		
		1(c)(3)) organizations: Complete F	•	Do not complete Part I	-B.		
 Section 527 organization 							
If the organization answ	vered "Yes," on	Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, li	ne 47 (Lobbying Activi	ties), ther	ı	
 Section 501(c)(3) org 	anizations that h	nave filed Form 5768 (election und	ler section 501(h)): Co	omplete Part II-A. Do not	t complete	e Part II-B.	
 Section 501(c)(3) org 	anizations that h	nave NOT filed Form 5768 (electio	n under section 501(h	n)): Complete Part II-B. D	Do not con	nplete Part II-A.	
If the organization answ	vered "Yes," on	Form 990, Part IV, line 5 (Proxy	Tax) (See separate i	instructions) or Form 9	90-EZ, P	art V, line 35c (Proxy	
Tax) (See separate inst							
	, or (6) organizat	ions: Complete Part III.					
Name of organization				E		identification number	
Part I-A Comple		ASTITUTE OF TECHNOLOGY anization is exempt unde	r soction $501(a)$	or is a soction 527		1-1788788	
					organi		
 Drovido o doporinti 	n of the organiz	ation's direct and indirect political	compoign activition i	n Dort IV/			
		ation's direct and indirect political			¢		
2 Political campaign a3 Volunteer hours for					۰		
	pontical campai						
Part I-B Comple	ete if the org	anization is exempt unde	r section 501(c)(3).			
1 Enter the amount o	f any excise tax	incurred by the organization unde	r section 4955		▶\$		
2 Enter the amount o	f any excise tax	incurred by organization manager					
		n 4955 tax, did it file Form 4720 fo				Yes No	
4a Was a correction m	ade?		-			Yes No	
b If "Yes," describe ir	i Part IV.						
Part I-C Comple	ete if the org	anization is exempt unde	r section 501(c),	except section 50	1(c)(3).		
		l by the filing organization for sect			▶\$		
2 Enter the amount o		ization's funds contributed to othe					
exempt function ac					▶\$		
	-	. Add lines 1 and 2. Enter here and					
					▶\$		
		1120-POL for this year?					
		nployer identification number (EIN) tion listed, enter the amount paid					
		omptly and directly delivered to a					
	•	additional space is needed, provid			5	5	
(a) Name	•	(b) Address	(c) EIN	(d) Amount paid fro	om (e	Amount of political	
()		(-)	(-,	filing organization	's cont	tributions received and	
				funds. If none, enter		romptly and directly elivered to a separate	
						olitical organization.	
						If none, enter -0	

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

Schedule C (Form 990) 2021

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,			TE OF TECHNOLOGY			L788788 Page 2
Part II-A Complete if the org	anization	is exen	npt under section	n 501(c)(3) and file	d Form 5768 (el	ection under
section 501(h)).	tion bolongo	to on offi	listed arous (and list in	Dort IV acab offiliated		
expenses, and sha	•		• • •	n Part IV each affiliated g	group member's nam	ie, address, Elin,
			nd "limited control" pro	ovisions apply		
- · · · ·	ts on Lobbyi		·		(a) Filing organization's	(b) Affiliated group totals
(The term "expend	ditures" mea	ns amou	ints paid or incurred.)	totals	totalo
1a Total lobbying expenditures to influ	uence public	opinion (grassroots lobbying)			
b Total lobbying expenditures to influ	uence a legis	ative boc	ly (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1	b)				
d Other exempt purpose expenditure	es					
e Total exempt purpose expenditure	s (add lines 1	c and 1d)			
f Lobbying nontaxable amount. Ente	er the amoun	from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000			0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,	000,000		0 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (en	tor 25% of lin	o 1f)				
h Subtract line 1g from line 1a. If zer		,		ſ		
i Subtract line 1f from line 1c. If zero						
i If there is an amount other than ze			line 11 did the organiz	•		
reporting section 4911 tax for this			<i>,</i> 0			Yes No
			eraging Period Under			
(Some organizations t	hat made a s	ection 5		have to complete all o	f the five columns b	elow.
	Lobbyi	ng Expei	nditures During 4-Yea	ar Averaging Period		_
Calendar year	(a) 20	18	(b) 2019	(c) 2020	(d) 2021	(e) Total
(or fiscal year beginning in)	(u) = 0			(0) = 0 = 0	(4) = = = :	(0) ! 010
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
• Total Jabbying avaandituraa						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						
					Schoo	lule C (Earm 990) 2021

Schedule C (Form 990) 2021

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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 e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	unt	
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:		x			
a b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		x			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1)? Media advertisements?		x			
d	Mailings to members, legislators, or the public?		X			
е	Publications, or published or broadcast statements?		X			
	Grants to other organizations for lobbying purposes?		X			
-	Direct contact with legislators, their staffs, government officials, or a legislative body?		X			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
-	Other activities?	X			22,000.	
	Total. Add lines 1c through 1i				22,000.	
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	n E01/a)/	[5) or oor	tion		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section		b), or sec	uon		
	501(c)(6).			Vee	Na	
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th t III-B Complete if the organization is exempt under section 501(c)(4), section			tion		
Fai	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3 ic	
	answered "Yes."		(D) Fait i	II-A, IIIIe	5, 15	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal				
	expenses for which the section 527(f) tax was paid).					
	Current year					
	Carryover from last year					
c	Total					
3			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical				
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
	t IV Supplemental Information					
Prov	de 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 a	nd 2 (See		
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.					
PARI	II-B, LINE 1, LOBBYING ACTIVITIES:					
THE	INSTITUTE DOES NOT ENGAGE IN ANY DIRECT LOBBYING ACTIVITY ITSELF;					
HOWE	VER, THE INSTITUTE HAS ENGAGED A THIRD PARTY CONSULTANT TO ADVOCATE					
ON V	ARIOUS EDUCATIONAL ISSUES AND TO COLLABORATE WITH KEY POLICYMAKERS					
IN 7	HE EXECUTIVE AND THE STATE LEGISLATURE ON ISSUES IMPORTANT TO THE					
INST	TTUTE. THIS CONSULTANT WAS PAID \$22,000 IN FISCAL YEAR 2022.					

