Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or

OMB No.1545-0047 1998

.`			private foundation) or section 4947(a)(1) nonexempt charitable trust	1	his Form Is
Departm	ent of	the Treasu			en to Public
		ue Sorvice			Inspection
			calendar vear, QR tax vear period beginning Sept 01 1998, and ending Aug 31		99
	Chec		C Name of organization D Employer idea 14, 179979		number
<u></u>	Chang	e of addres			
السيا	niVat re	etum	Number and street (or P. O. box if mail is not delivered to street address) Room/suite E Telephone nu	mber	
	Final re	etum	P.O. Box 8000 516-686-75	32	
	Amand	ed raturn	City or toyin State or Country ZIP code : F Check		if exemption
		ed also for	14509 9000 F 4		In over-b-en
		eporting)	ora (Yeorad) (Jonaina	
_		of organ	nization X Exempt under section 501(c)(3)(insert no.)	dendypanni	t chentable trust
			(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Sch. A (Form 990).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_
			p return filed for affiliates? No I if either box in H is checked "Yes," er	ter four-	digit
			group exemption number (GEN)		
(b)	الإدالات	• " anter ti	the number of affiliates for which this return is filled:	Γx	Accruel
					1. 1.00.00.
(c) i	s this :	a separate	return filed by an organization covered by a group ruling? No method: Other (specify	"	
K	Check	here	If the organization's gross receipts are normally not more than \$25,000. The organization need not file a rotum with the IRS; but If it received a F	orm 920 Ps	ckage
	rs tha r	nall, it shou	ujd file a return without financial data. Some alates require a complete return.		
	orm:	990-EZ n	nay be used by organizations with gross receipts less than \$100,000 and total essets less than \$250,000 at end of year.		
Part	1 1	Reven	ue, Expenses, and Changes in Net Assets or Fund Balances (See Spenific Instructions	on page 13	3.)
		1 0	Contributions, gifts, grants, and similar amounts received:		
		a D	Direct public support	37	
) bir	ndirect public support		j
		C G	Sovernment contributions (grants)	27)
		d T	otal (add lines 1a through 1c) (attach schedule of contributors)		
		}	(cash \$ noncash \$)		4,805,264
		2 P	Program service revenue including government fees and contracts (from Part VII, line 93)	. 2	106,246,863
			Membership dues and assessments		
		4 ir	nterest on savings and temporary cash investments	. 4	243,343
			Dividends and interest from securities	. 5	348,705
	i	j	Gross rents	16	
R		I	ess: rental expenses	- 666	
e			let rental income or (loss) (subtract line 6b from line 6a)	. 6c	326,116
· v			Other investment income (describe	7	
nnay	i		Gross amount from sale of assets other (B) Other	11/1/3	
ລ ວິກ			nan inventory		1
: ::			ess; cost or other basis and sales expenses		
.в е	1		Gain or (loss) (attach schedule)	0	
<u>"</u>			let gain or (loss) (combine line 8c, columns (A) and (B))	- Millelinie	327,765
2			Special events and activities (attach schedule) See Statement 1A		<u> </u>
	- 1		Gross revenue (not including of contributions		
Ω			eported of ine 1a)	58	{
TENNES OF	1 1		assi direct expenses other than fundraising expenses		
<u> </u>	1 1		let income or (loss) from special events (subtract line 9b from line 9a)	9c	134,707
4 5	0		ingss sales ((() nventory, less returns and allowances		1911191
2 3	888	A P	ess: cost of goods 3old		}
_:5	1		iross prolit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	٥
	1 1		inos promo inos priori pares of inventory talacti scriedale) (sociale ino 192 norm inc 192)		
	11	.,O	distrevenue-(add-lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	112,432;763
			rogram services (from line 44, column (B))		104,810,890
Ex	_ }		lanagement and general (from line 44, column (C))		3,524,429
			undraising (from line 44, column (D))		803,066
per	ſ		undraising (from line 44, column (D))		603,000
889	•				109,138,385
		1/ 10	otal expenses (add lines 16 and 44, column (A))	17	3,294,378
5.j	.				
Ne			let assets or fund balances at beginning of year (from line 73, column (A))		45,835,493
Asse	:LS		ther changes in net assets or fund balances (attach explanation) . Statement 1	20	2,284,922
Cor D-			et assets or fund balances at end of year (combine lines 18, 19, and 20)	21	i 51,414,793

Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations **Functional Expenses** and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 17.) Do not include amounts reported on line (A) Total (B) Program (C) Management (D) Fundralsing-6b, 8b, 9b, 10b, or 16 of Part I. and general services 22 Grants and allocations (attach schedule) \$ 11,763,175 noncash \$ 11,763,175 11.763.175 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach schedule) 24 Compensation of officers, directors, etc. 25 942,035 904,354 37,681 Other salaries and wages , , , , 44,714,498 42,665,474 271,296 26 1,777,728 27 Pension plan contributions 27 1,753,174 1,826,223 73,049 Other employee benefits 28 28 7,601,308 7,935,133 316,722 17,103 29 29 3,499,576 3,661,437 145,815 16,046 30 O. Accounting fees 31 31 186,864 194,650 7,786 25,438 32 643,089 617,651 3,705,212 399 33 3,859,995 154,384 34 1.283.350 1,232,018 51,332 686,902 28,621 18,750 734,273 36 6,403,490 6,147,350 256,140 939,229 37 901,659 37,570 591,106 67.579 38 24,626 683,311 39 743,291 670,908 27,954 44.429 40 Conferences, conventions, and meetings 40 ----- 469,829 .. 19.576 520.518 31:113 41 41 6,324,917 6,085,001 239,916 42 Depreciation, depletion, etc. (attach schedule) 42 4,303,024 4,130,676 172,348 43 Other expenses (itemize): a Statement 2 43a 11.662.747 11,198,653 127.743 336,351 b 43b 43c 0 43d 0 0 43e 43f 0 44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15 109,138,385 803,066 3,524,429 Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined X No 1 If "Yes," enter (I) the aggregate amount of these joint costs __; (ii) the amount allocated to Program services (iii) the amount allocated to Management and general ; (iv) the amount allocated to Fundraising Statement of Program Service Accomplishments Program Service (See Specific Instructions on page 20. What is the organization's primary exempt purpose? Statement 3 Expenses All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number (Required for 501(c)(3) and of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) (4) orgs., and 4947(a)(1) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and trusts: but optional for allocations to others.) others.) Statement 3 100,767,147 (Grants and allocations \$ Research - The Institution presently has twelve research grants, three of which are federal, remaining nine are private. (Grants and allocations \$ 109 E 1 Statement 3 3.854 (Grants and allocations \$ (Grants and allocations \$ e Other program services (attach schedule) (Grants and allocations \$ f Total of Program Service Expenses (should equal line 44, column (B), Program services)

Par	t IV	Balance Sheets	(See Specific Instructions on page 20.)				
Not	e: ,	Where required, attached	schedules and amounts within the de	scription	(A)		(B)
		column should be for end-	of-year amounts only.		Beginning of year	<u> </u>	End of year
-			Assets			[
45	Cash	- non-interest-bearing .			7,910,962	45	4,546,797
46	Savir	ngs and temporary cash in	vestments		13,303,457	46	29,602,560
b	Less	: allowance for doubtful ac	counts	47b 3,696,539	9 11,882,204	47c	14,480,315
				Tillia Cililia			
						Willia.	
			counts		870,000		1,366,000
					658,889	49	759,907
50			ctors, trustees, and key employees		!	SHILL.	
	(atta	ch schedule)			· 	50	
			le (attach schedule)		-	anan.	_
			counts ,			51c	0
						52	
			charges			53	
			schedule) Statement 4		7,270,472	54	7,710,690
bba		stments - land, buildings, a	· ·	[##= no non For	_		
L .				. 55a 39,336,56	'		
D		: accumulated depreciation		Sep.	E0 000 000	Millio	00 000 500
E.C					50,023,000	56	39,336,560 0
570	Land	Sineriis - Ollier (allacir son	: basis	145 225 80			<u> </u>
ora h	Lanu	i, pullulliga, allu equipillelli · accumulated denreciatio	n (attach schedule)	. 57b 79,044,939	57,273,862	57c	_66,180,958
		r assets (describe	in (attach schedule)	. [<u>01b[13,044,30</u>	5,413,464		5,254,602
		•	gh 58) (must equal line 74)			_	169,238,389
	10.01	rassors (ada ililos 45 tilloa	Liabilities		104,000,010		100,200,000
60	Acco	unts navable and accrued	expenses		18,954,671	60	27,314,117
						61	
							8,078,269
			rustees, and key employees (attach s			63	<u> </u>
			sch schedule) Statement 5		33,800,000	64a	43,100,000
			able (attach schedule) . Statement 6		29,717,429		28,019,501
		r liabilities (describe			11,318,187		11,311,709
		liabilities (add lines 60 thro		· · · · · · · · · ·	108,770,817		117,823,596
			t Assets or Fund Balances				
Org	anizat	ions that follow SFAS 11	7, check here X and compl	ete			
	lines	67 through 69 and lines 73	3 and 74.		1		
67	Unre	stricted			. 44,841,940	67	49,237,007
68	Tem	porarily restricted			993,553	68	2,177,786
69	Perm	nanently restricted	· · · · · · · · · · · · · · · · · · ·			69	
Orga	anizat	ions that do not follow SI	FAS 117, check here	and	· I		
_		olete lines 70 through 74.			1		
70			current funds			70	
71	Paid-	in or capital surplus, or lan	d, bldg., and equipment fund			71	
72			d income, endowment, or other funds			72	
73			es (add lines 67 through 69 OR lines 7				
			ual line 19 and column (B) must equa		1		
					45,835,493		51,414,793
74	<u>Total</u>	liabilities and net assets/fu	und balances (add lines 66 and 73) .		154,606,310	74	169,238,389

- non (1ndg)	New York insti	tute o	f Technology		11-1788788		Page 4
iv-A Reconciliation of Revenue per		Part	IV-B Reconciliatio	n of Expenses	per		
Audited Financial Statements with		ſ	Audited Fina	ıncial Stateme	nts with		
Revenue per Return		<u> </u>	Expenses po	er Return			
a Total revenue, gains, and other support		а	Total expense and loss	es per audited			
per audited financial statements a	115,532,836	1	financial statements .			а	109,953,536
b Amounts included on line a but		d	Amounts included on lin	ne a but not on	į		
not on line 12, Form 990:			line 17, Form 990:		ĺ		
(1) Net unrealized gains on		(1)	Donated services and		ļ		
Investments314,620	9.00		use of facilities				
(2) Donated services and		31 ' '	Prior year adjustments	reported			
use of facilities		í L	on line 20, Form 990				
(3) Recoveries of prior		(3)	Losses reported on line	e 20,			
year grants			Form 990		600,000		
(4) Other (specify):		(4)	Other (specify):				
eteranianianianianianianiani		,	01-11 O				
Statement 8 2,785,453			Statement 9	*	215,151	.,,,,,,,,	Mahili Mahili Mahili Mahili Mahil
Add amounts on lines (1) thru (4) b	3,100,073	-1	Add amounts on lines (6	815,151 109,138,385
C Line a minus line b	112,432,763	2	Line a minus line b .			G WWW	109,136,363
d Amounts included on line 12, Form 990 but not on line a:		u	Amounts included on in Form 990 but not on lin	•	ı		
19/1/4		/4\					
(1) Investment expenses not included on	100000	1 (1)	Investment expenses n included on line 6b, For				
line 6b, Form 990		(2)	Other (specify):	IIII 930			
(2) Other (specify):		\2)	Office (openity).				
ogramma allematica de la compania del compania del compania de la compania del compania del compania de la compania del co			(2001-22-1940-1-1-11-1941-11-14-1-14-14-14-19-14-14-14-14-1-1-1-1	***************************************			
Add amounts on lines (1) and (2) d	Dinesia interessionia della constantia d	il .	Add amounts on lines (d d	<i>1667-1620-1620-1620-16</i> 10
a Total revenue per line 12,	 	7	Total expenses per line			-~-	<u>~</u>
Form 990 (line c plus line d) e	112,432,763	1	Form 990 (line c plus li			e	109,138,385
Part V List of Officers, Directors, Truste				(List each one ev		لــــــــــــــــــــــــــــــــــــــ	
compensated; see Specific Instructions on pa		•	•	(31.11.11.01		
	·	T (B) Title and average	(C) Compen-	(D) Contributions to	,	(E) Expense
(A) Name and address)	hours per week	sation (if not	employee benefit plans &		count and other
			devoted to position	paid, enter -0-)	deferred companisation	L	allowances
Matthew Schure			President				
388 Charles Street, East Williston, NY 11596		<u> </u>	100%	282,601	8,000		
Edward Guillano		.]	Provost] .			
9 Princeton Drive, Dix Hills, NY 11746		<u> </u>	100%	181,878	8,588		
Maryse Prezeau	n kina wataa dan mana kana ka	.}	Vice President]			
38 Hillside Avenue, Woodbury, NY 11797		<u> </u>	100%	177,462	8,249		·
Craig Becker		.}	Vice President			i	
2044 Dogwood Dr, Scotch Plains, NJ 07076		 	100%	151.683	6,966		
Sheryl Moody	mare the second	-{	Counsel	4			
PO Box 4027, W. Gilgo Beach, NY 11702		├	100%	148,411	7,077		
oMartingan de la		.[j		
		├					
tanggagaanaanaanaanaanaanaanaanaanaanaana		ŀ	As Needed				
Trustees - See Statement 10		 -	, ,	0			
१ ००४१७४४१५५५११४८४४११४४४११४४४११४४४४११४४४४१४४४४		1	Í	i			
		 					