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Schedule C (Form 990) 2021

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) 2021

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45 2021.05080 NEW YORK INSTITUTE OF TEC 01930971

SCHEDULE D (Form 990) Scomplete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Ponto Public Inspection Name of the organization New YORK INSTITUTE OF TECHNOLOGY Employer identification number 11-1788788 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Organization answered "Yes" on Form 990, Part IV, line 6. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) 4 Aggregate value at end of year			- Cupplement	al Financial Statementa		OMB No. 1545-0047
Description Attach to Form '90. Description Description <th colspan="2">(Form 990) Complete if the</th> <th>Complete if the org</th> <th>anization answered "Yes" on Form 990,</th> <th></th> <th>2021</th>	(Form 990) Complete if the		Complete if the org	anization answered "Yes" on Form 990,		2021
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 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 	8			• • • • • • • • • • • • • • • • • • • •		
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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ (iii) Assets required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ (iiii) Assets required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 (iii) Assets required to be reported under FASB ASC 958 relating to these items: (iii) Assets required to be reported under FASB ASC 958 relating to these items: (iii) Asset			, , ,			
 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ 	Pa			Art, Historical Treasures, or Other S	imila	r Assets.
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 service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ 	1a	•				
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the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1		(ii) Assets includ	led in Form 990, Part X			
a Revenue included on Form 990, Part VIII, line 1	2				provide	9
		-		-	•	٨

а	Revenue included on Form 990, Part VIII, lin	e 1
b	Assets included in Form 990, Part X	

a	neveni		suu	лге	1111 9	э0, га	-
b	Assets	included	in l	Form	990,	Part	
			_				1

$\mbox{LHA}~$ For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2021

132051 10-28-21

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Sche		NSTITUTE OF TECH				11-17		Page 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, or O	ther Si	milar Asset	s (contir	nued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that ma	ıke signifi	icant use of its		
	collection items (check all that apply):							
а	a Public exhibition d Loan or exchange program							
b								
с	Preservation for future generations							
4								
5	During the year, did the organization solicit o							
•	to be sold to raise funds rather than to be ma					_	Yes	No
Par	t IV Escrow and Custodial Arran							
	reported an amount on Form 990, Pa		to in the organizatio			in 666, i urtiv,	1110 0, 01	
19	Is the organization an agent, trustee, custodi		any for contribution	s or other assets	not inclu	Ided		
Ia							Yes	No
Ь	on Form 990, Part X?					∟		
b		and complete the lon	iowing table.		ſ		Amount	+
_					ŀ	4.	Amoun	
	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
	Ending balance							
	Did the organization include an amount on Fo				•	L	Yes	No
Par	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part	XIII			
I ai	t V Endowment Funds. Complete i					Three years book	(a) Four	wara baak
		(a) Current year	(b) Prior year	(c) Two years ba		Three years back	-	years back
	Beginning of year balance	100,902,836.	84,815,425.			85,438,132.		508,940.
	Contributions	369,628.	182,783.			4,774,035.	-	332,294.
	Net investment earnings, gains, and losses	-2,459,917.	21,085,597.			2,316,324.		387,743.
d	Grants or scholarships	457,960.	257,269.	257,2	69.	308,264.		9,000.
е	Other expenditures for facilities							
	and programs	20,000,000.	4,679,323.			4,084,024.		
f	Administrative expenses	113,802.	244,377.			227,279.		188,167.
g	End of year balance	78,240,785.	100,902,836.	84,815,4	25.	87,908,924.	111,	256,324.
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	86.2210	_%					
b	Permanent endowment 7.7090	%						
С	Term endowment 6.0700	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administered f	for the or	ganization		
	by:							Yes No
	(i) Unrelated organizations						3a(i)	Х
	(ii) Related organizations						3a(ii)	Х
b	If "Yes" on line 3a(ii), are the related organiza							
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Pa	art X, line	10.		
	Description of property	(a) Cost or o	ther (b) Cos	t or other	(c) Accu	mulated	(d) Bool	k value
		basis (investr	• • •	(other)	deprec		()	
1 a	Land		4	,798,838.			4.	798,838.
	Buildings			,017,806.	158	309,620.	,	955,436.
	Leasehold improvements			. , .	,		/	, ·
	Equipment		105	,331,587.	86	597,729.	18	733,858.
	Other			,169,484.	,	801,271.	,	368,213.
	Add lines 1a through 1e. (Column (d) must e							856,345.
TOLA	. Aud intes ra through re. (Column (d) must e	guai Form 990, Part J	<u>∧, column (B), line 1</u>	UC./				
						Schedul	e D (Form	n 990) 2021

Part VII Investments - Other Securities.

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

	, , ,	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) PRIVATE EQUITY	14,345,958.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	8,481,327.	END-OF-YEAR MARKET VALUE
(C) EQUITY FUNDS	237,569.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	23,064,854.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) OPERATING RIGHT-OF-USE ASSETS	95,492,827.
(2) OTHER ASSETS	1,058,186.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	96,551,013.
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)	OPERATING RIGHT-OF-USE LEASE OBLIGATION	110,958,873.
(3)	REFUNDABLE GRANTS AND US GOVERNMENT LOAN FUNDS	9,022,087.
(4)	POST-RETIREMENT HEALTH BENEFITS	5,786,964.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	125,767,924.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2021

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Sche	dule D (Form 990) 2021 NEW YORK INSTITUTE OF TECHNOLOGY			11-1	788788	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	285,7	46,612.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-15,806,025.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	-70,702,662.			
е	Add lines 2a through 2d			2e	-86,5	08,687.
3	Subtract line 2e from line 1			3	372,2	55,299.
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	436,527.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c	4	36,527.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		91,826.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per R	Return).	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	255,2	48,562.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	255,2	48,562.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	436,527.			
b	Other (Describe in Part XIII.)	4b	70,702,662.			
с	Add lines 4a and 4b			4c	71,1	39,189.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	326,3	87,751.
I Do	rt XIII Supplemental Information.					

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

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PART II, LINE 9:

CONSERVATION EASEMENT

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.

PART V, LINE 4:

USE OF ENDOWMENT FUNDS

THE INSTITUTE'S ENDOWMENT CONSISTS OF A BOARD-DESIGNATED QUASI-ENDOWMENT

PLUS 52 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF RESTRICTED AND

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Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

DESIGNATED PURPOSES. INCOME GENERATED BY THE RESTRICTED ENDOWMENT FUNDS

ARE USED PRIMARILY TO SUPPORT SCHOLARSHIPS AND OTHER PURPOSES IN LINE WITH

ORIGINAL DONOR INTENTIONS. INCOME FROM THE QUASI-ENDOWMENT IS GENERALLY

USED TO SUPPORT THE ANNUAL OPERATING BUDGET, BUT THE BOARD MAY ELECT TO

WITHDRAW QUASI-ENDOWMENT PRINCIPAL TO FUND CAPITAL EXPENDITURES AND OTHER

INSTITUTE PROJECTS.

IN FISCAL 2022, THE INSTITUTE TRANSFERRED \$20 MIILION IN BOARD DESIGNATED

ENDOWMENT FUND ASSETS TO ITS CAPITAL RESERVE WHICH HAS LOWER MARKET RISK.

PART IX, RIGHT-OF-USE ASSETS, LINES 3 AND 4:

THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") IMPLEMENTED A NEW LEASE

ACCOUNTING STANDARD THAT BECAME EFFECTIVE FOR NEW YORK INSTITUTE OF

TECHNOLOGY IN THE YEAR ENDING JUNE 30, 2021. THIS ACCOUNTING STANDARD WAS

EFFECTUATED TO IMPROVE THE TRANSPARENCY SURROUNDING KEY INFORMATION

PERTAINING TO AN EXEMPT ORGANIZATION'S LEASING ARRANGEMENTS (AND TO ENSURE

THAT ALL ORGANIZATIONS WERE RECORDING THE TRANSACTIONS UNIFORMLY ON THEIR

BALANCE SHEETS).

THE INCREASE IN ASSETS AND LIABILITIES REPORTED ON THE INSTITUTE'S BALANCE

SHEET IS A FUNCTION OF THE INSTITUTE COMPLYING WITH THE NEW ACCOUNTING

PRONOUNCEMENT. THE INSTITUTE HAS BOOKED A RIGHT-OF-USE ASSET (AND

CORRESPONDING LIABILITY) ON ITS BALANCE SHEET.

PART X, LINE 2:

FIN 48 (ASC 740) - INCOME TAX

THE INSTITUTE FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR

UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX

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Schedule D (Form 990) 2021

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RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. THE INSTITUTE IS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3). THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE INSTITUTE HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED BUSINESS INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE INSTITUTE HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. IN ADDITION, THE INSTITUTE HAS NOT RECORDED A PROVISION FOR INCOME TAXES AS IT HAS NO MATERIAL TAX LIABILITY FROM UNRELATED BUSINESS INCOME ACTIVITIES. PART XI, LINE 2D - OTHER ADJUSTMENTS: SCHOLARSHIPS AND FELLOWSHIPS -70,702,662. PART XII, LINE 4B - OTHER ADJUSTMENTS: SCHOLARSHIPS AND FELLOWSHIPS 70,702,662.

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Schedule D (Form 990) 2021

SCHEDULE E

(Form 990)

Part I

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.

NEW YORK INSTITUTE OF TECHNOLOGY

OMB No. 1545-0047

2021
Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

11-1788788

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	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 scholarship	os? 2	х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has 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	
		_		
		_		
		_		
		_		
		_		
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?		X	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?		Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	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:	5.		x
	Students' rights or privileges?			X
a	Admissions policies?	<u>5b</u>		X
	Employment of faculty or administrative staff?			X
	Scholarships or other financial assistance?			x
	Educational policies?			x
	Use of facilities?			X
	Athletic programs?			x
n	Other extracurricular activities?	<u>5h</u>		
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
		—		
		—		
		—		
6-	Deep the organization receive on financial aid or accistance from a sourcemental essence 2	- 6	x	
	Does the organization receive any financial aid or assistance from a governmental agency?		- 23	x
a	Has the organization's right to such aid ever been revoked or suspended?	<u>6b</u>		
7	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	-	x	
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	hedule E (Fo	1111 990) ZUZ I

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.

EXPLANATION OF NONDISCRIMINATORY 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 THREE NEW YORK STATE PROGRAMS:

1. HIGH NEEDS NURSING PROGRAM

2. BUNDY AID

3. HIGHER EDUCATION OPPORTUNITY PROGRAM

THESE PROGRAMS ENABLE THE INSTITUTE TO PROVIDE STUDENT SCHOLARSHIPS AND

TO SUPPORT RESEARCH EFFORTS.