ugiraginigabilaraktinasianak mirasakinklistatetatikklistienariaanakinginini.		1	·		ł		
		 					
هر وراهه مناوره والحرور هر ووقت از راقت ريافت و المناه وهو المراهد وجوا وروز وهو از والترهي الدول المراول المر	ami diabiliane dan baan am	ĺ					
75 Did any officer, director, trustee, or key emplo	yee receive ag	grega	te compensation of i	more than			
\$100,000 from your organization and all relat							
					Yes	X	No
If "Yes," attach schedule - see Specific Instru							

15 Did the organization engage in any activity not previously reported to the Internal Revenue Service? 78 No If Yes's intend a detailed description of each activity. 77 Were any changes made in the organizing or governing documents, but not reported to the IRS? 77 No If Yes's intend a conformed copy of the changes. 78 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 Did Yes 79 Did			1-1788788	Page 5
It "Yes," attach a detailed description of each activity. If "Yes," attach a conformed copy of the changes. An Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If yes," attach a conformed copy of the changes. An Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If yes, "attach a statement or form 990-T for this year? West here a floutdation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement or form 990-T for this year? West here a floutdation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement in the organization with a statewide or nationwide organization; attaching, overwring bodies, trustees, officers, etc., to any other exempt or nonexempt organization? If "Yes," and the namount of political expenditures, direct or indirect, as described in the instructions for line of the organization for fine of the organization file form the organization organization and the organization organization and the organization organization and the organization organization and the organization organiz		,		Yes or No
77 Were any changes made in the organizing or governing documents, but not reported to the IRS? 77 No If "Yes", attach a conformed copy of the changes. 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 No 1975 1975 1975 1975 1975 1975 1975 1975	76		76	No
If "Yes," attach a conformed copy of the changes. 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b If "Yes," has if filed a lax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79 No attach a statement 79 No attach a statement related (other than by association with a statewide or nationwide organization) through common membershib, poverning bodies, trustees, efficers, etc., to any other exempt or nonexempt organization? 80a is the organization? 81a Enter the amount of political expenditures, direct or indirect, as described in the instructions for tine 21 organization file from 1120-POL for this year? 82a Did the organization file Form 1120-POL for this year? 82b Did the organization file Form 1120-POL for this year? 82c Did the organization review denated services or the use of materials, equipment, or facilities at no learner or at substantially less than fair remait value? 82c Did the organization review denated services or the use of materials, equipment, or facilities at no learner or at substantially less than fair remait value? 82d Did the organization solicit any confinitulations for reporting in Part III). 82d Did the organization solicit any confinitulations or gifts that were not tax deductible? 82d Did the organization solicit any confinitulations or gifts that were not tax deductible? 82d Did the organization or proper were requirements relating to quite or quo contributions? 82d Did the organization related any confinitulation are express statement that south contributions or gifts were not tax deductible? 82d Did the organization or the were not tax deductible? 82d Did the organization or proper selection or proper		If "Yes," attach a detailed description of each activity.		
78a Dit the organization have unrelated business gross income of \$1,000 or more during the year covered 78b ty this return? 78b Yes 78b If Yes, "has it filed a lax return on Form 99b-T for this year? 78b If Yes," has it filed a lax return on Form 99b-T for this year? 81b If Yes," attach a statement 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization and check whether it is exempt OR nonexempt. 81a Enter the amount of political expenditures, direct or Indirect, as described in the instructions for line 81 b Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82b If "Yes," you may indicate the value of these liems here. Do not include this amount as revenue in Part I or as an expense in Part II. (See Instructions for reporting in Part III). 82b If "Yes," you may indicate the value of these liems here. Do not include this amount as sevenue in Part I or as an expense in Indicate the value of these items here. Do not include this amount as sevenue b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 82b Yes 84b Did the organization include with very solicitation and experse statement that such contributions or gifts were not tax deductible? 84c Did the organization include with very solicitation and express statement that such contributions or gifts were not tax deductible? 84c Did the organization make only in-house lobbying expenditures of \$2,000 or less? 95b N/A 1 Yes's 10c of this Pass of \$2,000 or complete Sc through 6th below unless the organization received a weliver for proxy tax ow	77	Were any changes made in the organizing or governing documents, but not reported to the IRS? .		No
by this return? by the share a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement state a statement state or statement is a statement in the statement of the organization returned to more membership, governing bodies, trustees, officers, etc., to any other exampt or nonexempt organization? by the statement of positical expenditures, direct or indirect, as described in the instructions for line in the instructions of line in the instructions for line in the instructions of line ins	•	If "Yes," attach a conformed copy of the changes.		
by this return? by the share a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement state a statement state or statement is a statement in the statement of the organization returned to more membership, governing bodies, trustees, officers, etc., to any other exampt or nonexempt organization? by the statement of positical expenditures, direct or indirect, as described in the instructions for line in the instructions of line in the instructions for line in the instructions of line ins	78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	ed 💹	
b if "Yes," has it filled a tax return on From 990-T for this year? ### attach a statement ### attac			y	Yes
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement or statement or common membership, governing bodies, trustees, officers, etc., to any other exempt or nenewering or concevering to organization? b If "Yes," enter the name of the organization and check whether it is and check whether it is and check whether it is not the instructions for line of the organization or the instructions for line of the organization organization organization file Form 1120-PDL for this year? 281a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line of 1120-PDL for this year? 281a Did the organization file Form 1120-PDL for this year? 281b Did the organization file Form 1120-PDL for this year? 281b Did the organization file Form 1120-PDL for this year? 281b Did the organization file Form 1120-PDL for this year? 381b Did the againstation comply with the value of these lems here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.) 282b Did the organization comply with the cisclosure requirements relating to quid pro quo contributions? 383 Did the againstation comply with the disclosure requirements relating to quid pro quo contributions? 384 Did the organization include with every solicitation an express statement that such contributions or gifts where not tax deductible? 385 Section 501(c)(4), (5), or (6) organizations. (a) Were substantially all dues noteductible by members? 386 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 387 If Yes, or either 85a or 85b, do not complete 85c through 85h below unless the organization. 388 Section 501(c)(4), (6), or (6) organizations. (a) Were substantially all dues notices. 389 Did the organization elect to pay the section 8033(e) tax on the amount in 85r or 185d. 380 Section 501(c)(4) organizations. Enter: a Gross income from members or shareholders. 3	h			
attach a statement able is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization and check whether it is		· · · · · · · · · · · · · · · · · · ·		