IN ADDITION, THE INSTITUTE RECEIVED APPROXIMATELY \$12.2M IN HIGHER

EDUCATION EMERGENCY RELIEF FUNDING. THE HIGHER EDUCATION EMERGENCY

RELIEF FUND ("HEERF") PROVIDES FUNDING TO INSTITUTIONS FOR EMERGENCY

FINANCIAL AID GRANTS TO STUDENTS AS WELL AS FUNDING TO SUPPORT THE

COSTS OF SHIFTING CLASSES ONLINE AND OTHER INSTITUTIONAL COSTS INCURRED

RELATED TO THE PANDEMIC.

132062 10-18-21

NEW	YORK INSTITUTE OF	TECHNOLOGY				11-1788788	
			ctivities Out	side the United States. Compl	ete if the organ		Yes" on
	Form 990, Part IV				-		
1	-	-		ds to substantiate the amount of its gra the selection criteria used to award the			Yes 🗌 No
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and ot	her assistance out	side the
3		ne following Part	I, line 3 table ca	an be duplicated if additional space is r	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, pro- gram services, investments, grants to recipients located in the region)	(e) If acti is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
	DLE EAST AND IH AFRICA	1	9	PROGRAM SERVICES	EDUCATION		66,116.
NOR	TH AMERICA	1	37	PROGRAM SERVICES	EDUCATION		9,677,191.
	F ASIA AND THE IFIC	1	5	PROGRAM SERVICES	EDUCATION		818,860.
	FRAL AMERICA AND CARIBBEAN	0	0	INVESTMENTS			19,492,978.
	Subtotal Total from continuation	3	51				30,055,145.
U	sheets to Part I	0	0				0.
<u>د</u>	Totals (add lines 3a						

Statement of Activities Outside the United States
 Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 Attach to Form 990.

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

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

3

51

Schedule F (Form 990) 2021

30,055,145.

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

132071 12-20-21

and 3b)

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
			ecognized as charities by the f			1	1	1		
			or counsel has provided a sect			►				
3 Enter total number of	Enter total number of other organizations or entities									

Schedule F (Form 990) 2021

NEW YORK INSTITUTE OF TECHNOLOGY

11-1788788

Part III Grants and Other Assistanc Part III can be duplicated if ac			tes. Complete i	t the organization answered "Yes"	on Form 990, Part	IV, line 16.	
(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)

Schedule F (Form 990) 2021

Page 3

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	X Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	X Yes	No

Schedule F (Form 990) 2021

132074 12-20-21

Schedule F (Form 990) 2021 NEW YORK INSTITUTE OF TECHNOLOGY	11-1788788	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (account	ing method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting metho		
(estimated number of recipients), as applicable. Also complete this part to provide any additional inform		
SCHEDULE F, PART IV		
NEW YORK INSTITUTE OF TECHNOLOGY INVESTS DIRECTLY IN VARIOUS		
- IORA INSTITUTE OF TECHNOLOGI INVESTS DIRECTLI 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		
REQUIRED FOR THE FIDING OF FORMS 520, 5471, 0021, OR 0005. 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.		

132075 12-20-21

SCHEDULE I	G	arants and Oth	er Assistan	ce to Organ	izations		OMB No. 1545-0047
(Form 990)	Go	vernments, ar	nd Individual	s in the Ŭni	ted States		2021
	Compl	ete if the organizatio			rt IV, line 21 or 22.		
Department of the Treasury Internal Revenue Service		Go to www.ir	Attach to Form s.gov/Form990 form		ation		Open to Public Inspection
Name of the organization			5.gov/F011139010				Employer identification number
NEW YORK INST	TUTE OF TECHN	IOLOGY					11-1788788
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	tance, and the selecti	on
criteria used to award the grants or assis	tance?						X Yes No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I recipient that received more than \$	•				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NEW YORK UNIVERSITY 70 WASHINGTON SQUARE SOUTH							
NEW YORK, NY 10012-1019	13-5562308	501(C)(3)	29,917.	0.			RESEARCH
RESEARCH FOUNDATION OF CUNY 230 WEST 41ST STREET, 7TH FLOOR NEW YORK, NY 10036	13-1988190	501(C)(3)	61,117.	0.			RESEARCH
CERNO BIOSCIENCE, LLC 1180 N TOWN CENTER DR., SUITE 100 LAS VEGAS, NV 89144	20-0889360		13,718.	0.			RESEARCH ASSISTANCE
SANFORD BURNHAM PREBYS MEDICAL	20-0009300		13,710.	0.			RESERRCH ASSISTANCE
DISCOVERY INSITITUTE - 10901 NORTH TORREY PINES ROAD - LA JOLLA, CA 92037-1005	51-0197108	501(C)(3)	45,083.	0.			RESEARCH
THE TRUSTEES OF COLUMBIA							
UNIVERSITY IN THE CITY OF NEW YORK - 615 WEST 131ST ST, 6TH FL - NEW							
YORK, NY 10027-7922	13-5598093	501(0)(3)	63,050.	0.			RESEARCH
IORK, NI 1002/-/322	T2-2220022	501(0)(3)	03,050.	0.			RESEARCH
TRUSTEES OF TUFTS COLLEGE 136 HARRISON AVE	04 0102624	E01(G)(2)	57.005				
BOSTON, MA 02111-1817	04-2103634		57,995.	0.			RESEARCH
2 Enter total number of section 501(c)(3) ar		•	e line 1 table				
3 Enter total number of other organizations	s listed in the line 1	i table					

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

Schedule I (Form 990) 2021

11-1788788 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARD OF REGENTS OF THE UNIVERSITY							
WISCONSIN SYSTEM - 21 N. PARK							
REET, SUITE 6401 - MADISON, WI 715-1218	39-6006492	SECTION 115	26,405.	0.			RESEARCH
/15-1210	39-0000492	SECTION IIS	28,405.	υ.			RESEARCH
LLANOVA UNIVERSITY							
0 LANCASTER AVENUE							
LLANOVA, PA 19085	23-1352688	501(C)(3)	120,000.	Ο.			RESEARCH
			1			1	1

Schedule I (Form 990)

Schedule I (Form 990) 2021

NEW YORK INSTITUTE OF TECHNOLOGY

Page 2

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 noncash assistance
CHOLARSHIPS	4698	70,702,662.	0.		
IIGHER EDUCATION EMERGENCY RELIEF FUND	4607	6,092,014.	0.		

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

SCHEDULE I, PART I, LINE 1

GRANT MONITORING PROCEDURES

THE GRANTS DEPARTMENT AND THE FINANCIAL AID OFFICE OVERSEE ALL GRANTS,

GOVERNMENT LOANS AND SCHOLARSHIP EXPENDITURES. ALL GRANT EXPENSES ARE

APPROVED AND REIMBURSED IN ACCORDANCE WITH UNIVERSITY POLICY. AN ANNUAL

AUDIT IS CONDUCTED IN ACCORDANCE WITH GOVERNMENTAL REGULATIONS.

TO THE EXTENT THE INSTITUTE OFFERS SCHOLARSHIPS TO ITS STUDENTS. THOSE

FUNDS MAY ONLY BE USED TO DEFRAY THE COST OF ATTENDANCE AND MAY NOT BE

Part IV Supplemental Information

SPENT AT THE STUDENT'S DISCRETION.

IN ADDITION, THE INSTITUTE DISPENSED CERTAIN EMERGENCY FINANCIAL AID TO

STUDENTS AS REQUIRED BY THE HIGHER EDUCATION EMERGENCY RELIEF FUND

"HEERF." NO FURTHER MONITORING OF THE USE OF HEERF FUNDING IS REQUIRED

BY THE INSTITUTE (AS THE AID IS NOT DISPENSED UNLESS THE STUDENT MEETS

THE ELIGIBILITY REQUIREMENTS). STUDENT EMERGENCY AID OFFERED AS PART OF

THE HEERF PROGRAM ARE INCLUDED WITHIN THE SCHOLARSHIP FUNDING REPORTED

IN SCHEDULE I, PART III.

Schedule I (Form 990)

132291 04-01-21

> 62 2021.05080 NEW YORK INSTITUTE OF TEC 01930971

SC	HEDULE J	Compensation Informa	ation	OMB No.	1545-00	47
	rm 990)	For certain Officers, Directors, Trustees, Key Empl		20	91	
		Compensated Employees Complete if the organization answered "Yes" on Forn	990 Part IV line 23	20		l
Depa	tment of the Treasury	Attach to Form 990.	1 330, 1 alt 1 v , inte 20.	Open to		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the second seco		-	ection	
Nam	e of the organization		Emp	loyer identificati	on nu	mber
Da	rt I Question	NEW YORK INSTITUTE OF TECHNOLOGY S Regarding Compensation		11-1788788		
Га		s Regarding compensation			N.	
10	Chook the energy	ate box(es) if the organization provided any of the following to or for a	n norman listed on Form 000		Yes	No
1a		line 1a. Complete Part III to provide any relevant information regardir				
	X First-class or c		e or residence for personal us			
	Travel for com		iness use of personal residence			
			ub dues or initiation fees			
			(such as maid, chauffeur, che	ef)		
				''		
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy re	garding payment or			
	•	rovision of all of the expenses described above? If "No," complete P		1b	х	
2		n require substantiation prior to reimbursing or allowing expenses inc				
	•	rs, including the CEO/Executive Director, regarding the items checke		2	х	
	·					
3	Indicate which, if ar	y, of the following the organization used to establish the compensat	on of the organization's			
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used	by a related organization to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation	committee Written employme	ent contract			
	X Independent of	ompensation consultant X Compensation su	rvey or study			
	X Form 990 of o	ther organizations X Approval by the b	oard or compensation commit	ttee		
4	During the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with resp	ect to the filing			
	organization or a re	-				
а						X
b	•				X	
С	•			<u>4c</u>		X
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each	i item in Part III.			
	Only continu E01/a	(2) E01(c)(4) and E01(c)(20) exercises into much complete lines E	. 0			
F)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5 in Form 990, Part VII, Section A, line 1a, did the organization pay or a				
5	contingent on the r		conce any compensation			
-	•			5a		x
a h	Any related organiz	ation?		<u>5a</u> 5b		x
		r 5b, describe in Part III.				
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or a	accrue any compensation			
Ŭ	contingent on the n		loor do any componed ton			
а	•			6a		x
b	Anv related organiz	ation?		6b		X
		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide	any nonfixed payments			
		es 5 and 6? If "Yes," describe in Part III		7	х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contra				
	-	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," des	-			x
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure	described in			
	Regulations section					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		Schedule J (For	m 990) 2021

132111 11-02-21

11-1788788

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.