80a is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonsxempt organization? 81a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line of 11 c. Pol. For this year? 81a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line of 11 c. Pol. For this year? 81a Did the organization file Form 1120-POL for this year? 81b Did the organization file Form 1120-POL for this year? 81b If "Yes", you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part I III.) 82b If "Yes", you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part I III.) 82c If the organization comply with the disclosure requirements relating to quid pro quo contributions? 83a Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 83b Section 30(16)(4), (5), (6) (6) (6) organizations are expensible statement that such contributions or gifts were not tax deductible? 83c Section 30(16)(4), (5), (6) (6) organizations are expressed statement that such contributions or gifts were not tax deductible? 83c N/A 83d I May a section 30(16)(4), (6), (6) (6) organizations are expensible statement that such contributions or gifts were not as deductible? 83c N/A 83d I May a section 30(16)(4), (6), (6) organizations are expensible statement and the section of section 40(16), (7), (7), (7), (7), (7), (7), (7), (7	, •		79	Ma
through common membership, governing bodies, trustees, officers, etc., to any other exampt or nonswempt organization? b if "Yes," enter the name of the organization and check whether it is	900			
nonexempt organization? 181a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 in the instructions for line 82 in the second secon	ova			
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c Dues, assessments, and similar amounts from members d Section 162(e) lobbying and political expenditures e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices f Taxable amount of lobbying and political expenditures (line 85d less 85e) g Does the organization elect to pay the section 6033(e) tax on the amount in 85f? h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A 86 Section 501(c)(7) organizations - Enter: (a) Initiation fees and capital contributions included on line 12 b Gross receipts, included on line 12, for public use of club facilities f Section 501(c)(12) organizations - Enter: a Gross income from members or shareholders f Section 501(c)(12) organizations - Enter: a Gross income from members or shareholders f Section 501(c)(12) organizations - Enter: a Gross income from members or shareholders f Section 501(c)(12) organizations - Enter: a Gross income from members or shareholders f Section 501(c)(12) organizations - Enter: a Gross income from members or shareholders f Section 501(c)(12) organizations - Enter: a Gross income from members or shareholders f Section 501(c)(12) organizations - Enter: a Gross income from members or shareholders f Section 501(c)(12) organization or thet amounts due or paid to other sources against amounts due or received from them.) 84 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX 85 So1(c)(3) organizations - Enter: Amount of tax paid during the year under: section 4911 section 4912 section 495 b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction 89 No 174 175 Enter: Amount of tax in 89c, above, reimbursed by the organization or si				
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f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f 0 g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?				
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f? h if section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85 Section 501(c)(7) organizations Enter: (a) Initiation fees and capital contributions included on line 12. b Gross receipts, included on line 12, for public use of club facilities 87 Section 501(c)(12) organizations Enter: a Gross income from members or shareholders 88 Bób N/A B Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complate Part IX 89a 501(c)(3) organizations - Enter: Amount of tax paid during the year under: section 4911			——————————————————————————————————————	
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expenditures for the following tax year? 86 Section 501(c)(7) organizations Enter: (a) Initiation fees and capital contributions included on line 12 86 Gross receipts, included on line 12, for public use of club facilities 87 Section 501(c)(12) organizations Enter: a Gross income from members or shareholders 88 b N/A 89 Soction 501(c)(12) organizations Enter: a Gross income from members or shareholders 89 sources against amounts due or received from them.) 89 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX 89 So1(c)(3) organizations - Enter: Amount of tax paid during the year under: section 4911 \$\text{ is section 4912} \times \text{ is section 4955} \times 501(c)(4) organizations Did the organization engage in arry section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction \$\text{ c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under section 4912, 4955 and 4958. 4 Enter: Amount of tax in 89c, above, reimbursed by the organization 90 List the states with which a copy of this return is filled b Number of employees employed In the pay period that includes March 12, 1998 (See instructions.) 91 The books are in care of Controllers Office Telephone no Located at PO Box 8000, Old Westbury, NY 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here	h			
86 Section 501(c)(7) organizations Enter: (a) Initiation fees and capital contributions included on line 12. b Gross receipts, included on line 12, for public use of club facilities				
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b Gross receipts, included on line 12, for public use of club facilities				
87 Section 501(c)(12) organizations Enter: a Gross income from members or shareholders				
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX 89 501(c)(3) organizations - Enter: Amount of tax paid during the year under: section 4911 section 4912 section 4955 b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under section 4912, 4955 and 4958. d Enter: Amount of tax in 89c, above, reimbursed by the organization 90a List the states with which a copy of this return is filed b Number of employees employed In the pay period that includes March 12, 1998 (See instructions.) 91 The books are in care of Controllers Office Located at PO Box 8000, Old Westbury, NY 2IP + 4 11568-4000 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here	þ	 		
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At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX	b	Gross income from other sources. (Do not net amounts due or paid to other		
corporation or partnership? If "Yes," complete Part IX		sources against amounts due or received from them.)	/A	
89a 501(c)(3) organizations - Enter: Amount of tax paid during the year under: section 4911 ; section 4912 ; section 4955 b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction	88	At any time during the year, did the organization own a 50% or greater interest in a taxable		
89a 501(c)(3) organizations - Enter: Amount of tax paid during the year under: section 4911 ; section 4912 ; section 4955 b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction		corporation or partnership? If "Yes," complete Part IX		Yes
section 4911; section 4912; section 4955 b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction	89a			
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction				
transaction during the year? If "Yes," attach a statement explaining each transaction	b		əfit	
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under section 4912, 4955 and 4958. d Enter: Amount of tax in 89c, above, reimbursed by the organization				No
year under section 4912, 4955 and 4958. d Enter: Amount of tax in 89c, above, reimbursed by the organization . 90a List the states with which a copy of this return is filed b Number of employees employed in the pay period that includes March 12, 1998 (See instructions.) 91 The books are in care of Controllers Office Telephone no. Located at PO Box 8000, Old Westbury, NY ZIP + 4 11568-4000 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here	C			
d Enter: Amount of tax in 89c, above, reimbursed by the organization 90a List the states with which a copy of this return is filed b Number of employees employed in the pay period that includes March 12, 1998 (See instructions.) 91 The books are in care of Controllers Office Telephone no. Located at PO Box 8000, Old Westbury, NY 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here			•	
90a List the states with which a copy of this return is filed b Number of employees employed in the pay period that includes March 12, 1998 (See instructions.) 1744 91 The books are in care of Controllers Office Telephone no. Located at PO Box 8000, Old Westbury, NY 2IP + 4 11568-4000 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here	d	- · · · · · · · · · · · · · · · · · · ·		
b Number of employees employed in the pay period that includes March 12, 1998 (See instructions.) 1 The books are in care of Controllers Office Telephone no. 1 Located at PO Box 8000, Old Westbury, NY 2 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here		and the same of th		
Telephone no. (516)686-7532 Located at PO Box 8000, Old Westbury, NY ZIP + 4 11568-4000 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here		· · · · · · · · · · · · · · · · · · ·		
Located at PO Box 8000, Old Westbury, NY ZIP + 4 11568-4000 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here				
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here			nepnone no. (516)	44500 4000
		Located at FO DOX 0000, Old VYESTDUTY, INY	-+4 	(1000-4000
	92		, <u> </u>	

	990 (1998)		New York Institute	of Technology	<u>. </u>	11-1788788	Page 6
Part	VII An	alysis of Income-Producin	g Activities		(See Specific Instructions or	pages 27.)	
Enter	gross amo:	ınts unlese othèrwise	Unrelated busin	ess income	Excluded by section 512	2, 513, or 514	(E)
indica	ited. •		(A)	(B)	(C)	(D)	Related or exempt
93	Program se	ervice revenue:	Business code	Amount	Exclusion code	Amount	function income
`a,	Tuition ar	d Fees	<u> </u>	<u> </u>			97,483,229
b	Education	al Activities			<u>.</u>		2,573,377
G	Sales - A	xiliary Enterprises	8980	2,422,401			2,517,152
d	Other Sou	irces					1,250,704
e e							
f	Medicare/Med	cald payments]	<u> </u>		
		acts from government agencies					
94		ues and assessments		<u> </u>			
95	Interest on sav	ings and temporary cash investments			14	243,343	- -
96		interest from securities			14	348,705	
97		me (lose) from real estate:					
		property	8220	326,116		a consumum son a cons	
b		ed property			 		
98		me or (loss) from personal property			 		
99		ant income ,			 		
100		rom sales of assets other than inventory		<u> </u>	18	327,765	
101		(loss) from special events			<u></u>	027,700	134,707
		(loss) from sales of inventory	} 		_ 		104,101
	Other revenue		 				
103 b	Other revenue		 	 	· <u>-</u>	 	
						 	
G.							
d _.			 -	}		 	
e.	21111	dd cols. (B), (D), and (E))		0.740.547	THE STATE OF THE S	040 040	400.050.460
						919,813	103,959,169
		d line 104, columns (B), (D), and (E					<u>107,627,499</u>
Note		105 plus line 1d, Part I, should equa			nt Burnege		
		lationship of Activities to				(See Specific Instru	
니	ne No.	Explain how each activity for w	•			•	tue
-004		accomplishment of the organiz					
<u>93A</u>		This activity contributes in	nportantly to the in	struction progra	ım wnich enables student	s to meet their e	educational
		goals.					
							
93B		These activities contribut					
		facilities - including textbo	ooks, educational m	nateriais, supplii	<u>es, rental of educational r</u>	elated equipmel	nt and
		athletic programs.					
							
<u>93D</u>		Same as line 93B					
		<u> </u>				 -	
	177						
Part		rmation Regarding Taxab			(Complete this Part if the "Yo	s" box on line 88 i	s checked.)
	N	ame, address, and employer identif		Percentage of	Nature of business	Total	End-of-year
		number of corporation or partners	hip	ownership interest	activities	income	assets
See-	Statement	<u> 1</u> 1				1,492,871	295,421
			·			<u> </u>	
						<u> </u>	
						<u> </u>	
		Under penalties of perjury, I declare th	at I have examined this return	, including accompany	ing schedules and statements, and to t	he best of my knowledge	
Plea	se	and belief, it is true, correct, and comp			=		
Ciar				.			
				4/14/00	Joseph J. Co.	ATT CE	O + Trusman
				ate	Type or print name		Title
						k if self-	Preparer's SSN
					Toller	,	

SCHEDULE A (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Organization Exempt Under Section 501(c)(3)

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

501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

See separate instructions

Must be completed by the above organizations and attached to their Form 990 or 990-EZ.