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DR. HENRY FOLEY	(i)	770,727.	100,000.	120,229.	80,300.	28,843.	1,100,099.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JERRY BALENTINE	(i)	691,154.	40,000.	6,623.	20,300.	40,897.	798,974.	0.
EXEC VP/COO(THRU 02/22)/ACTING PROV.	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JUNIUS GONZALES (THRU 02/22)	(i)	579,575.	0.	6,623.	20,300.	12,432.	618,930.	0.
PROVOST & VP ACADEMIC AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CATHERINE FLICKINGER	(i)	422,763.	25,000.	6,504.	29,000.	21,682.	504,949.	0.
VP HR, GENERAL COUNSEL & SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SHANE SPEIGHTS	(i)	426,771.	5,000.	90.	20,300.	40,396.	492,557.	0.
SITE DEAN NYITCOM	(ii)	0.	0.	٥.	0.	0.	0.	0.
(6) BARBARA J. HOLAHAN	(i)	367,549.	25,000.	15,373.	20,300.	41,197.	469,419.	0.
VP FIN. AFFAIRS, CFO/TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NICOLE WADSWORTH	(i)	397,395.	10,000.	138.	20,300.	40,797.	468,630.	0.
DEAN NYITCOM	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) PATRICK MINSON	(i)	352,830.	0.	6,564.	20,300.	39,254.	418,948.	0.
VP DEV. & ALUM. RELATIONS & EXT AFF.	(ii)	0.	0.	٥.	0.	0.	0.	0.
(9) JOSEPH POSILLICO	(i)	343,402.	0.	6,762.	20,300.	37,704.	408,168.	0.
VP FOR ENROLL MGMT/STRATEGIC COMM.	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) NADA ASSAF-ANID (THRU 09/21)	(i)	319,357.	0.	29,878.	29,000.	21,911.	400,146.	0.
VP STRATEGIC COMM/EXTERNAL AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ANTHONY GERDES	(i)	324,572.	0.	953.	29,000.	23,319.	377,844.	0.
PROFESSOR	(ii)	0.	0.	٥.	0.	0.	0.	0.
(12) SUZANNE MUSHO	(i)	322,961.	32,000.	8,442.	10,997.	239.	374,639.	0.
VP OF REAL ESTATE DEV & SUST CAP	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) BABAK DASTGHEIB-BEHESHTI	(i)	303,893.	0.	258.	29,000.	28,856.	362,007.	0.
DEAN ENGINEERING SCHOOL	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) PENNIE TURGEON	(i)	317,670.	0.	8,562.	20,300.	480.	347,012.	0.
VP OF IT & CIO	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) EILEEN VALERIO	(i)	208,046.	15,000.	258.	18,786.	40,897.	282,987.	0.
CONTROLLER & ASSISTANT TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

Schedule J (Form 990) 2021

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.

HOUSING BENEFITS

SCHEDULE J, PART I, LINE 1A

NYIT IS A GLOBAL UNIVERSITY WITH CAMPUSES IN NEW YORK (MANHATTAN AND

LONG ISLAND), ARKANSAS (JONESBORO) AND CANADA (VANCOUVER), AND, AS

SUCH, THE PRESIDENT IS REQUIRED TO ENGAGE IN EXTENSIVE INTERNATIONAL

TRAVEL. THE PRESIDENT TRAVELS WITH ABOVE STANDARD ACCOMMODATIONS (E.G.,

BUSINESS OR FIRST CLASS). THE UNIVERSITY ALSO MAKES A CAR AND DRIVER

AVAILABLE TO THE PRESIDENT FOR TRAVEL BETWEEN CAMPUSES. THESE

ACCOMMODATIONS ARE USED FOR BUSINESS PURPOSES ONLY AND ARE NOT TREATED

AS TAXABLE COMPENSATION.

NYIT DOES NOT MAINTAIN PRESIDENTIAL CAMPUS HOUSING. NYIT PROVIDES A

HOUSING ALLOWANCE TO THE PRESIDENT TO MAINTAIN A RESIDENCE FOR PERSONAL

AND UNIVERSITY FUNCTIONS.

OTHER TAXABLE COMPENSATION RECEIVED BY PRESIDENT FOLEY IN CALENDAR YEAR

2021 INCLUDED A \$120,000 HOUSING ALLOWANCE.

THE INSTITUTE HAS A MEMBERSHIP AT A LOCAL UNIVERSITY CLUB IN THE NAME

Schedule J (Form 990) 2021 NEW YORK INSTITUTE OF TECHNOLOGY

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.

OF PRESIDENT, HANK FOLEY. THIS CLUB IS USED EXCLUSIVELY TO ENGAGE IN

UNIVERSITY BUSINESS; ACCORDINGLY THE VALUE OF THE CLUB MEMBERSHIP IS

NOT INCLUDED IN PRESIDENT FOLEY'S TAXABLE WAGES.

SCHEDULE J, PART I, LINES 4A-B:

PRESIDENT & CEO, DR. HANK FOLEY, PARTICIPATES IN THE INSTITUTE'S

SECTION 457(F) NON-QUALIFIED DEFERRED COMPENSATION PLAN; IN CALENDAR

YEAR 2021, THE INSTITUTE CONTRIBUTED \$60,000 INTO DR. FOLEY'S PLAN.

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 2021 AT THE DIRECTION OF THE

PRESIDENT AND BOARD OF TRUSTEES.