OMB No. 1545-0047

1998

Employer identification number

11-1788788

New York Institute of Technolog				11-1788788				
Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees								
(See instructions on page 1. List each one. If there are none, enter "None.")								
(a) Name and address of each	(b) Title and average	i	(d) Contributions to	(e) Expense acco	unt			
employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans &	and other				
- 	devoted to position		deferred compensation	allowances				
		ł						
Stanley Schiowitz		,						
40 Stoner Ave, Great Neck, NY	100%	1						
	NYCOM Dean	294,208	8,000	 				
La compania		1						
James Gillespie		,						
12 Adams Ct, Rockville Ctre, NY	100%	181,788	8,657					
	Spec Asst to Pres	101,700	0,037					
Arnold Nagler		•						
77 Hazelwood Dr., Jericho, NY	100%							
Triazalwood Di., dollaro, 141	NYCOM	158,875	15,090					
	14.001	100,010	10,000					
Eileen DiGiovanna	j	·						
80 Gamer Ln, Bayshore, NY	100%							
., ., ., ., ., .,	NYCOM	156,179	14,309					
			I					
Robert Mancinì								
54 Fifty Acre Rd, Head Harbor, NY	100%	[į					
	NYCOM	157,386	0'					
Total number of other employees paid								
over \$50,000	277							
Part II Compensation of the Five	•							
(See instructions on page 1. I								
(a) Name and address of each indep		(b) Type	of service	(c) Compensatio	ท			
paid more than \$50,0	00	 			 -			
Collegis		İ						
2300 Maitland Ctr Pkwy, Maitland, F	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Í	I					
2500 Maidaid Cu Frwy, Maidaid, i	L	Computer Services		2,942,099				
	 	Compater Cervices	· · · · · · · · · · · · · · · · · · ·	2,042,000				
Oracle								
PO Box 71028, Chicago, IL		1						
		Software Consultin	ig Svcs	531,801				
Mojo-Stumer Associates, PC	((415-1519) 415-1117 5119 -1119 -1119 -1119 -1119 -1119 -1119 -1119 -1119 -1119 -1119 -1119 -1	}	i					
55 Bryant Ave, Roslyn, NY								
	 	Architectural Svcs		397,711				
		ļ						
TIAA Group Administration		ļ	4					
PO BOX 8500, Philadelphia, PA		}						
		Pension Fund Mgn	nt	353,497				
]						
Frankfurt Balkind Communications	entreparte de la company de							
244 E58th Street, New York, NY				004 400				
Total number of others receiving and	,	Consulting Svcs		281,160	UKRAJIKU KOTOR			
Total number of others receiving over		VISICIUS (COMPANICION DE COMPANICION DE COMPANICION DE COMPANICION DE COMPANICION DE COMPANICION DE COMPANICION DE C	CHARRON	00000000000000000000000000000000000000				
\$50,000 for profession	7							

Sche	dule'A (Form 990) 1998	New York Institute of Technology	11-1788788		_ P	age 2
Pari	: III.Statements About Acti	vities .			Yes	No
	including any attempt to influence if "Yes," enter the total expenses Organizations that made an elect Part VI-A. Other organizations of statement giving a detailed described buring the year, has the organizationing acts with any of its trust members of their families, or with affiliated as an officer, director, the statement of the statement o	ation attempted to influence national, state, or less public opinion on a legislative matter or reference paid or incurred in connection with the lobbying tion under section 501(h) by filing Form 5768 necking "Yes," must complete Part VI-B AND a ription of the lobbying activities. The lobbying activities ation, either directly or indirectly, engaged in an tees, directors, officers, creators, key employed any taxable organization with which any such pustee, majority owner, or principal beneficiary: operty?	endum?	1 4,000	X	X
b	Lending of money or other exten	sion of credit?		2b		<u> x</u>
c	Furnishing of goods, services, or	facilities?		<u>2c</u>		X
d	Payment of compensation (or pa	yment or reimbursement of expenses if more t	han \$1,000)? Part IV Form	1 990 2d	X	
е		o or assets?		<u>2e</u>		<u>X</u>
	Do you have a section 403(b) an Attach a statement to explain how the	nts for scholarships, fellowships, student loans, nuity plan for your employees? organization determines that individuals or organization fits charitable programs qualify to receive payments.	ons receiving	4a	X	
Part	IV Reason for Non-Private	Foundation Status (See instru	ctions on pages 2 through 4.)			
5 6 7 8 9 10 11a 11b 12	A church, convention of chi X A school. Section 170(b)(1 A hospital or a cooperative A Federal, state, or local go A medical research organiz name, city, and state An organization operated for Section 170(b)(1)(A)(iv). (A an organization that normal general public. Section 170 A community trust. Section 170 An organization that normal membership fees, and gross exceptions, and (2) no montaxable income (less section section 509(a)(2). (Also con An organization that is not supports organizations des meet the test of section 500 de the following information about	dation because it is (please check only ONE appriches, or association of churches. Section 17(A)(ii). (Also complete Part V, page 4.) hospital service organization. Section 170(b)(avernment or governmental unit. Section 170(b) ation operated in conjunction with a hospital. See the benefit of a college or university owned on the benefit of a college or university owned on the benefit of a college or university owned on the benefit of a college or university owned on the benefit of a college or university owned on the benefit of a college or university owned on the benefit of a college or university owned on the benefit of a college or university owned on the benefit of a college or university owned on the benefit of a college or university owned on the benefit of a college or university owned on the benefit of a college or university owned on the burport Schedule in Part IV-A. (b)(1)(A)(Vi). (Also complete the Support Schedule in Part IV-A.) controlled by any disqualified persons (other the benefit of the supported organizations. (See instruction the supported organizations. (See instruction the supported organizations.)	O(b)(1)(A)(i). 1)(A)(iii). O(1)(A)(v). Section 170(b)(1)(A)(iii). Enter the roperated by a governmental unit A.) In a governmental unit or from the edule in Part IV-A.) Schedule below.) Ort from contributions, le, etc., functions- subject to certa ment income and unrelated busing anization after June 30, 1975. Second foundation managers) and ection 501(c)(4), (5), or (6), if they are no page 4.)	in ess		
14	An organization organized a	and operated to test for public safety. Section t	509(a)(4). (See instructions on pa	ige 4.)		