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on	-EZ	OMB No. 1545-0047
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.		Open to Public
Internal Revenue Service Name of the organization	Go to www.irs.gov/Form990 for the latest information.	Employer	Inspection identification number
	NEW YORK INSTITUTE OF TECHNOLOGY	11-1	788788
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
SINCE 1955, NYIT H	AS PURSUED ITS MISSION TO PROVIDE CAREER-ORIENTED		
PROFESSIONAL EDUCA	TION; GIVE ALL QUALIFIED STUDENTS ACCESS TO		
OPPORTUNITY; SUPPO	RT RESEARCH AND SCHOLARSHIP THAT BENEFIT THE LARGER		
WORLD.			
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION'S MISSION:		
ENGINEERING AND CC	MPUTING SCIENCES; HEALTH PROFESSIONS; ARCHITECTURE;		
MANAGEMENT; AND ME	DICINE. NYIT IS A NON-PROFIT, INDEPENDENT, PRIVATE,		
AND NONSECTARIAN I	NSTITUTION OF HIGHER EDUCATION.		
SINCE 1955, NYIT H	AS PURSUED ITS MISSION TO:		
-PROVIDE CAREER-OR	IENTED PROFESSIONAL EDUCATION		
-GIVE ALL QUALIFIE	D STUDENTS ACCESS TO OPPORTUNITY		
-SUPPORT RESEARCH	AND SCHOLARSHIP THAT BENEFIT THE LARGER WORLD		
FORM 990, PART III	, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:		
NYIT PROVIDES UNDE	RGRADUATE, GRADUATE, AND DOCTORAL INSTRUCTION TO A		
DIVERSE STUDENT PC	PULATION. APPROXIMATELY 8,733 STUDENTS ATTENDED THE		
INSTITUTION LAST Y	EAR AND 2,254 GRADUATED.		
GRADUATES BECOME E	NGAGED, TECHNOLOGICALLY SAVVY PHYSICIANS, ARCHITECTS,		
SCIENTISTS, ENGINE	ERS, BUSINESS LEADERS, DIGITAL ARTISTS, HEALTH CARE		
PROFESSIONALS, AND	MORE.		
WITH CAMPUSES IN N	ORTH AMERICA, AS WELL AS ONLINE, NYIT'S STUDENT AND		
LHA For Paperwork B	eduction Act Notice see the Instructions for Form 990 or 990-F7	Sche	dule () (Form 990) 2021

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

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(NANJING AND BEIJING) AND AT A SINGLE LOCATION IN AE	BU DHABI. THE T	HREE				
PROGRAMS STOPPED ADMITTING NEW STUDENTS AND TEACH-OU	JT PROGRAMMING					
CONCLUDED AT ALL THREE SITES IN AUGUST 2021.						
THE INSTITUTE OFFERS THE FOLLOWING SCHOOLS AND COLLE	EGES:					
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:						
ASSOCIATE IN APPLIED SCIENCE						
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						
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IN APRIL 2018, NYIT ANNOUNCED TEACH-OUT PLANS AT TWO LOCATIONS IN CHINA

PROGRAMS, AND NUMEROUS EXTRA- AND CO-CURRICULAR OPPORTUNITIES COMBINE

FACULTY GLOBAL EXCHANGE PROGRAMS, UNIQUE EXPERIENTIAL LEARNING

TO CREATE A UNIQUE, 21ST-CENTURY LEARNING EXPERIENCE.

NEW YORK INSTITUTE OF TECHNOLOGY

Employer identification number

Name of the organization	Employer identification number
NEW YORK INSTITUTE OF TECHNOLOGY	11-1788788
MASTER OF BUSINESS ADMINISTRATION	
MASTER OF FINE ARTS	
MASTER OF SCIENCE	
DOCTOR OF PHILOSOPHY	
DOCTOR OF PHYSICAL THERAPY	
DOCTOR OF OSTEOPATHIC MEDICINE	
DOCTOR OF OCCUPATIONAL THERAPY	
PROGRAMMATIC REVENUES REPRESENT TUITION AND FEES, ROOM AND BOARD,	
ANCILLARY EDUCATIONAL SERVICES, AND OTHER EDUCATIONAL PROGRAMS	
(REPORTED ON LINE 11(D) OF PART VIII OF THE 990).	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
NYIT'S ACADEMIC HEALTH CARE CENTERS OFFER HEALTH AND MEDICAL SERVICES	
TO STUDENTS, FACULTY, STAFF, AND COMMUNITY MEMBERS. THE CENTERS ARE	
STAFFED BY PHYSICIANS FROM NYIT'S COLLEGE OF OSTEOPATHIC MEDICINE	
ONE OF THE NATION'S MOST PRESTIGIOUS OSTEOPATHIC MEDICAL SCHOOLS AS	
WELL AS MEDICAL STUDENTS WHO ARE PREPARING TO ENTER VARIOUS HEALTH	
PROFESSIONS. THESE PRIMARY CARE CENTERS ARE OPERATED IN OLD WESTBURY	
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:	

CLINIC SERVES THE OLD WESTBURY, N.Y., CAMPUS AND COMMUNITY.

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Name of the organization

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.

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 III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE NEW YORK INSTITUTE OF TECHNOLOGY ADMINISTERED VARIOUS TEACH-OUT

PLANS AT TWO LOCATIONS IN CHINA (NANJING AND BEIJING) AND AT A SINGLE

LOCATION IN ABU DHABI. THE THREE PROGRAMS STOPPED ADMITTING NEW

STUDENTS AND TEACH-OUT PROGRAMMING CONCLUDED AT ALL THREE SITES IN

AUGUST OF 2021.