Sche	dule A (Form 990) 1998	New York Institute	of Technology		11-1788788		Page 3
Part	IV-A Support Schedule	(Complete only if you	checked a box on lir	ne 10, 11, or 12 abov	e.) Use cash metho	d of accounting.	
NOT	E: You may use the worksheet	in the instructions for	or converting from	the accrual to the	cash method of a	accounting.	
Cale	ndar year (or fiscal year begin	ning in)	(a) 1997	(b) 1996	(c) 1995	(d) 1994	(e) Total
15	Gifts, grants, and contributions recei	ived. (Do					}
•	not include unusual grants. See line	28.)			j		
16	Membership fees received						0
	Gross receipts from admissions, me						
	sold or services performed, or furnis						,
	of facilities in any activity that is not a						1
	business unrelated to the organization		!				ì
	charitable, etc., purpose			,	ļ		0
10	Gross income from interest, divident						
70							ĺ
	received from payments on securitie		1				
	(section 512(a)(5)), rents, royalties, a]	}]
	business taxable income (less section						
	from businesses acquired by the org						,
	after June 30, 1975						
19	Net income from unrelated business						_
	not included in line 18						
20	Tax revenues levied for the organiza	ation's benefit		ļ		1	ł
	and either paid to it or expended on	its behalf	<u> </u>				0
21	The value of services or facilities fun	nished to the					
	organization by a governmental unit	without charge.			ł		
	Do not include the value of services	or facilities]			
	generally furnished to the public with	out charge					0
22	Other income, Attach a schedule. I	Do not include					
	gain or (loss) from sale of capital as	sets					0
23	Total of lines 15 through 22 .	<u> </u>	0	0	0	0	0
24	Line 23 minus line 17	<u> </u>	0	0	0	00	0
25	Enter 1% of line 23		0	0	0	0	
_25	<u> </u>						
	Organizations described in lir		a Ente	r 2% of amount in	column (e), line 2	4 26a	0
26		nes 10 or 11:			• •	4 26a	0
26	Organizations described in lir	nes 10 or 11: to public inspection)) showing the nam	ne of and amount o	contributed by	4 26 a	0
26	Organizations described in lin Attach a list (which is not open	nes 10 or 11: to public inspection) ernmental unit or pub) showing the nam plicly supported or	ne of and amount o	contributed by total gifts for		0
26	Organizations described in lin Attach a list (which is not open each person (other than a gove	nes 10 or 11: to public inspection) ernmental unit or pub) showing the nam plicly supported or	ne of and amount o	contributed by total gifts for		0
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26 b	Organizations described in lir Attach a list (which is not open each person (other than a gove 1994 through 1997 exceeded the Total support for section 509(a)	nes 10 or 11: to public inspection) rnmental unit or pub ne amount shown in)(1) test: Enter line) showing the nam blicly supported or line 26a. Enter the 24, column (e)	ne of and amount of ganization) whose ne sum of all these	contributed by total gifts for		
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Private School Questionnaire (See Instructions on page 4.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its 29 charter, bylaws, other governing instrument, or in a resolution of its governing body? 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with 30 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation 31 program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) See Statement 13 32 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public 32c 32d d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) 33 Does the organization discriminate by race in any way with respect to: 33b Х d Scholarships or other financial assistance? . . . Х Х f Use of facilities? . g Athletic programs? . h Other extracurricular activities? . 33h If you answered "Yes" to any of the above, please explain. (If you need more space, attach a statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? 34b

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

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through

4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .

Sche	dule'A (Form 990) 1998		ite of Technology	11-17 <u>88</u> 788		Page 5
Par	t VI-A Lobbying Expenditures by Electin	_		(See	instructions of	n page 6.)
<u> </u>	(To be completed ONLY by an eligible organiz					 _
Che	ck here a lif the organization be	longs to an affilia	led group.			
Che	ck here b lif you checked "a" an	id "limited control"	provisions apply.			
					(a)	(b)
	Limits on Lobi				Affiliate	To be completed for
	(The term "expenditures" n				group tot	tals ALL organizations
	Total lobbying expenditures to influence public		,		36	
37	Total lobbying expenditures to influence a legis				37	
38 39	Total lobbying expenditures (add lines 36 and 3 Other exempt purpose expenditures				38	0 0
40	Total exempt purpose expenditures (add lines				40	0 0
41	Lobbying nontaxable amount. Enter the amount					
	If the amount on line 40 is -		ontaxable amour	nt is -		
	Not over \$500,000					
	Over \$500,000 but not over \$1,000,000	. \$100,000 plus 15%	6 of the excess over	\$500,000		
	Over \$1,000,000 but not over \$1,500,000				41	0 0
	Over \$1,500,000 but not over \$17,000,000					
	Over \$17,000,000					
	Grassroots nontaxable amount (enter 25% of li				42	0 0
	Subtract line 42 from line 36. Enter -0- if line 4.				43	0 0
44	Subtract line 41 from line 38. Enter -0- if line 4	i is more man iin	езо		44 Silika Silika Silika	
	Caution: If there is an amount on either line 43	or line 44 file Fo	rm 4720			
		Averaging Perio		on 501(h)		SHADAQ NADARA MARAMANINA ARABINA
	(Some organizations that made a secti				five columns t	pelow.
		structions for line				
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	Calendar year (or fiscal	(a)	(b)	(c)	(d)	(e)
	Calendar year (or fiscal year beginning in)	L				
45	year beginning in)	(a)	(b)	(c)	(d)	(e)
45	<u> </u>	(a)	(b)	(c)	(d)	(e) Total
	year beginning in)	(a)	(b)	(c)	(d)	(e) Total
46	year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e))	(a)	(b)	(c)	(d)	(e) Total 0
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Schedule A Part VII	(Form 990) 1998 Information Re Noncharitable	egarding Tran		ology 11-1788788 ons and Relationships With	Page 6
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(a) (i Line no.	ne value of the go (b) Amount involved		s, or services received. (c) haritable exempt organization	(d) Description of transfers, transactions, and sharing arrangement	nts
desc		01(c) of the Cod	e (other than section 501(c)(3	one or more tax-exempt organizations (3)) or in section 527? Yes	No
	(a)		(b)	(c)	
	Name of organiz	ation	Type of organization	Description of relationship	
			<u> </u>		
	 				
				 	
					
		·			

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

Increases:	Amount
Unrealized gain on property held for sale	2,570,302
Unrealized gain on investments	314,620
Decreases: Loss on contribution of property	-600,000
Total	2,284,922

Form 990 1998 New York Institute of Technology

11-1788788

Special Events & Activities Gold Coast Food & Wine Classic April 1999

Statement of Revenues & Expenses

Gross Receipts		349,858
Postage and Shipping	8,372	
Office Supplies/Other Office Expense	77,657	
Printing	34,870	
Show/Event Fee	9,627	
PFR's Fee	52,492	
Salary and Fringe Benefits	25,362	
Equipment	5,260	
Furniture and Fixtures	1,511	
Total Expenses		215,151
		_
Net Income	_	134,707

Form 990, Part II - Other Expenses

		Program	Management	
Description	Total	Services	and General	Fundraising
Contract Services	5,156,923	5,156,923		
Food Services	1,697,657	1,697,657		
Consulting / Outside Services	1,172,548	1,125,645	46,902	
General Insurance	1,128,389	1,128,389		
Bad Debt	1,523,604	1,462,666	60,939	
Miscellaneous	983,626	627,373	19,902	336,351
Totals	11,662,747	11,198,653	127,743	336,351