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Name of the organization NEW YORK INSTITUTE OF TECHNOLOGY	Employer identification numbe
NEW YORK INSTITUTE OF TECHNOLOGY	11-1/88/88
FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:	
EGYPT, CANADA, BAHRAIN, UNITED ARAB EMIRATES	
FORM 990, PART VI, SECTION A, LINE 1A:	
IN ADDITION TO THE POWERS HELD BY THE BOARD OF DIRECTOR, THE INSTITUTE'S	
BYLAWS HAVE CREATED AN EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE	
EXECUTIVE COMMITTEE SHALL CONDUCT AFFAIRS OF THE BOARD BETWEEN REGULARLY	
SCHEDULED MEETINGS AND SHALL EXERCISE ALL THE POWERS OF THE BOARD EXCEPT	
THE FOLLOWING:	
A. THOSE POWERS RESERVED TO THE FULL BOARD BY LAW;	
B. ACTIONS INCONSISTENT WITH THESE BYLAWS OR WITH THE EXPRESS POLICIES OF	
THE BOARD;	
C. AWARD OF DEGREES;	
A DECIMINARY OF DESCRIPTION	
D. APPOINTMENT OR REMOVAL OF THE PRESIDENT;	
E. MERGER, ASSOCIATION OR CONSOLIDATION WITH ANOTHER INSTITUTION; AND	
F. AMEND THESE BYLAWS.	
FORM 990, PART VI, SECTION B, LINE 11B:	

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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.

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Name of the organization NEW YORK INSTITUTE OF TECHNOLOGY	Employer identification number 11-1788788
FORM 990, PART VI, SECTION B, LINE 12C:	
CONFLICT OF INTEREST REVIEW	
VICE PRESIDENTS AND CERTAIN OTHER EMPLOYEES, PARTICULARLY EMPLOYEES	
INVOLVED WITH THE PROCUREMENT OF GOODS AND SERVICES, ARE REQUIRED TO SUBMIT	
ANNUAL DISCLOSURE FORMS TO THE GENERAL COUNSEL, AND TO SUBMIT UPDATED FORMS	
IN THE EVENT THAT THERE IS ANY CHANGE IN THE TIME PERIOD BETWEEN THE	
SUBMISSION OF THE ANNUAL FORMS. WITH RESPECT TO ANY DISCLOSED CONFLICTS,	
THE GENERAL COUNSEL WILL CONSULT, (AS APPROPRIATE), WITH NYIT MANAGEMENT	
SUCH AS THE PRESIDENT, CHIEF FINANCIAL OFFICER, INTERNAL AUDIT DIRECTOR,	
AND, IF NECESSARY OR ADVISABLE, THE CHAIR OF THE BOARD OF TRUSTEES AUDIT	
COMMITTEE.	
THE GENERAL COUNSEL WILL RECOMMEND TO THE PRESIDENT AND, IF INDICATED, THE	
CHAIR OF THE AUDIT COMMITTEE, SUCH STEPS AS MAY BE APPROPRIATE TO MANAGE	
THE CONFLICT OF INTEREST. ANY CONFLICTS OF INTEREST RELATING TO OFFICERS OR	
KEY EMPLOYEES, WHETHER REPORTED ON THE ANNUAL FORMS OR OTHERWISE, WILL BE	
REPORTED BY THE GENERAL COUNSEL TO THE AUDIT COMMITTEE OF THE BOARD OF	
TRUSTEES.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION REVIEW	
NYIT'S BOARD (ALL INDEPENDENT TRUSTEES OTHER THAN THE NYIT PRESIDENT),	
REVIEWS THE COMPENSATION OF NYIT'S PRESIDENT AT CONTRACT RENEWAL INTERVALS.	
THE LAST SUCH REVIEW WAS IN DECEMBER 2020, 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.	
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Name of the organization NEW YORK INSTITUTE OF TECHNOLOGY	Employer identification numbe
COMPENSATION OF OTHER KEY EMPLOYEES AND OFFICERS OF THE CORPORATION ARE	
DETERMINED UPON HIRE BY MARKET REVIEWS CONDUCTED BY THE PRESIDENT AND OTHER	
SENIOR MANAGERS, WHO MAY CONSULT FURTHER WITH HUMAN RESOURCES AND EXTERNAL	
CONSULTANTS. ANNUAL INCREASES FOR KEY EMPLOYEES AND OFFICERS ARE BASED ON	
BUDGET PARAMETERS AND REVIEW BY THE PRESIDENT OR HUMAN RESOURCES.	
CONTEMPORANEOUS SUBSTANTIATION FOR COMPENSATION LEVELS OF THE PRESIDENT,	
KEY EMPLOYEES OR OFFICERS WILL BE MAINTAINED BY THE OFFICE OF THE PRESIDENT	
OR HUMAN RESOURCES.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENT AVAILABILITY	
THE INSTITUTE'S FORM 990 IS AVAILABLE ON THE INTERNET AT 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.	
FORM 990, PART VIII:	
, IN FISCAL YEAR 2022, THE INSTITUTE SOLD PROPERTY IT OWNED ON LONG ISLAND;	
THE GAINS FROM THE SALE OF THAT PROPERTY ARE REPORTED IN PART VIII, LINE	
7(A)(II). IN ADDITION, THE INSTITUTE INCURRED SIGNIFICANT CLEAN-UP,	
MAINTENANCE AND REMOVAL EXPENDITURES RELATED TO THE FLOODING OF CERTAIN	
CAMPUS PROPERTIES. THE LOSS ASSOCIATED WITH THAT FLOOD DAMAGE IS REPORTED	
AS A CAPITAL LOSS IN PART VIII, LINE 7(B)(II).	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	

REMEDIATION AND ABATEMENT OF ASBESTOS LIABILITY DUE TO SALE

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OF LAND	6,650,077.	
CHANGE IN POSTRETIREMENT PROGRAM	768,614.	
TOTAL TO FORM 990, PART XI, LINE 9	7,418,691.	
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