Statement 2

Form 990, Part III - Statement of Program Service Accomplishments

	Grants and	
Description	Allocations	Expenses
Instruction 7,056 Students in undergraduate classes	11,763,175	100,767,147
4,941 Students in graduate and doctoral classes		
1,948 Students graduated in 1999		
Conference and Outreach Centers The Institution's Conference Center		3,854,240
serves as a training facility for students. The Institution operates three		
family medical outreach centers which serve as training facilities for		
NYCOM students, and serve 1500 - 2000 patients.		
Totals	11,763,175	104,621,387

Statement 3

Form 990, Part IV - Investments - Securities

Description	Amount
Common Stock	3,372,728
U.S. Government Securities	1,516,081
Other Debt Securities	1,179,600
Money Market	1,642,281
Total	7,710,690

Form 990 1998 New York Institute of Technology

11-1788788

Form 990, Part IV - Tax-Exempt Bond Liabilities

Description	Amount
7.5% Town of Islip Community Development	33,800,000
Agency Refunding Revenue Bonds Due	
March 1, 2006	
6.15% Nassau County Industrial Development	9,300,000
Agency Bonds Due March 1, 2029	
Total	43,100,000

Form 990, Part IV - Mortgages and Other Notes Payable

Lender: 11% New York Institute of Technology

Original Amount: 33,500,000

Interest Rate:

11.520000

Maturity Date:

03/01/06

Beginning Balance Due	29,717,429 28,019,501
Total Beginning Mortgages and Other Notes Payable	29,717,429
Total Ending Mortgages and Other Notes Payable	28,019,501

Form 990 1998 New York Institute of Technology

11-1788788

Form 990, Part IV - 0	Other	Liabilities
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	Ending
Description	Book Value
Refundable Grants and U.S. Government Loan Funds	8,980,693
Capital Lease Obligations	2,331,016
Total	11,311,709

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

Description	Amount
Line 9b Expenses	215,151
Unrealized gain on ppty held for sale	2,570,302
Total	2,785,453

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

Description	Amount
Line 9b Expenses	215,151
	
Total	215,151



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P.O. Box 8000 Old Westbury, NY 11568-8000

Senior Vice President

Fleet Bank

Mr. Michael J. Merlo

Statement 10

OLD WESTBURY CAMPLIS PO BOX 8000 CRO Westbury, NY 11648-8000 CENTRAL ISUP CAMPLIS PO BOX 9029 Canind July, NY 11722-9029 MANHATTAN CAMPLIS 1858 BOOCHURY New York, NY 10025-7647 NEW YORK INSTITUTE OF TECHNOLOGY

P.O. Box 8000 Old Westbury, NY 11588-8000

Mr. Peter Ferentinos

NJS Carpentry Inc.

President

Form 990 1998 New York Institute of Technology

11-1788788

Form 990, Part IX - Information Regarding Taxable Subsidiaries

	Percentage	Nature of		
Name and Address	Ownership	Business	Total	Ending
Employer Identification Number	Interest	Activities	Income	Assets
Wheatley Advertising PO Box 8000 Old Westbury, NY 11568-8000 11-2359770	100%	Advertising	1,492,871	295,421
Total			1,492,871	295,421

Statement 11

Schedule A, Part III - Explanation for Line 4

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

Schedule A, Part V - Explanation For Line 31

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

Form 990 1998 New York Institute of Technology

11-1788788

Schedule A, Part VI-B, Lobbying Expenditures

Description
Lobby to introduce legislation in 2000 to rewrite land
restrictions that were imposed by NY State when
sold but are no longer economically realistic.

Amount

4,000

Total

4,000

Form 2	758 ·	Application for Extension of Time To File	
(Rev. June	(998)	Certain Excise, Income, Information, and Other Returns	OME No. 1545-0148
	cf the Treasury anue Service	► File a separate application for each return.	· · · · · · · · · · · · · · · · · · ·
Please typ		YEW YORK INSTITUTE OF TECHNOLOGY	Employer identification number
print. File original a		ar, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)	11 11/00/80
copy by t		TO CONTROLLER 'S OFFICE	
your retur	n. Šee	PO 20× 8000	
back.		own or post office, state, and ZIP code. For a foreign address, see instructions.	
tn 1 Ire 23	usts must use equest an exter Form 706-GS(T) Form 990 or 99 Form 990-BL Form 990-PF	Form 990-T (trust other than above)	xes)
11 th	ne organization	t does not have an office or place of business in the United States, check this box. , or other tax year beginning,	16.31 1988
		for less than 12 months, check reason: Initial return Final return Change	
3 Ha:	s an extension	of time to file been previously granted for this tax year?	☐ Yes ☒ No
4 Sta	ite in detail wh . このMPとまり	y you need the extension INFORMATION REQUISED TO I	LACE A
~~			
		orm 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions.	\$
	•	Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and	,
		ments made. Include any prior year overpayment allowed as a credit	\$
		otract line 5b from line 5a. Include your payment with this form, or deposit with FTD I. See instructions	\$
Under pen	alties of perjury, I orrect, and comple	Signature and Verification declare that I have examined this form, including accompanying schedules and statements, and to the best ste; and that I am authorized to prepare this form.	
Signature			Date > 1-6-2000
		To Be Completed by the IRS	1 Will return the copy.
We We sho	HAVE approve HAVE NOT a sown below or the ension of time	ed your application. Please attach this form to your return LVCU oproved your application. However, we have granted a 10-day grace period from the he due date of your return (including any prioffektensions). This grage period is cons for elections otherwise required to be made on a timely return. Please pugch this for	sidered to be a valid orm to your return.
⊔ We an □ We	extension of the cannot consider	pproved your application. After considering the reasons stated in item 4, we cannot me to file. We are not granting the 10-day grace period EN UT ler your application because it was filed after the due date of the return for which a	
	uested. ner:		FFN U 1 2000
	•	RICHAE	ID CREATE
	Dìre	ntor By: GOEH X	BINSON FIX ESSAGE CTOR
If you war	nt a copy of this f	orm to be returned to an address other than that shown above, please enter the address to which th	e copy should be sent.
Please Type or	Number, street.	and room or suite no. (or P.O. box no. if mall is not delivered to street address)	
Print	City, town or po	ost office, state, and ZIP code. For a foreign address, see instructions.	•••